

**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.
- 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

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Organization Information			
1.	Legal Name of Applicant:	Corner of the Sky Inc.	
2.	Applicant Address:	512 W. Buffalo St. Ithaca, NY 14850	
3.	If a DBA, what is DBA name?		
4.	Applicant Contact Name:	Valerie Akers	
5.	Applicant Contact Address:	512 W. Buffalo St. Ithaca, NY 14850	
6.	Contact Phone Number:	607.272.4670	Contact Email Address: valerie@cornerofthesky.org
7.	Type of Business:	Preschool	
8.	Non-Profit Organization	<input type="checkbox"/> YES	<input type="checkbox"/> NO
9.	Privately Held:	<input checked="" 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		624410
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.	<b>Company's Annual Revenues:</b>		

Statement of Need	
14.	<p>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:</p>
<p>Corner of the Sky is a small preschool (licensed by NY-OCFS as Group Family Day Care) with 6 students currently enrolled. In response to the pandemic, we cut the allowed number of students to its current level (from 12) to conform to best physical distancing practices, required all students to wear face masks all day, moved our daily operations entirely outside, and implemented a multi-point, daily check in system for parents coming onto our premises. As the weather gets colder, we would like to offer a partial to full-day indoor option for those who are comfortable with it. But to do so in a manner that our community of parents approves of would require purchasing the items listed in the below schedule of costs.</p> <p>The air filters will reduce potential viral load in indoor spaces, though students will still be required to wear masks. It is difficult to estimate how frequently the filters will need to be replaced in the units and the manufacturer does not give a time frame for the longevity of them. I have had to estimate what we will need in the way of replacement filters to see our business through the pandemic. Though I and my employee will be cleaning common touch points regularly, our community has indicated that occasional deep cleaning would be best to get surfaces that may not be commonly touched or overlooked but none-the-less may need attention. Funds to support the cleaning and maintenance of the heating system are needed to ensure interior surfaces are clean and the system is not holding excess debris that might trap and distribute pathogens. The hand sanitizer and disinfectant wipes are standard preventative measures to support good hygiene indoors.</p>	

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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	<b>1</b>
		Avg annual gross salary	

**Budget**

16.	Type of Purchase	Total Amount of Funding Requested				
		Unit Cost	Units Requested	Tax	Shipping	Total Unit Costs
	EX: Face Shields					
	Blueair Classic 605 HEPASilent Air Purifier, 775 sq. ft. Allergen Remover	\$829.99	2	\$132.80	--	\$1659.98
	Classic Replacement Filter, 500/600 Series Genuine Particle Filter, Allergen	\$79.99	4	\$25.60	--	\$319.96
	Professional Cleaning	\$150.00		\$12.00		\$163.00
	Hand sanitizer (32 oz, 4 pack)	\$62.00	2	\$9.92	--	\$124.00
	Bioesque Disinfectant Solution	\$33.00	2	\$5.28	--	\$66.00
	Disinfectant Wipes	\$13.04	6	\$6.26	--	\$78.26
	<b>Total Projected Investments</b>			<b>\$191.86</b>	<b>\$0.00</b>	<b>\$2,590.04</b>

Worksheet Completion		
Name of Company Official Completing Worksheet:	Title:	Date Completed:
Michael Roberts	Parent	11/10/2020

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.

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**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.