

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

Organization Information

1. Legal Name of Applicant: Kristie L. Butler (Butler Day Care)
2. Applicant Address: 2296 Hanshaw Rd Greenville NY 13068
3. If a DBA, what is DBA name?
4. Applicant Contact Name: Kristie Butler
5. Applicant Contact Address: 2296 Hanshaw Rd Greenville NY 13068
6. Contact Phone Number: 607-342-2115 Contact Email Address: Kristie.butler18@yahoo.com
7. Type of Business: Please Describe Day Care - Group (16)
8. Non-Profit Organization YES NO
9. Privately Held: YES NO

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.

- Ownership:** 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. ATTACHED

11. **Primary North American Industrial Classification System (NAICS) Code of the Company.** Please provide at least the three-digit code, but the six-digit code is preferable Description

12. **Select the applicant ID type that you normally use to identify your organization on applicant forms:**

- | | | | |
|---------------------------------------|-------------------------------------|------------------------|-------------------------------------|
| Charity Registration Number | <input type="checkbox"/> | Social Security Number | <input type="checkbox"/> |
| Duns Number | <input type="checkbox"/> | Federal Tax ID Number | <input checked="" type="checkbox"/> |
| NYS Unemployment Insurance Tax Number | <input checked="" type="checkbox"/> | | |

13. **Company's Annual Revenues:** \$ [REDACTED]

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:

The Supplies I have listed will help me ensure the safety of my employees + kids that I care for. The PPE equipment is used daily. Along with the Air purifier + cleaning supplies. My cost for these things has doubled since the pandemic started. I remain open and caring for 15 kids @ this time w/ 3 employees plus myself. I just need a little help to keep going.
Thanks Kristie Butler

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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.

15. 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 **3**

2 employees plus myself
Avg annual gross salary [redacted]

Karen [redacted] Liz [redacted] Myself - [redacted]

Budget

16.	Type of Purchase	Total Amount of Funding Requested			
		Est. Cost			
	EX: Face Shields				
	Gloves	\$	600.00		
	Air Purifiers	\$	600.00		
	Cleaning Supplies/disinfectant	\$	2200.00		
	Masks	\$	600.00		
	Sanitizer	\$	200.00		
	Soap dispensers - (2)	\$	100.00		
		\$			
	Total Projected Investments	\$0	4300.00		

Worksheet Completion

Name of Company Official Completing Worksheet: *Butler Day Care* Title: *owner* Date Completed: *12/21/20*

Signature

Kristie Butler

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.