

CDBG Business Assistance Grant

Date: _____



Town of Ashland
121 Thompson Street
P.O. Box 1600
Ashland, Virginia 23005

Phone: (804) 798-1073 www.ashlandva.gov
jtopham@ashlandva.gov

Applicant Contact

Name: _____ Phone: _____

Address: _____

Email: _____

Business Information

Name: _____ Phone: _____

Address: _____

Dunn & Bradstreet D-U-N-S Number _____

Is this a Small, Women-owned or Minority-owned business? _____

Safety Enhancement Assistance

The Town of Ashland is offering Safety Enhancement funds for businesses who need assistance purchasing PPE and/or making safety enhancements to their building to comply with guidance from the State for safe operation. If you would like to apply for this, include the items listed below and the total cost of the proposed safety enhancements.

Required Attachments

- Narrative description of how the funds would be used to meet a specific element of current Executive Orders or other State-issued COVID Safety requirements. Please specifically list the requirement the grant would respond to. Include project description and timeline
- An estimate, with itemized costs, and receipts (if already completed)
- Copy of current registration with State Corporation Commission

Total cost of project: \$ _____

Rental Assistance

Monthly Rent _____ Total Amount Requested _____

Landlord _____

Phone _____ Address _____

Required Attachments

- Narrative description of COVID-19 Pandemic impact on this business
- Signed copy of current property lease agreement
- Copy of current registration with State Corporation Commission

Conditions

- **Applicant must have a valid Town of Ashland Business License and employ no more than 20 employees. Must be up to date on all town taxes.**
- **Award funds cannot be used to cover the cost of any expenses for which assistance has already been received from any other source.**

If I am successful in obtaining a Business Rent Assistance Grant and/or a Safety Enhancement Grant, I am obligated to submit proof of payment to the Town within sixty (60) days of the receipt of grant funds or funds will have to be returned.

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

If I receive an award of any amount, I agree to participate in the Business Technical Assistance Seminar series provided by Dominion Energy Innovation Center and Downtown Ashland Association.

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: _____

Felony for Presenting False Information

I [Applicant] understand that presenting false information on this application for the purpose of receiving an award is a Felony offense.

Signature _____ Date: _____