



**Organization Information and Contact Information**

Organization Name	
Organization Mission	
Address	
Primary Contact Name & Title	
Phone Number of Primary Contact	
Email Address of Primary Contact	
Organization Fax Number	

**Amount of program funding requested**

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Which Ashland **Strategic Plan** initiative(s) are you addressing? For example, “1.3.2 Redevelop blighted or undesirable properties” is a Strategic Plan initiative. The word limit for this question is 250 words.



**Please describe the issue your organization hopes to fix or improve with the funding, and describe how your organization hopes to fix or improve the issue with the funding. The word limit for this question is 250 words.**

**Town of Ashland  
Town Funding Application**



**Executive Director (or designee)**\_\_\_\_\_

**Date**\_\_\_\_\_

**SUBMIT TO:**

**Town of Ashland  
Town Manager  
P.O. 1600  
Ashland, VA 23005**

**\*Disclaimer:** The Town of Ashland typically does not provide funding for ongoing operating expenses.