

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

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)

July 5, 2020

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: Dalia dela O-Carr
Name of Business: EL Fenix Cafe
Business Type: Restaurant
Address of Business: 126 N. Texas Ave.
Email Address: dela carr 69@gmail.com Phone Number: (956) 903-4230
cel (956) 532-0100

BUSINESS OWNERSHIP

Tax ID #: 455-96-7969
Entity Name: EL Fenix Cafe
Name of business owner (if different from above): Ofelia Yañez - De La O
Number of years in business: 59 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 #: 3 (Part-time # employees:)

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

Yes No ✓
DOC

Is your business operated as a sole proprietorship?

Yes ☒ No ☐

USE OF FUNDS

How will your business use the loan funds? Please check all that apply.

<input type="checkbox"/> Rent/mortgage payment. List specific amount.	\$ _____
<input checked="" type="checkbox"/> Purchases supplies to offer alternative business access (i.e. curbside pickup, delivery, website upgrades for online sales, etc.)	\$ <u>1,000</u>
<input checked="" type="checkbox"/> Employee support (salaries, insurance, paid leave)	\$ <u>3,000</u>
<input checked="" type="checkbox"/> Utilities (i.e. electricity, water, phone, internet, etc.)	\$ <u>1,000</u>
<input checked="" type="checkbox"/> Expenses associated with increased material costs from suppliers or alternate suppliers.	\$ <u>500⁰⁰</u>
<input checked="" type="checkbox"/> Purchase of COVID-19 supplies for business protection/cleaning.	\$ <u>300⁰⁰</u>
Total Amount	\$ <u>5,800</u>

Total Grant amount requested from Mercedes DCM: \$ 3,000

(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 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.

FINANCIAL ASSISTANCE (Currently pending or received)

Name of your primary financial institution:

Texas Nation Bank

Name of your Bank Officer:

Edna Martinez

Have you met with your financial institution (bank) about financial assistance? Yes ☒ No ☐

If no, why not?

Have not finished enough paperwork
some lost in the process

Have you applied for any of the following Federal programs that are currently available?

☐ Paycheck Protection Program (PPP)

Requested amount: _____

☐ Economic Injury Disaster Loan (EIDL)

Requested amount: _____

**Provide proof of application provided via attachment.*

If not, why not?

Have not unsure of the outcome
of the covid - situation. uncertainty of work

ACKNOWLEDGEMENTS/SIGNATURES

Please check each statement acknowledging that you have read and affirm the information you have submitted within this application is true and accurate to the best of your knowledge. **USE YOUR INITIALS IN THE BLANK.**

DC My business has 1-9 full time (or full time equivalent) employees.

DC I affirm that my business has experienced or is projected to experience a decline in employment between February 1, 2020 and May 15, 2020. (including sole proprietors.)

DC The Tax ID and Entity Name of my business shown above, are true and accurate.

DC My business is located in the incorporated city limits of Mercedes, in a commercial setting with a Certificate of Occupancy issued by the City of Mercedes.

OD By signing this document, I am attesting that I am the majority owner of the business applying for this loan.

DC I will provide proof of efforts to obtain current Federal stimulus grants/loans: EIDL, PPP, etc.

DC 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 El Fenix Cafe

Written: Dalia de la O
Legal Representative

Manager
Title

Signed: Dalia de la O
Legal Representative

Owner
Title

Signed as Individual: Dalia de la O

Date July 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.
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.**

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

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: ANDRES A CASAREZ
Name of Business: ANDY'S AUTO + TRUCK SERVICE
Business Type: MECHANIC
Address of Business: 204 S. ILLINOIS
Email Address: andy5auto54@gmail.com Phone Number: 19562532-4884

BUSINESS OWNERSHIP

Tax ID #: _____
Entity Name: _____
Name of business owner (if different from above): _____
Number of years in business: 33 yrs

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.

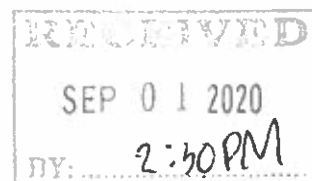
PERSONNEL

How many total employees were employed at your business on February 1, 2020?

