

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

Organization Information			
1.	Legal Name of Applicant:	Ithaca Community Childcare Center	
2.	Applicant Address:	579 Warren Rd	
3.	If a DBA, what is DBA name?	Ithaca Community Childcare Center Inc.	
4.	Applicant Contact Name:	Sherri Koski	
5.	Applicant Contact Address:	579 Warren Rd	
6.	Contact Phone Number:	607-257-0200	Contact Email Address: director@icthree.org
7.	Type of Business:	Please Describe	
8.	Non-Profit Organization	<input checked="" 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 <input type="checkbox"/>
	Duns Number	<input type="checkbox"/>	Federal Tax ID Number <span style="background-color: black; color: black;">XXXXXXXXXX</span>
	NYS Unemployment Insurance Tax Number	<input type="checkbox"/>	
13.	<b>Company's Annual Revenues:</b>	XXXXXXXXXX	

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>Ithaca Community Childcare Center has taken a huge financial hit due to COVID 19 due to lost tuition revenue and increased expenses. We are requesting funding for 20 air purifiers for our 16 classrooms and 4 gym space/common areas. Additionally we are requesting funding to for an upgrade of our HVAC Energy Recovery Ventilator (ERV) to accept 4' MERV 13 filters to meet the new suggested level of filtration to COVID 19 along with the ability to pull 100% of outside air into the rooms.</p> <p>The air purifiers will be used in each classroom, gym and common area to fully turn the air around in the rooms in 1 hour or less. Rooms range in size from 360-960 sq ft., with most being well over 500. The air purifiers cost up to \$600 depending on the size of the room.</p> <p>Additional expenses that we are incurring are on average \$1023 per month of additional PPE expenses for masks for adults and children, gloves, disinfectants, hand sanitizer, thermometers and paper towels. Along with a required increase in our bandwidth of \$113 per month and a Zoom subscription of \$15 per month so that we can conduct remote meetings and interviews.</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.

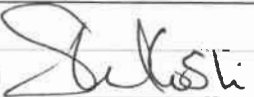
<b>15.</b>	Indicate how many existing full-time equivalent jobs the applicant and its related entities employ in all NYS LOCATIONS and the average annual gross salary for these employees as of the date this application is signed.	# Jobs in NYS	<b>43</b>
		Avg annual gross salary	

**Budget**

16.	Type of Purchase	Total Amount of Funding Requested			
	EX: Face Shields	Est. Cost			
	20 Air Purifiers for classrooms & gym	\$8700			
	HVAC ERV upgrade to MERV 13	\$2888			
	PPE Disinfectant, gloves, masks	\$			
		\$			
		\$			
		\$			
		\$			
	<b>Total Projected Investments</b>	<b>\$11,588</b>			

**Worksheet Completion**

<b>Name of Company Official Completing Worksheet:</b>	<b>Title:</b>	<b>Date Completed:</b>
Sherri Koski	Executive Director	10/30/20

**Signature**   
 Sherri Koski

**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.