

TOWN OF BRISTOL

GRANT SUMMARY DOCUMENT

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

Funding Agency Name: RiseVT

Address: Contact: risevt@onecarevt.org
802-847-9623

Date of Application Submission: 3 / 4 / 2020

Explanation of what grant funds will be used for:
To help promote healthy choices
through our camps that we host in the
summer. ① Odometers for bikes
② Healthy snacks + Presentation

Application Amount: \$ 1500.00

Description of Matching or Other Funds to be Used: _____

Name of Grant Applicant: Mendith McFarland

SUMMARY OF GRANT AWARD

(To be completed by Treasurer's Office)

Date authorized by Selectboard: _____

Fund # (Assigned by Treasurer'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: \$ _____