

**18. Discussion and Action: Mercedes Small Business  
Recovery Grant – Jessica Pena, \$3,000**

# Memo

**To:** DCM Board of Directors  
**From:** Rose Saenz  
**CC:** Melissa Ramirez, Executive Director  
**Date:** 10/15/2020  
**Re:** Mercedes Small Business Grant Program

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## 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  
Samantha Castaneda- Approve \$3K  
Donald Morales- Approve \$3K  
John Hinkle- Approve \$5K  
Heriberto Reynoso- Approve \$5K  
Raul Cantu- Approve \$3K  
Rachel Hinojosa- Approve \$3K  
Jessica Pena- 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, No Taxes Filed)  
Andres A Casarez – Deny \$3K (Owes Property tax)  
Karina Rivera – Deny \$3K (No Business License, Failed Fire Inspection)  
Claudia Montoya – Deny \$3K (Incomplete application, no backup documentation)  
Laura Luna – Deny \$3K (Incomplete application, no backup documentation)  
Graciela C. Perez – Deny \$9 K (Incomplete application, no backup documentation)  
Christopher Desiga – Deny \$5K (No Quarterly Reports, 1099s or Tax Return)  
Javier Moroles – Deny \$5K (Currently has 19 employees)  
Catalina Mata- Deny \$5K (Being evicted)  
Ashley Werbiski-Deny \$3K (Not a separate business)

# 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: Jessica Pena  
Name of Business: Bouncing Caterpillar LLC  
Business Type: Daycare  
Address of Business: 508 S. Missouri  
Email Address: citykidsacademymercedes@gmail.com Phone Number: 916-457-4561

### BUSINESS OWNERSHIP

Tax ID #: 47-4030328  
Entity Name: Bouncing Caterpillar LLC  
Name of business owner (if different from above): N/A  
Number of years in business: 1

### 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:     )

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

Yes      No X

Is your business operated as a sole proprietorship?

Yes \_\_\_\_\_ No X

## 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.) \$ \_\_\_\_\_

X Employee support (salaries, insurance, paid leave) \$ 5,000

\_\_\_\_\_ 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: \$ 5,000

(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 Personal Bank

Name of your Bank Officer: Robert Dan

Have you met with your financial institution (bank) about financial assistance? Yes X 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: 10,000

*\*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.**

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

AM 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.)

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

AM 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.

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

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

AM 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 Bouncing Caterpillar LLC

Written: Jessica P. Potts  
Legal Representative

Owner  
Title

Signed: Jessica Potts  
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](mailto:smallbuscares2020@cityofmercedes.com) OR**

**Deliver to: DCM Office (NE Ohio/4<sup>th</sup> 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 4<sup>th</sup> 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](mailto:smallbuscares2020@cityofmercedes.com).**

# Request for Taxpayer Identification Number and Certification

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Give Form to the  
requester. Do not  
send to the IRS.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
**Jessica Perez Pena**

2 Business name/disregarded entity name, if different from above  
**Bouncing Caterpillar LLC**

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC

☒ C Corporation

☐ S Corporation

☐ Partnership

☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ►

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ►

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) \_\_\_\_\_

Exemption from FATCA reporting code (if any) \_\_\_\_\_

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.  
**508 S. Missouri St.**

6 City, state, and ZIP code  
**Mercedes TX 78570**

7 List account number(s) here (optional)

Requester's name and address (optional)

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

\_\_\_\_ - \_\_\_\_ - \_\_\_\_

or

Employer identification number

**47-4030328**

## Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here

Signature of U.S. person ► **Jessica Perez Pena**

Date ► **10/13/2020**

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
  - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
  - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
  - Form 1099-S (proceeds from real estate transactions)
  - Form 1099-K (merchant card and third party network transactions)
  - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
  - Form 1099-C (canceled debt)
  - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

# Texas

USA  
TX

## IDENTIFICATION CARD

*Donna E. Pina*  
DIRECTOR



4d ID 33594435

4a Iss 02/14/2020

4b Exp 03/14/2028

3 DOB 03/14/1977

1 PENA

2 JESSICA PEREZ

8 1314 CHALCEDONY  
WESLACO TX 78596-0000

*Donna E. Pina*

16 Hgt 5'-01"

15 Sex F

18 Eyes GRN

5 DD 09322010123104518358





**941 for 2020: Employer's QUARTERLY Federal Tax Return**

Department of the Treasury — Internal Revenue Service

950120

OMB No. 1545-0029

Employer identification number (EIN)	47-4030328		
Name (not your trade name)	Bouncing Caterpillar LLC		
Trade name (if any)			
Address	PO Box 1068		
	Number	Street	Suite or room number
	Weslaco	TX	78599
	City	State	ZIP code
	Foreign country name	Foreign province/county	Foreign postal code

**Report for this Quarter of 2020**  
(Check one.)

- ☐ 1: January, February, March
- ☐ 2: April, May, June
- ☒ 3: July, August, September
- ☐ 4: October, November, December

Go to [www.irs.gov/Form941](http://www.irs.gov/Form941) for instructions and the latest information.

REV 10/03/20 OSP

Read the separate instructions before you complete Form 941. Type or print within the boxes.

**Part 1: Answer these questions for this quarter.**

1	Number of employees who received wages, tips, or other compensation for the pay period including: Sept. 12 (Quarter 3) or Dec. 12 (Quarter 4)	1	6
2	Wages, tips, and other compensation	2	17,805.21
3	Federal income tax withheld from wages, tips, and other compensation	3	468.51
4	If no wages, tips, and other compensation are subject to social security or Medicare tax	<input type="checkbox"/> Check and go to line 6.	

	Column 1		Column 2
5a	Taxable social security wages	17,805.21 × 0.124 =	2,207.85
5a	(i) Qualified sick leave wages	× 0.062 =	
5a	(ii) Qualified family leave wages	× 0.062 =	
5b	Taxable social security tips	× 0.124 =	
5c	Taxable Medicare wages & tips	17,805.21 × 0.029 =	516.35
5d	Taxable wages & tips subject to Additional Medicare Tax withholding	× 0.009 =	
5e	Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d	5e	2,724.20
5f	Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)	5f	
6	Total taxes before adjustments. Add lines 3, 5e, and 5f	6	3,192.71
7	Current quarter's adjustment for fractions of cents	7	
8	Current quarter's adjustment for sick pay	8	
9	Current quarter's adjustments for tips and group-term life insurance	9	
10	Total taxes after adjustments. Combine lines 6 through 9	10	3,192.71
11a	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	11a	
11b	Nonrefundable portion of credit for qualified sick and family leave wages from Worksheet 1	11b	
11c	Nonrefundable portion of employee retention credit from Worksheet 1	11c	

▶ You MUST complete all three pages of Form 941 and SIGN it.

Next ▶▶

For Privacy Act and Paperwork Reduction Act Notice, see the back of the Payment Voucher. BAA

Form 941 (Rev. 7-2020)

950220

Name (not your trade name) Bouncing Caterpillar LLC	Employer identification number (EIN) 47-4030328
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**Part 1: Answer these questions for this quarter. (continued)**

- 11d Total nonrefundable credits. Add lines 11a, 11b, and 11c . . . . . 11d
- 12 Total taxes after adjustments and nonrefundable credits. Subtract line 11d from line 10 . . . . . 12
- 13a Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current quarter . . . . . 13a
- 13b Deferred amount of social security tax . . . . . 13b
- 13c Refundable portion of credit for qualified sick and family leave wages from Worksheet 1 . . . . . 13c
- 13d Refundable portion of employee retention credit from Worksheet 1 . . . . . 13d
- 13e Total deposits, deferrals, and refundable credits. Add lines 13a, 13b, 13c, and 13d . . . . . 13e
- 13f Total advances received from filing Form(s) 7200 for the quarter . . . . . 13f
- 13g Total deposits, deferrals, and refundable credits less advances. Subtract line 13f from line 13e . . . . . 13g
- 14 Balance due. If line 12 is more than line 13g, enter the difference and see instructions . . . . . 14
- 15 Overpayment. If line 13g is more than line 12, enter the difference  Check one: ☐ Apply to next return. ☐ Send a refund.

**Part 2: Tell us about your deposit schedule and tax liability for this quarter.**

If you're unsure about whether you're a monthly schedule depositor or a semiweekly schedule depositor, see section 11 of Pub. 15.

- 16 Check one: ☐ Line 12 on this return is less than \$2,500 or line 12 on the return for the prior quarter was less than \$2,500, and you didn't incur a \$100,000 next-day deposit obligation during the current quarter. If line 12 for the prior quarter was less than \$2,500 but line 12 on this return is \$100,000 or more, you must provide a record of your federal tax liability. If you're a monthly schedule depositor, complete the deposit schedule below; if you're a semiweekly schedule depositor, attach Schedule B (Form 941). Go to Part 3.

- ☐ You were a monthly schedule depositor for the entire quarter. Enter your tax liability for each month and total liability for the quarter, then go to Part 3.

Tax liability: Month 1 Month 2 Month 3 Total liability for quarter 

Total must equal line 12.

- ☒ You were a semiweekly schedule depositor for any part of this quarter. Complete Schedule B (Form 941), Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941. Go to Part 3.

▶ You MUST complete all three pages of Form 941 and SIGN it.

