13. Discussion and Action: Mercedes Small Business Recovery Grant – Dalia de la Carr, \$3,000



To: DCM Board of Directors

From: Rose Saenz

CC: Melissa Ramirez, Executive Director

Date: 10/9/20

Re: Mercedes Small Business Grant Program

Recommendation:

Dr. Barbara Baggerly - Hinojosa - Approve 3K

Elizabeth de la Cerda – Approve 3K

San Juanita Gonzalez - Approve \$2964.62

Mateo Diaz IV - Approve 3K

Amadia Gonzalez - Approve 3K

Mateo Diaz IV - Approve 5K

Mateo Diaz IV - Approve 5K

Mirelda Perales - Approve 5K

Chandra Sanchez - Approve 5K

Luis Fernandez - Deny 3K (Not in a commercial setting)

Dalia de la O Carr - Deny 3K (No Quarterly Reports, no Sales Tax Reports)

Andres A Casarez – Deny 3K (Owes Property tax)

Karina Rivera - Deny 3K (No Business License)

Claudia Montoya - Deny 3K (Incomplete application, no backup documentation)

Laura Luna – Deny 3K (Incomplete application, no backup documentation)

Graciela C. Perez – 9 K (Incomplete application, no backup documentation)

Javier Moroles - 5K (Currently has 19 employees)

Please complete the application and answer every question shown below. The Mercedes DCM requests that each business enter a response in EACH of the required fields below.

CONTACT INFORMATION
First/Last Name of person completing this application: Dala dela 0= Carr
Name of Business: La Pell V Ca Te
Business Type: ReStaukant
Address of Business: 20 N v Lexa 5 V+Ve
Email Address: data Carr 690 ginail Compne Number: 450) 903-4230
Cel 956) 532-NIC
BUSINESS OWNERSHIP
Tax ID #: 455 -96-7969
Entity Name: FIFENIX (ate
Name of hydross owner (if different from above): () FRIIA, UQNEZ - 10, A
Name of business owner (if different from above): 1) felia yanez - 1)e La O Number of years in business: 59 years
Number of years in business.
BUSINESSES THAT ARE INELIGIBLE TO APPLY
 Businesses that are restricted to patrons above the age of 18 (e.g. bars, smoke shops, and sexually
oriented businesses and other similar businesses);
Finance Institutions;
Businesses owned by the members of the Board of Directors of the Mercedes EDC; or
 Businesses owned by employees or Mercedes elected officials of the City of Mercedes.
PERSONNEL
How many total employees were employed at your business on February 1, 2020?
1000 many total employees were employee at your business on real above 2, 2020.
Full-time Employees #: (Part-time # employees:)
Does your business have furloughed employees who are receiving unemployment benefits?
MIAL Y
Yes Nó Nó
>W
\)\\\

Is your business operated as a sole proprietorship?	
YesNo	
USE OF FUNDS	
How will your business use the loan funds? Please check all that apply.	
Rent/mortgage payment. List specific amount.	\$
Purchases supplies to offer alternative business access (i.e. curbside pickup, delivery, we for online sales, etc.)	s 1 000
Employee support (salaries, insurance, paid leave)	\$ 31000
Utilities (i.e. electricity, water, phone, internet, etc.)	\$1,000
Expenses associated with increased material costs from suppliers or alternate suppliers.	\$ 5000
Purchase of COVID-19 supplies for business protection/cleaning.	5300
Total Amount	s 5,800
Total Grant amount requested from Mercedes DCM: \$\frac{3}{000}\$ (amount shown above may no \$3,000 for business with 1-3 expressions \$5,000 for business with 4-9 expressions \$1.000 for business with 4-9 expressions with 4-9 ex	employees,
You must attach cancelled checks, payroll reports and/or bank statements to substantiate the above.	amount shown
Business owners may request less and/or only what is needed if receipts cannot be produced to show proof of payment on the list above, under USE OF FUNDS . The Development Corporation of Mercedes is the sole and final authority in determining eligibility and amount of funding. Funds not used as indicated, or documented, shall be due back immediately.	
FINANCIAL ASSISTANCE (Currently pending or received)	1 /
Name of your primary financial institution: Name of your Bank Officer: Have you met with your financial institution (bank) about financial assistance? Yes No.	
Gome Lost in the process	aporwork

Have you applied for any of the following Federal programs that a	re currently available?
	ed amount:
*Provide proof of application provided via attachment.	
of the why not? Have not unsu	ure of the outcom
ACKNOWLEDEMENTS/SIGNATURES	
Please check each statement acknowledging that you have read a within this application is true and accurate to the best of your knowledging.	· · · · · · · · · · · · · · · · · · ·
My business has 1-9 full time (or full time equivalent) emplo	oyees.
affirm that my business has experienced or is projected to February 1, 2020 and May 15, 2020. (including sole proprie	experience a decline in employment between tors.)
The Tax ID and Entity Name of my business shown above, a	re true and accurate.
My business is located in the incorporated city limits of Meroes with a Certificate of Occupancy issued by the City of Merces	
By signing this document, I am attesting that I am the majo loan.	rity owner of the business applying for this
will provide proof of efforts to obtain current Federal stim	ulus grants/loans: EIDL, PPP, etc.
I affirm this business is in good standing with the City of Mer	cedes with respect to taxes, fees, utility
payments, or other financial obligations. Business Legal Name El Fenin Cale	
Written: Legal Representative	MAN ngor Title
Signed: Oklus de Oul Legal Representative	Owner Title
Signed as Individual: Little de la	Date Quly 5, 2020

DOCUMENTS TO BE ATTACHED

Summary of documents that must be provided at time of application. Please attach in order and/or clearly label the document:

- 1. W-9 Form.
- 2. Receipt or cancelled check of most recent lease/mortgage payment.
- 3. Receipt or cancelled check of most recent utility payment (water, electric, phone, gas, etc.).
- 4. Receipt or cancelled check for salary payments made to furloughed employees, if applicable.
- 5. Receipts for expenses associated with increased material costs from suppliers or alternate suppliers.
- Receipts for the purchase of COVID-19 supplies for business protection/cleaning.
- 7. Receipts for purchases supplies to offer alternative business access (i.e. curbside pickup, delivery, website upgrades for online sales, etc.)
- 8. Proof of application for COVID-19 Federal grant/loan programs.

We are requesting supporting documentation at this time and reserve the right to request and receive any such back-up documentation within 24 hours' notice by the DCM. Please make sure you maintain your business records and receipts to support your answers to the application.

Directions for Submitting the Mercedes Small Business Recovery Assistance Grant Application

- 1. Save the completed application as [BUSINESS NAME] Mercedes DCM Grant Application
- 2. Submit the completed application and ALL documents to:

Email: smallbuscares2020@cityofmercedes.com OR

Deliver to: DCM Office (NE Ohio/4th Street) and drop in the mail box in the foyer of the building between the hours of 8:00 am to 5:00 pm during the week of August 4th onward (until funds are exhausted).

- print the application
- hand write answers and responses into the application
- scan the application and all related documents and email the completed the file to: smallbuscares2020@cityofmercedes.com.

14. Discussion and Action: Mercedes Small Business Recovery Grant – Andres A. Casarez, \$3,000



To: DCM Board of Directors

From: Rose Saenz

CC: Melissa Ramirez, Executive Director

Date: 10/9/20

Re: Mercedes Small Business Grant Program

Recommendation:

Dr. Barbara Baggerly - Hinojosa - Approve 3K

Elizabeth de la Cerda – Approve 3K

San Juanita Gonzalez – Approve \$2964.62

Mateo Diaz IV - Approve 3K

Amadia Gonzalez - Approve 3K

Mateo Diaz IV - Approve 5K

Mateo Diaz IV – Approve 5K

Mirelda Perales – Approve 5K

Chandra Sanchez – Approve 5K

Luis Fernandez – Deny 3K (Not in a commercial setting)

Dalia de la O Carr - Deny 3K (No Quarterly Reports, no Sales Tax Reports)

Andres A Casarez – Deny 3K (Owes Property tax)

Karina Rivera – Deny 3K (No Business License)

Claudia Montoya - Deny 3K (Incomplete application, no backup documentation)

Laura Luna – Deny 3K (Incomplete application, no backup documentation)

Graciela C. Perez – 9 K (Incomplete application, no backup documentation)

Javier Moroles – 5K (Currently has 19 employees)

Please complete the application and answer every question shown below. The Mercedes DCM requests that each business enter a response in EACH of the required fields below.

