

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: Culvert upsizing on Upper Meehan Road

Application Amount +/- \$20,000

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

Name of Grant Applicant: Public Works Department

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: \$_____