REV 10/03/20 OSP

Next ▶

952920

Name (not your trade name)

Employer identification number (EIN)

Bouncing Caterpillar LLC

47-4030328

**Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.**

17 If your business has closed or you stopped paying wages . . . . . ☐ Check here, and enter the final date you paid wages ; also attach a statement to your return. See instructions.

18 If you're a seasonal employer and you don't have to file a return for every quarter of the year . . . ☐ Check here.

19 Qualified health plan expenses allocable to qualified sick leave wages . . . . . 19

20 Qualified health plan expenses allocable to qualified family leave wages . . . . . 20

21 Qualified wages for the employee retention credit . . . . . 21

22 Qualified health plan expenses allocable to wages reported on line 21 . . . . . 22

23 Credit from Form 5884-C, line 11, for this quarter . . . . . 23

24 Deferred amount of the employee share of social security tax included on line 13b . . . . 24

25 Reserved for future use . . . . . 25

**Part 4: May we speak with your third-party designee?**

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.

☐ Yes. Designee's name and phone number

Select a 5-digit personal identification number (PIN) to use when talking to the IRS.

☐ No.

REV 10/03/20 OSP

**Part 5: Sign here. You MUST complete all three pages of Form 941 and SIGN it.**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign your  
name here

Print your  
name here

Print your  
title here

Date

Best daytime phone

**Paid Preparer Use Only**

Check if you're self-employed . . . . ☐

Preparer's name

PTIN

Preparer's signature

Date

Firm's name (or yours if self-employed)

EIN

Address

Phone

City  State

ZIP code

# Schedule B (Form 941):

## Report of Tax Liability for Semiweekly Schedule Depositors

(Rev. January 2017)

Department of the Treasury — Internal Revenue Service

OMB No. 1545-0029

Employer identification number  
(EIN)

47-4030328

Name (not your trade name)

Bouncing Caterpillar LLC

Calendar year

2020

(Also check quarter)

### Report for this Quarter...

(Check one.)

- ☐ 1: January, February, March  
☐ 2: April, May, June  
☒ 3: July, August, September  
☐ 4: October, November, December

Use this schedule to show your TAX LIABILITY for the quarter; don't use it to show your deposits. When you file this form with Form 941 or Form 941-SS, don't change your tax liability by adjustments reported on any Forms 941-X or 944-X. You must fill out this form and attach it to Form 941 or Form 941-SS if you're a semiweekly schedule depositor or became one because your accumulated tax liability on any day was \$100,000 or more. Write your daily tax liability on the numbered space that corresponds to the date wages were paid. See Section 11 in Pub. 15 for details.

#### Month 1

1		9		17		25	
2		10		18		26	
3		11		19		27	237.26
4		12		20	151.26	28	
5		13	179.44	21		29	
6	226.78	14		22		30	
7		15		23		31	
8		16		24			

Tax liability for Month 1

794.74

#### Month 2

1		9		17	299.10	25	
2		10		18		26	
3	201.94	11		19		27	
4		12		20		28	
5		13		21		29	
6		14	245.94	22		30	
7		15		23		31	264.49
8		16		24	270.31		

Tax liability for Month 2

1,281.78

#### Month 3

1		9		17		25	
2		10		18		26	
3		11		19		27	
4	303.19	12		20		28	298.65
5		13		21	302.88	29	
6		14	211.47	22		30	
7		15		23		31	
8		16		24			

Tax liability for Month 3

1,116.19

Fill in your total liability for the quarter (Month 1 + Month 2 + Month 3) ▶

Total must equal line 12 on Form 941 or Form 941-SS.

Total liability for the quarter

3,192.71

REV 10/03/20 OSP

# Instructions for Filing Form 941

## Quarterly Federal Tax Return

File Form 941 quarterly to report wages paid to your employees and associated tax liabilities.

### To file Form 941:

1. Review the account information on the completed form.  
If you need to edit any account information, such as your business address, you can do so in the **Setup** section. When you have saved your changes, reprint your 941. To indicate a new address, complete the Federal Change of Address form. (Link easily to this form at the Help/Resources page or Help Index.)
2. On the main screen, click the Save button to confirm that this is the version of the form that you will file. You can view this form later by clicking "View Archived Forms" on the Quarterly Forms page.
3. Sign and date the form.
4. Mail the Form 941 to the **Department of the Treasury, Internal Revenue Service** at the address indicated below.

### Mailing Addresses for Form 941

If you're in ...	Without a payment ...	With a payment ...
Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin	Department of the Treasury Internal Revenue Service Kansas City, MO 64999-0005	Internal Revenue Service P.O. Box 806532 Cincinnati, OH 45280-6532
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming	Department of the Treasury Internal Revenue Service Ogden, UT 84201-0005	Internal Revenue Service P.O. Box 932100 Louisville, KY 40293-2100
No legal residence or principal place of business in any state	Internal Revenue Service P.O. Box 409101 Ogden, UT 84409	Internal Revenue Service P.O. Box 932100 Louisville, KY 40293-2100
<b>Special filing address</b> for exempt organizations; federal, state, and local governmental entities; and Indian tribal governmental entities, regardless of location	Department of the Treasury Internal Revenue Service Ogden, UT 84201-0005	Internal Revenue Service P.O. Box 932100 Louisville, KY 40293-2100

Your form is due: **11/02/2020**

## Bouncing Caterpillar LLC

### Average Monthly Qualified Payroll Cost Report

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Employee Name	Gross Earnings	Adjusted Earnings	(+)Allowable Employer Taxes	(+)Allowable Company Contributions	(=)Payroll Cost
Vivian Balderaz	\$2,811.64	\$2,811.64	\$184.44	\$0.00	\$2,996.08
Jessica Perez	\$2,595.06	\$2,595.06	\$170.24	\$0.00	\$2,765.30
Jessica Pena	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Deanna Ruiz de Meza	\$1,702.92	\$1,702.92	\$111.71	\$0.00	\$1,814.63
Susana Perez	\$1,741.51	\$1,741.51	\$114.24	\$0.00	\$1,855.75
Alicia Cavazos	\$1,018.68	\$1,018.68	\$66.83	\$0.00	\$1,085.51
Priscilla Lopez	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Rosa Torres	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Ashley Ramos	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Claudia Sanchez	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Moncerath Lerma	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total Payroll Cost</b>					<b>\$10,517.27</b>
<b>Average Monthly Payroll Cost</b>					<b>\$876.44</b>

#### Disclaimer

QuickBooks Online Payroll and Intuit Online Payroll have provided this report to assist potential Paycheck Protection Program borrowers. This report should not be considered financial, legal, accounting or other advice, or a substitute for obtaining such advice specific to your business.

The calculations in this report are solely based on the data that you input into QuickBooks Online Payroll or Intuit Online Payroll, which may differ from the payroll expenses allowable under SBA and Treasury guidance for purposes of calculating average monthly qualified payroll costs. Our calculations are based on the rules in effect as of 04/30/2020. The final loan amount will be determined by your lender following rules set by SBA and Treasury.

Regulations and guidance from SBA and Treasury on the Paycheck Protection Program are evolving rapidly. Please refer to the latest guidance from SBA and Treasury to confirm current program rules and how they apply to your particular situation.

### Bouncing Caterpillar LLC Average Monthly Qualified Payroll Cost Report

**Important Information:** The payroll expenses included in our calculations may in some respects differ from the payroll expenses allowable under SBA and Treasury guidance. You must verify that the average monthly qualified payroll cost included in your PPP application complies with PPP guidance. Also, due to system limitations, if you began running payroll with us after March 31, 2019, reports for certain look-back periods may incorrectly include payroll for additional periods. This limitation affects reports that include a partial quarter (i.e., reports for the last 12 months, March 1, 2019 to June 30, 2019, or February 15, 2019 to June 30, 2019).

See [here](#) for how we created this report.

Last 12 months

Run Report

Employee Name	Gross Earnings	Adjusted Earnings	(*) Allowable Employer Taxes	(*) Allowable Company Contributions	(*) Payroll Cost
Vivian Baderaz	\$17,837.00	\$17,837.00	\$774.84	\$0.00	\$18,611.84
Jessica Perez	\$8,836.06	\$8,836.06	\$579.64	\$0.00	\$9,415.70
Jessica Pena	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Deanna Ruiz de Vega	\$6,342.83	\$6,342.83	\$416.09	\$0.00	\$6,758.92
Susana Perez	\$13,010.92	\$13,010.92	\$704.64	\$0.00	\$13,715.56
Alicia Gavazos	\$6,072.84	\$6,072.84	\$398.39	\$0.00	\$6,471.23
Priscilla Lopez	\$2,957.56	\$2,957.56	\$194.02	\$0.00	\$3,151.58
Rosa Torres	\$2,649.74	\$2,649.74	\$173.82	\$0.00	\$2,823.56
Ashley Ramos	\$8,010.28	\$8,010.28	\$525.48	\$0.00	\$8,535.76
Claudia Sanchez	\$2,943.04	\$2,943.04	\$193.06	\$0.00	\$3,136.10
Moncerath Jemma	\$1,804.74	\$1,804.74	\$118.39	\$0.00	\$1,923.13
<b>Total Payroll Cost</b>					<b>\$74,543.38</b>
<b>Average Monthly Payroll Cost</b>					<b>\$6,194.98</b>

#### Disclaimer

QuickBooks Online Payroll and Intuit Online Payroll have provided this report to assist potential Payroll Protection Program borrowers. This report should not be considered financial, legal, accounting or other advice, or a substitute for obtaining such advice specific to your business.

