Tompkins County Industrial Development Agency
Emergency COVID-19 Grant Application

	Organization Information		
1.	**Legal Name of Applicant:**	**Ithaca Montessori School**	
2.	**Applicant Address:**	12 Ascot Place, Ithaca NY 14850	
3.	**If a DBA, what is DBA name?**		
4.	**Applicant Contact Name:**	Walaa Maharem-Horan	
5.	**Applicant Contact Address:**	12 Ascot Place, Ithaca, NY 14850	
6.	**Contact Phone Number:**	**607-266-0788**	**Contact Email Address:** walaa@ithacamontessori.org
7.	**Type of Business:**	Daycare and Pre-school	
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	☐	Social Security Number	☐	
Duns Number	☐	Federal Tax ID Number	██████████	
NYS Unemployment Insurance Tax Number	☐			

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:
	We will be re-opening a classroom that had been closed for the last 6 months as we phased our reopening plan. We have a table for each child to encourage social distancing so the children don't share tables. We also require the children to wear masks, and provide them when they arrive to school without one. The teachers are provided specific clear masks so that the children can see their faces better. This helps children during language lessons as they need to see how a letter is formed by the mouth, and also help with emotion recognition. We are using Bioesque as the primary cleaner when children are in the classroom as it is safest to use with minimal sit time. As the weather gets colder we would like to add additional air purifiers into the classroom, as well as humidifiers as studies have shown they reduce the rate of transmition of the COVID 19 virus.

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	31
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	Total Amount of Funding Requested				
	EX: Face Shields	Est. Cost				
	Clear face masks	$140				
	Air purifiers	$490				
	Humidifiers	$560				
	BioEsque	$800				
	Individual children's Tables	$5880				
	Individual children's chairs	$5670				
	Children's face masks	$200				
	Total Projected Investments	**$13740**				

Worksheet Completion

Name of Company Official Completing Worksheet:	Title:	Date Completed:
Walaa Maharem-Horan	Operations Director	11/03/2020

Signature

WMHoran

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.