CONTACT INFORMATION

First/Last Name of person completing this application: ANDRES A CASAREZ
First/Last Name of person completing this application: <u>ANDRES A CASAREZ</u> Name of Business: <u>ANDYS AUG + TRUCK SERVICE</u>
Business Type: Mechanic
Address of Rusiness: 204/ 5 T//W//S
Address of Business: 204 5. 7/11015 Email Address: 4 way 5 a 4 to 54 @ g mail Com Phone Number: 1950 532-4884
BUSINESS OWNERSHIP
Tax ID #:
Entity Name:
Entity Name:
Number of years in business: <u>33 yes</u>
 Businesses that are restricted to patrons above the age of 18 (e.g. bars, smoke shops, and sexually oriented businesses and other similar businesses); Finance Institutions; Businesses owned by the members of the Board of Directors of the Mercedes EDC; or Businesses owned by employees or Mercedes elected officials of the City of Mercedes.
PERSONNEL
How many total employees were employed at your business on February 1, 2020?
Full-time Employees #: 2 (Part-time # employees:)
Does your business have furloughed employees who are receiving unemployment benefits?
YesNo

SEP 0 1 2020 BY: 2:50 PM

Is your business operated as a sole proprietorship?	
YesNo	
USE OF FUNDS	
How will your business use the loan funds? Please check all that apply.	
Rent/mortgage payment. List specific amount.	\$ 212.20
Purchases supplies to offer alternative business access (i.e. curbside pickup, delivery, we for online sales, etc.)	bsite upgrades
Employee support (salaries, insurance, paid leave)	\$
Utilities (i.e. electricity, water, phone, internet, etc.)	\$ 350
Expenses associated with increased material costs from suppliers or alternate suppliers.	\$ 200
Purchase of COVID-19 supplies for business protection/cleaning.	\$ 100
Total Amount	\$
Total Grant amount requested from Mercedes DCM: \$ 3000. — (amount shown above may no \$3,000 for business with 1-3 e \$5,000 for business with 4-9 e	mployees,
You must attach cancelled checks, payroll reports and/or bank statements to substantiate the above.	amount shown
Business owners may request less and/or only what is needed if receipts cannot be produced payment on the list above, under USE OF FUNDS . The Development Corporation of Mercedes is authority in determining eligibility and amount of funding. Funds not used as indicated, or docudue back immediately.	the sole and final
FINANCIAL ASSISTANCE (Currently pending or received)	
Name of your primary financial institution: <u>Texas NAtional Bank</u> Name of your Bank Officer: <u>MARtinez</u> Have you met with your financial institution (bank) about financial assistance? Yes No	
If no, why not?	

Have you applied for any of the following Federal prog	
Economic Injury Disaster Loan (EIDL)	
*Provide proof of application provided via atta	achment.
If not, why not?	•
ACKNOWLEDEMENTS/SIGNATURES	
ACRINOVALEDEIVIEN 13/3 IGINAT ORES	
	have read and affirm the information you have submitted of your knowledge. USE YOUR INITIALS IN THE BLANK.
\cancel{AC} My business has 1-9 full time (or full time equiv	alent) employees.
## I affirm that my business has experienced or is presented in February 1, 2020 and May 15, 2020. (including	projected to experience a decline in employment between sole proprietors.)
${\color{red} A {\color{blue} C}}$ The Tax ID and Entity Name of my business sho	wn above, are true andaccurate.
## C My business is located in the incorporated city I with a Certificate of Occupancy issued by the Ci	imits of Mercedes, in a commercial setting ity of Mercedes.
4c By signing this document, I am attesting that I a loan.	m the majority owner of the business applying for this
\underline{AC} I will provide proof of efforts to obtain current	Federal stimulus grants/loans: EIDL, PPP, etc.
\cancel{AC} I affirm this business is in good standing with the	e City of Mercedes with respect to taxes, fees, utility
payments, or other financial obligations.	
Business Legal Name AND 4'S Auto 4-TE	uck service
Written: <u>Aun Res</u> A. CasqRe Z Legal Representative	OWNER_
Signed: Malu a Cen	> OWNER
Legal Representative	Title
Signed as Individual:	Date

DOCUMENTS TO BE ATTACHED

Summary of documents that must be provided at time of application. Please attach in order and/or clearly label the document:

1. W-9 Form; and copy of the applicants' iD.

- 2. Receipt or cancelled check of most recent lease/mortgage payment.
- 3. Receipt or cancelled check of most recent utility payment (water, electric, phone, gas, etc.).
- 4. Receipt or cancelled check for salary payments made to furloughed employees, if applicable.
- 5. Receipts for expenses associated with increased material costs from suppliers or alternate suppliers.
- 6. Receipts for the purchase of COVID-19 supplies for business protection/cleaning.
- 7. Receipts for purchases supplies to offer alternative business access (i.e. curbside pickup, delivery, website upgrades for online sales, etc.)
- 8. Proof of application for COVID-19 Federal grant/loan programs.

We are requesting supporting documentation at this time and reserve the right to request and receive any such back-up documentation within 24 hours' notice by the DCM. Please make sure you maintain your business records and receipts to support your answers to the application.

Directions for Submitting the Mercedes Small Business Recovery Assistance Grant Application

- 1. Save the completed application as [BUSINESS NAME] Mercedes DCM Grant Application
- 2. Submit the completed application and ALL documents to:

Email: smallbuscares2020@cityofmercedes.com OR

Deliver to: DCM Office (NE Ohio/4th Street) and drop in the mail box in the foyer of the building between the hours of 8:00 am to 5:00 pm during the week of August 4th onward (until funds are exhausted).

- print the application
- hand write answers and responses into the application
- scan the application and all related documents and email the completed the file to: smallbuscares2020@cityofmercedes.com.

15. Discussion and Action: Mercedes Small Business Recovery Grant – Karina Rivera, \$3,000



To: DCM Board of Directors

From: Rose Saenz

CC: Melissa Ramirez, Executive Director

Date: 10/9/20

Re: Mercedes Small Business Grant Program

Recommendation:

Dr. Barbara Baggerly - Hinojosa - Approve 3K

Elizabeth de la Cerda - Approve 3K

San Juanita Gonzalez - Approve \$2964.62

Mateo Diaz IV - Approve 3K

Amadia Gonzalez - Approve 3K

Mateo Diaz IV - Approve 5K

Mateo Diaz IV – Approve 5K

Mirelda Perales – Approve 5K

Chandra Sanchez – Approve 5K

Luis Fernandez – Deny 3K (Not in a commercial setting)

Dalia de la O Carr – Deny 3K (No Quarterly Reports, no Sales Tax Reports)

Andres A Casarez – Deny 3K (Owes Property tax)

Karina Rivera – Deny 3K (No Business License)

Claudia Montoya – Deny 3K (Incomplete application, no backup documentation)

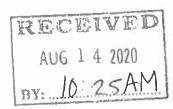
Laura Luna – Deny 3K (Incomplete application, no backup documentation)

Graciela C. Perez – 9 K (Incomplete application, no backup documentation)

Javier Moroles – 5K (Currently has 19 employees)

Please complete the application and answer every question shown below. The Mercedes DCM requests that each business enter a response in EACH of the required fields below.

