

Safety Enhancement Grant

Date: _____



Economic Development Authority
101 Thompson Street
P.O. Box 1600
Ashland, Virginia 23005

Phone: (804) 798-1073 www.ashlandva.gov
Fax: (804) 798-4892 planning@ashlandva.gov

Applicant Contact

Name: _____ Phone: _____

Address: _____

Email: _____

Business Information

Name: _____ Phone: _____

Address: _____

Property Owner (required if project will permanently alter the business's physical presence)

Name: _____ Phone: _____

Owner Signature: _____ **Date:** _____

If a legal representative signs for a property owner, please attach an executed power of attorney.

Required Attachments

- Narrative description of how the funds would be used to meet a specific element of the Governor's plan for re-opening. Please specifically list the requirement the grant would respond to.

Total cost of project: \$ _____

Applicant Acknowledgement of Conditions

I [Applicant] have read the conditions and acknowledgements and agree to fulfill the terms and conditions of this program.

Signature: _____ **Date:** _____

Proposal Description (responses may be submitted on an attached document)

1. Describe your project and provide an itemized list of all costs associated.

2. Specifically describe which of the Governor's new requirements for your business the funds would be used for?

Conditions and Acknowledgements

This grant program is subject to change or cancellation at any time by the Economic Development Authority (EDA). In addition, any policy or procedure described herein may be waived by official action of the same individuals or their designees. The EDA reserves the right to reject any and/or all applications.

If I am successful in obtaining a Safety Enhancement Grant, I am obligated to submit proof of purchase(s) to the EDA within sixty (60) days of the receipt of grant funds.

I have read, understand and will comply with the criteria described in this application and the adopted Safety Enhancement Grant Program Overview, as well as the timeline, and I certify that the above information is true and correct to the best of my knowledge. I hereby acknowledge my application for a grant, and do authorize the EDA to obtain verifications from any source named in this application. The applicant's submission may be shared with other Ashland businesses.

Application Review:

EDA/TOA Signature: _____ **Date:** _____

- Current on all Town taxes, including meals and transient taxes due on or before March 16, 2020, and has a current business license.
- Meets the goals of the program
- Approved / Denied (circle one) – Explanation will be provided to the applicant if the application is denied.
- Grant Amount \$ _____ (if applicable)