

Date Received:

10/11/24



Economic Incentive Grant Application

Applicant Information

1. Applicant Name Timika L Croxton
DR First Carolyn M.I. Crockett Last Croxton
2. Applicant Phone Number (804) 450-1806 / (804) 724-3307
3. Applicant Mailing Address P.O. Box 1676 Warsaw, VA 22572
4. Applicant Physical Address 88 Main St. Warsaw, VA 22572
5. Applicant Email Address timika.fontaine76@gmail.com
ccrockett123@yahoo.com
6. Business Name Hummingbird Learning Center LLC
7. DUNS Number _____
8. Business Tax Identification Number 99-4627346
9. Number of Full-Time Employees (Current) 2 (Proposed) _____

10. Number of Part-Time Employees (Current) 1 (Proposed)

11. How long has the business been in operation? just starting

12. Estimate your current (if existing) or proposed gross sales: \$ See proposal

Supplemental Comments and Questions

13. What is the Primary Function / Purpose of the Establishment?

The primary purpose will be to provide diverse childcare services that foster the development of an all-encompassing program that values consistency, dedication, promotes safety, the development and education of each child via play, curriculum and play.

14. In what ways do you think this will benefit the Town of Warsaw?

This Learning Center will benefit the town because there are only a couple of childcare facilities in the area that have waiting list. There is a rise of childcare with not enough facilities in the area

15. In what ways do you plan to initially fund your operation?

The childcare center will be funded through social services childcare subsidy program and out of pocket childcare fees if parents don't qualify for program. The owners will also contribute out of pocket start up fees along with community sponsorship and other grants.

16. In what ways do you plan to fund your operation after the rent-free year?

Through grants, subsidy program (Social Services)
and out of pocket parents cost.

Acknowledgments

Do You Acknowledge the Following (Circle Yes or No):

- a) That You Will be Required to Work with Both the SBDC and Chamber per Terms of Contractual Agreement? YES / NO
- b) That You Must Sign on to a Two (2) Year Lease? YES / NO
- c) That any Breach of Contract Will Result in Financial Restitution to the Town of Warsaw? YES / NO

The applicant is reminded that this application shall be considered public record of the Town of Warsaw.

JAC I am the authorized agent (Please Initial)

9 / 11 / 24

Date

Demika L. Cooper

Signature of Applicant

Property Information

1. Property Street Address 84 Main St Warsaw, VA 22572
2. Property Tax Map Number 16A2(A)4A
3. Property Zoning Designation C-1
4. Property Description (*Acreage & Assessed Value*) _____
5. Building Square Footage 1,400
6. Vacant Square Footage 1,400
7. Is the Building Equipped for a Specific Purpose? (Restaurant, Paint Shop, etc.)
No
8. Other Information (Liens, Structural Issues, etc.)
NONE KNOWN