CONTACT INFORMATION
First/Last Name of person completing this application: Karina Rivera
Name of Business: Mi Casa Kestaurant
Business Type: Kestayant Address of Business: 169 NTX Ave Mercedes TX 78570
Email Address: Karing 021715@Yaho. Com Phone Number: 956-601-6449
BUSINESS OWNERSHIP
Tax ID #: 631-46-6731
Entity Name: Karna Livera
Name of business owner (if different from above):
Number of years in business: 4000 S
BUSINESSES THAT ARE INELIGIBLE TO APPLY
 Businesses that are restricted to patrons above the age of 18 (e.g. bars, smoke shops, and sexually oriented businesses and other similar businesses); Finance Institutions; Businesses owned by the members of the Board of Directors of the Mercedes EDC; or
 Businesses owned by employees or Mercedes elected officials of the City of Mercedes.
PERSONNEL
How many total employees were employed at your business on February 1, 2020?
Full-time Employees #:(Part-time # employees:)
Does your business have furloughed employees who are receiving unemployment benefits?
YesNoV



Is your business operated as a sole proprietorship?	
YesNo	
USE OF FUNDS	
How will your business use the loan funds? Please check all that apply.	1 (1 ~
Rent/mortgage payment. List specific amount.	\$ <u>1,400</u>
Purchases supplies to offer alternative business access (i.e. curbside pickup, delivery, w for online sales, etc.)	ebsite upgrades \$
Employee support (salaries, insurance, paid leave)	\$
Utilities (i.e. electricity, water, phone, internet, etc.)	\$ <u>925.00</u>
Expenses associated with increased material costs from suppliers or alternate suppliers	i.\$
Purchase of COVID-19 supplies for business protection/cleaning.	\$370.00
Total Amount Total Grant amount requested from Mercedes DCM: \$\frac{2,695}{6,000}\$ (amount shown above may not \$3,000 for business with 1-3 \$5,000 for business with 4-9	not exceed: employees,
You must attach cancelled checks, payroll reports and/or bank statements to substantiate the above.	e amount shown
Business owners may request less and/or only what is needed if receipts cannot be produced to show proof of payment on the list above, under USE OF FUNDS . The Development Corporation of Mercedes is the sole and final authority in determining eligibility and amount of funding. Funds not used as indicated, or documented, shall be due back immediately.	
FINANCIAL ASSISTANCE (Currently pending or received)	
Name of your primary financial institution: BBVA USA Name of your Bank Officer:	
Have you met with your financial institution (bank) about financial assistance (Yes) No	
If no, why not?	

Have you applied for any of the following Federal progr	•
Paycheck Protection Program (PPP) Economic Injury Disaster Loan (EIDL)	Requested amount:
*Provide proof of application provided via attachment.	
If not, why not?	
ACKNOWLEDEMENTS/SIGNATURES	
Please check each statement acknowledging that you h within this application is true and accurate to the best of	have read and affirm the information you have submitted of your knowledge. USE YOUR INITIALS IN THE BLANK.
My business has 1-9 full time (or full time equiva	lent) employees.
I affirm that my business has experienced or is perfectly 1, 2020 and May 15, 2020. (including s	rojected to experience a decline in employment between ole proprietors.)
The Tax ID and Entity Name of my business show	vn above, are true andaccurate.
My business is located in the incorporated city lie with a Certificate of Occupancy issued by the Cit	
By signing this document, I am attesting that I ar loan.	n the majority owner of the business applying for this
I will provide proof of efforts to obtain current F	ederal stimulus grants/loans: EIDL, PPP, etc.
I affirm this business is in good standing with the	City of Mercedes with respect to taxes, fees, utility
payments, or other financial obligations.	
Business Legal Name Mi Casa Ke	staurant
Written: Karing Rivera Legal Representative	Title
Signed: Legal Representative	Title
Signed as Individual: Karra Cur	Date 8/11/2020

16. Discussion and Action: Mercedes Small Business Recovery Grant – Claudia Montoya, \$3,000



To: DCM Board of Directors

From: Rose Saenz

CC: Melissa Ramirez, Executive Director

Date: 10/9/20

Re: Mercedes Small Business Grant Program

Recommendation:

Dr. Barbara Baggerly - Hinojosa - Approve 3K

Elizabeth de la Cerda – Approve 3K

San Juanita Gonzalez - Approve \$2964.62

Mateo Diaz IV - Approve 3K

Amadia Gonzalez - Approve 3K

Mateo Diaz IV - Approve 5K

Mateo Diaz IV - Approve 5K

Mirelda Perales – Approve 5K

Chandra Sanchez - Approve 5K

Luis Fernandez – Deny 3K (Not in a commercial setting)

Dalia de la O Carr – Deny 3K (No Quarterly Reports, no Sales Tax Reports)

Andres A Casarez – Deny 3K (Owes Property tax)

Karina Rivera – Deny 3K (No Business License)

Claudia Montoya – Deny 3K (Incomplete application, no backup documentation)

Laura Luna – Deny 3K (Incomplete application, no backup documentation)

Graciela C. Perez – 9 K (Incomplete application, no backup documentation)

Javier Moroles - 5K (Currently has 19 employees)

Please complete the application and answer every question shown below. The Mercedes DCM requests that each business enter a response in EACH of the required fields below.

CONTACT INFORMATION
First/Last Name of person completing this application:
Name of Business: 5016 S
Business Type: Rosar + Snack S
Address of Business: (001) 10 Bus 83
Email Address d monto & Janos com Phone Number: 956- 4-12-816
Clamonto e
BUSINESS OWNERSHIP
Tax ID#: 3-20293-6758-1 Entity Name: 56101
Entity Name:
Name of business owner (if different from above):
Number of years in business: 0
Number of years in business.
BUSINESSES THAT ARE INELIGIBLE TO APPLY
 Businesses that are restricted to patrons above the age of 18 (e.g. bars, smoke shops, and sexually oriented businesses and other similar businesses); Finance Institutions;
 Businesses owned by the members of the Board of Directors of the Mercedes EDC; or
 Businesses owned by employees or Mercedes elected officials of the City of Mercedes.
PERSONNEL
How many total employees were employed at your business on February 1, 2020?
Full-time Employees #: 1 (Part-time # employees:)
Does your business have furloughed employees who are receiving unemployment benefits?
YesNo



Is your business operated as a sole proprietorship?	
YesNo	
USE OF FUNDS	
How will your business use the loan funds? Please check all that apply.	
Rent/mortgage payment. List specific amount.	\$
Purchases supplies to offer alternative business access (i.e. curbside pickup, delivery, we for online sales, etc.)	s wante
Employee support (salaries, insurance, paid leave)	\$
Utilities (i.e. electricity, water, phone, internet, etc.)	suarres .
Expenses associated with increased material costs from suppliers or alternate suppliers.	\$
Purchase of COVID-19 supplies for business protection/cleaning.	\$ Varia)
Total Amount	\$
Total Grant amount requested from Mercedes DCM: \$	employees,
You must attach cancelled checks, payroll reports and/or bank statements to substantiate the above.	amount shown
Business owners may request less and/or only what is needed if receipts cannot be produced to show proof of payment on the list above, under USE OF FUNDS. The Development Corporation of Mercedes is the sole and final authority in determining eligibility and amount of funding. Funds not used as indicated, or documented, shall be due back immediately.	
FINANCIAL ASSISTANCE (Currently pending or received)	
Name of your primary financial institution:	
If no, why not?	