The calculations in this report are solely based on the data that you input into QuickBooks Online Payroll or Intuit Online Payroll, which may differ from the payroll expenses allowable under SBA and Treasury guidance for purposes of calculating average monthly qualified payroll costs. Our calculations are based on the rules in effect as of 04/30/2020. The final loan amount will be determined by your lender following rules set by SBA and Treasury.

Regulations and guidance from SBA and Treasury on the Payroll Protection Program are evolving rapidly. Please refer to the latest guidance from SBA and Treasury to confirm current program rules and how they apply to your particular situation.



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11

STATEMENT PERIOD  
08/01/20 to 08/31/20

6152627000  
Page 2 of 4

BOUNCING CATERPILLAR LLC

PREMIUM BUSINESS CHECKING ACCOUNT

6152627071

DATE	AMOUNT	TRANSACTION	OTHER DESCRIPTION
08/18	4,909.57	LOWER RIO GRANDE	PAYMENTS
08/18	1,227.40	RMR*IV*1581276 212960*PI*4909.57 LOWER RIO GRANDE	PAYMENTS
08/19	1,324.68	RMR*IV*1581276 212960	Suppl*PI*1227.40
08/24	550.00	ECCI CENTERS	CLAIM PMNT
08/24	109.90	ATM DEPOSIT	MCCOLL621 E. PECAN BLVDMCALLEEN TX 161767
08/24	709.20	MOBILE DEPOSIT	
08/24	709.20	MC P2P CREDIT	RMT CHK DEP - 200824044930
08/24	689.50	MC P2P CREDIT	Cash App*Cash Out San FranciscoCA 184106
08/25	5.22	Square Inc	Cash App*Cash Out San FranciscoCA 190563
08/25	250.19	MC P2P CREDIT	* Cash App
08/28	250.47	MOBILE XFER CR	Cash App*Cash Out San FranciscoCA 153216
08/31	500.00	MOBILE XFER CR	
08/31	334.30	BANKCARD 1225	MTOT DEP
08/31	260.74	MOBILE XFER CR	
08/31	0.03	DIVIDEND PAID	

\*\*\* CHECK CLEARING SUMMARY \*\*\*

DATE	CHK #	AMOUNT	DATE	CHK #	AMOUNT	DATE	CHK #	AMOUNT
08/14	2913	248.92	08/12	2926	183.41	08/19	2936	266.53
08/18	2916*	250.00	08/18	2927	329.32	08/19	2937	356.33
08/04	2917	298.36	08/14	2928	58.66	08/25	2938	234.89
08/04	2918	304.66	08/12	2929	419.78	08/26	2939	284.24
08/11	2919	296.74	08/18	2930	65.00	08/27	2940	206.62
08/06	2920	426.24	08/25	2931	298.35	08/25	2941	224.45
08/07	2921	2,100.00	08/19	2932	224.32	08/25	2942	333.37
08/10	2922	60.00	08/24	2933	298.36	08/31	2952*	70.00
08/11	2924*	300.00	08/19	2934	297.67			
08/11	2925	300.00	08/18	2935	282.92			

\* GAP IN CHECK SEQUENCE NUMBER

\*\*\* ATM WITHDRAWALS/DEBIT PURCHASES \*\*\*

DATE	AMOUNT	TRANSACTION	OTHER DESCRIPTION
08/01	271.93	DEBIT CARD DB	SAMS CLUB #6269 800-925-6278 TX 195271
08/04	133.73	DEBIT CARD DB	WALMART.COM AW 800-966-6546 AR 232000
08/04	119.55	DEBIT CARD DB	H-E-B ONLINE 8009874438 TX 173720
08/04	81.84	DEBIT CARD DB	H-E-B ONLINE 8009874438 TX 174600
08/05	92.21	DEBIT CARD DB	H-E-B ONLINE 8009874438 TX 222361
08/05	79.95	DEBIT CARD DB	INTUIT *PAYROLL 888-537-7794 CA 053002
08/05	16.94	DEBIT CARD DB	CASH APP*JESSIC 4153753176 CA 175080
08/05	7.20	POS WTHDL NETWORK	FAMILY DOLLAR # MERCEDES TX 094561
08/05	4.85	POS WTHDL NETWORK	WAL-MART #61591600 S TEWESLACO TX 073975
08/05	2.17	POS WTHDL NETWORK	WAL-MART #61591600 S TEWESLACO TX 074518
08/05	2.00	DEBIT CARD DB	CASH APP*JESSIC 4153753176 CA 124111





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11

STATEMENT PERIOD  
09/01/20 to 09/30/20

6152627000  
Page 5 of 6

BOUNCING CATERPILLAR LLC

PREMIUM BUSINESS CHECKING ACCOUNT

6152627071

* * * ATM WITHDRAWALS/DEBIT PURCHASES * * *							
DATE	AMOUNT	TRANSACTION	OTHER DESCRIPTION				
09/17	22.03	DEBIT CARD DB	YBARRAS CAKE SH	WASLACO	TX	095004	
09/18	150.97	DEBIT CARD DB	SMARTCOM TELEPH	MCALLEN	TX	102719	
09/18	150.00	DEBIT CARD DB	CASH APP*JESSIC	4153753176	CA	145603	
09/18	90.00	DEBIT CARD DB	CASH APP*JESSIC	4153753176	CA	142392	
09/18	60.00	DEBIT CARD DB	CASH APP*JESSIC	4153753176	CA	083506	
09/18	44.56	POS WTHDL NETWORK	H-E-B #485310 N	WESTGATWESLACO	TX	073094	
09/18	30.00	DEBIT CARD DB	CASH APP*JESSIC	4153753176	CA	214791	
09/18	30.00	DEBIT CARD DB	CASH APP*JESSIC	4153753176	CA	215776	
09/18	30.00	DEBIT CARD DB	CASH APP*JESSIC	4153753176	CA	194791	
09/18	26.35	DEBIT CARD DB	DAIRY QUEEN	SOUTH PADRE	ITX	205708	
09/18	23.05	POS WTHDL NETWORK	DOLLAR-GE 1603 W BUSIN	WESLACO	TX	173008	
09/18	10.41	DEBIT CARD DB	CASH APP*JESSIC	4153753176	CA	083567	
09/18	3.00	DEBIT CARD DB	CASH APP*JESSIC	4153753176	CA	083582	
09/19	60.00	DEBIT CARD DB	CASH APP*JESSIC	4153753176	CA	202596	
09/19	42.69	DEBIT CARD DB	WHATABURGER 477	SOUTH PADRE	ITX	203918	
09/19	35.56	POS WTHDL NETWORK	H-E-B GAS #383	PORT ISABEL	TX	195678	
09/19	30.00	DEBIT CARD DB	CASH APP*JESSIC	4153753176	CA	150917	
09/19	27.06	DEBIT CARD DB	LITTLE CAESARS	WESLACO	TX	161088	
09/19	4.63	POS WTHDL NETWORK	H-E-B #383	PORT ISABEL	TX	194971	
09/22	191.02	DEBIT CARD DB	H-E-B ONLINE	8009874438	TX	140503	
09/22	91.21	DEBIT CARD DB	H-E-B ONLINE	8009874438	TX	141670	
09/23	46.64	POS WTHDL NETWORK	H-E-B #485310 N	WESTGATWESLACO	TX	071085	
09/23	39.00	POS WTHDL NETWORK	H-E-B GAS/CARWA	WESLACO	TX	071966	
09/23	5.36	POS WTHDL NETWORK	H-E-B #485	WESLACO	TX	073767	
09/23	5.27	POS WTHDL NETWORK	H-E-B #485	WESLACO	TX	071684	
09/24	55.00	DEBIT CARD DB	CASH APP*JESSIC	4153753176	CA	112175	
09/24	43.77	POS WTHDL NETWORK	H-E-B #485310 N	WESTGATWESLACO	TX	072219	
09/26	23.40	DEBIT CARD DB	CASH APP*JESSIC	4153753176	CA	205798	
09/28	33.00	DEBIT CARD DB	CASH APP*JESSIC	4153753176	CA	125302	
09/28	24.95	DEBIT CARD DB	BLUEWAVE EXPRES	WESLACO	TX	051205	
09/28	7.54	DEBIT CARD DB	CASH APP*JESSIC	4153753176	CA	063894	
09/28	6.00	DEBIT CARD DB	CASH APP*JESSIC	4153753176	CA	105464	
09/28	1.62	DEBIT CARD DB	CASH APP*JESSIC	4153753176	CA	101595	
09/29	281.22	DEBIT CARD DB	H-E-B ONLINE	8009874438	TX	221011	
09/29	82.26	DEBIT CARD DB	H-E-B ONLINE	8009874438	TX	151162	
09/29	80.00	DEBIT CARD DB	CASH APP*JESSIC	4153753176	CA	152795	
09/29	60.00	DEBIT CARD DB	CASH APP*JESSIC	4153753176	CA	130191	
09/29	7.09	DEBIT CARD DB	CASH APP*JESSIC	4153753176	CA	060668	
09/30	15.18	POS WTHDL NETWORK	H-E-B #370209 N TEXAS	MERCEDES	TX	080461	

