



Phase I - 2017 SMALL BUSINESS GRANT APPLICATION

ABOUT YOUR BUSINESS:

Business Name: Medical Training Center

Physical Address: 800 Virginia Ave #20 Fort Pierce, FL 34982

Mailing Address: 800 Virginia Ave #20 Fort Pierce, FL 34982

Website Address: themedicaltrainingcenter.com

Contact Person: Marva Lamb Title: Owner

Best Contact Telephone Number # 772.444.6825

Amount of Grant Requested: \$ 3000.00

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Business Owner Signature: Marva Lamb

Printed Name of Business Owner: Marva Lamb

Owner Telephone Number: 772.228.1354 Email: MARVAMT@gmail.com

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1. Please describe what would you like to purchase with the grant funds. I would like to purchase new computers, a new nurse training manikin and education materials for our students.

2. Please explain why you feel this purchase will help your business. These supplies will help our training center offer more classes that will help our students to be successful.

3. The following items **MUST** be included with your grant application:
- a. A copy of a current City of Fort Pierce Business Tax Receipt for the Business Name listed above;
 - b. A printout from Sunbiz.org that shows that your business is registered with the Florida Division of Corporations.
 - c. Copies of "Certificates of Completion" from at least two (2) different Small Business Educational Workshops;
 - d. At least ONE estimate for the item(s) you wish to purchase with a grant. You may include the costs associated with permitting in your estimate.

Please Note: Your estimate MUST be provided on a contractor's letterhead, marked as "Estimate", or on a printout from internet website, catalog, etc.;

- e. Written Permission from the Property Owner - if you are applying for funding to update signage, paint, or other improvements to a structure that you are renting for your business.

FREE Walmart Grocery pickup



Marva, save up to \$25!*

Open an account & save 10% (up to \$25) on purchases today.

Purchase amount	\$1,477.64
Credit on billing statement	\$25.00
Cost after statement credit	\$1,452.64

*Can't be combined with other offers. Subject to credit approval. Savings paid as statement credit.

[Open Account](#) ▶ [Learn More](#) ▶

Est. total: \$1,477.64

7 items

Check Out

Reduced Price



Refurbished HP 8300 Elite 3.2GHz i5 8GB 120SSD DVD Win 10 Pro 64 SFF Computer+22" LCD

Sold by: Arrow Global Asset Disposition, Inc

\$1,387.45
 \$277.49 each
 List \$679.99 each
 Save \$402.50 each

Check out to see shipping and pickup options.

5 ▼

Save for later

✕

Subtotal (7 items)	\$1,387.45
Shipping	\$0.00
Est. Taxes and fees Based on 34982 Change	\$90.19
Est. total	\$1,477.64

PKGBBP-15 , Bloodborne Pathogens Program Package
(G2015) (*Price: \$95*)

1 X 95.00 95.00

DIRBBP-15 , Bloodborne Pathogens Digital Instructor Rights
(*Price: \$125 , Discount: 125.00*)

5 X 0.00 0.00

BKIDC-07 , Instructor Development Course Student
Handbook (*Price: \$8.75*)

6 X 8.75 52.50

MEDIC FIRST AID Remittance
PO Box 809298
Chicago, IL 60680-9298

Sub Total : 607.50
Shipping : 15.46
Tax: (Not Calculated) 40.51
Total : 663.47

This order will hold at the prices quoted for 30 days.½ By saving this order you are not bound to make a purchase. At the end of 30 days, this order will be cancelled.

