

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

Organization Information			
1.	Legal Name of Applicant:	The Faculty Student Association of Tompkins Cortland Community College INC	
2.	Applicant Address:	170 North Street Dryden NY 13053	
3.	If a DBA, what is DBA name?	n/a	
4.	Applicant Contact Name:	Casey Goodwin	
5.	Applicant Contact Address:	170 North Street Dryden NY 13053	
6.	Contact Phone Number:	607-844-8222 ex4477	Contact Email Address: cg069@tompkinscortland.edu
7.	Type of Business:	Corporation/Day Care Center	
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
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.	<input checked="" 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	6244410 Child Day Care Service	
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"/> 16-1038234
	NYS Unemployment Insurance Tax Number	<input type="checkbox"/>	
13.	Company's Annual Revenues:	FSA - \$3,064,810	Child Care Center - \$457,371


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>The biggest need for our child care center is making sure that everyone is and stays healthy. We are asking for an air purifier for each of our classrooms as well as replacement Merv13 filters for our current HVAC system. The filters currently get changed 2 times a year and with the uptick in COVID 19 cases within Tompkins and Cortland counties, we would like to change these filters more often to make sure we are circulating clean air throughout the classrooms and our entire building as a whole. We are in need of 6 touchless thermometers for each of our classrooms. We currently have 2 on hand for our whole center. Latex gloves are in short supply all the time because of the amount of gloves that we go through to better protect ourselves as well as each individual child. We need to make sure we have these gloves on hand in each classroom. COVID-19 testing kits are a big need for us as we go into the holiday season. We will be requiring our staff to be tested before the start of their shift after Thanksgiving break and Winter break. The center will need to cover these costs as we need to do the rapid tests to reopen. The staff will be tested at our center by our licensed and trained campus nurse. By doing this we know that we can safely resume operations after a shut down and not go through a 14 quarantine shut down of the entire center.</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	42.50
		Avg annual gross salary	\$28,235

Budget						
16.	Type of Purchase	Est. Cost	Total Amount of Funding Requested			
	EX: Face Shields					
	COVID-19 rapid testing kits	\$1905				
	air purifiers	\$1996				
	Merv13 filters	\$373				
	Thermometers	\$192				
	Latex gloves	\$784				
		\$				
		\$				
	Total Projected Investments	\$5250				

Worksheet Completion		
Name of Company Official Completing Worksheet:	Title:	Date Completed:
Casey Goodwin	Director, FSA Child Care Center	11/3/2020

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.