



Midwest City Memorial Hospital Authority
100 North Midwest Boulevard,
Midwest City, Oklahoma 73110
(405) 739-1201
tlyon@midwestcityok.org

Fiscal Year 2020-21 Midwest City Community Improvement Grant Program

Introduction

The purpose of the Midwest City Memorial Hospital Authority (MCMHA) grant program is to improve the quality of life by funding effective projects that address the diverse issues and opportunities facing the Midwest City community. For 2021, we are expanding this mission to include relief for those organizations and establishments that were negatively affected by the COVID-19 coronavirus.

Applicants are encouraged to demonstrate that they have identified an existing or potential need within the community, and have developed a reasonable and cost efficient method for addressing that need. Businesses and organizations that experienced a loss in funding or revenue due to COVID-19 are also encouraged to apply.

Per the Trust Indenture, grant funds are typically limited to non-reoccurring expenses; however, these rules are being temporarily suspended to address the effects of the pandemic for businesses applying for economic relief. Funds may still be used for such things as "...improvement to or enhancement of property with an expected useful life of greater than twenty (20) years*; [an] ...initial or single occurrence expenses or projects." For the FY 2020 – 2021 cycle we are also allowing funds to be used by businesses seeking economic assistance "for or to replace or supplant any existing recurring operating expenses of the Beneficiary...such as maintenance...supplies, salaries...[or] general operating costs."

**Software, hardware and technology-based products are exempt from the 20-year obsolescence standard.*

The MCMHA appointed Board of Grantors (BOG) will only be accepting applications with one project or one business location defined. Under this project you may request multiple units of the same item; however, a request for multiple *different* items or events will not be considered. Applicants are always welcome to complete more than one application for separate projects or different business locations.

The BOG will score applications based primarily on the answers provided in "Part III: Project Overview" of the application (Page 3) with the most consideration given for the overall benefit and impact to the Midwest City community.

The BOG will meet in early March to discuss and rank applications. Final grant funding determinations should be made at the March 23, 2021 MCMHA meeting. Following the final determinations, all applicants will be notified of the determinations before grant funds are issued.

All applicants awarded grants must complete a Grant Recipient Agreement (Agreement). This Agreement shall be between the grant recipient and MCMHA for the disbursement, utilization and accountability of any MCMHA funding awarded. The Grant Recipient must agree to use the awarded funds only for the specific purpose(s) and time period(s) stated in the grant application and Agreement.

As a public trust, MCMHA is subject to the Oklahoma Open Records Act. Thus, all grant documents including the applications and their supporting documents may be public records. Finally, the MCMHA is required by the Internal Revenue Service to issue 1099 forms to all grant recipients; thus, grant funds received by an applicant may be taxable under the IRS Code.

Guidelines for Midwest City Community Improvement Grant Program

- This application is requesting only one project, event or economic assistance for a single physical location within the Midwest City Limits.

- Applications must be postmarked or hand delivered by **5:00 p.m. on Monday, February 15, 2021** to:

Tim Lyon - (405) 739-1201
General Manager/Administrator,
Midwest City Memorial Hospital Authority
100 North Midwest Blvd.
Midwest City, Oklahoma 73110

This deadline is not flexible. Applications received after this deadline will not be considered for funding. Incomplete applications will not be considered for funding.

- Applications must be double-spaced, typed or clearly printed in ink and pages numbered. All sections of the application must be completed. (Use “NA” for unrelated sections.)
- At the time of submission, the application packet must include one (1) original signed and notarized application with ten (10) clear copies of the signed and notarized original. (Do not include the “Instruction Sheets” in the application packet submitted.)
- Application packets should be stapled or clipped only. Do not bind the packets because all documents must be scanned to transmit them to the Board of Grantors. Faxed/emailed applications will not be accepted due to printing costs.
- Non-profit applicants must attach a copy of their IRS Letter of Determination, for profit entities need to provide their certification of good standing from the Secretary of State.
- Attached pages and/or letters of support from other organizations or individuals in excess of 25 pages are discouraged, unless specifically requested.
- For the sake of equal opportunity, neither City employees nor the Hospital Authority Trustees can comment on the appropriateness of applications or proposed projects or how they will rate with the Board of Grantors. Applicants are not to contact members of the Board of Grantors or the MCMHA Trustees/Midwest City Council outside the confines of a scheduled presentation or meeting. Applications from organizations or businesses where City employees directly benefit are prohibited from applying.
- Deviations from these Application Guidelines must be addressed with the General Manager and then provided in writing to the Board of Grantors. Applications must be submitted/delivered by, **February 15, 2021** .
- Please direct any question or concern to Tim Lyon at (405) 739-1201 or via email at tlyon@midwestcityok.org.