Full-time Employees #: 2 (Part-time # employees: 0)

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

Yes _____ No ✓



Yes ☒ No ☐

How will your business use the loan funds? *Please check all that apply.*

<input checked="" type="checkbox"/>	Rent/mortgage payment. List specific amount.	\$ <u>272.20</u>
<input type="checkbox"/>	Purchases supplies to offer alternative business access (i.e. curbside pickup, delivery, website upgrades for online sales, etc.)	\$ _____
<input type="checkbox"/>	Employee support (salaries, insurance, paid leave)	\$ _____
<input checked="" type="checkbox"/>	Utilities (i.e. electricity, water, phone, internet, etc.)	\$ <u>350.-</u>
<input checked="" type="checkbox"/>	Expenses associated with increased material costs from suppliers or alternate suppliers.	\$ <u>200.-</u>
<input checked="" type="checkbox"/>	Purchase of COVID-19 supplies for business protection/cleaning.	\$ <u>100.-</u>

Total Amount \$

Total Grant amount requested from Mercedes DCM: \$ 3000. -

(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 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: TEXAS NATIONAL BANK
 Name of your Bank Officer: EDNA MARTINEZ
 Have you met with your financial institution (bank) about financial assistance? Yes/No Yes

If no, why not?

Have you applied for any of the following Federal programs that are currently available?

☒ Paycheck Protection Program (PPP) Requested amount: 600.-
☐ 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 have read and affirm the information you have submitted within this application is true and accurate to the best of your knowledge. **USE YOUR INITIALS IN THE BLANK.**

AC My business has 1-9 full time (or full time equivalent) employees.

AC I affirm that my business has experienced or is projected to experience a decline in employment between February 1, 2020 and May 15, 2020. (including sole proprietors.)

AC The Tax ID and Entity Name of my business shown above, are true and accurate.

AC My business is located in the incorporated city limits of Mercedes, in a commercial setting with a Certificate of Occupancy issued by the City of Mercedes.

AC By signing this document, I am attesting that I am the majority owner of the business applying for this loan.

AC I will provide proof of efforts to obtain current Federal stimulus grants/loans: EIDL, PPP, etc.

AC 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 ANDY'S Auto + TRUCK SERVICE

Written: Andres A. Casarez
Legal Representative

OWNER
Title

Signed: [Signature]
Legal Representative

OWNER
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**

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: Karina Rivera
Name of Business: Mi Casa Restaurant
Business Type: Restaurant
Address of Business: 169 N TX Ave Mercedes TX 78570
Email Address: Karina.021715@yahoo.com Phone Number: 956-601-6449

BUSINESS OWNERSHIP

Tax ID #: 631-46-6731
Entity Name: Karina Rivera
Name of business owner (if different from above): _____
Number of years in business: 4 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.

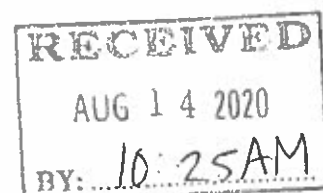
PERSONNEL

How many total employees were employed at your business on February 1, 2020?

Full-time Employees #: 2 (Part-time # employees: _____)

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

Yes _____ No ✓



Is your business operated as a sole proprietorship?

Yes ☒ No ☐

USE OF FUNDS

How will your business use the loan funds? *Please check all that apply.*

☒ Rent/mortgage payment. List specific amount.

\$ 1,400⁰⁰

☐ Purchases supplies to offer alternative business access (i.e. curbside pickup, delivery, website upgrades for online sales, etc.) \$ _____

☐ Employee support (salaries, insurance, paid leave) \$ _____

☒ Utilities (i.e. electricity, water, phone, internet, etc.)

\$ 925.00

☐ Expenses associated with increased material costs from suppliers or alternate suppliers. \$ _____

☒ Purchase of COVID-19 supplies for business protection/cleaning.

\$ 370.00

Total Amount \$ 2,695

Total Grant amount requested from Mercedes DCM: \$ 2,695

(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 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.*

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 programs that are currently available?

☒ Paycheck Protection Program (PPP) 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 have read and affirm the information you have submitted within this application is true and accurate to the best of your knowledge. **USE YOUR INITIALS IN THE BLANK.**

- ☒ My business has 1-9 full time (or full time equivalent) employees.
- ☒ I affirm that my business has experienced or is projected to experience a decline in employment between February 1, 2020 and May 15, 2020. (including sole proprietors.)
- ☒ The Tax ID and Entity Name of my business shown above, are true and accurate.
- ☒ My business is located in the incorporated city limits of Mercedes, in a commercial setting with a Certificate of Occupancy issued by the City of Mercedes.
- ☒ By signing this document, I am attesting that I am the majority owner of the business applying for this loan.
- ☒ I 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 City of Mercedes with respect to taxes, fees, utility payments, or other financial obligations.

