

# *Montague County*

## *Commissioners*

*P.O. Box 475  
Montague Texas 76251*

*940-894-2556 Phone*

*940-894-3999 Fax*

June 8, 2020

Jennifer Essary  
Montague County Auditor  
P.O. Box 56  
Montague, Texas 76251

RE: Energy Capital Reimbursement Distribution Check

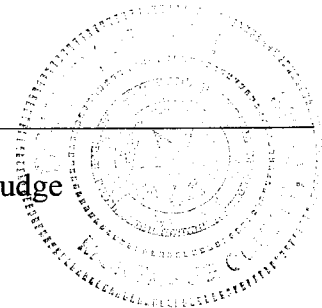
Dear Jennifer,

On this day, the Montague County Commissioners Court approved a Check made payable to Nocona EDC to be mailed to P.O. Box 494 Nocona, Texas 76255. In the amount of \$25,000.00.

If you have any questions or need additional information, please advise,

A handwritten signature in black ink, appearing to read "Riek Lewis".

Riek Lewis  
Montague County Judge





# *Montague County*

## *Commissioners*

*P.O. Box 475  
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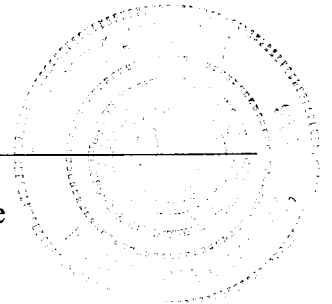
Dear Jennifer,

On this day, the Montague County Commissioners Court approved a Check made payable to Bowie EDC to be mailed to 101 East Pecan Street Bowie, Texas 76230. In the amount of \$25,000.00.

If you have any questions or need additional information, please advise,

A handwritten signature in black ink, appearing to read "Rick Lewis".

Rick Lewis  
Montague County Judge





***Montague County***  
***Commissioners***

***P.O. Box 475***  
***Montague Texas 76251***

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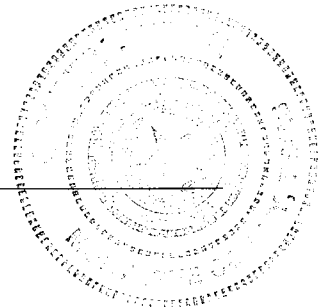
Dear Jennifer,

On this day, the Montague County Commissioners Court approved a Check made payable to Montague County Child Welfare Board to be mailed to P.O. Box 343 Montague, Texas 76251. In the amount of \$60,000.00.

If you have any questions or need additional information, please advise,

A handwritten signature in black ink, appearing to read "Riek Lewis".

Riek Lewis  
Montague County Judge





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## **COVID-19 EMERGENCY GRANT PROGRAM APPLICATION**

### **PURPOSE**

The Bowie Economic Development Corporation (“BEDC”) and the Bowie 4B Sales Tax Corporation (“4B”) known herein as the Bowie Economic Development Coalition Team (“Team”) is implementing a COVID-19 Emergency Grant Program to provide assistance to local businesses suffering from financial impacts related to the COVID-19 pandemic pursuant to the authority of the EDC Sec. 505.103, Texas Local Government Code and the Team’s intent to financially assist local businesses during disaster. The purpose of this program is to retain local jobs that have been impacted by COVID-19 mitigation efforts and to serve as a bridge until further local, state or federal funding is available to the business.

The Team recognizes the great financial stress placed on local businesses, and in partnership are providing working capital for personnel cost, rent, utilities, business-related expenditures, etc. for existing small businesses within the city of Bowie, Texas. The Team will award grant funds, not to exceed, \$2,500 (two-thousand five hundred no/100s) maximum amount per business/person (the “Grant”); until funding has been exhausted; or until the Team determines that program goals have been satisfied.

### **ELIGIBILITY & REGULATIONS**

To qualify for Grant funds, the applicant must meet all of the following criteria and follow all regulations, failure to comply may result in the repayment of all or part of the Grant:

- The business must have a physical location within the City Limits of Bowie, Texas or within the City of Bowie Extraterritorial Jurisdiction (ETJ)
- Employ twenty-five (25) or fewer full-time equivalent employees.
- Need for funds must be as a result of the closure or limitation of the business operations due to COVID-19 pandemic.
- Proof that grant funds shall be used for the relief of financial burden caused by COVID-19 pandemic and funding has not been received by the business from the PPP (paycheck protection program) or SBA EIDL (economic injury disaster loan).
- Applicant must list specific bill amounts and provide documentation of those business expenses.

