

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 Community Foundation (VCF)
Address: 3 Court Street
Middlebury, VT 05753

Date of Application Submission: _____/_____/_____ no specific due date

Explanation of what grant funds will be used for: The Town of Bristol has been invited to submit a follow up application to the Vermont Community Foundation (VCF) to continue to strive toward the ideals expressed in [Bristol’s Declaration of Inclusion](#). This grant will:

Consultant support & additional training (\$5,000)

- Support the Town of Bristol in articulating our community’s core values and principles related to equity in municipal governance. This will involve working with the Equity Committee, facilitating engagement sessions with town employees and community members, evaluating data collected, and drafting the town’s principles based on the information collected. This will also include coaching for Town Administrator in how to enact these principles within municipal government, including supporting staff and identifying policies or practices to interrupt identity-based harm.
- Work with the Town Administrator to review & update job descriptions with inclusive language.
- Provide Town Administrator with resources and information about what should be in an onboarding packet related to Diversity, Equity, Inclusion (DEI).
- Provide 4 hours of training for employees and staff (topics, audiences, and delivery method to be determined together with the Equity Committee and Town Administrator).

Community Outreach (\$3,000)

- Welcome bags for new residents and tenants to community.
- Funds for Library Social Justice Discussion Group speakers.
- Materials & resources for individuals to report community incidents of discrimination/harm (posters/cards).
- Childcare (and possibly transportation) vouchers so people of limited means can participate (volunteer) on committees/boards.

Develop metrics (\$2,000)

- Begin process of equity mapping & data collection.

Application Amount: \$10,000

Description of Matching or Other Funds to be Used: None.

Name of Grant Applicant: Porter Knight

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SUMMARY OF GRANT AWARD

(To be completed by Treasurer's Office)

Date authorized by Selectboard: _____

Fund # (Assigned by Treasurer's Office): _____

Grant Award Date: ____ / ____ / ____

Grant Number issued by Funding Agency: _____

CFDA if applicable: _____

Grant Period: ____ / ____ / ____ to ____ / ____ / ____ Amended to ____ / ____ / ____

Grant Award Amount: \$ _____