

# Façade Enhancement Grant

Date: \_\_\_\_\_

## Town of Ashland



Department of Planning and Community Development  
101 Thompson Street  
Ashland, Virginia 23005

Phone: (804) 798-1073    www.town.ashland.va.us  
Fax: (804) 798-4892

### Applicant Contact

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

### Business Information

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

### Property Owner

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Owner Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

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

### Required Attachments

- Contractor(s) line item cost estimate or bid on letterhead with breakdown expenses – itemized with materials listed
- Architectural drawing or sketch of improvements
- Photos of existing building (may submit electronically)
- Paint samples (if applicable)

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

1. Describe your improvements.

2. How will this project be an economic benefit to your business and/or property?

3. How this will benefit your business area and the Town of Ashland?

## Conditions and Acknowledgements

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

If I am successful in obtaining a Façade and Landscaping Grant, I am obligated to maintain the funded improvements for a minimum of 18 months from the time I receive reimbursement. If the improvements are removed or changed prior to the 18 month timeline without prior approval, I agree to reimburse the Town of Ashland for the entire amount of the grant.

I have read, understand and will comply with the criteria described in this application, 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 Town of Ashland staff to obtain verifications from any source named in this application.