TOWN OF BRISTOL

GRANT SUMMARY DOCUMENT

(To be authorized by the Selectboard prior to completion or submission of the grant application.)

Funding Agency Name:	United Way of Addison County
Address:	48 Court Street, P.O. Box 555
	Middlebury, VT 05753
Date of Application Submissio	n: <u>2 / 28 / 2020</u>
Explanation of what grant fun	ds will be used for:
Program support such as pu	urchasing games, activities, and staff time. It will also be used to
expand the non-screen oppor	tunities we offer kids, from taking out doors trips to wood
working and boardgames. We	want to increase the enticing opportunities we have for kids that
are not through a screen.	
Application Amount: This is	a 3 year grant, the total amount available for a yearly
• •	000 over 3 years). We do not need that much however I am still
figuring exactly how much to	
	her Funds to be Used: <u>No matching funds necessary</u>
Description of Matering of Ot	iner runus to be oseu. <u>No matching runus necessary</u>
Name of Grant Applicant:	The Bristol Hub
	SUMMARY OF GRANT AWARD
(To be completed by Treasurer's Office)	
(.	o be completed by fredsafer 5 office,
Date authorized by Selectboar	rd:
Fund # (Assigned by Treasurer	r's Office after receipt of grant award letter):
Grant Award Date:/	
Grant Number issued by Funding Agency:	
CFDA if applicable:	
Grant Period:/ to/	
Grant Award Amount: \$	