

TOWN OF BRISTOL

GRANT SUMMARY DOCUMENT

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

Funding Agency Name: DPS/Hazard Mitigation Grant Program (HMGP)

Address/Contact: DPS.HazardMitigation@Vermont.gov

45 State Drive

Waterbury, VT 05671-1300

(802) 244-8721

Date of Application Submission: 8 / 16 / 2024

Explanation of what grant funds will be used for: Funding to support the repair and mitigation of the Briggs Hill Road land slide

Application Amount +/- \$500,000

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

Name of Grant Applicant: Town Administrator

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: \$ _____