1.	Projec	ct Litle:					
2.	Applio	Applicant Name(s):					
3.	Proje	Project Contact Info:					
	a.	Name:					
	b.	Mailing Address:		d. Zip Code:			
	C.	Town:					
	e.	Email Address:					
	f.	Phone Number:					
4.	Fiscal	Fiscal Information:					
	a.	Accounting System	Auton	nated	Manual	Combination	
	b. Unique Entity Identifier #						
	C.	c. Fiscal Year End Month					
5.	RPC(s	RPC(s)					
6.	Primary Facility Type: Shoulder		Sidewalk	Sidewalk Bike Lane		Shared-use Path	
		Other (Please desci	ribe)				
7	Approximate project length in feet :						
' .	∠hhι∩	Amate project length	iii ieet .				

2023 VTrans Large-scale Bicycle and Pedestrian Grant Application

8. Project Description: Please give a brief description of the project (100 words or less.) Detailed information should be submitted as part of addressing the selection criteria. Be sure to include identifying streets or landmarks that the proposed project links at either end (e.g. New concrete sidewalk with granite curbing on Main St. from Elm St. to Maple St.).

9. Estimated Project Costs:

Engineering/Administration/Project Manager: Costs associated with survey, design, plans development, permitting, development of bid documents, bid analysis and Municipal Project Manager - typically around 25% of construction.

Engineering/
Admin/MPM Cost

Right of Way: Cost of appraisals, property owner compensation and associated legal fees (Minimum of \$5000 recommended).

ROW Cost

Construction: Cost of paying contractors to build projects, including a reasonable contingency. Please attach as much detail/backup information as available to support the construction estimate.

Construction Cost

Construction Inspection : Cost to provide oversight of contractor during construction - typically around 15% of construction.

Const. Insp.Cost

TOTAL DESIGN/CONSTRUCTION AMOUNT APPLIED FOR: (including 20% local share)

10. Have you received any other grant funding for this project? Please describe and include the source of funding:

11. Will you accept an award less than you applied for?

YES

NO

IF YES, please indicate below whether local funds will be used to make up the shortfall or if the project scope will be reduced:

Keep Scope of project the same and make up shortfall with other funds

Reduce project scope – Describe and provide cost breakdown (attach backup with supporting materials, if necessary)

Note: If the project scope is to be reduced, document what part of the project you would accept partial funding for and break out the costs associated with that part or segment. Attach additional pages if necessary. If adequate information is not provided, partial funding will not be considered. **Use**Partial Funding Template provided by VTrans.