



BEDFORD COUNTY EDA Childcare Facilities Grant Application

Mail to: Bedford County Office of Economic Development
122 East Main Street, Suite 202 Bedford, Virginia 24523

Due Date:
August 1, 2024

OR Email: tluger@bedfordcountyva.gov
Phone: (540) 586-7601

Instructions: Fill in all fields

1. Company Name: (as listed on IRS form W-9)

DATE: _____

2. DBA/Trade Name of Business: (if applicable)

3. EIN (Employer Identification Number) or TIN (Taxpayer Identification Number):

4. Company Address:

Address 1 (Street address):

Address 2 (Suite #);

City:

State:

Postal/Zip Code:

5. Company Phone:

6. Company Website URL:

7. Entity Type: (i.e. Sole Proprietor, LLC, Franchise, Partnership, Corporation, Other _____)

8. Are you the legal business owner? (Circle one): Yes No

9. Full Name of Legal Business Owner: (as listed on IRS form W-9)

10. Business Owner Title/Position:

11. Business Owner Email:

12. Applicant Full Name: (if you are not the business owner)

13. Applicant Title/Position: (if you are not the business owner)

14. Applicant Phone:

Extension:

15. Applicant Email Address:

16. This is a for-profit business, and it has been operational in Bedford County for more than one year prior to July 1, 2024, and is current on taxes in Bedford County, Virginia.

(Circle one): Yes No

17. This is a non-profit 501c(6) organization that has been operational for more than one year prior to July 1, 2024, in Bedford County, Virginia.

(Circle one): Yes No

18. How long has this business been in operation? _____

19. Is your business a franchise? (Skip to question 21 if answer is No.)

(Circle one): Yes No

20. Is the franchise wholly owned by a Bedford County resident or business entity?

(Circle one): Yes No

21. If you are a start-up, do you have a business plan? (Circle one): Yes No

22. Is your Bedford County business address the same as your home address?

(Circle one): Yes No

Business Lease Information: (for informational purposes only)

23. Lease Expiration Date: Month/Year (if applicable)

24. What is your monthly rent or mortgage payment?

Program Operations

25. What is the current staffing ratio _____

26. Operating as a full- or half-day program? _____

27. Hours of operation _____

28. Do you offer a before and after school program? (Circle one): Yes No

29. Current number of enrolled children _____

30. Age range of children served _____

31. Current number of employees:

Full-time: _____

Part-time: _____

32. Are you a licensed provider? _____

33. Do you participate in subsidy? (Circle one): Yes No

34. Number of children on your waiting list (Include age range if available): _____

35. Amount of funds requested. \$ _____

Narrative

35. Please provide a brief narrative of how the grant funds will be used and the desired outcome if the funds are awarded.

34. Please provide any other information you would like considered as part of this application.

Terms & Conditions:

Eligible applications will be reviewed by community stakeholders and Bedford County Economic Development staff for completeness, need, and criteria requirements. We may contact you for additional information. Staff will then make recommendations to the Bedford County Economic Development Authority who will make the final awards. Applicants will be notified as to acceptance, or otherwise, following the October 2024, EDA meeting.

This is a reimbursable and matching grant. All receipts for eligible expenses with proof of payment must be provided to the Bedford County Office of Economic Development for review. Once approved, a check request will be generated, and eligible funds will be reimbursed at 50% of the total cost, up to the amount of the grant award.

All applications and materials submitted will be deemed public records and subject to the Freedom of Information Act (FOIA). Documents identified as proprietary (financial documents, for example) are exempt under FOIA. Application for the grant constitutes an unconditional agreement to and acceptance of the Terms and Conditions. The Applicant is responsible for ensuring his or her familiarity with Criteria and Terms.

By submitting an application, the Applicant certifies that he/she is not under any agreement or restriction that prohibits or restricts the ability to disclose or submit the materials included in the application, or otherwise, to apply for the grant.

If any statement in this Affidavit or in the Application is false or misleading, regardless of the knowledge or intention of the Affiant, this Business forfeits the ability to receive any funding from the County EDA now or in the future, and if the funds are already distributed, the Business will repay the amount funded in full immediately upon notice thereof.

In addition, if the funding award to the business is disallowed for any reason by the County Administration, County EDA or Commonwealth of Virginia, regardless of the fault of the Business, the Business will hold harmless and indemnify Bedford County for any and all costs of whatever nature including, without limitation, the reimbursement to the Commonwealth of Virginia, as well as the costs incurred by the County in reimbursing the Commonwealth and curing any default caused by the Affiant.

In consideration of the time, expertise and other resources provided by the County, the Applicant – to the full extent permitted by law – by submitting an application, voluntarily releases the County of Bedford from any and all claims, actions, damages, costs or liabilities of any kind relating to or arising from the awarding of grant funds, and shall hold the County harmless from any claim arising from the applicant’s misuse of the grant funds.

Full Legal Name of Applicant

Signature

Date

Projected Program Budget: Childcare Facilities Grant

Budget Item		BUSINESS SHARE		BEDFORD EDA SHARE
Training				0.00
				0.00
				0.00
Supplies/Material				0.00
				0.00
				0.00
				0.00
Contractual				0.00
				0.00
				0.00
				0.00
Equipment				0.00
				0.00
				0.00
				0.00
Other costs				0.00
				0.00
				0.00
				0.00
TOTAL				0.00

SUMMARY OF PROGRAM OUTCOMES

Childcare facility name:

Email:

Name of Project:

Amount Awarded:

Program Goals:

Accomplishments of Program:

Briefly describe how the funds were directly utilized for the project:

Methods used to make the public aware of the grant and its impact:

Briefly describe how this grant benefitted your program, and the community.