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Applicant Contact Information

First Name: Lucy

Last name: Speyer

Role/ Title at your organization: owner

Email Address: fingerpaintdaycare@hotmail.com

Phone #: 207-555-5555

Business Information:

Business Name: Finger Paint Daycare

Organization type: Sole Proprietorship

(Choices: Sole Proprietorship, S-Corp; C-Corp; LLC; Partnership; B-Corp, E-Sop, or Co-op; Nonprofit; Other)

Street Address: (provide the complete primary address for your business operations within Maine)

14 Main Street

Street Address 2:

City/ Town: Litchfield

State: ME

Zip: 04350

Industry: daycare

UEI number: 123456687

EIN: 123456789

Registered with ME Secretary of State? yes

Date of Business incorporation: 5/1/2007

NAICS code: 624410

What was the organization's reported total revenue for 2022 (on taxes or if taxes are not yet complete,

financial statements): \$253,990

What was the organization's total revenue for 2021 as reported on federal taxes: \$200,019

What was the organization's total revenue for 2020 as reported on federal taxes: \$40,506

What was the organization's total revenue for 2019 as reported on federal taxes: \$247,394

{Not for Nonprofits} Business Principals:

Add an entry for each principal or business with 20% or greater ownership of the applying business. If you are the sole proprietor, enter your name and indicate that you own 100% of the business. List owners from greatest to least ownership percentage.

First name: Lucy

Last name: Speyer

Ownership percentage: 100%

First name:

Last name:

Ownership percentage:

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Business Job Creation:

How many full-time employee equivalents does your company employ? (calculation video at www.famemaine.com/thrive): 2

How many Maine-based full-time employee equivalents? 2

Are you a seasonal employer? no

Total Aggregate Wages over one month: Provide total aggregate wages paid to employees (excluding owners) during the most recent calendar month for which such information is available \$2,224

Diversity, Equity, Inclusion and Belonging

Is the business owner's native or primary language other than English? [Nonprofit: Is the leadership's (CEO or Board Chair) native or primary language other than English?] no

[if yes, please specify the language]

Do you identify as a woman-owned business? [Nonprofit: Does you identify as a women-led organization? (CEO or Board Chair)] yes

Do you identify as a veteran-owned business? [Nonprofit: Does you identify as a veteran-led organization? (CEO or Board Chair)] no

Do you identify as a Hispanic or Latinx-owned business? [Nonprofit: Does you identify as a Hispanic of Latinx-led organization? (CEO or Board Chair)] no

Do you identify as a minority-owned business? [Nonprofit: Does you identify as a minority-led organization? (CEO or Board Chair)] no

[if yes, please describe]

(Nonprofit version: Is half the board (or more) self-identified minority?

Does the company offer paid leave and paid sick time (yes/no) yes

Does the company offer paid vacation? (yes/no) yes

Does the company offer health insurance? (yes/no) no

Does the company offer a retirement savings plan to employees? (yes/ no) no

Do you have a predictable and regular schedule? Are schedules distributed at least 2 weeks prior to start? (yes/ no) yes

Do all employees undergo a regular performance review at least once yearly? (yes/ no) no

Is the average wage of an FTE (or FTE wage equivalent) higher than \$35k? (yes/ no) yes

Does the staff have opportunity to provide feedback on leadership? (yes/no) yes

[Nonprofit only] In the last 5 years, have you met a majority of goals that the board of directors have set for you in at least 2 of the years?

[Not for nonprofits] Has the business ever been profitable? (yes/no) yes

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Pandemic Impact and Response Plan

Section 3: Negative Impacts of the COVID-19 Pandemic:

I certify that my business/organization has not received grants and/or forgivable loans greater than the amount of loss experienced by my business/organization (yes/no) yes

List previously received funds from state or federal pandemic relief programs funding received below. Include program name, amount received, date received, date forgiven, and purpose of funds. (i.e. Payroll Protection Program (PPP), Economic Injury Disaster Loan (EIDL) advance, MTI PRIME, etc)

	Date received/ forgiven	Amount	Purpose
PPP	7/5/20 forgiven: 11/8/20	\$68,000	Payroll continuation
_			

Describe the negative financial impact of the pandemic on your business from 2020-2022. Include quantifiable dollar estimates for things like: revenue/ profit lost, additional costs incurred due to the pandemic, increased lead times, increased materials cost, etc.