Have you applied for any of the following Federal prog	grams that are currently available?
Paycheck Protection Program (PPP)	Requested amount:
Economic Injury Disaster Loan (EIDL)	Requested amount:
*Provide proof of application provided via atte	achment.
Vo-not? why not? Ware & them	
ACKNOWLEDEMENTS/SIGNATURES	
	have read and affirm the information you have submitted of your knowledge. USE YOUR INITIALS IN THE BLANK.
My business has 1-9 full time (or full time equiv	valent) employees.
I affirm that my business has experienced or is presented in February 1, 2020 and May 15, 2020. (including	projected to experience a decline in employment between sole proprietors.)
The Tax ID and Entity Name of my business sho	wn above, are true and accurate.
	-
By signing this document, I am attesting that I a loan.	m the majority owner of the business applying for this
will provide proof of efforts to obtain current	Federal stimulus grants/loans: EIDL, PPP, etc.
I affirm this business is in good standing with the	e City of Mercedes with respect to taxes, fees, utility
payments, or other financial obligations.	
Business Legal Name	
Written:	
Legal Representative	Title
Signed:	
Legal Representative	Title
Signed as Individual:	Date

DOCUMENTS TO BE ATTACHED

Summary of documents that must be provided at time of application. Please attach in order and/or clearly label the document:

- 1. W-9 Form.
- 2. Receipt or cancelled check of most recent lease/mortgage payment.
- 3. Receipt or cancelled check of most recent utility payment (water, electric, phone, gas, etc.).
- 4. Receipt or cancelled check for salary payments made to furloughed employees, if applicable.
- 5. Receipts for expenses associated with increased material costs from suppliers or alternate suppliers.
- 6. Receipts for the purchase of COVID-19 supplies for business protection/cleaning.
- 7. Receipts for purchases supplies to offer alternative business access (i.e. curbside pickup, delivery, website upgrades for online sales, etc.)
- 8. Proof of application for COVID-19 Federal grant/loan programs.

We are requesting supporting documentation at this time and reserve the right to request and receive any such back-up documentation within 24 hours' notice by the DCM. Please make sure you maintain your business records and receipts to support your answers to the application.

Directions for Submitting the Mercedes Small Business Recovery Assistance Grant Application

- 1. Save the completed application as [BUSINESS NAME] Mercedes DCM Grant Application
- 2. Submit the completed application and ALL documents to:

Email: smallbuscares2020@cityofmercedes.com OR

Deliver to: DCM Office (NE Ohio/4th Street) and drop in the mail box in the foyer of the building between the hours of 8:00 am to 5:00 pm during the week of August 4th onward (until funds are exhausted).

- print the application
- hand write answers and responses into the application
- scan the application and all related documents and email the completed the file to: smallbuscares2020@cityofmercedes.com.

17. Discussion and Action: Mercedes Small Business Recovery Grant – Laura Luna, \$3,000



To: DCM Board of Directors

From: Rose Saenz

CC: Melissa Ramirez, Executive Director

Date: 10/9/20

Re: Mercedes Small Business Grant Program

Recommendation:

Dr. Barbara Baggerly - Hinojosa – Approve 3K Elizabeth de la Cerda – Approve 3K San Juanita Gonzalez – Approve \$2964.62 Mateo Diaz IV – Approve 3K Amadia Gonzalez – Approve 3K Mateo Diaz IV – Approve 5K Mateo Diaz IV – Approve 5K Mirelda Perales – Approve 5K Chandra Sanchez – Approve 5K

Luis Fernandez – Deny 3K (Not in a commercial setting)

Dalia de la O Carr – Deny 3K (No Quarterly Reports, no Sales Tax Reports)

Andres A Casarez - Deny 3K (Owes Property tax)

Karina Rivera - Deny 3K (No Business License)

Claudia Montoya – Deny 3K (Incomplete application, no backup documentation)

Laura Luna – Deny 3K (Incomplete application, no backup documentation)

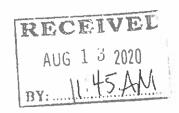
Graciela C. Perez – 9 K (Incomplete application, no backup documentation)

Javier Moroles – 5K (Currently has 19 employees)

Please complete the application and answer every question shown below. The Mercedes DCM requests that each business enter a response in EACH of the required fields below.

CONTACT INFORMATION

First/Last Name of person completing this application: Laura Luno
Name of Business: Blue MOO COLUGS
Business Type: COYUDGSD
Address of Business: 505 W. and St. Melades
Email Address: Qura Luna 852 a Phone Number: 95, 678, 9333
9 mail.com 314-1384
BUSINESS OWNERSHIP
Tax ID #:
Entity Name:
Name of business owner (if different from above):
Number of years in business:
 Businesses that are restricted to patrons above the age of 18 (e.g. bars, smoke shops, and sexually oriented businesses and other similar businesses); Finance Institutions; Businesses owned by the members of the Board of Directors of the Mercedes EDC; or Businesses owned by employees or Mercedes elected officials of the City of Mercedes.
PERSONNEL
How many total employees were employed at your business on February 1, 2020?
Full-time Employees #: (Part-time # employees:)
Does your business have furloughed employees who are receiving unemployment benefits?
/esNo



is your business operated as a sole proprietorship?	
YesNo	
USE OF FUNDS	
How will your business use the loan funds? Please check all that apply.	
Rent/mortgage payment. List specific amount.	\$
Purchases supplies to offer alternative business access (i.e. curbside pickup, for online sales, etc.)	delivery, website upgrades \$
Employee support (salaries, insurance, paid leave)	\$
Utilities (i.e. electricity, water, phone, internet, etc.)	\$
Expenses associated with increased material costs from suppliers or alternat	te suppliers. \$
Purchase of COVID-19 supplies for business protection/cleaning.	\$
Tot	al Amount \$
\$3,000 for busines	pove may not exceed: ss with 1-3 employees, ss with 4-9 employees)
You must attach cancelled checks, payroll reports and/or bank statements to substabove.	tantiate the amount shown
Business owners may request less and/or only what is needed if receipts cannot be payment on the list above, under USE OF FUNDS . The Development Corporation of I authority in determining eligibility and amount of funding. Funds not used as indicative back immediately.	Mercedes is the sole and fina
FINANCIAL ASSISTANCE (Currently pending or received)	
Name of your primary financial institution: Name of your Bank Officer:	
Name of your Bank Officer: Have you met with your financial institution (bank) about financial assistance? Yes	No
If no, why not?	

17.6

Have you applied for any of the following Federal proj	
Paycheck Protection Program (PPP) Economic Injury Disaster Loan (EIDL)	Requested amount:
*Provide proof of application provided via atta	achment.
If not, why not?	
ACKNOWLEDEMENTS/SIGNATURES	
within this application is true and accurate to the best	have read and affirm the information you have submitted of your knowledge. USE YOUR INITIALS IN THE BLANK.
My business has 1-9 full time (or full time equiv	valent) employees.
February 1, 2020 and May 15, 2020. (including	projected to experience a decline in employment between sole proprietors.)
The Tax ID and Entity Name of my business sho	wn above, are true andaccurate.
My business is located in the incorporated city l with a Certificate of Occupancy issued by the Ci	
$\frac{V}{I}$ By signing this document, I am attesting that I a loan.	m the majority owner of the business applying for this
will provide proof of efforts to obtain current	Federal stimulus grants/loans: EIDL, PPP, etc.
I affirm this business is in good standing with the	e City of Mercedes with respect to taxes, fees, utility
payments, or other financial obligations.	
Business Legal Name UUTA UT	<u> </u>
Written:	
Legal Representative	Title
Signed:	Title
Signed as Individual:	Date

Date

DOCUMENTS TO BE ATTACHED

Summary of documents that must be provided at time of application. Please attach in order and/or clearly label the document:

- 1. W-9 Form.
- 2. Receipt or cancelled check of most recent lease/mortgage payment.
- 3. Receipt or cancelled check of most recent utility payment (water, electric, phone, gas, etc.).
- 4. Receipt or cancelled check for salary payments made to furloughed employees, if applicable.
- 5. Receipts for expenses associated with increased material costs from suppliers or alternate suppliers.
- 6. Receipts for the purchase of COVID-19 supplies for business protection/cleaning.
- 7. Receipts for purchases supplies to offer alternative business access (i.e. curbside pickup, delivery, website upgrades for online sales, etc.)
- 8. Proof of application for COVID-19 Federal grant/loan programs.

We are requesting supporting documentation at this time and reserve the right to request and receive any such back-up documentation within 24 hours' notice by the DCM. Please make sure you maintain your business records and receipts to support your answers to the application.

Directions for Submitting the Mercedes Small Business Recovery Assistance Grant Application

- 1. Save the completed application as [BUSINESS NAME] Mercedes DCM Grant Application
- 2. Submit the completed application and ALL documents to:

Email: smallbuscares2020@cityofmercedes.com OR

Deliver to: DCM Office (NE Ohio/4th Street) and drop in the mail box in the foyer of the building between the hours of 8:00 am to 5:00 pm during the week of August 4th onward (until funds are exhausted).

