



Cover Sheet

Please complete this page ONCE and return with your Grant Category Application(s)

Town/Organization: Town of Lowel
Primary Contact Person (Responsible for Signing Grant Agreement): Rebecca Dilazzo
Title: Treasurer/Asst. Clerk
Address: 2170 VT. Rte. 100 Lowell, VT 0584)
Street Address Town Zip
Primary Contact Person Email: Treasurer alowel Hown.or Phone: (802) 744 - 6559
SAM unique ID #: MATHGGQ9K38 Fiscal Year End Month (MM): 12
Town Clerk / Admin email: <u>Cpion Dlowe 1) town.org</u>
Road Foreman Name: Calvin Allen Road Foreman Email: Calvinallente 2 agmail. com





CATEGORY B/C/D

Please complete one application per project you are applying for.

Please check the Category you are apply	/ing i	for:
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A B. Correction of a Road Related Erosion Problem and/or Stormwater Mitigation
☐ C. Correction of a Stream Bank, Lake Shore or Slope Related Problem
D. Structure/culvert 36" diameter or greater
Municipality: Lovel
Road Name: TH#: 29 Structure# (if applicable): MA
Road Type: Paved or Unpaved (select one) Road Class: 1 2 (3) 4 (select one)
Please provide a thorough description of the erosion/water quality problem (ex. Roadway has steep slope miss is quei with no ditch which is causing severe roadway erosion, which outlets into the River):
Irish hill Road has a grade of 16% To 11% with no ditches in places.
Truland Brook in at The Boitom of The 16% grade and feeds into The
Missisquei riven Thas project would put stone lined ditches and
Sheet flow Shoulders in place and redose The Sediment in The brook
and STOP The wash out of black Top Shoulders
Has the town completed an MRGP compliant road erosion inventory? Yes No In progress
Project Length (linear feet along roadway): 1800 ft. Number of structures/culverts replaced/repaired:
Provide a VERY detailed map of project location showing start and end point Included





Please provide the Road Segment ID (RSID) for your project. If several, please list all. In addition to the RSID please indicate what the resulting rating of each segment before construction as well as after construction in accordance with the MRGP.* (i.e., Fully Meets Standard, Partially Meets, Does Not Meet) For assistance, please contact Better Roads Staff (802)828-4585.

		ogically ected?	10. 10.000 10.000	onstruction Conformanc	and the state of t		construction I	
RSID	Yes	No	Fully Meets	Partially Meets	Does Not Meet	Fully Meets	Partially Meets	Does Not Meet
30312.1	/		/			/		
30313.1	/		/		E	/		
30314.1	/					/		
30323.1	/							
30324.1	/					/		
30325.1	/							
							ा	
b.								

^{*}In order to "Fully Meet" the standards the road segment must have proper crown, removal of shoulder berms, proper ditching, proper conveyance and no erosion present at culvert inlets and outlets.





Environmental Concerns:

All projects require a review of potential impacts by our environmental team. To expedite the review process, please check the boxes below that describe existing structures/conditions to be replaced/maintained (if any) and the project description that applies (if any).

Existing Structures:							
☐ Steel/Plastic Culvert	Concrete Box Culvert						
Stone Culvert – Take pictures	Concrete Bridge						
∑ Ditch	Rolled Beam/Plate Girder Bridge						
Foundation remains, mill ruins, stone walls, other – Take pictures	Stone abutments or piers – Take pictures						
Buildings within 300 feet of work - Take pictures							
Project Description:							
New ditches will be established	All work will be completed from the existing road or shoulder						
Reestablishing existing ditches only	There will be excavation within 300 feet or a river or stream – Take pictures						
The structure is being replaced on existing location/alignment	Road reclaiming, reconstruction, or widening						
Excavation within a floodplain – Take pictures	☐ Temporary off-road access is required						
Tree cutting/clearing – Take pictures	The roadway will be realigned						
Please describe the project and how it will create a positive ditch and line with 12 inch minus stone, to prevent sediment bottom of the hill): Stone lined ditches will prevent sediment witch feed into missisqual hiver	nt from entering the Lamoille River at the						
Please list any professionals or partners that assisted with p Engineer, Army Corps of Engineers, VTrans staff, Basin Plan VTrans District 9 Staff Is the project located in the town "Right of Way? (select	nner, RPC staff, etc.):						
Is the project located in the town "Right of Way? (select Please be aware, Municipalities are required to have an Agre impacted properties (prior to the start of construction.)							





Budget:

Please attach	a project	budget and	confirm	below	that is attached:
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Project budget IS attached

Are you applying to other grant programs to help fund this project? If so, what programs? Please note that Better Roads requires a 20% local match and Better Roads funding may not be used as match for other state or federally funded programs.

Requested Grant Amount:

Total Project Cost:

Local Match:

Requested Grant Amount Max:

\$20,000 Category B \$40,000 Category C \$60,000 Category D

> See page 6 for more information on calculating match

Estimated Completion Date: Sep 2024

REQUIRED ATTACHMENTS:

Please use the documentation checklist below to ensure that all of the relevant items regarding your application have been included. It is preferred that your application is a single PDF file.

- Grant application cover sheet X
- 1 Grant application form, including chart with RSID and MRGP compliance before and after project completion
- Itemized Cost estimate for labor, equipment, and materials (see enclosed Cost Estimate X Worksheet). If applicable, please break down funding by source (i.e. different grant sources).
- X Detailed Project Location Map
- Sketch of proposed project and erosion control measures or other management practices, including distances in feet
 - Also show approximate location of town/other right-of-way and/or property lines and limits of work
- Photos must be color and clear to see.
 - Please make sure there are enough photos to get a good idea of the project area
- Other appropriate supporting documents.

By signing this application, I certify that all the information provided is accurate to the best of my knowledge. We will comply with all the requirements of the grant including making our books available for audit if required.

SIGNATURE OF APPLICANT: Title: road Name: MUST BE TOWN ADMINISTRATOR/MANAGER OR SELECT BOARD CHAIR





Cost Estimate Worksheet

Town and Road Name:		Project Name:	
Labor	Rate	# Hours	Total (Rate x Hours)
Calvin Allen Chris Pien Danny Goosline	25,00	40	1,000
Chris Pion	23.00	40	1,000
Danny Goosline	23.00 17.80	20	712
		Labo	or Total 2, 632
Equipment	Rate	# Hours	Total (Rate x Hours)
130 EXC. Truck 1	130.00	40	5,200
Truck al		40	4.000
Truck # 2	100 70	30 30	4,000 2,100 1,800
Truck 73	60	30	1.800
315 EXC With Brush head	0 160	25	4,000
524 loader	60,00	20	1,200
Truck # 2 Truck # 2 Truck # 3 315 Exc w.Th Brush head 524 loader grader 772	100	16	1600
		Equipme	nt Total 19, 900
Materials	Rate	Amount	Total (Rate x Amount)
Ditch Stone	13,00	100	1,300
	According to the second		
			111
			is Total 1400
Miscellaneous	Rate	Amount	Total (Rate x Hours)
		Miscellaneou	us Total 23, 932

Grand Total 20, 000

Match 4, 000