**Fiscal Year 2020-21 Grant Application for the
Midwest City Community Improvement/Economic Development Grant Program**

PART I: Applicant Information

Applicant/Legal Name of Organization: _____
(Should be the same as your IRS determination letter and as supplied on IRS form 990 or as listed on your Federal Employment Identification Number or other tax identification documents).

1. **Contact Person/Title:** _____

Street Address: _____ City: _____ State: _____ Zip: _____

Mailing Address (if different): _____

Telephone: _____ E-mail: _____

Website: _____ Other: _____

2. **Secondary Contact Person and Title:** _____

Telephone: _____ E-mail: _____

3. (For Business/Economic Development Requests) Provide address(es) of business location(s).

Name of Grant/Economic Relief Project: _____

Amount of Request: \$ _____ .00

Mission statement and/or purpose of applicant's organization (Attach the names and contact information of the members of the applicant's current governing body, if the applicant has such a body.):

Applicant Status

Check all that apply (entities must have satisfied all legal requirements for status prior to submission of this application): Corporation Proprietorship Partnership Non-Profit
 Individual Government Limited Liability Co. Government/City Department

Application Category

(Choose only one area that your project might affect the most):

- Economic Development Education Community Housing Safety Health
- Youth and Family Midwest City Revitalization Transportation Other _____

PART II: Application Certification

By signing this application, I certify, that:

- All provided information is true and correct to the best of my knowledge.
- I am duly authorized to submit this grant/economic relief application on behalf of the above named applicant.
- I understand and agree that I must provide documentation (acceptable to the MCMHA trustees) within 30 days of expenditures proving that funds received were used for the project/activities identified in this application.
- I acknowledge that any grant funds awarded must be used within the one-year time frame set forth in the Agreement. I further understand that at the end of one year any money not accounted for will be cause to pay back those awarded funds to the MCMHA.
- I understand and agree that providing false information or failure to provide such documentation as stated above will disqualify the applicant and/or the contact person and any organization represented by them from receipt of any further funds from the MCMHA. I further understand such failure may cause funds previously received to be repaid.

Dated this _____ day of _____, 20_____.

Printed/Typed Applicant Name

Applicant Signature

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20_____.

Notary Public

My commission expires: _____

PART III: Project Overview

Please provide in the order below, a thorough narrative answer (print or type) to each of the following and attach to the application, if needed.

A. Give a detailed description of the proposed grant-funded project or need for economic assistance. (Attach layouts, diagrams and support documentation, as necessary).

➤ Detail of project/business provided:

➤ Achievable Goals and Realistic Timeline:

➤ Objectives:

B. Describe in detail the need for this project/business assistance.

➤ Provide evidence to support your statement of need.

➤ Clearly identify the target beneficiaries and desired outcome of the project/business assistance.

C. Describe in detail the project budget, to include:

➤ Items or projects to be funded with MCMHA grant funds. _____

➤ Other funding resources for this project or business (e.g. donations, matching, loans or governmental grants). _____

➤ Future sustainability resources that may be needed for this project/business.

➤ Documentation you expect to submit for expenditure accountability (e.g. cancelled checks, invoices, bids, receipts etc.) _____

➤ Willingness to accept less than the requested amount. If “No,” please explain. _____

D. Describe in detail the management capacity of your organization, to include:

➤ Relative experience your organization has in managing and implementing this type of project/business. _____

➤ Your management plan in providing oversight to this project, including financial management. _____

- Partnering with other organization(s) or funding sources in implementing this project/business. If yes, please describe.

- Future sustainability resources that may be needed for this project/business.

- E.** Documentation you expect to submit for expenditure accountability (e.g. cancelled checks, invoices, bids, receipts etc.) _____

- Describe the overall benefit and impact of your project or business to the Midwest City community.

Thank you for your time and effort in applying for a Midwest City Community Improvement Grant!