Business Legal Name Mi Casa Restaurant

Written: Karina Rivera Owner
Legal Representative Title

Signed: Karina Rivera Owner
Legal Representative Title

Signed as Individual: Karina Rivera Date 8/11/2020

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

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: Claudia Montoya
Name of Business: Sojo's
Business Type: Restaur + Snacks
Address of Business: Loop W. Bus 83
Email Address: clmonta@yahoo.com Phone Number: 956-472-8169
clmonta@

BUSINESS OWNERSHIP

Tax ID #: 3-20293-6758-1
Entity Name: Sojo's
Name of business owner (if different from above): Claudia Montoya
Number of years in business: 10

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.

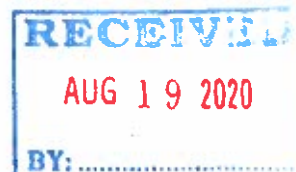
PERSONNEL

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?

Yes No



Is your business operated as a sole proprietorship?

Yes ☒ No ☐

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, website upgrades for online sales, etc.) \$ varies
- ☐ Employee support (salaries, insurance, paid leave) \$ _____
- ☒ Utilities (i.e. electricity, water, phone, internet, etc.) \$ varies
- ☐ Expenses associated with increased material costs from suppliers or alternate suppliers. \$ _____
- ☒ Purchase of COVID-19 supplies for business protection/cleaning. \$ varies

Total Amount \$ _____

Total Grant amount requested from Mercedes DCM: \$ 3,000.00

(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 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.*

FINANCIAL ASSISTANCE (Currently pending or received)

Name of your primary financial institution: _____

Name of your Bank Officer: _____

Have you met with your financial institution (bank) about financial assistance? Yes ☒ No ☐

If no, why not?

negotiated

Have you applied for any of the following Federal programs that are currently available?

NO Paycheck Protection Program (PPP)

Requested amount: _____

NO Economic Injury Disaster Loan (EIDL)

Requested amount: _____

**Provide proof of application provided via attachment.*

If not, why not?
No - Not aware of them

ACKNOWLEDEMENTS/SIGNATURES

Please check each statement acknowledging that you have read and affirm the information you have submitted within this application is true and accurate to the best of your knowledge. **USE YOUR INITIALS IN THE BLANK.**

/ My business has 1-9 full time (or full time equivalent) employees.

/ I affirm that my business has experienced or is projected to experience a decline in employment between February 1, 2020 and May 15, 2020. (including sole proprietors.)

/ The Tax ID and Entity Name of my business shown above, are true and accurate.

/ My business is located in the incorporated city limits of Mercedes, in a commercial setting with a Certificate of Occupancy issued by the City of Mercedes.

/ By signing this document, I am attesting that I am the majority owner of the business applying for this loan.

/ I 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 City of Mercedes with respect to taxes, fees, utility payments, or other financial obligations.

Business Legal Name

Sojo's

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**

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: Laura Luna
Name of Business: Blue Moon Carwash
Business Type: carwash
Address of Business: 505 W. 2nd St Mercedes TX
Email Address: laura.luna.852@gmail.com Phone Number: 956-678-9333
314-1384

BUSINESS OWNERSHIP

Tax ID #: _____
Entity Name: _____
Name of business owner (if different from above): _____
Number of years in business: 6413

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.

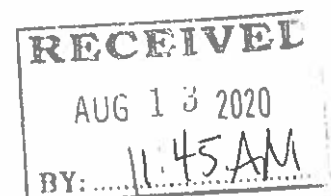
PERSONNEL

How many total employees were employed at your business on February 1, 2020?

Full-time Employees #: 4 (Part-time # employees: 0)

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

Yes _____ No ✓



Is your business operated as a sole proprietorship?

Yes _____ No ✓

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, website upgrades for online sales, etc.) \$ _____
- _____ Employee support (salaries, insurance, paid leave) \$ _____
- ✓ 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 \$ _____

Total Grant amount requested from Mercedes DCM: \$ _____

(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 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.

