

TOWN OF BRISTOL

GRANT SUMMARY DOCUMENT

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

Funding Agency Name: Vermont Agency of Transportation

Address: Municipal Highway & Stormwater Mitigation Program

Municipal Assistance Bureau

Ross.Gouin@Vermont.gov

Date of Application Submission: 10 / 01 / 2021 by 1:00pm

Explanation of what grant funds will be used for: Resubmit application for the Basin Street/Main Street stormwater management project.

Application Amount To be determined; no cap for individual projects.

Description of Matching or Other Funds to be Used: 20% local match required. The expense can be incurred over up to four years. Possible ARPA funding toward match.

Name of Grant Applicant: Town Administrator and Public Works Department

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: \$ _____