

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: October 24, 2025

OR Email: lthurston@bedfordcountyva.gov

Phone: (540) 587-5670

. Company Name: (as liste	d on IRS form W-9)	DATE:	
DBA/Trade Name of Busi	iness: (if applicable)		
EIN (Employer Identificatio	n Number) or TIN (Taxpayer Id	entification Number):	
4. Company Address:			
Address 1 (Street address):		Address 2 (Suite #);	
City:	State:	Postal/Zip Code:	
5. Company Phone:	6. Company Website URL:		

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 September 1, 2025, 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 September 1, 2025, 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						

(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?	
am 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):	
25. Amount of funds requested \$	

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

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 December 2025 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	Signature	Date
Applicant		