1450 Westec Dr Eugene, OR 97402 800.800.7099 Fax 541.344.7429



Quote
per your request

Payment Type:
Admin Name: Web Order
Mas90 ID: 55972

Sales RepID: Nick Tomshack
PO Number:

Ship Method: 03~15.46~End of day (3-6 Business Days)
Order Notes:

Bill To:

The Medical Training Center LLC
2011 South 25th St #206,,
Port St Lucie, FL, United States, 34947.
Phone: 772-444-6825.
Email: themedicaltrainingcenter@gmail.com

Ship To:

Medical Training Center
800 Virginia Ave, Suite 20,
Fort Pierce, FL, United States, 34982.
Phone: 7723 828 2208.
Email: themedicaltrainingcenter@gmail.com
Contact Person: Marva Lamb

Date : 3/24/2017

PKG CPR-15 , CPR/AED Program Package (G2015) <i>(Price: \$140)</i>	1	X	140.00
			140.00
DIR CPR-15 , CPR/AED Digital Instructor Rights (G2015) <i>(Price: \$125 , Discount: 125.00)</i>	5	X 0.00	0.00
PKG PRO-15 , Basic Life Support - Program Package (G2015) (Formerly CPRPro) <i>(Price: \$140)</i>	1	X	140.00
			140.00
DIR PRO-15 , Basic Life Support Digital Instructor Rights (G2015) <i>(Price: \$125 , Discount: 125.00)</i>	5	X 0.00	0.00
PKG PED-15 , Pediatric Program Package (G2015) - CPR, AED, & First Aid for Children, Infants, and Adults <i>(Price: \$180)</i>	1	X	180.00
			180.00
DIR PED-15 , Pediatric Digital Instructor Rights (G2015) <i>(Price: \$125 , Discount: 125.00)</i>	5	X 0.00	0.00



MASS GROUP INC

Quote # 54277

Sold To
Marva Lamb Medical Training Center 800 Virginia Ave Ste 20 Fort Pierce FL 34982-5888 US United States

SHIP TO
Marva Lamb Medical Training Center 800 Virginia Ave Ste 20 Fort Pierce FL 34982-5888 US United States

Quote Date: 23-Feb-2017

Quote Expires 60 Days

Customer ID: 25700

SKU	DESCRIPTION	QUANTITY	UNIT PRICE	TOTAL
NA-SB20142U	Susie Simon Patient Simulator Manikin	1	\$895.00	\$895.00
			Subtotal	\$895.00
			Shipping	\$55.92
			Total	\$950.92

Shipping estimate within 1 week(s) from purchase day (if you don't reply this may change on a daily basis, in that case you can contact us for a new shipping date estimate) if you require expedited shipping, please let us know so that we can quote you separately.

REMARKS

Hi Marva Lamb,

1. Please confirm that items and their quantity, billing and shipping info are correct. If needed, please make changes on the body of Quote and fax back to us prior to continuing to the next step.

2. The next step to proceed with this order, please complete one of the following:

A) Fax us your credit card information

Name on Credit Card _____
Billing Address Of Credit Card _____
City _____ State _____ Zip _____
Credit Card Number _____
Expiration Date _____
CVV Code _____

B) If you are not comfortable sending your credit card via fax, please call us at 800-370-5774.

C) Mail check to (Please include copy of this quote)

Mass Group Inc.
8345 NW 66th St. #5026
Miami, FL 33166

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L16000026574
FILED 8:00 AM
February 08, 2016
Sec. Of State
tbrown

Article I

The name of the Limited Liability Company is:
THE MEDICAL TRAINING CENTER, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
2011 S 25TH STREET
206
FORT PIERCE, FL. UN 34947

The mailing address of the Limited Liability Company is:
2011 S 25TH STREET
206
FORT PIERCE, FL. UN 34947

Article III

The name and Florida street address of the registered agent is:
MARVA LAMB THOMPSON
2011 S 25TH STREET
206
FORT PIERCE, FL. 34947

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: MARVA LAMB THOMPSON



2016 - 2017

St. Lucie County Local Business Tax Receipt

Facilities or machines # Rooms # Seats # Employees #1 Receipt #1021267
Type of business 7299 MISC/PUBLIC SERVICE (CPR TRAINING) Expires SEPTEMBER 30, 2017

DBA name The Medical Training Center LLC Business The Medical Training Center LLC
Mailing address: The Medical Training Center LLC Business location: 800 Virginia Ave Ste 20
800 Virginia Ave Ste 20 Fort Pierce, FL 34982
Fort Pierce, FL 34982

NEW BUSINESS
Original tax: \$15.10 City of Fort Pierce 55972
Penalty: 2415-333-0002-000/7 L16000026574
Collection cost:
Total: \$15.10 Paid 12/29/2016 15.10 0114-20161229-001786

Law requires this Local Business Tax Receipt to be displayed conspicuously at the place of business in such a manner that it can be open to the view of the public and subject to inspection by all duly authorized officers of the county. Upon failure to do so, the local business taxpayer shall be subject to the payment of another Local Business Tax for the same business, profession or occupation.