- Limit one Grant per applicant (only one grant per person shall be awarded).
- Grant provides financial assistance and utilized by the business for one or more of the following:
  - Payroll for employees still employed and working at the business
  - Utility payments
  - Business lease or mortgage payments
  - Critical business needs as approved by the Grant oversight committee

## **SUBMITTAL PROCEDURES & APPLICATION INFORMATION**

All business submittals shall include a completed W-9 form, Balance Sheet, Profit & Loss Statement, a Revenue & Expenditure Report and/or a year end federal tax return 'Schedule C' document. All documents shall be held in confidence with regards to the State regulations as required for Type A and Type B projects formed under the authority granted in Chapter 505 of the Texas Local Government Code to promote business development. *In accordance with Section 552 of the Texas Government Code (Public Information Act), information and documents related to this application may be subject to disclosure.*

Submittal of completed application, including all required documents shall be submitted directly to the Executive Director [bedc@bowietexasedc.com](mailto:bedc@bowietexasedc.com) or 101 E Pecan Street, Bowie, TX 76230. The Grant oversight committee, consisting of representatives from the BEDC and 4B Corporations, is the sole and final authority in determining eligibility for funding. For assistance, please contact Janis Crawley at 940-872-4193 or [janis@bowietexasedc.com](mailto:janis@bowietexasedc.com).

Maximum funding is limited to an amount to not exceed \$2,500 (two-thousand, five hundred no/100s) per business; only one grant shall be awarded per principal owner or per person. Future funding application periods will be announced in succession as new funding becomes available. All submittals are on a first come, first serve basis and considered until all resources have been allocated or announced closure by the Team board member action. Amount allocated by the Coalition is an amount to not exceed \$100,000 (one-hundred thousand and no/100s).

FOLLOWING APPROVAL OF GRANT FUNDS IN AN AMOUNT TO NOT EXCEED \$2500 (two-thousand, five hundred and no/100s) OWNER MUST PROVIDE DOCUMENTATION OF PAID RECEIPTS FOR ALL FUNDS RECEIVED.



**BOWIE TEAM BUSINESS COVID-19 EMERGENCY FUND GRANT APPLICATION**

**1. Application Information**

Contact Name(s): \_\_\_\_\_

Name of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Total Amount Request \$ \_\_\_\_\_ (\$2,500 maximum – amount based on need)

**2. Business Information      Received PPP/EIDL Yes      No**

Average Monthly Revenue: \_\_\_\_\_ Average Monthly Expenses: \_\_\_\_\_

Compare Current estimated income ending on 03/31/2020 with your actual net income from 03/31/2019 (if you are new business, compare last quarter ending on 12/31/2019 to current).

Estimated Revenue then (03/2019) \$ \_\_\_\_\_ Estimated Expenses then (03/2019) \$ \_\_\_\_\_

Estimated Revenue now (03/2020) \$ \_\_\_\_\_ Estimated Expenses now (03/2020) \$ \_\_\_\_\_

Business owners without professional financial documents shall include year-end Schedule C report: Schedule C year-end 2019 Y \_\_\_ N \_\_\_      Schedule C year -end 2018 Y \_\_\_ N \_\_\_

Property Owner: Y \_\_\_ N \_\_\_ Lease Payable To: \_\_\_\_\_

Are you the owner-operator of the business submitting this application? Y \_\_\_ N \_\_\_

Do you Sublet or charge booth/vendor space within your business? Y \_\_\_ N \_\_\_

Do you rent or lease space/booth in a facility or business providing retail or personal services (on a permanent monthly basis)? Y \_\_\_ N \_\_\_ (Payable to) \_\_\_\_\_  
*(storage facilities or monthly 2<sup>nd</sup> Monday or Trade Day Vendors do not qualify for these funds)*

Number of Years in Business: \_\_\_\_\_ Number of Years at current location: \_\_\_\_\_

Number of Full-Time Employees: \_\_\_\_\_ Number of Part-Time Employees: \_\_\_\_\_

Number of hours & payroll effective by current situation # \_\_\_\_\_ \$ \_\_\_\_\_

Estimated financial loss due to COVID-19 \$ \_\_\_\_\_

Describe how COVID-19 mitigation recommendations and/or requirements have impacted your business: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe how these Grant funds will be used to assist your business:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 3. Applicant Documentation Checklist

