

Vermont Agency of Transportation

2024 MUNICIPAL PARK-AND RIDE GRANT PROGRAM

Application

Municipality: _____

Contact Person/Position: _____

Address: _____ State: _____ Zip Code: _____

Telephone #: _____

E-mail Address: _____

1) Proposed Site Description and Location Information

Owner of Proposed Site: Municipality: _____ State: _____ Private/Lease: _____

Proximity of closest State designated highway:

Is there an existing Public Transit Route nearby (Y or N): _____ Public Transit Provider: _____

Proposed Lot Size (Spaces): 10-20 _____ 21-30 _____ Greater than 30: _____

Is location presently being used as an informal Park & Ride facility: (Y or N) _____

2) Proposed Work Desired for the Facility: (Check appropriate work)

_____ Grading and gravel surface _____ Asphalt Surface _____ Line Markings

_____ Signs _____ Engineering _____ Drainage Work

_____ Lighting _____ Other (bus shelter, bike rack, etc.)

3) Please attach a rough sketch of the proposed work.

Total Estimated Cost to Design and Construct Proposed Work \$ _____

Design Cost \$ _____

Construction Cost \$ _____