

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

Organization Information

1. **Legal Name of Applicant:** Coddington Road Community Center
2. **Applicant Address:** 920 Coddington Road, Ithaca, NY 14850
3. **If a DBA, what is DBA name?**
4. **Applicant Contact Name:** Heather Mount
5. **Applicant Contact Address:** 920 Coddington Road, Ithaca, NY 14850
6. **Contact Phone Number:** 607-277-1434 **Contact Email Address:** CRCCdirector@coddingtonroad.org
7. **Type of Business:** Community center, providing childcare and school age care
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.

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. 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

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 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:

Coddington's largest programs are childcare and school age programming. Due to the pandemic we have had to reorganize many of our programs to allow for social distancing, smaller group sizes and cleaning of materials between each use. In addition, we also have reconfigured our drop off and pick up procedures to minimize close contact. Funds requested would be used to cover our main entry where parents now have to wait; purchase tablets to be used for new check in procedures, family communication and inter-office communication; purchase hand sanitizing stations; purchase additional small tables to create static table groups and smaller work areas; add additional touchless thermometers so that each program group has their own; add outdoor classroom materials to encourage frequent outdoor play and wall panels to partially enclose our outdoor play pavilions.

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

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	17
		Avg annual gross salary	[REDACTED]

Budget

16.	Type of Purchase	Est. Cost	Total Amount of Funding Requested			
	EX: Face Shields					
	Awning for front door	\$200				
	Tablets with cases and covers (8)	\$1934				
	Classroom tables for distancing	\$2550				
	Temp walls for pavilions (2)	\$430				
	Outdoor furnishings and equip	\$3140				
	Hand sanitizing stations (4)	\$1560				
	Touchless thermometers (7)	\$208				
	Total Projected Investments	\$10022				

Worksheet Completion

Name of Company Official Completing Worksheet:	Title:	Date Completed:
Heather Mount	Executive Director	11/04/2020

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.