* * * WITHDRAWALS/DEBITS * * *			
DATE	AMOUNT	TRANSACTION	OTHER DESCRIPTION
09/02	230.06	CITI CARD ONLINE	PAYMENT
09/02	163.25	CAPITAL ONE	MOBILE PMT



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11

STATEMENT PERIOD  
06/01/20 to 06/30/20

6152627000  
Page 3 of 4

BOUNCING CATERPILLAR LLC

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\_\_\_\_\_  
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PREMIUM BUSINESS CHECKING ACCOUNT

6152627071

* * * ATM WITHDRAWALS/DEBIT PURCHASES * * *						
DATE	AMOUNT	TRANSACTION	OTHER DESCRIPTION			
06/04	12.97	DEBIT CARD DB	BORDERLAND HARD	MERCEDES	TX	085288
06/05	108.25	DEBIT CARD DB	SQ *5 STAR EMBR	McAllen	TX	115162
06/05	81.19	DEBIT CARD DB	SQ *5 STAR EMBR	McAllen	TX	114561
06/05	75.69	DEBIT CARD DB	INTUIT *PAYROLL	888-537-7794	CA	053018
06/06	63.87	POS WTHDL NETWORK	DOLLARTRE 511 W HWY 83	WESLACO	TX	143395
06/10	253.33	DEBIT CARD DB	ESURANCE CAR IN	800-378-7262	CA	120771
06/10	211.93	DEBIT CARD DB	CITY OF MERCEDE	956-5653114	TX	080811
06/10	163.23	POS WTHDL NETWORK	WAL-MART #10411310	NORTWESLACO	TX	084309
06/10	94.25	POS WTHDL NETWORK	H-E-B #485310 N WESTGAT	WESLACO	TX	182701
06/10	13.65	DEBIT CARD DB	CASH APP*JESSIC	4153753176	CA	193782
06/10	1.25	DEBIT CARD DB	MUNICIPAL ONLIN	844-7244507	TX	080814
06/11	41.14	DEBIT CARD DB	CHICK-FIL-A #03	WESLACO	TX	143096
06/12	20.02	POS WTHDL NETWORK	SE40714	WESLACO	TX	133573
06/12	10.00	DEBIT CARD DB	CASH APP*JESSIC	4153753176	CA	103318
06/12	8.65	POS WTHDL NETWORK	OFFICE DEPOT 001406 W.	WESLACO	TX	135671
06/13	48.18	DEBIT CARD DB	WALMART.COM	8009666546	AR	130797
06/15	75.00	DEBIT CARD DB	A & A COPIERS &	WESLACO	TX	114792
06/16	228.73	POS WTHDL NETWORK	H-E-B #370209 N TEXAS	MERCEDES	TX	120201
06/16	6.39	DEBIT CARD DB	TX HHSC CCL FEE	8008625252	TX	114509
06/19	7.30	POS WTHDL NETWORK	Bryants Market Weslaco	WESLACO	TX	080669
06/22	84.00	POS WTHDL NETWORK	WAL-MART #2763900 N SALDONNA		TX	133567
06/23	299.72	DEBIT CARD DB	CASH APP*JESSIC	4153753176	CA	190976
06/23	200.00	DEBIT CARD DB	CASH APP*JESSIC	4153753176	CA	201997
06/23	137.72	DEBIT CARD DB	H-E-B ONLINE	8009874438	TX	080205
06/23	25.98	DEBIT CARD DB	SQ *UNCLE CHOPS	Weslaco	TX	122265
06/24	11.49	DEBIT CARD DB	KRISPY KREME #7	MCALLEN	TX	152271
06/24	7.14	DEBIT CARD DB	MID VALLEY OFFI	WESLACO	TX	163089
06/25	41.00	DEBIT CARD DB	CASH APP*JESSIC	4153753176	CA	210672
06/26	151.78	DEBIT CARD DB	SPECTRUM	855-707-7328	TX	091516
06/26	21.52	POS WTHDL NETWORK	WM SUPERCENTER #Wal-Mar	DONNA	TX	080101
06/26	20.00	DEBIT CARD DB	CASH APP*JESSIC	4153753176	CA	115408
06/27	24.95	DEBIT CARD DB	BLUEWAVE EXPRES	WESLACO	TX	051199
06/29	184.66	POS WTHDL NETWORK	H-E-B #485310 N WESTGAT	WESLACO	TX	103285
06/29	14.00	DEBIT CARD DB	CASH APP*JESSIC	4153753176	CA	234787
06/30	40.00	DEBIT CARD DB	CASH APP*JESSIC	4153753176	CA	151299
06/30	13.56	POS WTHDL NETWORK	H-E-B #370209 N TEXAS	MERCEDES	TX	081471

* * * WITHDRAWALS/DEBITS * * *			
DATE	AMOUNT	TRANSACTION	OTHER DESCRIPTION
06/02	91.96	SMITH SECURITY G	34990
06/02	36.62	BANKCARD 1225	MTOT DISC
06/03	250.00	MOBILE XFER DR	
06/05	121.96	COMMUNITY LOAN	CONS COLL
06/10	165.41	CITI CARD ONLINE	PAYMENT



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11

STATEMENT PERIOD  
05/01/20 to 05/31/20

6152627000  
Page 3 of 3

BOUNCING CATERPILLAR LLC

PREMIUM BUSINESS CHECKING ACCOUNT

6152627071

* * *		ATM WITHDRAWALS/DEBIT PURCHASES		* * *	
DATE	AMOUNT	TRANSACTION	OTHER DESCRIPTION		
05/14	30.69	POS WTHDL NETWORK	WM SUPERCENTER #Wal-MarHARLINGEN	TX	171990
05/15	400.00	DEBIT CARD DB	DIRENERGYBUS-SP 888-925-9115	PA	101109
05/15	89.00	DEBIT CARD DB	COVINGTON CREDI 866-4131836	SC	071471
05/15	20.44	DEBIT CARD DB	BAR-B-CUTIE SMO WESLACO	TX	112774
05/16	41.18	DEBIT CARD DB	WHATABURGER 899 WESLACO	TX	204193
05/20	7.72	POS WTHDL NETWORK	H-E-B #485310 N WESTGATWESLACO	TX	081002
05/22	118.22	POS WTHDL NETWORK	COSTCO WHSE #11 PHARR	TX	170306
05/22	75.00	DEBIT CARD DB	CITY OF WESLACO WESLACO	TX	112806
05/23	86.59	DEBIT CARD DB	LOTUS INN CHINE MCALLEN	TX	172299
05/26	82.71	POS WTHDL NETWORK	WAL Wal-Mart Super 7510DONNA	TX	142278
05/27	115.50	POS WTHDL NETWORK	H-E-B #485310 N WESTGATWESLACO	TX	072807
05/27	82.60	DEBIT CARD DB	CASH APP*JESSIC 4153753176	CA	194065
05/27	32.18	POS WTHDL NETWORK	LOWE'S #29801015 E EXPRWESLACO	TX	130673
05/27	24.95	DEBIT CARD DB	BLUEWAVE EXPRES WESLACO	TX	051382
05/27	16.22	POS WTHDL NETWORK	LOWE'S #29801015 E EXPRWESLACO	TX	132476
05/28	24.03	DEBIT CARD DB	CASH APP*JESSIC 4153753176	CA	163683
05/28	19.20	POS WTHDL NETWORK	H-E-B #370209 N TEXAS MERCEDES	TX	091720
05/28	11.88	DEBIT CARD DB	BORDERLAND HARD MERCEDES	TX	081978
05/28	1.00	DEBIT CARD DB	CASH APP*JESSIC 4153753176	CA	163716
05/29	40.69	DEBIT CARD DB	CASH APP*JESSIC 4153753176	CA	205000
05/29	22.09	DEBIT CARD DB	CASH APP*JESSIC 4153753176	CA	204904
05/29	1.89	DEBIT CARD DB	CASH APP*JESSIC 4153753176	CA	055287
05/29	1.36	DEBIT CARD DB	CASH APP*JESSIC 4153753176	CA	122969

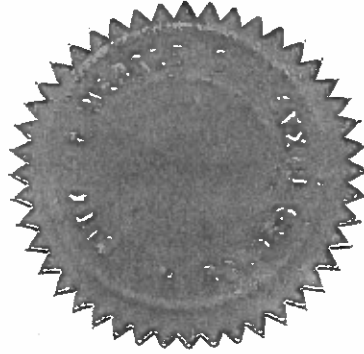
* * *		WITHDRAWALS/DEBITS		* * *	
DATE	AMOUNT	TRANSACTION	OTHER DESCRIPTION		
05/01	121.96	COMMUNITY LOAN	RGV PYMTS		
05/04	91.96	SMITH SECURITY G	34004		
05/04	27.58	BANKCARD 1225	MTOT DISC		
05/05	900.00	MOBILE XFER DR			
05/08	110.00	MOBILE XFER DR			
05/08	121.96	COMMUNITY LOAN	CONS COLL		
05/12	86.25	MOBILE XFER DR			
05/13	339.00	CAPITAL ONE	ONLINE PMT		
05/15	121.96	COMMUNITY LOAN	CONS COLL		
05/15	110.53	CITI CARD ONLINE	PAYMENT		
05/20	468.76	FORD MOTOR CR	FORDCREDIT		
05/22	121.96	COMMUNITY LOAN	CONS COLL		
05/23	32.50	OD FEE	CK# 2876	\$130.19	
05/26	1,000.00	MOBILE XFER DR			
05/26	32.50	DB CRD OD FEE	LOTUS INN CHINE	\$86.59	
05/28	300.00	CITI CARD ONLINE	PAYMENT		
05/29	121.96	COMMUNITY LOAN	CONS COLL		
05/29	44.15	CITI CARD ONLINE	PAYMENT		
05/30	20.00	SERVICE CHARGE	ACCOUNT MAINTENANCE CHARGE		

**CITY OF MERCEDES BUSINESS LICENSE &  
CERTIFICATE OF OCCUPANCY**  
(NON-TRANSFERABLE)

**BOUNCING CATERPILLER LLC**

LICENSE No.: 9912886  
ISSUED TO: BOUNCING CATERPILLER LLC  
ADDRESS: 508 S. MISSOURI AVE.  
MERCEDES, TX 78570  
EXPIRES: 10/13/2021

- ✦ This structure was inspected and found to comply with all the adopted codes at the time this structure was constructed.
- ✦ The City of Mercedes has found this structure to be safe for occupancy.



