

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

Organization Information			
1.	Legal Name of Applicant:	Drop-In Center, Inc.	
2.	Applicant Address:	506 First Street Ithaca, NY 14850	
3.	If a DBA, what is DBA name?	Downtown Ithaca Children's Center (DICC)	
4.	Applicant Contact Name:	Denise Gomber, Executive Director	
5.	Applicant Contact Address:	506 First Street Ithaca, NY 14850	
6.	Contact Phone Number:	607-272-7117	Contact Email Address: denise@dicc.org
7.	Type of Business:	Child Care Center and School Age After School Programs Please Describe	
8.	Non-Profit Organization	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
9.	Privately Held:	<input type="checkbox"/> YES	<input checked="" 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	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 <input type="checkbox"/>
	NYS Unemployment Insurance Tax Number	<input type="checkbox"/>	Employer ID # <input type="checkbox"/>
13.	Company's Annual Revenues:	[REDACTED]	

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><b>The need is to assure continuity of care and equal access for childcare/education placements to essential working families as well as DICC essential workers employee status.</b> Please review our demographics attached as we are unique in our mission and abilities to serve those in highest of need and disenfranchised connections to race, ethnicity, class, abilities, gender, and language. We provide for a diversely integrated and equitable community that represents the world in which the children live. <b>COVID related hardships include:</b> increased operation costs for safety and pandemic protocols; state regulations for higher adult staffing ratios; PPE and HVAC needs; food protocol changes and costs; and cleaning/sanitizing regulations. We reopened on May 27<sup>th</sup> and are regaining, yet we continue to operate with a deficit. We received tuition assistance from PPP, local funders, community foundation supporters and existing funding and program funders that helped us reopen and begin to regain. We have a gradual increase in enrollment on a monthly basis and maintain our commitment to serve 50% of our families living in poverty. We project to meet our at least 80% enrollment and get to our wait lists by December 31<sup>st</sup>. Yet we cannot do this without these one-time only additional supports to reach our targets. Please refer to attached documents that detail our overall needs and status to serve those is need.</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.

# Jobs in NYS      **29 FTE**

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.

Avg annual gross  
salary



**Budget**

16.	Type of Purchase SEE ATTACHED LISTS for specific items/expensed and are in need of purchasing monthly	Total Amount of Funding Requested			
		Est. Cost			
	EX: Face Shields				
	PPE supplies for safety and sanitization safety plans	\$2,443.79			
	Kitchen supplies for individualized child servings	\$ 561.24			
	Food costs for individualized child servings	\$1,185.74			
	Cleaning services for pandemic protocols and safety plans	\$2,090.00			
	HVAC cleaning for pandemic protocols and safety plans	\$1,800.00	12 hrs @150	Labor and	Materials
	<b>Total Projected Investments</b>	<b>\$8,080.77</b>			
		<b>Requested funding – one time only - to assist required monthly operations and HVAC needs</b>			

**Worksheet Completion**

Name of Company Official Completing Worksheet:

Title:

Date Completed:

Denise Gomber

Executive Director

November 9, 2020

Signature

*Denise Gomber*

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**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.