

TOWN OF BRISTOL

GRANT SUMMARY DOCUMENT

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

Funding Agency Name: _____

Address: _____

Date of Application Submission: ____/____/____

Explanation of what grant funds will be used for: _____

Application Amount _____

Description of Matching or Other Funds to be Used _____

Name of Grant Applicant: _____

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: \$ _____