- print the application
- hand write answers and responses into the application
- scan the application and all related documents and email the completed the file to: smallbuscares2020@cityofmercedes.com.

18. Discussion and Action: Mercedes Small Business Recovery Grant – Graciela C. Perez, \$9,000



To: DCM Board of Directors

From: Rose Saenz

CC: Melissa Ramirez, Executive Director

Date: 10/9/20

Re: Mercedes Small Business Grant Program

Recommendation:

Dr. Barbara Baggerly - Hinojosa – Approve 3K Elizabeth de la Cerda – Approve 3K San Juanita Gonzalez – Approve \$2964.62 Mateo Diaz IV – Approve 3K Amadia Gonzalez – Approve 3K

Amadia Gonzalez – Approve 3K Mateo Diaz IV – Approve 5K

Mateo Diaz IV – Approve 5K
Mirelda Perales – Approve 5K
Changa Sanchoz – Approve 5K

Chandra Sanchez – Approve 5K

Luis Fernandez – Deny 3K (Not in a commercial setting)

Dalia de la O Carr – Deny 3K (No Quarterly Reports, no Sales Tax Reports)

Andres A Casarez – Deny 3K (Owes Property tax)

Karina Rivera - Deny 3K (No Business License)

Claudia Montoya – Deny 3K (Incomplete application, no backup documentation)

Laura Luna – Deny 3K (Incomplete application, no backup documentation)

Graciela C. Perez – 9 K (Incomplete application, no backup documentation)

Javier Moroles – 5K (Currently has 19 employees)

Please complete the application and answer every question shown below. The Mercedes DCM requests that each business enter a response in EACH of the required fields below.

CONTACT INFORMATION
First/Last Name of person completing this application: Graciela C Perez
Name of Business: Cracies Hair N more
Business Type: hair Salon
Address of Business: 509 w. and St Mercedes Tx 78570
Email Address: Phone Number: 956 - 463 - 042
BUSINESS OWNERSHIP
Tax ID#: 507-02-7824
Entity Name:
Name of business owner (if different from above):
Number of years in business: 18 405
 Businesses that are restricted to patrons above the age of 18 (e.g. bars, smoke shops, and sexually oriented businesses and other similar businesses); Finance Institutions; Businesses owned by the members of the Board of Directors of the Mercedes EDC; or Businesses owned by employees or Mercedes elected officials of the City of Mercedes.
PERSONNEL
How many total employees were employed at your business on February 1, 2020?
Full-time Employees #: 3 (Part-time # employees:)
Does your business have furloughed employees who are receiving unemployment benefits?
Yes No 1



YesNo	
USE OF FUNDS	
How will your business use the loan funds? Please check all that apply.	
Rent/mortgage payment. List specific amount.	\$
Purchases supplies to offer alternative business access (i.e. curbside pic for online sales, etc.)	kup, delivery, website upgrades
Employee support (salaries, insurance, paid leave)	\$
Utilities (i.e. electricity, water, phone, internet, etc.)	\$ <u> </u> 654.74
Expenses associated with increased material costs from suppliers or alt	ernate suppliers. \$ 1,345.26
Purchase of COVID-19 supplies for business protection/cleaning.	\$
	Total Amount \$ 3,000.00
Total Grant amount requested from Mercedes DCM: \$ 3,00	00.0D
\$3,000 for bu	wn above may not exceed: Isiness with 1-3 employees, Isiness with 4-9 employees)
You must attach cancelled checks, payroll reports and/or bank statements to above.	substantiate the amount shown
Business owners may request less and/or only what is needed if receipts can payment on the list above, under USE OF FUNDS. The Development Corporation authority in determining eligibility and amount of funding. Funds not used as it due back immediately.	of Mercedes is the sole and final
FINANCIAL ASSISTANCE (Currently pending or received)	
Name of your primary financial institution: BBVA COMPASS B Name of your Bank Officer: Lida Garcia Have you met with your financial institution (bank) about financial assistance?	
If no, why not?	

Is your business operated as a sole proprietorship?

Have you applied for any of the following Federal prog	grams that are currently available? NO Requested amount:
Economic Injury Disaster Loan (EIDL)	Requested amount:
*Provide proof of application provided via atto	achment.
If not, why not?	
ACKNOWLEDEMENTS/SIGNATURES	
Please check each statement acknowledging that you within this application is true and accurate to the best	have read and affirm the information you have submitted of your knowledge. USE YOUR INITIALS IN THE BLANK.
GCD My business has 1-9 full time (or full time equiv	alent) employees.
February 1, 2020 and May 15, 2020. (including	projected to experience a decline in employment between sole proprietors.)
The Tax ID and Entity Name of my business sho	wn above, are true and accurate.
Ny business is located in the incorporated city I with a Certificate of Occupancy issued by the Ci	
C<u>nCD</u> By signing this document, I am attesting that I a loan.	m the majority owner of the business applying for this
GCP will provide proof of efforts to obtain current I	Federal stimulus grants/loans: EIDL, PPP, etc.
GCP I affirm this business is in good standing with the	City of Mercedes with respect to taxes, fees, utility
payments, or other financial obligations.	
Business Legal Name Gracie's Hair	N more
Written: Legal Representative	Title
Signed:	Owner
Legal Representative Signed as Individual:	Title 2

DOCUMENTS TO BE ATTACHED

Summary of documents that must be provided at time of application. Please attach in order and/or clearly label the document:

- 1. W-9 Form.
- 2. Receipt or cancelled check of most recent lease/mortgage payment.
- 3. Receipt or cancelled check of most recent utility payment (water, electric, phone, gas, etc.).
- 4. Receipt or cancelled check for salary payments made to furloughed employees, if applicable.
- 5. Receipts for expenses associated with increased material costs from suppliers or alternate suppliers.
- 6. Receipts for the purchase of COVID-19 supplies for business protection/cleaning.
- 7. Receipts for purchases supplies to offer alternative business access (i.e. curbside pickup, delivery, website upgrades for online sales, etc.)
- 8. Proof of application for COVID-19 Federal grant/loan programs.

We are requesting supporting documentation at this time and reserve the right to request and receive any such back-up documentation within 24 hours' notice by the DCM. Please make sure you maintain your business records and receipts to support your answers to the application.

Directions for Submitting the Mercedes Small Business Recovery Assistance Grant Application

- 1. Save the completed application as [BUSINESS NAME] Mercedes DCM Grant Application
- 2. Submit the completed application and ALL documents to:

Email: smallbuscares2020@cityofmercedes.com OR

Deliver to: DCM Office (NE Ohio/4th Street) and drop in the mail box in the foyer of the building between the hours of 8:00 am to 5:00 pm during the week of August 4th onward (until funds are exhausted).

- print the application
- hand write answers and responses into the application
- scan the application and all related documents and email the completed the file to: smallbuscares2020@cityofmercedes.com.

Please complete the application and answer every question shown below. The Mercedes DCM requests that each business enter a response in EACH of the required fields below.

CONTACT INFORMATION

Yes No

	6
First/Last Name of person completing this application	"Graciela C. Perez
Name of Business: Brain Freeze	
Business Type: Snow Cone Stand	
Address of Business:	
Email Address:	Phone Number:
BUSINESS OWNERSHIP	
Tax ID#: 507-02-7824 Entity Name: Brain Freeze	
Entity Name: <u>Brain</u> +ree2e	
Name of business owner (if different from above):	
Number of years in business:	
BUSINESSES THAT ARE INELIGIBLE TO AP	PLY
 Businesses that are restricted to patrons abo oriented businesses and other similar busines Finance Institutions; 	ve the age of 18 (e.g. bars, smoke shops, and sexually sses);
 Businesses owned by the members of the Bo Businesses owned by employees or Mercede 	
PERSONNEL	
How many total employees were employed at your b	usiness on February 1, 2020?