  
Monica Rodriguez, Planner Code Enforcer





city of

**mercedes**

*It Starts Here!*

**HEALTH DEPARTMENT**

**APPROVED**

**2019-2020**

**THIS CERTIFICATE MUST BE POSTED  
IN A CONSPICUOUS PLACE**

**Trade Name of Business:** *Bouncing Caterpillar LLC*

**Address:** *508 S. Missouri Ave.*

**Approved by:** *Rolando Maldonado*

**Health Inspector:** *Rheymed*

**Approval Date:** *10/24/2019*

**Expiration Date:** *10/24/2020*

**HAS BEEN INSPECTED AND FOUND  
TO SATISFY THE REQUIREMENT FOR  
PUBLIC HEALTH PROTECTION AS  
ESTABLISHED BY THE TEXAS STATE  
DEPARTMENT OF HEALTH**

**THIS CERTIFICATE IS THE PROPERTY  
OF THE CITY OF MERCEDES HEALTH  
DEPARTMENT AND MUST BE  
SURRENDERED ON DEMAND**

# FIRE INSPECTION REPORT

ORIGINAL DATE \_\_\_\_\_

MERCEDES FIRE DEPARTMENT  
400 S. OHIO, MERCEDES, TEXAS 78570  
(956) 565-3114

DATE: 10-15-2020 INSPECTION ☒ REINSPECTION ☒  
FACILITY NAME: Bouncing Cedarpile  
PHYSICAL & MAILING ADDRESS: 608 S Missouri  
PHONE #: 956 903 4371 OWNER/MANAGER: Juan C. Peña

TYPE OF INSPECTION:		OCC. CLASS _____	TEST:
ROUTINE	ANNUAL	CONST. TYPE: _____ SQ. FT. _____	GAS LINE PRESSURE
<input checked="" type="checkbox"/> FACILITY	FIRE DRILL	# FLOORS _____ SPR. S.P. _____	HYDROSTATIC PRESSURE
ROUGH-IN	COMPLAINT	HYDRANT LOC: _____	SPR. S.P. _____
FINAL	PLAN REVIEW	SPR/S.P. CONN.: _____	HOOD SYTEM/NFPA &
		SPEC. HAZ.: _____	MECHANICAL CODE

1. Accumulation of rubbish, trash paper, etc.
2. Combustible(s) stored under wooden stairs.
3. Merchandise obstructing aisles.
4. Poor housekeeping throughout the building.
5. Insufficient number of exits.
6. Exit doors blocked/locked during business hours.
7. No Exit(s) and/or emergency lights.
8. Exit and/or emergency lights not working properly.
9. Vents unsafely arranged on water heater and/or dryers.
10. Chemically treated dust mops and oily rags not stored in metal containers (with lids).
11. Using gasoline as cleaning agent.
12. Defective wiring on/at \_\_\_\_\_.
13. Lighting devices improperly installed.
14. Lighting devices too close to stock.
15. Junction boxes, light switches, and electrical outlets without safety covers.
16. Wiring and equipment not wired in conduit.
17. Wiring not done by a licensed electrician.
18. Accumulation of grease on cooking stove.
19. Filters, duct and hood with grease.
20. Hood over stove and deep fat fryer does not meet NFPA 96 requirements.
21. Automatic fire extinguishing system not installed/ maintained as per NFPA 96 requirements.
22. Fire extinguisher(s) not maintained as per NFPA #10.

23. Fire extinguisher(s) not checked by a licensed inspector on an annual basis.
24. Fire extinguisher(s) blocked.
25. No fire extinguisher(s) in building
26. Pressurized cylinders not anchored.
27. Automatic sprinkler/fire alarm system(s) to be maintained/ inspected by a licensed company on an annual basis.
28. All sprinkler systems shall be supervised in accordance with City building Codes.
29. Sprinkler riser area not kept clean at all times.
30. Fire Department Connections blocked.
31. Not maintaining 18" clearance from Sprinkler Head(s).
32. Caps missing from Fire Department Connections.
33. Water gong not working.
34. Repair or replace hose and/or nozzle at dispensing pumps.
35. The using of L.P.G. instead of natural gas.
36. No smoke detector as per HB # 2046.
37. No hearing-impaired smoke detector found as per HB # 162.
38. No "No Smoking" signs.
39. Occupancy load appears to be exceeding.
40. No occupancy load sign.
41. No address in front of occupancy.
42. No pressure test on natural gas line.
43. Other Hazard(s). (See REMARKS)

REMARKS Everything is in order at this time

☒ COMPLIES WITHIN CODE TODAY ☐ DOES NOT COMPLY AT THIS TIME ☐ WILL REINSPECT BY: \_\_\_\_\_

Juan C. Peña  
OWNER/OCCUPANT

Robert G. 609  
FIRE MARSHAL FIRE INSPECTOR

SUCH CONDITIONS ARE VIOLATIONS OF EITHER CITY OR STATE FIRE PREVENTION REGULATIONS. PLEASE CORRECT HAZARD(S) AND HELP PREVENT FIRES. NON-COMPLIANCE IS SUBJECT TO PENALTIES UNDER CITY & STATE REGULATIONS.

# FIRE INSPECTION REPORT

FILE # \_\_\_\_\_

MERCEDES FIRE DEPARTMENT  
400 S. OHIO, MERCEDES, TEXAS 78570  
(956) 565-3114

DATE: 9/23/19 ☒ INSPECTION ☐ REINSPECTION  
FACILITY NAME: Bo City Kids Academy  
PHYSICAL & MAILING ADDRESS: 5083. Missouri Ste B  
PHONE #: 457 OWNER/MANAGER: Jessica Pena  
Strong Line Security & Fire

TYPE OF INSPECTION:		OCC. CLASS _____	TEST:
<input type="checkbox"/> ROUTINE	<input type="checkbox"/> ANNUAL	CONST. TYPE: _____ SQ. FT. _____	<input type="checkbox"/> GAS LINE PRESSURE
<input type="checkbox"/> FACILITY	<input type="checkbox"/> FIRE DRILL	# FLOORS _____ <input type="checkbox"/> SPR. <input type="checkbox"/> S.P.	<input type="checkbox"/> HYDROSTATIC PRESSURE
<input type="checkbox"/> ROUGH-IN	<input type="checkbox"/> COMPLAINT	HYDRANT LOC: _____	<input type="checkbox"/> SPR. <input type="checkbox"/> S.P.
<input type="checkbox"/> FINAL	<input type="checkbox"/> PLAN REVIEW	SPR/S.P. CONN.: _____	<input type="checkbox"/> HOOD SYTEM/NFPA & MECHANICAL CODE
		SPEC. HAZ.: _____	

