



FY17 Vermont Better Roads Grant Application

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

Town/Organization: _____ Contact Person(s): _____

Address: _____

Street Address

Town

Zip

Email: _____ Phone: () _____ - _____

DUNS #: _____ Fiscal Year End Month (MM): _____

Accounting System: Automated Manual Combination

Please use the suggested documentation checklist below to ensure that all of the relevant items regarding your application have been included.

- Grant application cover sheet (Only submit one)
- Grant application form (One per category/project)
- Itemized Cost estimate for labor, equipment, and materials (see enclosed Cost Estimate Worksheet). If applicable, please break down funding by source (i.e. different grant sources)
- Project Location Map (please show location of affected water)
- Sketch of proposed 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
- Photo(s) of the project area
- Letters of Support (RPC, VTrans District Technical Staff, ANR Rivers and Streams Engineers, etc.)
- If Category C River/Road Conflict or Category D River/Stream Structure or Culvert, you must attach ANR/ACOE consultation



Vermont Better Roads Grant Program Application

CATEGORY A: ROAD INVENTORY AND CAPITAL BUDGET PLANNING PROJECT

Town/Organization: _____

Project Name: _____

Inventory Type: Town wide Watershed (please list): _____

Describe how the grant funds will be spent and attach a project budget:

How do you plan to meet the required 20% match on this grant?:

Requested Grant Amount (\$8,000 max): _____

Estimated Total Project Cost (including 20% local match): _____

Estimated Completion Date: _____

Please check this box if you would like to contract your project through your RPC

REQUIRED ATTACHMENTS: a) Project budget b) 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: (Must be Town Administrator/Manager or Select Board Chair)

Name: _____ Title: _____



April 11, 2016

Mr. Alan May
Better Roads Coordinator
VTrans
1 National Life Drive
Montpelier, VT 05633

Dear Alan:

This letter supports the application from the Town of Fair Haven for a Better Roads grant to conduct the culvert inventory and develop a capital plan. Without a current and complete inventory of the town's network, the Town is unable to cost effectively and efficiently repair its assets.

The Rutland Regional Transportation Plan, adopted June 2015 specifies one of the RRPC actions to be assist communities in gathering information on road, bridge, and culvert conditions for inclusion in capital programs.

This work is basic and vital for the Town's infrastructure and we strongly support this application.

Sincerely,

A handwritten signature in blue ink that reads "Susan d Schreibman". The signature is written in a cursive, flowing style.

Susan Schreibman
Assistant Director

cc: Regional Commissioner –Fair Haven
Selectboard Chair – Fair Haven
Transportation Council Commissioner – Fair Haven

RUTLAND REGIONAL PLANNING COMMISSION

The Opera House, P.O. Box 965, Rutland, VT 05702
802-775-0871