Full-time Employees #:______ (Part-time # employees: _____)

Does your business have furloughed employees who are receiving unemployment benefits?



ls you	r business operated as a sole proprietorship?	
	YesNo	
USE (OF FUNDS	
How w	vill your business use the loan funds? Please check all that apply.	
	Rent/mortgage payment. List specific amount.	\$
	Purchases supplies to offer alternative business access (i.e. curbside pickup, delivery, we for online sales, etc.)	sbsite upgrades
	Employee support (salaries, insurance, paid leave)	\$ 700.00
	Utilities (i.e. electricity, water, phone, internet, etc.)	\$ <u> 163.00</u>
	Expenses associated with increased material costs from suppliers or alternate suppliers.	\$ 872.00
	Purchase of COVID-19 supplies for business protection/cleaning.	\$ <u> 265.00</u>
	Total Amount	\$
Total	Grant amount requested from Mercedes DCM: \$ 3,000.00 (amount shown above may no \$3,000 for business with 1-3 e \$5,000 for business with 4-9 e	mployees,
You m above.	ust attach cancelled checks, payroll reports and/or bank statements to substantiate the	amount shown
payme author	ss owners may request less and/or only what is needed if receipts cannot be produced into the list above, under USE OF FUNDS. The Development Corporation of Mercedes is ity in determining eligibility and amount of funding. Funds not used as indicated, or docuted in the list in the	the sole and final
FINA	NCIAL ASSISTANCE (Currently pending or received)	
Name	of your primary financial institution: BBVa Compass Bank of your Bank Officer: Flida Garcia ou met with your financial institution (bank) about financial assistance? Yes_No	
if no, w	vhy not?	

Have you applied for any of the following Federal property Paycheck Protection Program (PPP)	grams that are currently available? Requested amount:
Economic Injury Disaster Loan (EIDL)	Requested amount:
*Provide proof of application provided via att	achment.
If not, why not?	
ACKNOWLEDEMENTS/SIGNATURES	
Please check each statement acknowledging that you within this application is true and accurate to the best	have read and affirm the information you have submitted of your knowledge. USE YOUR INITIALS IN THE BLANK.
$\mathfrak{R}^{ extstyle extstyl$	valent) employees.
GCD I affirm that my business has experienced or is February 1, 2020 and May 15, 2020. (including	projected to experience a decline in employment between sole proprietors.)
GCD The Tax ID and Entity Name of my business sho	wn above, are true andaccurate.
My business is located in the incorporated city with a Certificate of Occupancy issued by the C	
ந <u>ட</u> ை By signing this document, I am attesting that I a loan.	nm the majority owner of the business applying for this
GCP I will provide proof of efforts to obtain current	Federal stimulus grants/loans: EIDL, PPP, etc.
C_1C_2 I affirm this business is in good standing with the	e City of Mercedes with respect to taxes, fees, utility
payments, or other financial obligations.	
Business Legal Name Brain Freeze	<u></u>
Written:	
Legal Representative	Title
Signed:	<u>Owner</u>
Legal Representative	Title
Signed as Individual:	Date <u>08-20-20</u>

Summary of documents that must be provided at time of application. Please attach in order and/or clearly label the document:

- 1. W-9 Form.
- 2. Receipt or cancelled check of most recent lease/mortgage payment.
- 3. Receipt or cancelled check of most recent utility payment (water, electric, phone, gas, etc.).
- 4. Receipt or cancelled check for salary payments made to furloughed employees, if applicable.
- 5. Receipts for expenses associated with increased material costs from suppliers or alternate suppliers.
- 6. Receipts for the purchase of COVID-19 supplies for business protection/cleaning.
- 7. Receipts for purchases supplies to offer alternative business access (i.e. curbside pickup, delivery, website upgrades for online sales, etc.)
- 8. Proof of application for COVID-19 Federal grant/loan programs.

We are requesting supporting documentation at this time and reserve the right to request and receive any such back-up documentation within 24 hours' notice by the DCM. Please make sure you maintain your business records and receipts to support your answers to the application.

Directions for Submitting the Mercedes Small Business Recovery Assistance Grant Application

- 1. Save the completed application as [BUSINESS NAME] Mercedes DCM Grant Application
- 2. Submit the completed application and ALL documents to:
 - Email: smallbuscares2020@cityofmercedes.com OR
 - Deliver to: DCM Office (NE Ohio/4th Street) and drop in the mail box in the foyer of the building between the hours of 8:00 am to 5:00 pm during the week of August 4th onward (until funds are exhausted).
 - print the application
 - hand write answers and responses into the application
 - scan the application and all related documents and email the completed the file to: smallbuscares2020@cityofmercedes.com.

Mercedes Small Business Recovery Assistance Grant Program APPLICATION

Please complete the application and answer every question shown below. The Mercedes DCM requests that each business enter a response in EACH of the required fields below.

CONTACT INFORMATION		
First/Last Name of person completing this application: <u>Graciela C. Perez</u>		
Name of Business: GAL General Services LLC		
Queinage Time: DOUGE 1120 St		
Address of Business: 509 W 2nd St Mercedes TX 78570		
Address of Business: 509 W 2nd St Mercedes TX 78570 Email Address:Phone Number:		
BUSINESS OWNERSHIP		
Tax ID#: 84-3517127 Entity Name: Gal General Services LLC		
Entity Name: Gol General Services LLC		
Name of business owner (if different from above):		
Number of years in business: 1 1/2 years		
BUSINESSES THAT ARE INELIGIBLE TO APPLY		
 Businesses that are restricted to patrons above the age of 18 (e.g. bars, smoke shops, and sexually oriented businesses and other similar businesses); Finance Institutions; 		
 Businesses owned by the members of the Board of Directors of the Mercedes EDC; or Businesses owned by employees or Mercedes elected officials of the City of Mercedes. 		
PERSONNEL		
How many total employees were employed at your business on February 1, 2020?		
Full-time Employees #:(Part-time # employees:)		
Does your business have furloughed employees who are receiving unemployment benefits?		
YesNo		



Is your business operated as a sole proprietorship?		
YesNo		
USE OF FUNDS		
How will your business use the loan funds? Please check all that apply.		
Rent/mortgage payment. List specific amount.	\$	
Purchases supplies to offer alternative business access (i.e. curbside pickup, delivery, we for online sales, etc.)	bsite upgrades \$	
Employee support (salaries, insurance, paid leave)	\$ 3,000.00	
Utilities (i.e. electricity, water, phone, internet, etc.)	\$	
Expenses associated with increased material costs from suppliers or alternate suppliers.	\$	
Purchase of COVID-19 supplies for business protection/cleaning.	\$	
Total Amount	\$ <u>3,000.0</u> 0	
Total Grant amount requested from Mercedes DCM: \$ 300.00 (amount shown above may not exceed: \$3,000 for business with 1-3 employees, \$5,000 for business with 4-9 employees)		
You must attach cancelled checks, payroll reports and/or bank statements to substantiate the above.	amount shown	
Business owners may request less and/or only what is needed if receipts cannot be produced to show proof of payment on the list above, under USE OF FUNDS. The Development Corporation of Mercedes is the sole and final authority in determining eligibility and amount of funding. Funds not used as indicated, or documented, shall be due back immediately.		
FINANCIAL ASSISTANCE (Currently pending or received)		
Name of your primary financial institution: BBVa Compas Bank Name of your Bank Officer: Elida Garcia Have you met with your financial institution (bank) about financial assistance? Yes_No		
If no, why not?		

