

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

Organization Information			
1.	Legal Name of Applicant:	Lovely Day Ithaca LLC	
2.	Applicant Address:	304 N Geneva St Ithaca, NY 14850	
3.	If a DBA, what is DBA name?	Lovely Day Preschool	
4.	Applicant Contact Name:	Mary Archin	
5.	Applicant Contact Address:	304 N Geneva St, Ithaca NY 14850	
6.	Contact Phone Number:	6072802113	Contact Email Address: info@lovelydaypreschool.com
7.	Type of Business:	Group home family daycare	
8.	Non-Profit Organization	<input type="checkbox"/> YES	X <input type="checkbox"/> NO
9.	Privately Held:	X <input type="checkbox"/> YES	<input type="checkbox"/> 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.		
10.	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.	X <input type="checkbox"/> 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	624410 Child daycare services	
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 X <input type="checkbox"/> [REDACTED]
	NYS Unemployment Insurance Tax Number	<input 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:
	<p>2 air purifiers/humidifiers, one for each classroom.</p> <p>Replace our carpet with one that can be easily disinfected (including a water resistant carpet pad) for our crawling children.</p> <p>Vacuum cleaner with hepa filter</p> <p>Steam cleaner</p> <p>2 mitsubishi mini split heads added to the existing</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.

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	4
		Avg annual gross salary	

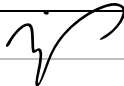
Budget

16.	Type of Purchase	Est. Cost	Total Amount of Funding Requested			
	EX: Face Shields					
	Venta Airwasher x 2	\$600				
	Vacuum cleaner with filter	\$200				
	Waterproof carpet padding	\$400				
	Stainmaster carpet	\$1800				
	Carpet removal	\$200				
	Addition of mini split head x 2	\$6000				
	Steam cleaner	\$200				
	Total Projected Investments	\$9400				

Worksheet Completion

Name of Company Official Completing Worksheet:	Title:	Date Completed:
Lovely Day Ithaca, LLC	owner	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.

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.