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> 1. Accumulation of rubbish, trash paper, etc.</li> <li><input type="checkbox"/> 2. Combustible(s) stored under wooden stairs.</li> <li><input type="checkbox"/> 3. Merchandise obstructing aisles.</li> <li><input type="checkbox"/> 4. Poor housekeeping throughout the building.</li> <li><input type="checkbox"/> 5. Insufficient number of exits.</li> <li><input type="checkbox"/> 6. Exit doors blocked/locked during business hours.</li> <li><input type="checkbox"/> 7. No Exit(s) and/or emergency lights.</li> <li><input type="checkbox"/> 8. Exit and/or emergency lights not working properly.</li> <li><input type="checkbox"/> 9. Vents unsafely arranged on water heater and/or dryers.</li> <li><input type="checkbox"/> 10. Chemically treated dust mops and oily rags not stored in metal containers (with lids).</li> <li><input type="checkbox"/> 11. Using gasoline as cleaning agent.</li> <li><input type="checkbox"/> 12. Defective wiring on/at _____.</li> <li><input type="checkbox"/> 13. Lighting devices improperly installed.</li> <li><input type="checkbox"/> 14. Lighting devices too close to stock.</li> <li><input type="checkbox"/> 15. Junction boxes, light switches, and electrical outlets without safety covers.</li> <li><input type="checkbox"/> 16. Wiring and equipment not wired in conduit.</li> <li><input type="checkbox"/> 17. Wiring not done by a licensed electrician.</li> <li><input type="checkbox"/> 18. Accumulation of grease on cooking stove.</li> <li><input type="checkbox"/> 19. Filters, duct and hood with grease.</li> <li><input type="checkbox"/> 20. Hood over stove and deep fat fryer does not meet NFPA 96 requirements.</li> <li><input type="checkbox"/> 21. Automatic fire extinguishing system not installed/ maintained as per NFPA 96 requirements.</li> <li><input type="checkbox"/> 22. Fire extinguisher(s) not maintained as per NFPA #10.</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> 23. Fire extinguisher(s) not checked by a licensed inspector on an annual basis.</li> <li><input type="checkbox"/> 24. Fire extinguisher(s) blocked.</li> <li><input type="checkbox"/> 25. No fire extinguisher(s) in building</li> <li><input type="checkbox"/> 26. Pressurized cylinders not anchored.</li> <li><input type="checkbox"/> 27. Automatic sprinkler/fire alarm system(s) to be maintained/ inspected by a licensed company on an annual basis.</li> <li><input type="checkbox"/> 28. All sprinkler systems shall be supervised in accordance with City building Codes.</li> <li><input type="checkbox"/> 29. Sprinkler riser area not kept clean at all times.</li> <li><input type="checkbox"/> 30. Fire Department Connections blocked.</li> <li><input type="checkbox"/> 31. Not maintaining 18" clearance from Sprinkler Head(s).</li> <li><input type="checkbox"/> 32. Caps missing from Fire Department Connections.</li> <li><input type="checkbox"/> 33. Water gong not working.</li> <li><input type="checkbox"/> 34. Repair or replace hose and/or nozzle at dispensing pumps.</li> <li><input type="checkbox"/> 35. The using of L.P.G. instead of natural gas.</li> <li><input type="checkbox"/> 36. No smoke detector as per HB # 2046.</li> <li><input type="checkbox"/> 37. No hearing-impaired smoke detector found as per HB # 162.</li> <li><input type="checkbox"/> 38. No "No Smoking" signs.</li> <li><input type="checkbox"/> 39. Occupancy load appears to be exceeding.</li> <li><input type="checkbox"/> 40. No occupancy load sign.</li> <li><input type="checkbox"/> 41. No address in front of occupancy.</li> <li><input type="checkbox"/> 42. No pressure test on natural gas line.</li> <li><input type="checkbox"/> 43. Other Hazard(s). (See REMARKS)</li> </ul> |
|--|--|

REMARKS: Fire Alarm in Service & operational  
Approved

☒ COMPLIES WITHIN CODE TODAY ☐ DOES NOT COMPLY AT THIS TIME ☐ WILL REINSPECT BY: \_\_\_\_\_

[Signature]  
OWNER/OCCUPANT

[Signature]  
FIRE MARSHAL/ FIRE INSPECTOR

SUCH CONDITIONS ARE VIOLATIONS OF EITHER CITY OR STATE FIRE PREVENTION REGULATIONS. PLEASE CORRECT HAZARD(S) AND HELP PREVENT FIRES. NON- COMPLIANCE IS SUBJECT TP PENALTIES UNDER CITY & STATE REGULATIONS.

**19. Discussion and Action: Mercedes Small Business  
Recovery Grant – Luis Fernandez, \$3,000**



# Memo

**To:** DCM Board of Directors  
**From:** Rose Saenz  
**CC:** Melissa Ramirez, Executive Director  
**Date:** 10/15/2020  
**Re:** Mercedes Small Business Grant Program

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## 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  
Samantha Castaneda- Approve \$3K  
Donald Morales- Approve \$3K  
John Hinkle- Approve \$5K  
Heriberto Reynoso- Approve \$5K  
Raul Cantu- Approve \$3K  
Rachel Hinojosa- Approve \$3K  
Jessica Pena- 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, No Taxes Filed)  
Andres A Casarez – Deny \$3K (Owes Property tax)  
Karina Rivera – Deny \$3K (No Business License, Failed Fire Inspection)  
Claudia Montoya – Deny \$3K (Incomplete application, no backup documentation)  
Laura Luna – Deny \$3K (Incomplete application, no backup documentation)  
Graciela C. Perez – Deny \$9 K (Incomplete application, no backup documentation)  
Christopher Desiga – Deny \$5K (No Quarterly Reports, 1099s or Tax Return)  
Javier Moroles – Deny \$5K (Currently has 19 employees)  
Catalina Mata- Deny \$5K (Being evicted)  
Ashley Werbiski-Deny \$3K (Not a separate business)

# 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: Luis Fernandez  
Name of Business: L & F Transport  
Business Type: logistics / Transport  
Address of Business: E. 2nd St., Mercedes, Tx - 1350 E. 2nd Street  
Email Address: lnfbills1@gmail.com Phone Number: (956) 442-8932  
lnftransport@yahoo.com

### BUSINESS OWNERSHIP

Tax ID #: 1-03-0494847-3  
Entity Name: L & F Transport  
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 #: 1 (Part-time #employees: 1)

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. \$ 0.00
- ☐ Purchases supplies to offer alternative business access (i.e. curbside pickup, delivery, website upgrades for online sales, etc.) \$ 0.00
- ☒ Employee support (salaries, insurance, paid leave) \$ 2,200.00
- ☒ Utilities (i.e. electricity, water, phone, internet, etc.) \$ 200.00
- ☐ Expenses associated with increased material costs from suppliers or alternate suppliers. \$ 0.00
- ☒ Purchase of COVID-19 supplies for business protection/cleaning. \$ 600.00

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: Bank of America

Name of your Bank Officer: N/A

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

If no, why not?

Spoke on phone said at the time it was hard  
due to sole proprietorship status.

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?

Sole proprietor status only offers loan cannot take more risk and liabilities

## 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.**

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

ABF 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.)

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

ABF 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.

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

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

ABF 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 L.F. Transport

Written: Luis Fernandez Jr.  
Legal Representative

Accountant/Rep  
Title

Signed: [Signature]  
Legal Representative

Accountant/Rep  
Title

Signed as Individual: [Signature]

Date 9/14/2020

## 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; 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](mailto:smallbuscares2020@cityofmercedes.com) OR**

**Deliver to: DCM Office (NE Ohio/4<sup>th</sup> 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 4<sup>th</sup> 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](mailto:smallbuscares2020@cityofmercedes.com).**

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

# Memo

**To:** DCM Board of Directors  
**From:** Rose Saenz  
**CC:** Melissa Ramirez, Executive Director  
**Date:** 10/15/2020  
**Re:** Mercedes Small Business Grant Program

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## 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  
Samantha Castaneda- Approve \$3K  
Donald Morales- Approve \$3K  
John Hinkle- Approve \$5K  
Heriberto Reynoso- Approve \$5K  
Raul Cantu- Approve \$3K  
Rachel Hinojosa- Approve \$3K  
Jessica Pena- 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, No Taxes Filed)  
Andres A Casarez – Deny \$3K (Owes Property tax)  
Karina Rivera – Deny \$3K (No Business License, Failed Fire Inspection)  
Claudia Montoya – Deny \$3K (Incomplete application, no backup documentation)  
Laura Luna – Deny \$3K (Incomplete application, no backup documentation)  
Graciela C. Perez – Deny \$9 K (Incomplete application, no backup documentation)  
Christopher Desiga – Deny \$5K (No Quarterly Reports, 1099s or Tax Return)  
Javier Moroles – Deny \$5K (Currently has 19 employees)  
Catalina Mata- Deny \$5K (Being evicted)  
Ashley Werbiski-Deny \$3K (Not a separate business)

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 Gáñez - 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>500<sup>00</sup></u>
<input checked="" type="checkbox"/> Purchase of COVID-19 supplies for business protection/cleaning.	\$ <u>300<sup>00</sup></u>
<b>Total Amount</b>	\$ <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.**

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

DOC 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.)

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

DOC 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.

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

DOC 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](mailto:smallbuscares2020@cityofmercedes.com) OR

**Deliver to:** DCM Office (NE Ohio/4<sup>th</sup> 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 4<sup>th</sup> 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](mailto:smallbuscares2020@cityofmercedes.com).