Have you applied for any of the following Federal prog	rams that are currently available? Requested amount: Requested amount:
Economic Injury Disaster Loan (EIDL) *Provide proof of application provided via atta	•
	minent.
If not, why not?	
ACKNOWLEDEMENTS/SIGNATURES	
	have read and affirm the information you have submitted of your knowledge. USE YOUR INITIALS IN THE BLANK.
SCP My business has 1-9 full time (or full time equiv	alent) employees.
February 1, 2020 and May 15, 2020. (including	projected to experience a decline in employment betweer sole proprietors.)
The Tax ID and Entity Name of my business show	wn above, are true andaccurate.
My business is located in the incorporated city limits with a Certificate of Occupancy issued by the Ci	
500 By signing this document, I am attesting that I a loan.	m the majority owner of the business applying for this
GCP will provide proof of efforts to obtain current i	ederal stimulus grants/loans: EIDL, PPP, etc.
GCP I affirm this business is in good standing with the	City of Mercedes with respect to taxes, fees, utility
payments, or other financial obligations.	
Business Legal Name	
Militan	
Written:	Title
Signed:	owner
Legal Penrecentative	Title 8/20/20
Signed as Individual: COCICA VILL 7	Pate 8/20/20

Summary of documents that must be provided at time of application. Please attach in order and/or clearly label the document:

- 1. W-9 Form.
- 2. Receipt or cancelled check of most recent lease/mortgage payment.
- 3. Receipt or cancelled check of most recent utility payment (water, electric, phone, gas, etc.).
- 4. Receipt or cancelled check for salary payments made to furloughed employees, if applicable.
- 5. Receipts for expenses associated with increased material costs from suppliers or alternate suppliers.
- 6. Receipts for the purchase of COVID-19 supplies for business protection/cleaning.
- Receipts for purchases supplies to offer alternative business access (i.e. curbside pickup, delivery, website upgrades for online sales, etc.)
- 8. Proof of application for COVID-19 Federal grant/loan programs.

We are requesting supporting documentation at this time and reserve the right to request and receive any such back-up documentation within 24 hours' notice by the DCM. Please make sure you maintain your business records and receipts to support your answers to the application.

Directions for Submitting the Mercedes Small Business Recovery Assistance Grant Application

- 1. Save the completed application as [BUSINESS NAME] Mercedes DCM Grant Application
- 2. Submit the completed application and ALL documents to:

Email: smallbuscares2020@cityofmercedes.com OR

Deliver to: DCM Office (NE Ohio/4th Street) and drop in the mail box in the foyer of the building between the hours of 8:00 am to 5:00 pm during the week of August 4th onward (until funds are exhausted).

- print the application
- hand write answers and responses into the application
- scan the application and all related documents and email the completed the file to: smallbuscares2020@cityofmercedes.com.

19. Discussion and Action: Mercedes Small Business Recovery Grant – Christopher Designa, \$5,000



Memo

To: DCM Board of Directors

From: Rose Saenz

CC: Melissa Ramirez, Executive Director

Date: 10/9/20

Re: Mercedes Small Business Grant Program

Recommendation:

Dr. Barbara Baggerly - Hinojosa - Approve 3K

Elizabeth de la Cerda – Approve 3K

San Juanita Gonzalez - Approve \$2964.62

Mateo Diaz IV - Approve 3K

Amadia Gonzalez - Approve 3K

Mateo Diaz IV - Approve 5K

Mateo Diaz IV - Approve 5K

Mirelda Perales – Approve 5K

Chandra Sanchez – Approve 5K

Luis Fernandez - Deny 3K (Not in a commercial setting)

Dalia de la O Carr – Deny 3K (No Quarterly Reports, no Sales Tax Reports)

Andres A Casarez – Deny 3K (Owes Property tax)

Karina Rivera – Deny 3K (No Business License)

Claudia Montoya - Deny 3K (Incomplete application, no backup documentation)

Laura Luna – Deny 3K (Incomplete application, no backup documentation)

Graciela C. Perez – 9 K (Incomplete application, no backup documentation)

Javier Moroles – 5K (Currently has 19 employees)

Mercedes Small Business Recovery Assistance Grant Program APPLICATION

Please complete the application and answer every question shown below. The Mercedes DCM requests that each business enter a response in EACH of the required fields below.

CONTACT INFORMATION
First/Last Name of person completing this application: Chief of Design
First/Last Name of person completing this application:
Name of Business: Tixas Explis Lube
Business Type:
Address of Business: 314 N. 1 2 Di
Email Address: Charin 69 10 4 Cho Com Phone Number: 472.5874
•
BUSINESS OWNERSHIP
Tax 10 #: 1463445563
Entity Name: Tixas trous Libe
Name of business owner (if different from above): Morta Dozgo - Chin Dozgo
Number of years in business:
 Businesses that are restricted to patrons above the age of 18 (e.g. bars, smoke shops, and sexually oriented businesses and other similar businesses); Finance Institutions; Businesses owned by the members of the Board of Directors of the Mercedes EDC; or Businesses owned by employees or Mercedes elected officials of the City of Mercedes.
PERSONNEL
How many total employees were employed at your business on February 1, 2020?
Full-time Employees #: 2 (Part-time # employees: 2)
Does your business have furloughed employees who are receiving unemployment benefits?
/esNo

RECEIVED

AUG 0 7 2020

BY: 10:21

Is your business operated as a sole proprietorship?		
YesNo		
USE OF FUNDS		
How will your business use the loan funds? Please check all that apply.		
Rent/mortgage payment. List specific amount.	\$ 1,400	
Purchases supplies to offer alternative business access (i.e. curbside pickup, delivery, we for online sales, etc.)	ebsite upgrades \$	
Employee support (salaries, insurance, paid leave)	s 1.5000	
Utilities (i.e. electricity, water, phone, internet, etc.)	s J. Nova	
Expenses associated with increased material costs from suppliers or alternate suppliers.	\$ 4000	
Purchase of COVID-19 supplies for business protection/cleaning.	s 100 =	
Total Amount Total Grant amount requested from Mercedes DCM: \$ 5000 amount shown above may no \$3,000 for business with 1-3 e	ot exceed:	
\$5,000 for business with 4-9 employees) You must attach cancelled checks, payroll reports and/or bank statements to substantiate the amount shown above.		
Business owners may request less and/or only what is needed if receipts cannot be produced to show proof of payment on the list above, under USE OF FUNDS . The Development Corporation of Mercedes is the sole and final authority in determining eligibility and amount of funding. Funds not used as indicated, or documented, shall be due back immediately.		
Name of your primary financial institution: Name of your Bank Officer: Have you met with your financial institution (bank) about financial assistance? Yes		
If no, why not? Let a land		

 $r_{-1} = \lambda_{-1}$

Have you applied for any of the following Federal pro Na Paycheck Protection Program (PPP)	grams that are currently available? Requested amount:	
Economic Injury Disaster Loan (EIDL)	Requested amount:	
*Provide proof of application provided via attachment.		
If not, why not?		
ACKNOWLEDEMENTS/SIGNATURES		
Please check each statement acknowledging that you within this application is true and accurate to the best	have read and affirm the information you have submitted of your knowledge. USE YOUR INITIALS IN THE BLANK.	
My business has 1-9 full time (or full time equiv	ralent) employees.	
Lb I affirm that my business has experienced or is prebruary 1, 2020 and May 15, 2020. (including	projected to experience a decline in employment between sole proprietors.)	
The Tax ID and Entity Name of my business sho	wn above, are true and accurate.	
My business is located in the incorporated city is with a Certificate of Occupancy issued by the Co	The second secon	
$\mathcal{C} \underline{\emptyset}$ By signing this document, I am attesting that I a loan.	m the majority owner of the business applying for this	
i will provide proof of efforts to obtain current	Federal stimulus grants/loans: EIDL, PPP, etc.	
1 affirm this business is in good standing with the	City of Mercedes with respect to taxes, fees, utility	
payments, or other financial obligations.	, /	
Business Legal Name Expers	Lih	
Written:		
Legal Representative	Title	
Signed:	Title	
Signed as Individual:	Dota	

Summary of documents that must be provided at time of application. Please attach in order and/or clearly label the document:

- 1. W-9 Form.
- 2. Receipt or cancelled check of most recent lease/mortgage payment.
- 3. Receipt or cancelled check of most recent utility payment (water, electric, phone, gas, etc.).
- 4. Receipt or cancelled check for salary payments made to furloughed employees, if applicable.
- 5. Receipts for expenses associated with increased material costs from suppliers or alternate suppliers.
- 6. Receipts for the purchase of COVID-19 supplies for business protection/cleaning.
- Receipts for purchases supplies to offer alternative business access (i.e. curbside pickup, delivery, website upgrades for online sales, etc.)
- 8. Proof of application for COVID-19 Federal grant/loan programs.

