

COMMUNITY AND ECONOMIC DEVELOPMENT
Single Application for Assistance

Application #: 201807020480 Web App ID #: 8184909 E-Signature: randy tarpey Status: Under Review

I. PROFILES

Name:	Commonwealth Kids LLC	CEO:	Randy Tarpey
CEO Title:	Managing Member	Address:	227 Jefferson Avenue
City:	Tyrone	State:	PA
Zip:	16686	FEIN:	██████████
NAICS Code:	5222	Contact Name:	Randy Tarpey
Type of organization:	Limited Liability Corporation	Phone:	██████████
Title:	CPA	SAP Vendor #:	
Fax:	(814)-684-1061	PA Revenue Tax Box No:	
Email:	██████████	Internet Access:	<input checked="" type="radio"/> Yes <input type="radio"/> No

Business Specific Information:

Current # Full-time Jobs in Pennsylvania:	0	Current # Full-time Jobs Worldwide:	0
Company Ownership:	<input type="checkbox"/> Minority Owned <input type="checkbox"/> Woman Owned <input type="checkbox"/> N/A Ethnicity (Optional):	Type of Organization:	
Total Sales \$:	\$0.00	Total Export Sales \$:	\$0.00
R&D Investment as % of Revenue:	0.00%	Employee Training Investment as % of Revenue:	0.00%

Name:	Commonwealth Kids LLC	CEO:	Randy Tarpey
CEO Title:	Managing Member	Address:	227 Jefferson Avenue
City:	Tyrone	State:	PA
Zip:	16686	FEIN:	██████████
NAICS Code:	5222	UC#:	
Contact Name:	Randy Tarpey	Title:	CPA

Email:	██████████	Phone:	██████████
Internet Access:	<input checked="" type="radio"/> Yes <input type="radio"/> No	Fax:	(814)-684-1061

Name:	Address:
City:	State: PA
Zip:	FEIN:

II. PROJECT SITE LOCATIONS(S)

Site Information: 1

Address:		City:	
State:	PA	Zip:	
County:	Statewide Project	Municipality:	Statewide Project
PA House:	H000	PA Senate:	S000
US Congressional:	C000	Current Number of Full-time Jobs:	
Full-time Jobs Created:			

III. PROJECT INFORMATION

Have you been talking with anyone at the agency about your project?	<input type="radio"/> Yes <input checked="" type="radio"/> No
If yes, please indicate who:	
Project Name (max 60 characters):	Educational Improvement Tax Credit
Is this project related to another previously submitted project?	<input type="radio"/> Yes <input checked="" type="radio"/> No

IV. TYPE OF ENTERPRISE (Check appropriate box or boxes)

<input type="checkbox"/> Advanced Technology	<input type="checkbox"/> Export Service
<input type="checkbox"/> Agricultural Processor	<input type="checkbox"/> Food Processing
<input type="checkbox"/> Agricultural Producer	<input type="checkbox"/> Government
<input type="checkbox"/> Authority	<input type="checkbox"/> Healthcare
<input type="checkbox"/> Biotechnology / Life Sciences	<input type="checkbox"/> Hospitality
<input type="checkbox"/> Business / Financial Services	<input type="checkbox"/> Industrial
<input type="checkbox"/> Call Center	<input type="checkbox"/> Manufacturing
<input type="checkbox"/> Child Care Center	<input type="checkbox"/> Mining

<input type="checkbox"/> Commercial	<input type="checkbox"/> Other (specify)
<input type="checkbox"/> Community Development Provider	<input checked="" type="checkbox"/> Professional Services
<input type="checkbox"/> Computer & Clerical Operators	<input type="checkbox"/> Recycling
<input type="checkbox"/> Defense Related	<input type="checkbox"/> Regional & National Headquarters
<input type="checkbox"/> Economic Development Provider	<input type="checkbox"/> Research & Development
<input type="checkbox"/> Educational Facility	<input type="checkbox"/> Retail
<input type="checkbox"/> Emergency Responder	<input type="checkbox"/> Social Services Provider
<input type="checkbox"/> Exempt Facility	<input type="checkbox"/> Tourism Promotion
<input type="checkbox"/> Export Manufacturer	<input type="checkbox"/> Warehouse & Terminal

Please fill in when Other specified.

