| GRANT SUMMARY | |
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| | I m |
| Grant Title: | Transportation Alternatives Program |
| MUNIS #: | TBD |
| City Department: | Engineering |
| City Contact Person & Phone: | Giovanni Zinn 203-946-8105 |
| Funding Level: | \$2,920,000 |
| Funding Period: | Through project completion |
| Funding Source: | CT DOT |
| Funding Source | TBD |
| Contact Person & Phone | |
| Purpose of Program: | Fund alternative transportation infrastructure |
| Personnel (salary): | \$0 |
| Personnel (Worker's Comp): | \$0 |
| Personnel (Med. Benefit): | \$0 |
| Non-Personnel (total): | \$2,920,000 |
| Non-Personnel (M & U): | \$0 |
| New or Renewal? | New |
| Limits on spending (e.g., Admin. Cap)? | Spent on design and construction of improvements as described |
| Reporting requirements: | Quarterly |
| Fiscal | |
| Reporting requirements: Programmatic | Quarterly |
| Due date of first report: | Quarter after execution of grant agreements |
| Audit Requirements: | Single Audit |