

TOWN OF BRISTOL

GRANT SUMMARY DOCUMENT

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

Funding Agency Name: VTTrans Small Scale Highway Safety Improvement Program (HSIP)

Address/Contact: One National Life Drive

Montpelier, VT 05633

802-828-2657

Date of Application Submission: 2 / 2 / 2026

Explanation of what grant funds will be used for: Replacement of damaged or noncompliant guardrails at sites identified by the Town Road Foreman, in several areas throughout town.

Application Amount Max \$50k

Description of Matching or Other Funds to be Used No Town Match Required

Name of Grant Applicant: Freeda Powers/Town Of Bristol

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: \$ _____