V. HOW WILL THE ASSISTANCE BE USED? (Check appropriate box or boxes)

Type of Financial Assistance:

<input type="checkbox"/> Acquisition	<input type="checkbox"/> Operating Cost/Working Capital
<input type="checkbox"/> Infrastructure/Site Prep	<input type="checkbox"/> Related Costs
<input type="checkbox"/> Machinery & Equipment	<input checked="" type="checkbox"/> Other
<input type="checkbox"/> General Construction	

How Will Assistance be used:

<input type="checkbox"/> Community Development/Revitalization	<input type="checkbox"/> Export - International (out of USA)
<input type="checkbox"/> Community Services	<input type="checkbox"/> Housing
<input type="checkbox"/> Crime Prevention	<input type="checkbox"/> Planning
<input type="checkbox"/> Economic Development/Revitalization	<input type="checkbox"/> Recreation
<input type="checkbox"/> Education	<input checked="" type="checkbox"/> Tax Credits
<input type="checkbox"/> Environmental	<input type="checkbox"/> Technology Development
<input type="checkbox"/> Export - Domestic (out of PA)	<input type="checkbox"/> Tourism Promotion

Please fill in when Other specified. [ActivitiesOther]

VI. GAT DATA (if applicable)

Project Budget:	
Total Project Cost:	Private Investment:

GAT Project Info:	
GAT Contact:	GAT Contact Email:

GAT Project ID #:	Offer Letter Sent Date:
GAT Summary:	

Job Info:	
Total Jobs Created:	Current PA Employment:

Funding Project Assistance:		
Programs	Amount	Fiscal Year

VII. PROJECT BUDGET

Include all sources of funds and project costs. (Including monies not financed with agency funds.)

	Funding	Total
Miscellaneous	\$181,000.00	
EITC-Tax Credit Amount	\$181,000.00	\$181,000.00
Total	\$181,000.00	
	Budget Total:	\$181,000.00

Budget Narrative
Provided funding to an approved Educational Improvement Tax Credit program organization to enhance the educational experience of students.

VIII. BASIS OF COSTS

- | | |
|---|---|
| <input type="checkbox"/> Appraisals | <input type="checkbox"/> Engineer Estimates |
| <input type="checkbox"/> Bids/Quotations | <input type="checkbox"/> Sales Agreements |
| <input type="checkbox"/> Contractor Estimates | <input checked="" type="checkbox"/> Budget Justifications |

IX. PROJECT NARRATIVE SUMMARY

Identified Problem
To provide financial support in the form of contributions to approved non-profit organizations under the Educational Improvement Tax Credit program.

Project Plan

By making contributions to approved EITC organizations to be distributed in the form of Pre-K through 12th grade scholarship awards or through innovative advanced academic programming for public school students.

Use of Funds

DCED will award tax credits based upon contributions to approved non-profit EITC organizations to be distributed in the form of Pre-K through 12th grade scholarship awards or through innovative advanced academic programming for public school students.

MANAGEMENT SECTION

Responsible Office: Center for Business Financing
Responsible Office Director: Kilko, Carol
Responsible Account Mgr: Trecoske, Heidi
GAT Account Mgr:

PROGRAM NAME : Educational Improvement Tax Credit

Adjustment	Recommended Amount	Approved Amount	Start/Loan Closing Date	Status
Original Contract				Being Analyzed

PROJECT ADDENDA

PROGRAM REQUIREMENTS

Is the applicant a pass-through entity or special purpose pass-through entity seeking pass-through tax credits?
Yes

If yes, please download and complete the attached Tax Compliance Form for all persons or businesses that will receive pass-through tax credits from the applicant and which have a 20% or greater ownership interest in the applicants business. Incorrect or incomplete information will result in forfeiture of tax credits claimed by any shareholder, member or partner with a 20% or greater ownership not listed on the application.

Please return the Tax Compliance Form to:

Department of Community and Economic Development
Center for Business Financing Tax Credit Division
400 North Street, 4th Floor
Commonwealth Keystone Building
Harrisburg, PA 17120-0225

[Download TaxComplianceForm-EITC-OSTC.PDF](#)

EDUCATIONAL IMPROVEMENT TAX CREDIT V.1

By checking the box applicants understand that if they do not receive their preferred choice of tax credit, the department is authorized to consider their application in the alternative for the Opportunity Scholarship Tax Credit program.

In doing so the original application will be void and will now be considered an application under the Opportunity Scholarship Tax Credit program.

Yes

1. Please enter the Business Tax Year End month and day(MM/DD)

12/31

2. Please enter the company Revenue ID number. If your company structure does not have one, please enter zeros (0000000000).

0000000000

3. Will the contribution be personal property or services?

- If yes, please upload a document that describes the property or service and appropriate information establishing the value of the contribution.

No

Uploaded Documents

To determine the amount of the tax credit, select the type of commitment from the dropdown box in Question 4, enter the dollar amount to be donated into Question 5 and select the Calculate Tax Credit link in Question 6. The amount of the calculated tax credit amount will appear in Question 6 and be entered in the budget on the printed copy of the submitted application.

4. This application is for the following commitment (please use drop down list):

EIO = Educational Improvement Organization

PKSO = Pre-K Scholarship Organization

SO = K-12 Scholarship Organization

PKSO Year 1 of a 2 Year Commitment

5. Please enter the dollar amount to be donated per year through the Educational Improvement Tax Credit Program
200000