I had to shut down for 4 months in 2020 entirely. Then, for the additional 8 months of the year, I was forced to reduce capacity from 25 kids to 10, but only partial days. My revenue in 2020 was only \$40,506, a quarter of my 2021 revenue and one fifth of my 2019 revenue. Compared to my 2016-2019 revenue average (\$233,908), revenue dropped \$193,402.

Additionally, I had to spend \$35,511 on pandemic specific expenses: masks (\$855), plexiglass and installation (\$15,662), and testing (\$18,994).

Together, my pandemic damage was \$228,913.

After accounting for any pandemic funding you've already received, does your organization still have more than a \$10,000 economic loss due to the pandemic? (yes/no) yes

After accounting for any pandemic funding you've already received, does your organization still have more than a \$250,000 economic loss due to the pandemic? (yes/no) no

How did you learn about this ARPA program? I applied in round 1

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Impact Statement:

How much money are you requesting for your loan? (\$10k-\$500k) \$198,140.89

I certify that my business/organizations has not received or utilized other Federal or State grant funding to pay for the same expenses requested in this grant. (Yes/no) yes

I certify that my business/ organization does not have another active/ pending request for Federal or State grant funding to pay for the same expenses included in this grant (yes/ no) yes

If implemented, how many Maine FTEs would you hire directly because of this money? 2

Thrive Maine Round 2 Impact Statement (uploaded document)

In two pages or less, please answer the following questions. Be specific and provide numbers whenever possible.

What would you do with this money? Please include a line item break down of your request

With this loan, I would expand my business by building additional classroom space. We are currently at capacity due to space constraints. I would construct a free standing classroom in the backyard as well as a bigger outdoor play space. The classroom would contain a play space, a nap side room, and a bathroom. This would allow me to hire one more daycare provider and take in 16 more kids, significantly raising revenue.

Build freestanding classroom	\$189,722	Quote from McMillan Builders
space (20'x30')		
Classroom furniture: classroom	\$399.00	From lakeshore Learning: (link)
table		
Classroom furniture: 8 child size	\$759.92	From Lakeshore learning (link)
chairs		

Classroom furniture: rug	\$429.98	From Wayfair
Outdoor play structure	\$6,829.99	From local retailer: Smith's playscapes
Total	\$198,140.89	

2. What benefits will this plan provide to your organization? (increased capacity, increased efficiency, diversified revenue streams, increased stability, enhanced service, revenue growth)

Increased capacity: By expanding classroom space, we can expand to care for 16 more full time children, raising revenue significantly.

Enhanced service: A better playground would allow for more play time outside and a more exciting daycare experience. Many parents in Maine want their kids to be playing outdoors rather than inside. This will help us keep kids outside for longer, which will also help keep them healthy.

Revenue Growth: Bringing 16 full time kids into the center will almost double my monthly revenue. Operational costs will increase with two additional staff, but revenue outpaces additional wages, utilities and other costs.

3. How many Maine FTE equivalents would this plan add to the business? (numerical answer including decimal points) What other benefits will this plan provide to the state of Maine? (supply chain growth, economic impact, community partners, industry stability and viability, instate purchases of goods and services) Please include explanation of how you have determined these benefits.

Two additional staff will be hired with this expanded construction. We have strict child to educator ratios to uphold, so the expansion of revenue is directly tied to expansion of jobs.

This has big community benefits, as well. By caring for 16 additional kids, more families can work at local businesses and grow their own revenue. This contributes to the stability of the local economy, as well as increasing tax revenue from us and from our families.

We will be hiring a local construction company to complete the new building and they buy supplies locally. There are impacts on the community at every step.

4. Why is this important and appropriate for your organization at this moment?

We're through the pandemic now and people want to go back to work in person. I have a waitlist of 25 kids, supporting 18 families. I've had a waitlist for a few years, but now is the right time to expand since we have vaccines and people are willing to be in person again. I am also ready to expand my own business, as my own children have gone to college so I have more time to focus on the daycare management.

5. Why are you confident you'll succeed in this plan? (value proposition, market need, and skills/experience on your leadership team)

I have run this daycare for almost 20 years. I love children and have built a solid reputation in the community. I have a waitlist of 25 kids, ready for care and this waitlist size has remained consistent over the past 8 years, except for 2020-2021, where it understandably dropped. I have leads on reliable staff, so this all lines up well with expansion.

Required documents to upload:

- Impact statement
- 2019 -2021 federal income tax returns or personal income tax returns; 2022 if completed
- 2020-2023 YTD profit and loss statements
- Two forms of identification