FINANCIAL ASSISTANCE (Currently pending or received)

Name of your primary financial institution: _____

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 programs that are currently available?

☒ Paycheck Protection Program (PPP)
☒ Economic Injury Disaster Loan (EIDL)

Requested amount: _____
Requested amount: _____

**Provide proof of application provided via attachment.*

If not, why not?

ACKNOWLEDEMENTS/SIGNATURES

Please check each statement acknowledging that you have read and affirm the information you have submitted within this application is true and accurate to the best of your knowledge. **USE YOUR INITIALS IN THE BLANK.**

☒ My business has 1-9 full time (or full time equivalent) employees.

☒ I affirm that my business has experienced or is projected to experience a decline in employment between February 1, 2020 and May 15, 2020. (including sole proprietors.)

☒ The Tax ID and Entity Name of my business shown above, are true and accurate.

☒ My business is located in the incorporated city limits of Mercedes, in a commercial setting with a Certificate of Occupancy issued by the City of Mercedes.

☒ By signing this document, I am attesting that I am the majority owner of the business applying for this loan.

☒ I 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 City of Mercedes with respect to taxes, fees, utility payments, or other financial obligations.

Business Legal Name Laura Luna

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.**

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

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: Graciela C Perez
Name of Business: Gracies Hair N more
Business Type: hair Salon
Address of Business: 509 W. 2nd St Mercedes Tx 78570
Email Address: _____ Phone Number: 956-463-0424

BUSINESS OWNERSHIP

Tax ID #: 507-02-7824
Entity Name: _____
Name of business owner (if different from above): _____
Number of years in business: 18 yrs

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 #: 3 (Part-time # employees:)

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

Yes _____ No ✓



Is your business operated as a sole proprietorship?

Yes ☒ No ☐

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, website upgrades for online sales, etc.) \$ _____

_____ Employee support (salaries, insurance, paid leave) \$ _____

_____ Utilities (i.e. electricity, water, phone, internet, etc.) \$ 1,654.74

_____ Expenses associated with increased material costs from suppliers or alternate 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: \$ 3,000.00

(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 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.

FINANCIAL ASSISTANCE (Currently pending or received)

Name of your primary financial institution: BBVA Compass 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 programs that are currently available? **NO**

_____ Paycheck Protection Program (PPP) 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 have read and affirm the information you have submitted within this application is true and accurate to the best of your knowledge. **USE YOUR INITIALS IN THE BLANK.**

GCP My business has 1-9 full time (or full time equivalent) employees.

GCP I affirm that my business has experienced or is projected to experience a decline in employment between February 1, 2020 and May 15, 2020. (including sole proprietors.)

GCP The Tax ID and Entity Name of my business shown above, are true and accurate.

GCP My business is located in the incorporated city limits of Mercedes, in a commercial setting with a Certificate of Occupancy issued by the City of Mercedes.

GCP By signing this document, I am attesting that I am the majority owner of the business applying for this loan.

GCP I will provide proof of efforts to obtain current 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: _____
Legal Representative

owner
_____ Title

Signed as Individual: Graciela Perez

Date 8/20/20

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.

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: 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
Name of business owner (if different from above): _____
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.

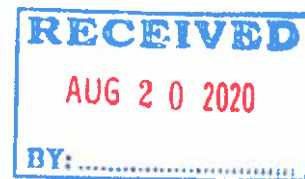
PERSONNEL

How many total employees were employed at your business on February 1, 2020?

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

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

Yes _____ No ☒



Is your business operated as a sole proprietorship?

Yes ☒ No ☐

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, website upgrades for online sales, etc.)	\$ _____
_____ Employee support (salaries, insurance, paid leave)	\$ <u>700.00</u>
_____ Utilities (i.e. electricity, water, phone, internet, etc.)	\$ <u>1,163.00</u>
_____ Expenses associated with increased material costs from suppliers or alternate suppliers.	\$ <u>872.00</u>
_____ 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 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 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.

FINANCIAL ASSISTANCE (Currently pending or received)

Name of your primary financial institution: BBVA Compass 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 programs that are currently available?