**21. 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:** 10/15/2020  
**Re:** Mercedes Small Business Grant Program

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## 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  
Samantha Castaneda- Approve \$3K  
Donald Morales- Approve \$3K  
John Hinkle- Approve \$5K  
Heriberto Reynoso- Approve \$5K  
Raul Cantu- Approve \$3K  
Rachel Hinojosa- Approve \$3K  
Jessica Pena- 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, No Taxes Filed)  
Andres A Casarez – Deny \$3K (Owes Property tax)  
Karina Rivera – Deny \$3K (No Business License, Failed Fire Inspection)  
Claudia Montoya – Deny \$3K (Incomplete application, no backup documentation)  
Laura Luna – Deny \$3K (Incomplete application, no backup documentation)  
Graciela C. Perez – Deny \$9 K (Incomplete application, no backup documentation)  
Christopher Desiga – Deny \$5K (No Quarterly Reports, 1099s or Tax Return)  
Javier Moroles – Deny \$5K (Currently has 19 employees)  
Catalina Mata- Deny \$5K (Being evicted)  
Ashley Werbiski-Deny \$3K (Not a separate business)

# 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.

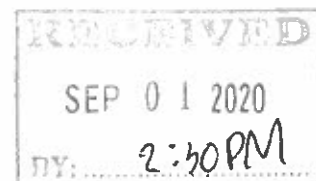
## PERSONNEL

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

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

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>272.26</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)

*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 ☐

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](mailto:smallbuscares2020@cityofmercedes.com) OR**

**Deliver to: DCM Office (NE Ohio/4<sup>th</sup> 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 4<sup>th</sup> 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](mailto:smallbuscares2020@cityofmercedes.com).**

## **22. 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:** 10/15/2020  
**Re:** Mercedes Small Business Grant Program

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## 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  
Samantha Castaneda- Approve \$3K  
Donald Morales- Approve \$3K  
John Hinkle- Approve \$5K  
Heriberto Reynoso- Approve \$5K  
Raul Cantu- Approve \$3K  
Rachel Hinojosa- Approve \$3K  
Jessica Pena- 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, No Taxes Filed)  
Andres A Casarez – Deny \$3K (Owes Property tax)  
Karina Rivera – Deny \$3K (No Business License, Failed Fire Inspection)  
Claudia Montoya – Deny \$3K (Incomplete application, no backup documentation)  
Laura Luna – Deny \$3K (Incomplete application, no backup documentation)  
Graciela C. Perez – Deny \$9 K (Incomplete application, no backup documentation)  
Christopher Desiga – Deny \$5K (No Quarterly Reports, 1099s or Tax Return)  
Javier Moroles – Deny \$5K (Currently has 19 employees)  
Catalina Mata- Deny \$5K (Being evicted)  
Ashley Werbiski-Deny \$3K (Not a separate business)

# 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: Karina021715@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.

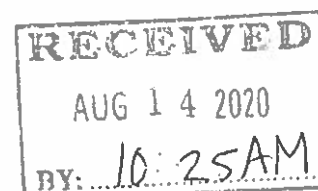
### PERSONNEL

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.*

<input checked="" type="checkbox"/> Rent/mortgage payment. List specific amount.	\$ <u>1,400</u> <sup>00</sup>
<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>925.00</u>
<input type="checkbox"/> Expenses associated with increased material costs from suppliers or alternate suppliers.	\$ _____
<input checked="" type="checkbox"/> Purchase of COVID-19 supplies for business protection/cleaning.	\$ <u>370.00</u>
Total Amount	\$ <u>2,695</u>

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  
Legal Representative

Owner  
Title

Signed: Karina Rivera  
Legal Representative

Owner  
Title

Signed as Individual: Karina Rivera

Date 8/11/2020

## **23. 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:** 10/15/2020  
**Re:** Mercedes Small Business Grant Program

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## 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  
Samantha Castaneda- Approve \$3K  
Donald Morales- Approve \$3K  
John Hinkle- Approve \$5K  
Heriberto Reynoso- Approve \$5K  
Raul Cantu- Approve \$3K  
Rachel Hinojosa- Approve \$3K  
Jessica Pena- 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, No Taxes Filed)  
Andres A Casarez – Deny \$3K (Owes Property tax)  
Karina Rivera – Deny \$3K (No Business License, Failed Fire Inspection)  
Claudia Montoya – Deny \$3K (Incomplete application, no backup documentation)  
Laura Luna – Deny \$3K (Incomplete application, no backup documentation)  
Graciela C. Perez – Deny \$9 K (Incomplete application, no backup documentation)  
Christopher Desiga – Deny \$5K (No Quarterly Reports, 1099s or Tax Return)  
Javier Moroles – Deny \$5K (Currently has 19 employees)  
Catalina Mata- Deny \$5K (Being evicted)  
Ashley Werbiski-Deny \$3K (Not a separate business)



# 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: Resto + 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.

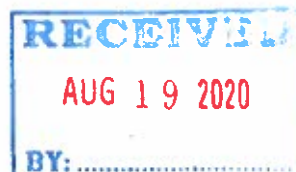
### PERSONNEL

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

## 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

Sajo'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](mailto:smallbuscares2020@cityofmercedes.com) OR**

**Deliver to: DCM Office (NE Ohio/4<sup>th</sup> 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 4<sup>th</sup> 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](mailto:smallbuscares2020@cityofmercedes.com).**

## **24. 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:** 10/15/2020  
**Re:** Mercedes Small Business Grant Program

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## 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  
Samantha Castaneda- Approve \$3K  
Donald Morales- Approve \$3K  
John Hinkle- Approve \$5K  
Heriberto Reynoso- Approve \$5K  
Raul Cantu- Approve \$3K  
Rachel Hinojosa- Approve \$3K  
Jessica Pena- 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, No Taxes Filed)  
Andres A Casarez – Deny \$3K (Owes Property tax)  
Karina Rivera – Deny \$3K (No Business License, Failed Fire Inspection)  
Claudia Montoya – Deny \$3K (Incomplete application, no backup documentation)  
Laura Luna – Deny \$3K (Incomplete application, no backup documentation)  
Graciela C. Perez – Deny \$9 K (Incomplete application, no backup documentation)  
Christopher Desiga – Deny \$5K (No Quarterly Reports, 1099s or Tax Return)  
Javier Moroles – Deny \$5K (Currently has 19 employees)  
Catalina Mata- Deny \$5K (Being evicted)  
Ashley Werbiski-Deny \$3K (Not a separate business)

# 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.

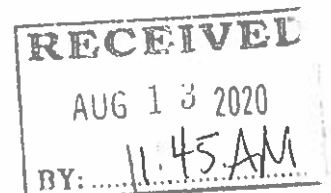
### PERSONNEL

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 Aura 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/4<sup>th</sup> 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 4<sup>th</sup> 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.**

**25. 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:** 10/15/2020  
**Re:** Mercedes Small Business Grant Program

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## 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  
Samantha Castaneda- Approve \$3K  
Donald Morales- Approve \$3K  
John Hinkle- Approve \$5K  
Heriberto Reynoso- Approve \$5K  
Raul Cantu- Approve \$3K  
Rachel Hinojosa- Approve \$3K  
Jessica Pena- 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, No Taxes Filed)  
Andres A Casarez – Deny \$3K (Owes Property tax)  
Karina Rivera – Deny \$3K (No Business License, Failed Fire Inspection)  
Claudia Montoya – Deny \$3K (Incomplete application, no backup documentation)  
Laura Luna – Deny \$3K (Incomplete application, no backup documentation)  
Graciela C. Perez – Deny \$9 K (Incomplete application, no backup documentation)  
Christopher Desiga – Deny \$5K (No Quarterly Reports, 1099s or Tax Return)  
Javier Moroles – Deny \$5K (Currently has 19 employees)  
Catalina Mata- Deny \$5K (Being evicted)  
Ashley Werbiski-Deny \$3K (Not a separate business)

# 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.)	\$ <u>1,654.74</u>
_____ Expenses associated with increased material costs from suppliers or alternate suppliers.	\$ <u>1,345.26</u>
_____ 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?

## 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.**

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](mailto:smallbuscares2020@cityofmercedes.com) OR

Deliver to: DCM Office (NE Ohio/4<sup>th</sup> 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 4<sup>th</sup> 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](mailto: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.

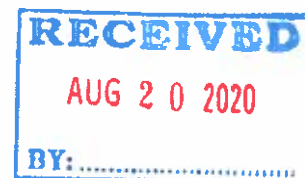
### PERSONNEL

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.*

<input type="checkbox"/> Rent/mortgage payment. List specific amount.	\$ _____
<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)	\$ <u>700.00</u>
<input type="checkbox"/> Utilities (i.e. electricity, water, phone, internet, etc.)	\$ <u>1,163.00</u>
<input type="checkbox"/> Expenses associated with increased material costs from suppliers or alternate suppliers.	\$ <u>872.00</u>
<input type="checkbox"/> 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

Owner  
\_\_\_\_\_ Title

Signed as Individual: Graciela Perez

Date 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/4<sup>th</sup> 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 4<sup>th</sup> 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.

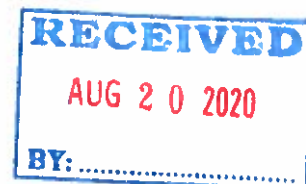
### PERSONNEL

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 \$ 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?