We are requesting supporting documentation at this time and reserve the right to request and receive any such back-up documentation within 24 hours' notice by the DCM. Please make sure you maintain your business records and receipts to support your answers to the application.

Directions for Submitting the Mercedes Small Business Recovery Assistance Grant Application

- 1. Save the completed application as [BUSINESS NAME] Mercedes DCM Grant Application
- 2. Submit the completed application and ALL documents to:

Email: smallbuscares2020@cityofmercedes.com OR

Deliver to: DCM Office (NE Ohio/4th Street) and drop in the mail box in the foyer of the building between the hours of 8:00 am to 5:00 pm during the week of August 4th onward (until funds are exhausted).

- print the application
- hand write answers and responses into the application
- scan the application and all related documents and email the completed the file to: smallbuscares2020@citvofmercedes.com.

20. Discussion and Action: Mercedes Small Business Recovery Grant – Javier Moroles, \$5,000



Memo

To: DCM Board of Directors

From: Rose Saenz

CC: Melissa Ramirez, Executive Director

Date: 10/9/20

Re: Mercedes Small Business Grant Program

Recommendation:

Dr. Barbara Baggerly - Hinojosa - Approve 3K Elizabeth de la Cerda - Approve 3K San Juanita Gonzalez - Approve \$2964.62

Mateo Diaz IV – Approve 3K

Amadia Gonzalez – Approve 3K

Mateo Diaz IV - Approve 5K

Mateo Diaz IV - Approve 5K

Mirelda Perales – Approve 5K

Chandra Sanchez – Approve 5K

Luis Fernandez – Deny 3K (Not in a commercial setting)

Dalia de la O Carr – Deny 3K (No Quarterly Reports, no Sales Tax Reports)

Andres A Casarez – Deny 3K (Owes Property tax)

Karina Rivera – Deny 3K (No Business License)

Claudia Montoya – Deny 3K (Incomplete application, no backup documentation)

Laura Luna – Deny 3K (Incomplete application, no backup documentation)

Graciela C. Perez – 9 K (Incomplete application, no backup documentation)

Javier Moroles - 5K (Currently has 19 employees)

Mercedes Small Business Recovery Assistance Grant Program APPLICATION

Please complete the application and answer every question shown below. The Mercedes DCM requests that each business enter a response in EACH of the required fields below.

CONTACT INFORMATION

Fair a marala
First/Last Name of person completing this application: JAVIER MOROLES
Name of Business: MER (EDES DAIRY QUEEN JAMAT INC. Business Type: FAST FOOKS 1
Business Type: FAST FOOKS Address of Business: 920 W. 2ND ST. MENCEDES, TEXAS 7857
Email Address: MERCEVES DO & ATTINET Phone Number: 956-65-4141
123-9169
BUSINESS OWNERSHIP
Tax ID#: 14-230/283 Entity Name: JAMAJ FNC.
Entity Name: JAMAJ INC.
Name of business owner (if different from above): JAVIER TOBROLES
Number of years in business: 43 YEARS
BUSINESSES THAT ARE INELIGIBLE TO APPLY
 Businesses that are restricted to patrons above the age of 18 (e.g. bars, smoke shops, and sexually oriented businesses and other similar businesses); Finance Institutions;
Businesses owned by the members of the Board of Directors of the Mercedes EDC; or
 Businesses owned by employees or Mercedes elected officials of the City of Mercedes.
PERSONNEL
How many total employees were employed at your business on February 1, 2020?
Full-time Employees #: (Part-time # employees:)
Does your business have furloughed employees who are receiving unemployment benefits?
Yes No NO

Summary of documents that must be provided at time of application. Please attach in order and/or clearly label the document:

1. W-9 Form; and copy of the applicants' ID.

- 2. Receipt or cancelled check of most recent lease/mortgage payment.
- 3. Receipt or cancelled check of most recent utility payment (water, electric, phone, gas, etc.).
- 4. Receipt or cancelled check for salary payments made to furloughed employees, if applicable.
- Receipts for expenses associated with increased material costs from suppliers or alternate
 suppliers.
- 6. Receipts for the purchase of COVID-19 supplies for business protection/cleaning.
- 7. Receipts for purchases supplies to offer alternative business access (i.e. curbside pickup, delivery, website upgrades for online sales, etc.)
- 8. Proof of application for COVID-19 Federal grant/loan programs.

We are requesting supporting documentation at this time and reserve the right to request and receive any such back-up documentation within 24 hours' notice by the DCM. Please make sure you maintain your business records and receipts to support your answers to the application.

Directions for Submitting the Mercedes Small Business Recovery Assistance Grant Application

- 1. Save the completed application as [BUSINESS NAME] Mercedes DCM Grant Application

Email: smallbuscares2020@cityofmercedes.com OR

Deliver to: DCM Office (NE Ohio/4th Street) and drop in the mail box in the foyer of the building between the hours of 8:00 am to 5:00 pm during the week of August 4th onward (until funds are exhausted).

- print the application
- hand write answers and responses into the application
- scan the application and all related documents and email the completed the file to: smallbuscares2020@cityofmercedes.com.

YesNoNO	
USE OF FUNDS	
How will your business use the loan funds? Please check all that apply.	
Rent/mortgage payment. List specific amount.	\$
Purchases supplies to offer alternative business access (i.e. curbside pickt for online sales, etc.)	ıp, delivery, website upgrades \$
Employee support (salaries, insurance, paid leave)	\$
Utilities (i.e. electricity, water, phone, internet, etc.)	\$ 10,320 .
Expenses associated with increased material costs from suppliers or alter	nate suppliers. \$
Purchase of COVID-19 supplies for business protection/cleaning.	\$
	Total Amount \$ 10, 320, 4
Total Grant amount requested from Mercedes DCM: \$	10,320.43
(amount show) \$3,000 for busi	n above may not exceed: iness with 1-3 employees, iness with 4-9 employees)
You must attach cancelled checks, payroll reports and/or bank statements to seabove.	ubstantiate the amount shown
Business owners may request less and/or only what is needed if receipts cannot payment on the list above, under USE OF FUNDS . The Development Corporation authority in determining eligibility and amount of funding. Funds not used as indue back immediately.	of Mercedes is the sole and final
FINANCIAL ASSISTANCE (Currently pending or received)	3
Name of your primary financial institution: TEXAS NATION Name of your Bank Officer: EDNA MARTINEZ Have you met with your financial institution (bank) about financial assistance?	AL BAWK
If no, why not?	

Is your business operated as a sole proprietorship?

Have you applied for any of the following Federal program Paycheck Protection Program (PPP) Economic Injury Disaster Loan (EIDL)	ns that are currently available? Requested amount: 69,00000 Requested amount:
*Provide proof of application provided via attach	ment.
If not, why not?	
ACKNOWLEDEMENTS/SIGNATURES	
Please check each statement acknowledging that you have within this application is true and accurate to the best of	
My business has 1-9 full time (or full time equivale	nt) employees.
I affirm that my business has experienced or is pro- February 1, 2020 and May 15, 2020. (including sol	jected to experience a decline in employment between e proprietors.)
The Tax ID and Entity Name of my business shown	above, are true and accurate.
My business is located in the incorporated city limi with a Certificate of Occupancy issued by the City	
By signing this document, I am attesting that I am loan.	the majority owner of the business applying for this
	leral stimulus grants/loans: EIDL, PPP, etc.
I affirm this business is in good standing with the Ci	ty of Mercedes with respect to taxes, fees, utility
payments, or other financial obligations.	
Business Legal Name	VC.
Written: JAVIER MONGLES Legal Representative	Title
Signed: Mrels	aung
Signed as Individual:	Title Date $9-15-20$
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21. Adjournment