_____ Paycheck Protection Program (PPP)

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 have read and affirm the information you have submitted within this application is true and accurate to the best of your knowledge. **USE YOUR INITIALS IN THE BLANK.**

GCP My business has 1-9 full time (or full time equivalent) employees.

GCP I affirm that my business has experienced or is projected to experience a decline in employment between February 1, 2020 and May 15, 2020. (including sole proprietors.)

GCP The Tax ID and Entity Name of my business shown above, are true and accurate.

GCP My business is located in the incorporated city limits of Mercedes, in a commercial setting with a Certificate of Occupancy issued by the City of Mercedes.

GCP By signing this document, I am attesting that I am the majority owner of the business applying for this loan.

GCP I will provide proof of efforts to obtain current 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 Brain Freeze

Written: _____

Legal Representative

_____ Title

Signed: _____

Legal Representative

_____ Title

Signed as Individual: Graciela Perez

_____ Date

Owner
08-20-20

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.

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: Graciela C. Perez
Name of Business: G&L General Services LLC
Business Type: Power Wash
Address of Business: 509 W 2nd St Mercedes, TX 78570
Email Address: _____ Phone Number: _____

BUSINESS OWNERSHIP

Tax ID #: 84-3517127
Entity Name: G&L 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.

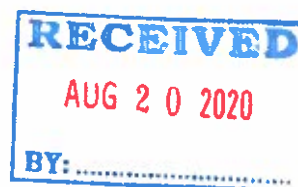
PERSONNEL

How many total employees were employed at your business on February 1, 2020?

Full-time Employees #: 3 (Part-time # employees: _____)

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

Yes _____ No ☒



Is your business operated as a sole proprietorship?

Yes _____ No ✓

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, website upgrades for online sales, etc.)	\$ _____
_____ Employee support (salaries, insurance, paid leave)	\$ <u>3,000.00</u>
_____ 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>3,000.00</u>	

Total Grant amount requested from Mercedes DCM: \$ 3,000.00

(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 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.

FINANCIAL ASSISTANCE (Currently pending or received)

Name of your primary financial institution: BBVA Compass 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 programs that are currently available?

_____ Paycheck Protection Program (PPP) 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 have read and affirm the information you have submitted within this application is true and accurate to the best of your knowledge. **USE YOUR INITIALS IN THE BLANK.**

GCP My business has 1-9 full time (or full time equivalent) employees.

GCP I affirm that my business has experienced or is projected to experience a decline in employment between February 1, 2020 and May 15, 2020. (including sole proprietors.)

GCP The Tax ID and Entity Name of my business shown above, are true and accurate.

GCP My business is located in the incorporated city limits of Mercedes, in a commercial setting with a Certificate of Occupancy issued by the City of Mercedes.

GCP By signing this document, I am attesting that I am the majority owner of the business applying for this loan.

GCP I will provide proof of efforts to obtain current 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 _____

Written: _____
Legal Representative

_____ Title

Signed: _____
Legal Representative

owner
_____ Title

Signed as Individual: Graciela Pérez

8/20/20
_____ 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.

**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: Christopher Deaga
Name of Business: Texas Express Lube
Business Type: Mechanic
Address of Business: 34 W. 2nd St.
Email Address: chris@6910@yahoo.com Phone Number: 472-5874

BUSINESS OWNERSHIP

Tax ID #: 1463445563
Entity Name: Texas Express Lube
Name of business owner (if different from above): Marta Deaga - Chris Deaga
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.

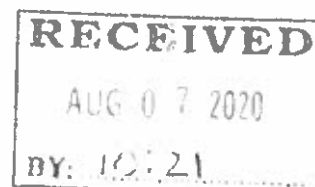
PERSONNEL

How many total employees were employed at your business on February 1, 2020?

Full-time Employees #: 2 (Part-time # employees: 2)

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

Yes _____ No ✓



Is your business operated as a sole proprietorship?

Yes ☒ No ☐

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, website upgrades for online sales, etc.) \$
- ☒ Employee support (salaries, insurance, paid leave) \$ 1,500⁰⁰
- ☒ Utilities (i.e. electricity, water, phone, internet, etc.) \$ 2,100⁰⁰
- ☒ Expenses associated with increased material costs from suppliers or alternate suppliers. \$ 400⁰⁰
- ☒ Purchase of COVID-19 supplies for business protection/cleaning. \$ 100⁰⁰

Total Amount \$

Total Grant amount requested from Mercedes DCM: \$ 5,000⁰⁰

(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 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.*

FINANCIAL ASSISTANCE (Currently pending or received)

Name of your primary financial institution: Texas National Bank

Name of your Bank Officer: James Rojas

Have you met with your financial institution (bank) about financial assistance? Yes ☒ No ☐

If no, why not? Don't want a loan

Have you applied for any of the following Federal programs that are currently available?

