



Cover Sheet

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

Т	own/Organization:	Town of Strafford				
Primary Contact Person (Responsible for Signing Grant Agreement): <u>John Freitag</u> Title: <u>Selectboard Chair</u>						
Address:	P.O. Box 27, S	Strafford, VT 05072				
	Street Address		Town	Zip		
Primary Cor	ntact Person Email: _j	freitag@straffordvt.org_	Phone: (303)_81758	866_	
SAM unique ID #: _HH1GJ7J8MU37 Fiscal Year End Month (MM):_06						
Town Clerk / Admin email: townclerk@straffordvt.org; sslayton@straffordvt.org (Grants Manager)						
Road Foreman N	ame: Paul Hardy	Road Foreman Email:	nhardv@	straffordyt org		





Included

Included

CATEGORY B/C/D

Please complete one application per project you are applying for.

Please check the Category you are applying for: XX 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**: Town of Strafford **Road Name**: Cross Road TH #: 41 Structure # (if applicable): Paved or **Unpaved** (select one) Road Class: 4 (select one) Road Type: Please provide a thorough description of the erosion/water quality problem (ex. Roadway has steep slope with no ditch which is causing severe roadway erosion, which outlets into the Lamoille River): This steep section of Cross Road has no ditch which causes severe road erosion during heavy rain events. In addition, the existing 24" culvert is in poor condition and partially obstructed due to encroachment of surrounding vegetation, causing additional flooding and erosion into unnamed tributary that outlets into Fay Brook and the greater White River watershed. Has the town completed an MRGP compliant road erosion inventory? Yes ☐ No ☐ In progress Project Length (linear feet along roadway): __328_ Number of structures/culverts replaced/repaired: Average slope of roadway: 0-5% 5-10%

Provide a VERY detailed map of project location showing start and end points:

Provide a sketch of project location showing distances and project details:





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.

	Hydrol	Hydrologically Connected?		onstruction		Post-construction MRGP Conformance		
	Conne			Conformanc				
			Fully	Partially	Does Not	Fully	Partially	Does Not
RSID	Yes	No	Meets	Meets	Meet	Meets	Meets	Meet
28900	Х				Х	Х		
13736	х				X	Х		

^{*}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.



Χ

Vermont Better Roads Grant Program



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 St	ructures:
★ 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 –	Stone abutments or piers – Take pictures
Take pictures	
Buildings within 300 feet of work - Take pictures	
	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
The atmost we is being worked an eviating	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 sedime bottom of the hill):	ent from entering the Lamoille River at the tone to improve drainage and reduce erosion v 24" culvert and stone lined at inlet and outlet
Fay Brook and greater White River watershed.	
Please list any professionals or partners that assisted with	planning this project (ANR River Management
Engineer, Army Corps of Engineers, VTrans staff, Basin Pla	nner, RPC staff, etc.):
Rita Seto, Two Rivers-Ottauquechee Regional Commission	<u> </u>
Is the project located in the town "Right of Way? (select of Please be aware, Municipalities are required to have an A impacted properties (prior to the start of construction.)	



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



Budget:

Project budget IS attached			
Are you applying to other grant prog that Better Roads requires a 20% <u>lo</u> other state or federally funded prog	<u>cal</u> match and Better Roa		
No			
Requested Grant Am + Local M =	flatch: \$5,460	00 \$20,000 0 \$40,000 0 00_ \$60,000	d Grant Amount Max: Category B Category C Category D page 6 for more information o
Total Project	Cost: \$25,460	00	calculating match
Estimated Completion Date:6/30	/2025	i l.	
REQUIRED ATTACHMENTS:			
Please use the documentation check application have been included. It is Grant application cover she Grant application form, inc completion Itemized Cost estimate for Worksheet). If applicable,	preferred that your appleet luding chart with RSID an labor, equipment, and m please break down fundi	ication is a single PDF and MRGP compliance be naterials (see enclosed	file. Defore and after project Cost Estimate
 □ Detailed Project Location N □ Sketch of proposed project including distances in feet ○ Also show approxim limits of work 	•		
Photos must be color andPlease make sureOther appropriate supporting	there are enough phot	os to get a good idea	a of the project area
By signing this application, I certify t knowledge. We will comply with all t for audit if required.			
Name: MUST BE TOWN AD	OMINISTRATOR/MANAG		9112, Selectband

