

**Tompkins County Industrial Development Agency**  
**Emergency COVID-19 Grant Program**

Thank you for bringing your request for assistance in purchasing Personal Protective Equipment (PPE) to the Tompkins County Industrial Development Agency (TCIDA). We look forward to working with you to evaluate your project for possible financial assistance. To begin this process, please complete and return the attached *Application*.

**Eligible Applicants:**

- Applicant must be a Day Care Center, Group Family Day Care, Family Day Care, or School Age Child Care Program. Head Start programs are NOT eligible.
- Applicant must be located in Tompkins County.
- Applicant must be currently operating or plan to open within 90 days of when purchases are made.
- Applicant was a financially viable entity prior to the COVID-19 Pandemic.

**Please note the following:**

- A minimum of \$2,000 and a maximum of \$10,000 is available per applicant. Priority will be given to applications for construction and renovation that would promote social distancing, including outdoor classrooms, HVAC modifications or other improvements related to indoor air quality.
- The TCIDA cannot consider assistance for any items purchased prior to the funding recipient's written acceptance of an approval of financial assistance received in writing from the TCIDA.
- This is NOT a contract. This information is needed to help the TCIDA evaluate your project for possible financial assistance. If the TCIDA offers assistance, a formal contract will be issued along with other financial documents and receipts required to issue a grant.
- TCIDA staff or counsel may request additional information or clarification, including financial projections.
- Applicant must provide to the TCIDA payroll certification that employment does not exceed 50 employees, certification that they are in fact a business or non-profit organization, a current license or registration to provide childcare services, and demonstrate the entity was a financially viable entity prior to March 13, 2020.
- The TCIDA has set aside \$100,000 to support this program.
- Applications will be accepted until New York State executive order two hundred two of two thousand twenty, as amended, is in effect or funds run out, whichever occurs first.

**Qualifying purchases include but are not limited to:**

- Personal Protective Equipment
  - Masks (N95)
  - Hand sanitizers
  - Sneeze guards
  - Face guards and face shields
  - Gloves and eye protection
  - Safety Footwear
  - Other respiratory devices (air purifiers)
- Cleaning materials and disinfectants
- Specialized packaging for shipping
- Signage
- COVID testing kits
- Fixtures
- HVAC
- Fixed assets or expenditures necessary to prevent the spread of COVID-19

**Application Review and Approval:**

The Tompkins County Area Development Revolving Loan Fund Committee will review applications and make recommendations subject to approval by the TCIDA.

**Inquiries and applications should be submitted to:**

Heather McDaniel, Administrative Director  
Tompkins County Industrial Development Agency  
401 E. State Street, Suite 402B  
Ithaca, NY 14850  
(607) 273-0005 / [heatherm@tcad.org](mailto:heatherm@tcad.org)

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Organization Information			
1.	Legal Name of Applicant:		
2.	Applicant Address:		
3.	If a DBA, what is DBA name?		
4.	Applicant Contact Name:		
5.	Applicant Contact Address:		
6.	Contact Phone Number:		Contact Email Address:
7.	Type of Business:	Please Describe	
8.	Non-Profit Organization	<input type="checkbox"/> YES	<input type="checkbox"/> NO
9.	Privately Held:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>If Privately Held, please provide information for the company and any entity owning 50% or more or which otherwise controls the applicant, including CPA-audited financial statements for the past three years (balance sheet, income statement and cash flow statement). If audited statements are more than six months old, please provide internally prepared year-to-date financials certified by the signature of a company officer. If audited statements are not available, please submit a review or compilation, together with signed federal and state tax returns, for the past three years. Additional information may be requested.</p>			
10.	<b>Ownership:</b> Please attach a description of the organization's ownership structure, including the % of ownership for each individual and entity owning 5% or more of the company. Indicate if the company is a parent, subsidiary and /or affiliate of another company.	<input type="checkbox"/> ATTACHED	
11.	<b>Primary North American Industrial Classification System (NAICS) Code of the Company.</b> Please provide at least the three-digit code, but the six-digit code is preferable	Description	
12.	<b>Select the applicant ID type that you normally use to identify your organization on applicant forms:</b>		
	Charity Registration Number	<input type="checkbox"/>	Social Security Number
	Duns Number	<input type="checkbox"/>	Federal Tax ID Number
	NYS Unemployment Insurance Tax Number	<input type="checkbox"/>	
13.	Company's Annual Revenues:	\$	

Statement of Need	
14.	Provide a summary of the need for the project including all PPE materials and equipment the business or non-profit entity will be purchasing and how they will be used:

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**EMPLOYMENT INFORMATION**

**Existing Jobs** – A full-time equivalent job equals any combination of two or more part-time jobs that, when combined, constitute the equivalent of a job of at least 35 hours per week.

**Average Annual Gross Salary** – Compensation paid to an employee that excludes payroll taxes, benefits, overtime, and bonuses.

<b>15.</b>	Indicate how many existing full-time equivalent jobs the applicant and its related entities employ in all NYS LOCATIONS and the average annual gross salary for these employees as of the date this application is signed.	# Jobs in NYS	
		Avg annual gross salary	\$

**Budget**

16.	Type of Purchase	Total Amount of Funding Requested			
	EX: Face Shields	Est. Cost			
		\$			
		\$			
		\$			
		\$			
		\$			
		\$			
	<b>Total Projected Investments</b>	<b>\$0</b>			

**Worksheet Completion**

<b>Name of Company Official Completing Worksheet:</b>	<b>Title:</b>	<b>Date Completed:</b>

**Signature**

**Documentation Required**

- Payroll certification showing that employment does not exceed 50 employees.
- Incorporation papers or other documents that establish the business or non-profit organization.
- Current license or registration to provide child care services.
- A statement or proof that the applicant was a financially viable entity prior to the start of the COVID-19 pandemic (the most recently completed financial statement would be acceptable proof).
- Any additional information requested by the TCIDA or Counsel.

**Definitions:**

**Full-time Permanent Employee:** (i) a full-time, permanent, private-sector employee on the Recipient’s payroll, who has worked at the Project Location for a minimum of 35 hours per week for not less than four consecutive weeks and who is entitled to receive the usual and customary fringe benefits extended by Recipient to other employees with comparable rank and duties; or (ii) two part-time, permanent, private-sector employees on Recipient’s payroll, who have worked at the Project Location for a combined minimum of 35 hours per week for not less than four consecutive weeks and who are entitled to receive the usual and customary fringe benefits extended by Recipient to other employees with comparable rank and duties.

**Full-time Contract Employee:** a full-time private sector employee (or self-employed person) who is not on the Recipient’s payroll but who works exclusively for the Recipient at the project location for a minimum of 35 hours per week for not less than four consecutive weeks, providing services that would otherwise be provided by a full-time permanent employee. The position held by a full-time contract employee must be a year-round position.