NA Paycheck Protection Program (PPP) Requested amount: _____
NA Economic Injury Disaster Loan (EIDL) Requested amount: _____

**Provide proof of application provided via attachment.*

If not, why not?

Don't want a loan

ACKNOWLEDEMENTS/SIGNATURES

Please check each statement acknowledging that you have read and affirm the information you have submitted within this application is true and accurate to the best of your knowledge. **USE YOUR INITIALS IN THE BLANK.**

_____ My business has 1-9 full time (or full time equivalent) employees.

CD I affirm that my business has experienced or is projected to experience a decline in employment between February 1, 2020 and May 15, 2020. (including sole proprietors.)

CS The Tax ID and Entity Name of my business shown above, are true and accurate.

CD My business is located in the incorporated city limits of Mercedes, in a commercial setting with a Certificate of Occupancy issued by the City of Mercedes.

CD By signing this document, I am attesting that I am the majority owner of the business applying for this loan.

_____ I will provide proof of efforts to obtain current Federal stimulus grants/loans: EIDL, PPP, etc.

CD 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

Toro Express Ltd

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.**

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

First/Last Name of person completing this application: JAVIER MOROLES
Name of Business: MERCEDES DAIRY QUEEN JAMAT INC.
Business Type: FAST FOODS
Address of Business: 920 W. 2ND ST. MERCEDES, TEXAS 78570
Email Address: MERCEDESQA@ATT.NET Phone Number: 956-565-4141
223-9169

BUSINESS OWNERSHIP

Tax ID #: 74-2301283
Entity Name: JAMAT INC.
Name of business owner (if different from above): JAVIER MOROLES
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 #: 8 (Part-time # employees: 11)

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

Yes _____ No NO

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.**

Is your business operated as a sole proprietorship?

Yes _____ No NO - S-CORP

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, website upgrades for online sales, etc.) \$ _____

_____ Employee support (salaries, insurance, paid leave) \$ _____

☒ Utilities (i.e. electricity, water, phone, internet, etc.) \$ 10,320.43

_____ Expenses associated with increased material costs from suppliers or alternate suppliers. \$ _____

☒ Purchase of COVID-19 supplies for business protection/cleaning. \$ _____

Total Amount \$ 10,320.43

Total Grant amount requested from Mercedes DCM: \$ 10,320.43
(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 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.*

FINANCIAL ASSISTANCE (Currently pending or received)

Name of your primary financial institution: TEXAS NATIONAL BANK
Name of your Bank Officer: EDNA MARTINEZ
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 programs that are currently available?

☒ Paycheck Protection Program (PPP)

Requested amount:

69,000.00

☐ Economic Injury Disaster Loan (EIDL)

Requested amount:

**Provide proof of application provided via attachment.*

If not, why not?

ACKNOWLEDGEMENTS/SIGNATURES

Please check each statement acknowledging that you have read and affirm the information you have submitted within this application is true and accurate to the best of your knowledge. **USE YOUR INITIALS IN THE BLANK.**

☒ My business has 1-9 full time (or full time equivalent) employees.

☒ I affirm that my business has experienced or is projected to experience a decline in employment between February 1, 2020 and May 15, 2020. (including sole proprietors.)

☒ The Tax ID and Entity Name of my business shown above, are true and accurate.

☒ My business is located in the incorporated city limits of Mercedes, in a commercial setting with a Certificate of Occupancy issued by the City of Mercedes.

☒ By signing this document, I am attesting that I am the majority owner of the business applying for this loan.

☒ I 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 City of Mercedes with respect to taxes, fees, utility payments, or other financial obligations.

Business Legal Name JAMAS INC.

Written: JAVIER MONOLES
Legal Representative

owner
Title

Signed: JAVIER MONOLES
Legal Representative

owner
Title

Signed as Individual: JAVIER MONOLES

Date 9-15-20

21. Adjournment