GRANT SUMMARY	
	Ly im a significant party of the significant p
Grant Title:	Local Transportation Capital Improvement Program
MUNIS #:	TBD
City Department:	Engineering
City Contact Person & Phone:	Giovanni Zinn 203-946-8105
Funding Level:	\$1,671,600
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):	\$1,671,600
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