#### Applications Received Without All Documents will be Returned

- \_\_\_ Attach Completed Application
- \_\_\_ Attach Current Balance Sheet ending 03/31/2020
- \_\_\_ Attach Current Profit/Loss or Revenue/Expense Report 03/31/2020
- \_\_\_ Attach Last Year Balance Sheet ending 03/31/2019
- \_\_\_ Attach Last Year Profit/Loss or Revenue/Expense Report 03/31/2019  
(if not in business on 03/2019 attach the last quarter reports ending 12/31/2019)
- \_\_\_ Attach Schedule C report for last year filed income tax 2018 or 2019 (if required)
- \_\_\_ Attach completed W-9 form

### 4. Commitment

I agree to adhere to the COVID-19 Emergency Grant Program eligibility guidelines as established by the Bowie Economic Development Coalition, consisting of both Type A and Type B Economic Development Funds as collected by the Bowie Economic Development Corporation and the Bowie 4B Sales Tax Corporation and allocated for the Bowie Emergency Relief Fund.

\_\_\_\_\_ Date \_\_\_\_\_

Submit application and all documents to: : Bowie Economic Development Executive Director, Janis Crawley, 101 E Pecan Street, Bowie, Texas 76230 or email Attn: Janis@BowieTexasEDC.com .Call for information 940-872-4193

(OFFICE USE) RECEIVED DATE: \_\_\_\_\_ COMMITTEE REVIEW DATE: \_\_\_\_\_

APPROVAL: Y \_\_\_ N \_\_\_ PAYMENT SUBMITTAL DATE: \_\_\_\_\_ BY: \_\_\_\_\_

BOWIE EDC STORM RELIEF FUND

# STORM RELIEF FUND APPLICATION

Bowie EDC Storm Relief Funds are awarded for the purpose of providing cash for temporary emergency expenses for Bowie, Texas, Montague County, Residents and/or Business owners who suffered financial hardship due to the F1 Tornado that hit Bowie, Texas on May 22, 2020. The applicant must live(rent) or own property within the City Limits of bowie or within Montague County and damage caused as a direct impact of the storm that happen on Friday, May 22, 2020.

## PERSONAL INFORMATION

APPLICANT FULL NAME: \_\_\_\_\_

APPLICANT ADDRESS CURRENT: \_\_\_\_\_

DAMAGED ADDRESS \_\_\_\_\_ APT # \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ ALTERNATE PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

OWN PROPERTY \_\_\_\_\_ RENT PROPERTY \_\_\_\_\_ OTHER: \_\_\_\_\_

INSURANCE: \_\_\_\_\_ YES \_\_\_\_\_ NO DEDUCTIBLE \$ \_\_\_\_\_

ESTIMATED AMOUNT OF DAMAGE \$ \_\_\_\_\_

DESCRIBE DAMAGE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe Immediate Needs \_\_\_\_\_

\_\_\_\_\_

Amount Requested \$ \_\_\_\_\_ **If you have received additional monetary assistance, please list resources:** \_\_\_\_\_ \$ \_\_\_\_\_

Upon receipt of the completed application; and verification of a disaster relief need, the Bowie Storm Relief Committee will issue a check which will be disbursed in the most direct and expeditious manner taking into account the individuals with the most needs first.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**COMPLETE FOLLOWING INFORMATION IF YOUR BUSINESS WAS AFFECTED**

**BUSINESS INFORMATION**

BUSINESS NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**STRUCTURE LOSS:**

Own Property: \_\_\_\_\_ Yes \_\_\_\_\_ No (Property Owner Name ) \_\_\_\_\_

Insurance: \_\_\_\_\_ Yes \_\_\_\_\_ No Deductible \$ \_\_\_\_\_

Estimated Amount of Damage \$ \_\_\_\_\_

Insurance Claim \$ \_\_\_\_\_ (if applicable and known).

Loss Description \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**INVENTORY LOSS:**

Insurance: \_\_\_\_\_ Yes \_\_\_\_\_ No Deductible \$ \_\_\_\_\_

Estimated Amount of Damage \$ \_\_\_\_\_

Insurance Claim \$ \_\_\_\_\_ (if applicable and known).

