2021 Better Connections Grant Letter of Intent

The Better Connections Grant program application process is a two-step procedure. Interested parties submit the Letter of Intent Form electronically by 4PM on January 15, 2021 under the signature of the Town Manager or Selectboard. Letters of intent are evaluated by the Program staff by January 22, 2021. Eligible applicants will then be invited to complete a full application package, due February 19, 2021. Program staff and the Selection Committee will then review the applications based on the BC Program project selection criteria. More information on the program, eligibility requirements, and program contacts can be found on the Program website: wtrans.vermont.gov/planning/projects-programs/better-connections

Primary Applicant Municipality: CLICK HERE TO ENTER TEXT	
Project Title: CLICK HERE TO ENTER TEXT	
Total Better Connection Funds Requested: CLICK HERE TO ENTER TEXT	
Total Project Local Match: CLICK HERE TO ENTER TEXT	
Total Clean Water Funds Requested (if applicable): CLICK HERE TO ENTER TEXT	
If applicable, please list other engaged partners such as the regional planning commission, local planning commission, conservation commission, other community based organizations, neighborhood associations, local businesses, elected officials, local health department/hospital, local transit providers, etc.	Contributing Match (if applicable)
CLICK HERE TO ENTER TEXT	Select an item
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CLICK HERE TO ENTER TEXT	Select an item
CLICK HERE TO ENTER TEXT	Select an item
Project Management Approach: MUNICIPAL ☐ REGIONAL PLANNING COMMISSION (RPC) AOT
Project Manager Name & Title: CLICK HERE TO ENTER TEXT	
Mailing Address: CLICK HERE TO ENTER TEXT	
Telephone: CLICK HERE TO ENTER TEXT Email: CLICK HERE TO ENTER TEXT	
Municipal Contact Name & Title (if not Project Manager): CLICK HERE TO ENTER TEXT	
Mailing Address: CLICK HERE TO ENTER TEXT	
Telephone: CLICK HERE TO ENTER TEXT Email: CLICK HERE TO ENTER TEXT	
VTrans District: SELECT A VTRANS DISTRICT	
Regional Planning Commission: SELECT YOUR REGIONAL PLANNING COMMISSION	
Accounting System (CHECK ONE): AUTOMATED ☐ MANUAL ☐ COMBINATION ☐	
DUNS#: CLICK HERE TO ENTER TEXT FISCAL YEAR END MONTH: CLICK HERE TO	ENTER TEXT

2021 Better Connections Grant Letter of Intent |2

Project Description . In no more than 300 words, describe the project purpose and app	oroach, project
deliverables, and the expected short and long-term outcomes.	
CLICK HERE TO ENTER TEXT	
Project Location . In no more than 300 words, describe the project location. Include ke area is within the designated Village; project area is along State Highway anchored by the best of your knowledge, please detail what portions of the project area are state, owned.	two downtowns; etc.). To
CLICK HERE TO ENTER TEXT	
Do any applying municipalities have an open Municipal Planning Grant (ACCD) or Bil	ke/Ped Grant (AOT)?
YES \square NO \square If Yes, please describe project, funds awarded, year awarded, year ant	icipated to complete:
CLICK HERE TO ENTER TEXT	
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Does the primary municipal applicant have an approved Town Plan: YES \square NO \square	
Municipal Manager or Selectboard Name: CLICK HERE TO ENTER TEXT	
Municipal Manager or Selectboard Signature*:	
*Electronic signatures accepted	