Pursuant to Florida law, all Local Business Tax Receipts shall be sold by the Tax Collector beginning July 1 of each year and shall expire on September 30 of the succeeding year. Those Local Business Tax Receipts renewed beginning October 1 shall be delinquent and subject to a delinquency penalty of 10 percent for the month of October. An additional 5 percent penalty for each month of delinquency is added until paid, provided that the total delinquency penalty shall not exceed 25 percent of the Local Business Tax for the delinquent establishment.

In addition to the penalty, the Tax Collector is entitled to a collection fee of \$1 to \$5. This fee is based on the amount of Local Business Tax, which will be collected from delinquent taxpayers after September 30 of the business year.

This receipt is a Local Business Tax only. It does not permit the local business taxpayer to violate any existing regulatory or zoning laws of the state, county or city. It also does not exempt the local business taxpayer from any other taxes, licenses or permits that may be required by law.

Pursuant to Florida law, Local Business Taxes are subject to change.



City of Fort Pierce

BUSINESS TAX RECEIPT

Please post in a conspicuous place or keep on person.

Business Name / Mailing Address:	Owner:
THE MEDICAL TRAINING CENTER, LLC 800 VIRGINIA AVE #20 FT PIERCE FL 34982	THE MEDICAL TRAINING CENTER LL

Business Location*: 800 VIRGINIA AVE 20

***This business tax receipt is valid at this location only.**

Date Issued	Expiration Date	Control Number
March 22, 2017	September 30, 2017	0046350

The business stated above may be engaged in the following business, profession or occupation at the location above-described.

BTR #	Classification	Restrictions
17-00028911	SCHOOLS - SCHOOL FACILITY	CPR, FIRST AID & CNA - TRAINING & TESTING CENTER



Tax Amount	\$63.67
New/Renewal Fee	\$15.00
Penalty	\$0.00
Total	\$0.00

Linda W. Cox

Linda W. Cox, City Clerk (SEAL)

THIS IS A RECEIPT FOR TAX PAID AND IS NOT REGULATORY IN NATURE. This receipt does not warrant that the receipt holder is competent to perform in the business, but that the hold has paid the required tax and provided the necessary documentation (if required) for this business. Valid only when all state and local regulated trade licenses/competency cards are valid for the current fiscal year as required by law. This receipt becomes null and void if business name, classification, ownership or address is changed.



Certificate of Completion

This Certificate is Presented to:

Marya Lamb

(Attendee Name)

Medical Training Center

(Business Name)

For Successfully Completing the Small Business Workshop Entitled

“Financial Recordkeeping for Small Business”

February 15, 2017

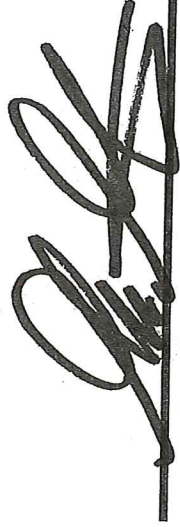
An economic development
initiative funded by:



In collaboration with:

SCORE 

FOR THE LIFE OF YOUR BUSINESS



SCORE Workshop Instructor

Department of Urban Redevelopment

Certificate of Completion

This Certificate is Presented to:

Mark Thompson
(Attendee Name)

The Medical Training Center
(Business Name)

For Successfully Completing the Small Business Workshop Entitled

“All About Small Business Tax Issues”

November 16, 2016

An economic development
initiative funded by:



In collaboration with:

SCORE ™

FOR THE LIFE OF YOUR BUSINESS

A handwritten signature in black ink, appearing to be "J. L. ...", written over a horizontal line.

SCORE Workshop Instructor