



GRANT REQUEST NO.

**City of Ashland  
Gifts and Contributions  
GRANT APPLICATION**

Name of Organization:	
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Primary Contact:	
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Phone:	Fax:	E-Mail:
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Alternate Contact:	
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Phone:	Fax:	E-Mail:
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Address:			
Community:	State:	Zip:	4

Project Location:	
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Funding Request (\$):
Are you a previous grant recipient? <b><i>Previous recipients are required to complete the reporting requirement prior to application submission.</i></b>

Explanation of Project:
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Project Scope (How does this project benefit the citizens of the City of Ashland?):
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Describe Anticipated Results of Proposed Project:
Other Pertinent Information:

Explain the Project Budget, including use of City of Ashland funds:
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Additional Information to Lend Support to this Request:
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List other Partner Organizations and Collaborators with Contact Information
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Estimated Project Schedule (if applicable):	
Project Start :	
Project Completion:	

Applicant Type Name and Title	
Date:	

- **All City of Ashland contribution fund applications must be submitted electronically in the provided format to [kutsinger@ashlandky.gov](mailto:kutsinger@ashlandky.gov). Please scan supporting documentation and cover letter with your application. Incomplete applications will not be returned for revision.**