\_\_\_\_\_ 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

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](mailto:smallbuscares2020@cityofmercedes.com) OR**

**Deliver to: DCM Office (NE Ohio/4<sup>th</sup> 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 4<sup>th</sup> 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](mailto:smallbuscares2020@cityofmercedes.com).**



**26. Discussion and Action: Mercedes Small Business  
Recovery Grant – Christopher Desiga, \$5,000**

# Memo

**To:** DCM Board of Directors  
**From:** Rose Saenz  
**CC:** Melissa Ramirez, Executive Director  
**Date:** 10/15/2020  
**Re:** Mercedes Small Business Grant Program

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## 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  
Samantha Castaneda- Approve \$3K  
Donald Morales- Approve \$3K  
John Hinkle- Approve \$5K  
Heriberto Reynoso- Approve \$5K  
Raul Cantu- Approve \$3K  
Rachel Hinojosa- Approve \$3K  
Jessica Pena- 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, No Taxes Filed)  
Andres A Casarez – Deny \$3K (Owes Property tax)  
Karina Rivera – Deny \$3K (No Business License, Failed Fire Inspection)  
Claudia Montoya – Deny \$3K (Incomplete application, no backup documentation)  
Laura Luna – Deny \$3K (Incomplete application, no backup documentation)  
Graciela C. Perez – Deny \$9 K (Incomplete application, no backup documentation)  
Christopher Desiga – Deny \$5K (No Quarterly Reports, 1099s or Tax Return)  
Javier Moroles – Deny \$5K (Currently has 19 employees)  
Catalina Mata- Deny \$5K (Being evicted)  
Ashley Werbiski-Deny \$3K (Not a separate business)

# 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: chris69@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.

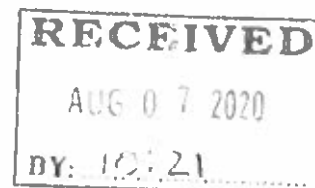
### PERSONNEL

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) \$ 1,500<sup>00</sup>
- ☒ Utilities (i.e. electricity, water, phone, internet, etc.) \$ 2,000<sup>00</sup>
- ☒ Expenses associated with increased material costs from suppliers or alternate suppliers. \$ 400<sup>00</sup>
- ☒ Purchase of COVID-19 supplies for business protection/cleaning. \$ 100<sup>00</sup>

Total Amount \$           

Total Grant amount requested from Mercedes DCM: \$ 5,000<sup>00</sup>

(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: Janice Lopez

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

If no, why not? Not yet 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.)

CB 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.

CB 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

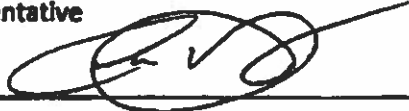
\_\_\_\_\_ Title

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](mailto:smallbuscares2020@cityofmercedes.com) OR**

**Deliver to: DCM Office (NE Ohio/4<sup>th</sup> 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 4<sup>th</sup> 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](mailto:smallbuscares2020@cityofmercedes.com).**

**27. 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:** 10/15/2020  
**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  
Samantha Castaneda- Approve \$3K  
Donald Morales- Approve \$3K  
John Hinkle- Approve \$5K  
Heriberto Reynoso- Approve \$5K  
Raul Cantu- Approve \$3K  
Rachel Hinojosa- Approve \$3K  
Jessica Pena- 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, No Taxes Filed)  
Andres A Casarez – Deny \$3K (Owes Property tax)  
Karina Rivera – Deny \$3K (No Business License, Failed Fire Inspection)  
Claudia Montoya – Deny \$3K (Incomplete application, no backup documentation)  
Laura Luna – Deny \$3K (Incomplete application, no backup documentation)  
Graciela C. Perez – Deny \$9 K (Incomplete application, no backup documentation)  
Christopher Desiga – Deny \$5K (No Quarterly Reports, 1099s or Tax Return)  
Javier Moroles – Deny \$5K (Currently has 19 employees)  
Catalina Mata- Deny \$5K (Being evicted)  
Ashley Werbiski-Deny \$3K (Not a separate business)



# 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](mailto:smallbuscares2020@cityofmercedes.com) OR

**Deliver to:** DCM Office (NE Ohio/4<sup>th</sup> 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 4<sup>th</sup> 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](mailto: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?

## 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 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

**28. Discussion and Action: Mercedes Small Business  
Recovery Grant – Catalina Mata, \$5,000**

# Memo

**To:** DCM Board of Directors  
**From:** Rose Saenz  
**CC:** Melissa Ramirez, Executive Director  
**Date:** 10/15/2020  
**Re:** Mercedes Small Business Grant Program

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## 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  
Samantha Castaneda- Approve \$3K  
Donald Morales- Approve \$3K  
John Hinkle- Approve \$5K  
Heriberto Reynoso- Approve \$5K  
Raul Cantu- Approve \$3K  
Rachel Hinojosa- Approve \$3K  
Jessica Pena- 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, No Taxes Filed)  
Andres A Casarez – Deny \$3K (Owes Property tax)  
Karina Rivera – Deny \$3K (No Business License, Failed Fire Inspection)  
Claudia Montoya – Deny \$3K (Incomplete application, no backup documentation)  
Laura Luna – Deny \$3K (Incomplete application, no backup documentation)  
Graciela C. Perez – Deny \$9 K (Incomplete application, no backup documentation)  
Christopher Desiga – Deny \$5K (No Quarterly Reports, 1099s or Tax Return)  
Javier Moroles – Deny \$5K (Currently has 19 employees)  
Catalina Mata- Deny \$5K (Being evicted)  
Ashley Werbiski-Deny \$3K (Not a separate business)

# 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: Catalina Mata  
Name of Business: Carthys Income Tax Service  
Business Type: Tax Preparation office  
Address of Business: 101 N Vermont St 117 Mercedes TX 7970  
Email Address: catalina@carthys.com Phone Number: 950-373-3277

### BUSINESS OWNERSHIP

Tax ID #: \_\_\_\_\_  
Entity Name: Carthys Income Tax Service  
Name of business owner (if different from above): Catalina Mata  
Number of years in business: 5 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 #: 4 (Part-time # employees: 3)

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

Yes \_\_\_\_\_ No X

## **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](mailto:smallbuscares2020@cityofmercedes.com) OR**

**Deliver to: DCM Office (NE Ohio/4<sup>th</sup> 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 4<sup>th</sup> 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](mailto:smallbuscares2020@cityofmercedes.com).**



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.

\$ 5,500.00

☐ 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: \$ 5,000.00

(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: Lone Star National

Name of your Bank Officer: \_\_\_\_\_

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

If no, why not?

I don't have a credit line

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: 50,000

*\*Provide proof of application provided via attachment.*

If not, why not?

EIDL only Advanced 2,000 - EIDL not Fully Approved.

## 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

Cathys Income Tax Service

Written:

Catalina Mata

Legal Representative

Title

owner

Signed:

Legal Representative

Title

Signed as Individual:

Catalina Mata

Date

10/12/20

**29. Discussion and Action: Mercedes Small Business  
Recovery Grant – Ashley Werbiski, \$3,000**

# Memo

**To:** DCM Board of Directors  
**From:** Rose Saenz  
**CC:** Melissa Ramirez, Executive Director  
**Date:** 10/15/2020  
**Re:** Mercedes Small Business Grant Program

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## 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  
Samantha Castaneda- Approve \$3K  
Donald Morales- Approve \$3K  
John Hinkle- Approve \$5K  
Heriberto Reynoso- Approve \$5K  
Raul Cantu- Approve \$3K  
Rachel Hinojosa- Approve \$3K  
Jessica Pena- 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, No Taxes Filed)  
Andres A Casarez – Deny \$3K (Owes Property tax)  
Karina Rivera – Deny \$3K (No Business License, Failed Fire Inspection)  
Claudia Montoya – Deny \$3K (Incomplete application, no backup documentation)  
Laura Luna – Deny \$3K (Incomplete application, no backup documentation)  
Graciela C. Perez – Deny \$9 K (Incomplete application, no backup documentation)  
Christopher Desiga – Deny \$5K (No Quarterly Reports, 1099s or Tax Return)  
Javier Moroles – Deny \$5K (Currently has 19 employees)  
Catalina Mata- Deny \$5K (Being evicted)  
Ashley Werbiski-Deny \$3K (Not a separate business)

# 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: Ashley Werbiski  
Name of Business: Bailey Ambers Boutique  
Business Type: retail  
Address of Business: Rbv premium Outlets  
Email Address: Bailey Ambers Boutique@gmail.com Phone Number: 956-622-2504

### BUSINESS OWNERSHIP

Tax ID #: 3-20555-1358-7  
Entity Name: Bailey Ambers Boutique  
Name of business owner (if different from above): \_\_\_\_\_  
Number of years in business: 1.5 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 #: 0 (Part-time # employees: 4)

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. \$ 6,300
- ☐ 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 \$ 6,300

Total Grant amount requested from Mercedes DCM: \$ 5,000

(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 National Bank

Name of your Bank Officer: Jamie Rojas

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

If no, why not?

used savings acct to stay afloat

\_\_\_\_\_ Paycheck Protection Program (PPP) Requested amount: \_\_\_\_\_  
 \_\_\_\_\_ Economic Injury Disaster Loan (EIDL) Requested amount: \_\_\_\_\_

If not, why not?

did not qualify

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

AW 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.)

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

20 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.


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

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

Business Legal Name Bailey Amber's Boutique

Written: Ashley Wurbuski  
Legal Representative

owner  
Title

Signed:   
Legal Representative

Title \_\_\_\_\_

Signed as Individual: AW

Date 8/7/20

## 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; 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](mailto:smallbuscares2020@cityofmercedes.com) OR

**Deliver to:** DCM Office (NE Ohio/4<sup>th</sup> 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 4<sup>th</sup> 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](mailto:smallbuscares2020@cityofmercedes.com).**



**30. Executive Session: Section 551.087: Economic development negotiations with Project J. San Miguel and Section 551.071: pending legal issues and on any regular agenda item requiring confidential, attorney-client advice necessitated by the deliberation or discussion of said item as needed.**

## 31. Adjournment