

**Organization Information and Contact Information**

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

**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 the funding address that issue. The word limit for this question is 250 words.

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

**SUBMIT TO:**

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

**Or**

**Matt Reynal  
Deputy Town Manager / Finance Manager  
[mreynal@ashlandva.gov](mailto:mreynal@ashlandva.gov)**

**\*Disclaimer:** The Town of Ashland typically does not provide funding for ongoing operating expenses. Previous receipt of funding does not guarantee funding in the FY2023-2024 appropriation cycle.