Cost Estimate Worksheet

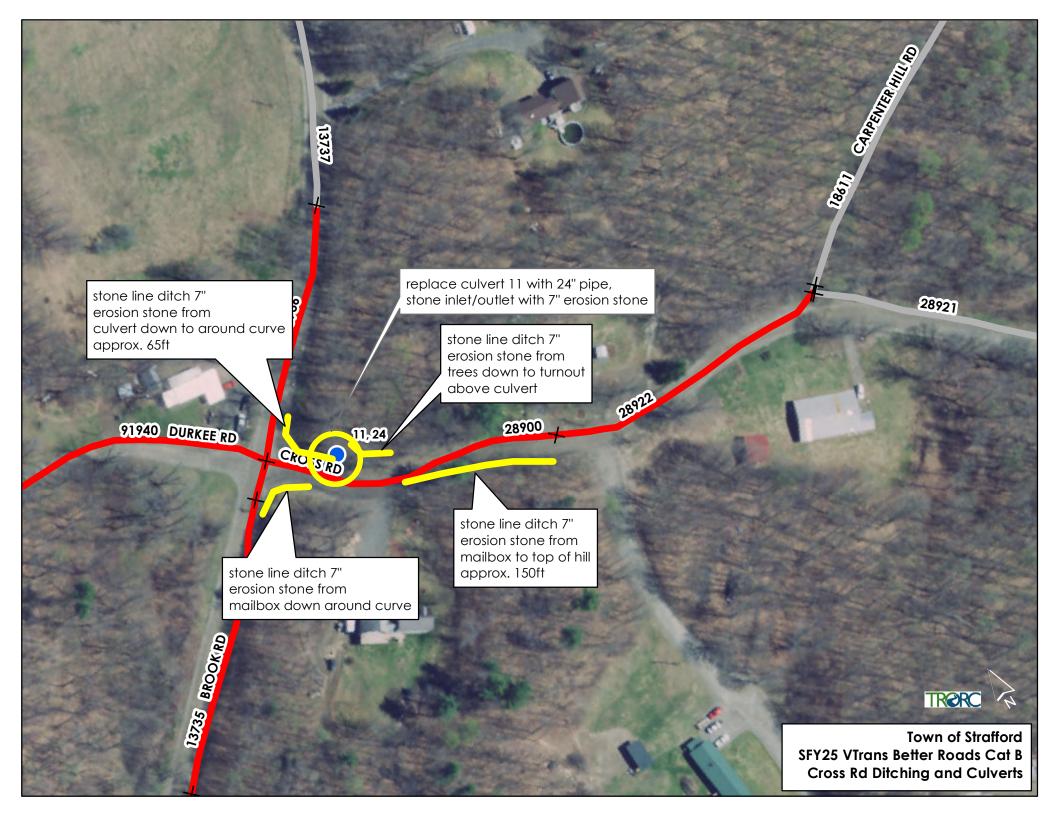
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Town and Road Name:			
Labor	Rate	# Hours	Total (Rate x Hours)
			r Total
Equipment	Rate	# Hours	Total (Rate x Hours)
		Equipmen	t Total
Materials	Rate	Amount	Total (Rate x Amount)
	T-	Material	
Miscellaneous	Rate	Amount	Total (Rate x Hours)
		Miscellaneou	s Total

AGENCY OF NATURAL RESOURCES

Grand Total_

Match





13736 before 1 on Brook Rd



13736 before 2 on Brook Rd



28900 before 1 on Cross Rd



28900 before 2 on Cross Rd opposite ditch



28900 before 3 on Cross Rd opposite ditch and Brook Rd intersection



28900 before 4 - Culvert 1 replacement with 24" pipe



28900 before 5 - stone line ditching on right above mailbox



28900 before 6



28900 before 7 - finish stone line ditching on right at top of hill