

Arts and Culture Incentive

Date: _____



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

Phone: (804) 798-9219 www.ashlandva.gov
Fax: (804) 798-4892 mreynal@ashlandva.gov

Applicant Contact

Name: _____ Phone: _____

Address: _____

Email: _____

Business Information

Name: _____ Phone: _____

Address (Physical): _____

Address (Mailing): _____

Arts and Culture Designation: (required for eligibility)

Name of business at Time of Designation: _____

Date of Designation: _____

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:** _____

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

1. Describe your program and timeline. Provide a detailed narrative description of how the funds would be used. Include a total project cost as well as an amount of the grant request.

2. Specifically describe which of the Town's Strategic Plan initiatives your program would be used for?

Conditions and Acknowledgements

This incentive program is subject to change or cancellation at any time by the Town of Ashland. In addition, any policy or procedure described herein may be waived by official action of the same individuals or their designees. The Town reserves the right to reject any and/or all applications.

If I am successful in obtaining an Arts and Culture Incentive, I am obligated to submit proof of purchase(s)/program completion to the Town within one hundred twenty (120) days of the receipt of incentive funds.

I have read, understand and will comply with the criteria described in this application and the adopted Arts and Culture Incentive program, 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 an incentive, and do authorize the Town to obtain verifications from any source named in this application. The applicant's submission may be shared with other Ashland businesses.

Application Review:

TOA Signature: _____ **Date:** _____

- Current on all Town taxes, and has a current business license.
- Meets the goals of the program
- Designated Arts and Culture District Business
- Approved / Denied (circle one) – Explanation will be provided to the applicant if the application is denied.
- Incentive Amount \$_____ (if applicable)