

TOWN OF BRISTOL

GRANT SUMMARY DOCUMENT

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

Funding Agency Name: VT Dept of Health

Contact: Sara Stearns, VPLO Coordinator

sastearns@rrmc.org 802-772-2883

Address: Region 2 Prevention Lead Organization

Rutland Regional Medical Center

3 Albert Cree Dr.

Rutland, VT 05701

Date of Application Submission: 11 / 22 / 2023

Explanation of what grant funds will be used for: To increase community capacity to deliver meaningful substance misuse prevention.

Application Amount \$50K

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

Name of Grant Applicant: Taylor Welch-Plante / The Hub

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: \$