

TOWN OF BRISTOL

GRANT SUMMARY DOCUMENT

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

Funding Agency Name: Dept. Children & Families (DCF)

Youth Drop-In Center Program

Address: 280 State Dr.

Waterbury, VT 06571-1040

Megan Devino / Megan.K.Devino@vermont.gov

Date of Application Submission: 10 / 20 / 2023

Explanation of what grant funds will be used for: Increase the HUB's ability to grow skills & resilience in all youth, create space for close personal connections and belonging and strengthen the connection of youth with the community.

Application Amount \$10-\$15K

Description of Matching or Other Funds to be Used No match required.

Name of Grant Applicant: Taylor Welch-Plante

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 / / Amended to / /

Grant Award Amount: \$