Loss Description \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe Immediate Financial Needs \_\_\_\_\_

\_\_\_\_\_

Amount Requested \$ \_\_\_\_\_ Additional Monetary Receipt \$ \_\_\_\_\_

Upon receipt of the completed application; and verification of a disaster relief need, the Bowie Storm Relief Committee will issue a check which will be disbursed in the most direct and expeditious manner taking into account the individuals with the most needs first.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## DEPOSIT PREFERENCES

Where do you want the check sent?

MAIL ME: STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DIRECT DEPOSIT TO MY BANK (YOU MUST CHECK WITH YOUR BANK TO ENSURE THAT THIS OPTION IS AVAILABLE)

NAME OF BANK \_\_\_\_\_

BANK ACCOUNT NUMBER \_\_\_\_\_

ROUTING NUMBER \_\_\_\_\_

HOLD CHECK FOR PICKUP (SIGNATURE & PHONE #) \_\_\_\_\_

The responsibility of the committee is to assure those affected by the F1 Tornado on May 22, 2020 get monetary assistance and those who had catastrophic loss of their home that makes the dwelling unlivable shall be assisted first. Applicants must provide evidence of home destruction (e.g. pictures) and a statement that he/she was displaced from his or her home. Second assistance program is for those who suffered financial loss due to water damage followed by business property owners with evidence of structure and/or inventory damage. Disbursements shall only be granted for immediate housing, food, medical supplies and services, clothing, cleaning supplies and other similar disaster relief. The maximum amount of immediate assistance shall not exceed \$1000.00 (one-thousand and no/100's dollars) for any single disaster occurrence unless otherwise approved by the Bowie Strom Disaster Relief fund (BSDRF) Committee.

Funds for property repairs, renovation or construction will only be awarded when deemed necessary due to the financial needs of the uninsured and/or underinsured and shall be only awarded for individuals who suffered catastrophic loss of their home and/or business. These funds shall be available only to the property owners and shall not exceed (one-thousand and no/100's dollars) per incident and/or as approved by the BSDRF Committee.

Multiple awards residing in the same household which exceed the above-mentioned dollar limitations shall not be granted. The awards are based on resident address, business address and individual ownership of properties. Those affected who rented properties shall only be assisted in accordance of personal needs as listed above. Rental property owners shall only be assisted based on catastrophic loss of habitable property prior to storm damage and must show documented evidence (e.g. pictures before and after and receipt of payment for improvements – cancelled check for payment of improvement(s) etc.) of destruction and replacement prior to assistance and shall not exceed the maximum allowable dollars unless otherwise approved by the BSDRF Committee.

Please contact the BSDRF Committee via email: [BEDC@BowieTexasEDC.com](mailto:BEDC@BowieTexasEDC.com) – Phone 940-872-4193 or 940-531-8201 address of business is Bowie Economic Development Office Building, 101 E Pecan, Bowie, TX 76230

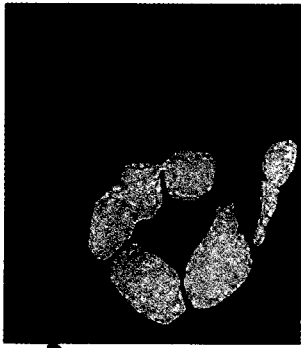
**PLEASE NOTE:** (in person appointments are requested when possible by calling the number listed above).

Signature Required. By signing this document, I have read and completed the document with truth and accurate information

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Office Use Only: Date of Receipt \_\_\_\_\_ By \_\_\_\_\_

Reviewed by Committee Date \_\_\_\_\_ Approval \_\_\_Y\_\_\_N \$ \_\_\_\_\_



Because we care...

# MONTAGUE COUNTY CHILD WELFARE BOARD

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## Officers

### Chairman

Jeanette Shaw

### Vice Chairman

Austin Wright

### Treasurer

David Fenoglio

## Board Members

Paul O'Dwyer

Jeanette Shaw

Wayne Coats

Trena Henley

Renee Lewis

Marshall Thomas

Clint Brown

Christ Keck

Paul Stanley

## Executive Director

Lorra Lierly

## Dear Montague County Commissioners Court,

The Montague County Child Welfare Board (MCCWB) exists to support, aid, and reverse the generational and systemic effects of child abuse and neglect occurring in Montague County. The Board recently discovered that the commissioners court received money from the "Distribution of Energy Service Credits" that could be utilized by organizations serving to meet the needs of victimized children. The MCCWB asks the court to award us a portion of those funds to help support and expand some of our services. We ask the court for \$60,000.00, which would assist the MCCWB in the following ways:

**1. Counseling Services** – The MCCWB contracts with a counselor to travel to every school district in Montague County in order to provide counseling for children. This service allows children to be counseled at school, and in their hometown, in order to give them greater access to counseling services and relieve parents and guardians from travel and expenses that would hinder counseling services. On average, our counselor documents time spent on these areas per month:

- a. Crisis Intervention, 15 hours
- b. Abuse and Neglect, 35 Hours
- c. Child Sexual abuse, 0-5 Hours
- d. Domestic/Family Violence, 5

**Currently, we receive a VOCA grant that covers 80% of this grant. We would like to use \$40,000.00 from the Distribution of Energy Service Credits fund to cover the other 20% for the next two years.**

**2. CPS/Foster Agency Requests** – The MCCWB receives several requests throughout the year from CPS and foster agency programs to support children and families with basic necessities these children need when they are removed from home or that they need to succeed in school or life. This benevolent help is not mass-produced but catered to children's specific needs. We've helped with: beds, adoption fees, training fees, clothes, gas to get to doctors, utilities, and various other needs. In 2019 we spent close to \$15,000.00. In the past, we've spent upwards of \$20-25,000.00.

**The MCCWB plans to use \$10,000.00 dollars of the awarded money to assist in this area. We would like to be even more proactive in distributing this money to families who have taken**

**custody or have guardianship of kids that are no longer in CPS care, like grandparents or kinship care individuals whose kids are no longer in CPS due to these families' commitments.**

**3. Parent Education** – In order to fully make a change with this systemic problem, a parent educational and support system needs to be put in place to equip parents to be better parents. Many of the parents who lose their children are looking to work Court or CPS mandated plans and become better parents in order to be reunited with their children. The CWB is beginning to promote and hold life classes once a month that will equip parents with practical ways to become better parents. We want to provide transportation, a meal, curriculum, personnel, and opportunity for these individuals to become better parents.

**The MCCWB plans to use \$10,000.00 for this start up program.**

Thank you for your consideration.  
Austin Wright  
Vice Chairman, MCCWB



# Nocona

***Economic Development Corporations***

PO Box 494, Nocona TX 76255

(940) 825-3150

[noconaedc@nocona.org](mailto:noconaedc@nocona.org)

## **PURPOSE**

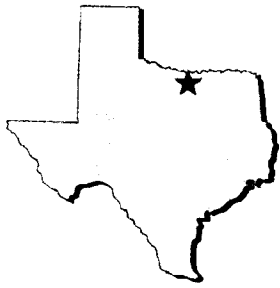
The Nocona Economic Development Corporations have received a grant in the amount of \$25,000 to help and support the small businesses in Northern Montague County. These funds will be disbursed in grants totaling \$2,500 each to the businesses that are in need during this pandemic. The County and our Economic Development Corporations recognize the loss and devastation this event has placed on all of us. Therefore, to see if your business qualifies for these grant funds, please complete the attached application and return to The Nocona Economic Development Corporations, Attention Donna Culpepper. You will receive a response within 24 hours upon receipt if you are approved.

We are here for you and your businesses and hope that this funding can help and assist you in your time of need.

## **ELIGIBILITY & REGULATIONS**

To qualify for these Grant Funds, the applicant must meet the following criteria and follow all guidelines:

1. The business must have a physical location within Montague County.
2. Complete the attached application.
3. Submit official paperwork or tax information showing the name of the business along with the Tax ID Number associated with the business. (If you are a sole proprietor then show your own Social Security Number along with your Tax Information from Prior Year)
4. Limit one Grant per business.



# Nocona

**Economic Development Corporations**

PO Box 494, Nocona TX 76255

(940) 825-3150

[noconaedc@nocona.org](mailto:noconaedc@nocona.org)

## MONTAGUE COUNTY AND NOCONA ECONOMIC DEVELOPMENT CORPORATIONS GRANT APPLICATION

### Application Information

Contact Name(s): \_\_\_\_\_

Name of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Total Amount Request \$ \_\_\_\_\_ (\$2,500 maximum)

### Business Information

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Tax ID No.: \_\_\_\_\_ SSN: \_\_\_\_\_

How long have you been in business: \_\_\_\_\_

Describe how this pandemic has had an adverse impact on your business:

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