## 

## Better Roads Grant Program: Municipal Invoicing Spreadsheet

Please attach: Copies of invoices and receipts for all expenses documented below

If Category B, C, or D, then 4 pictures (2 During, 2 After project is completed)

TOWN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CONTACT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TOWN HIGHWAY NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GRANT AGREEMENT NUMBER: BR\_\_\_\_\_\_\_\_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GRANT AWARD: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fill out sections below which apply to your project, use additional pages if needed.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| LABOR (Employee Name) | Date Range | Rate | # Hours | Total (Hourly Rate x Hours) |
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|  |  |  | LABOR TOTAL |  |

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| --- | --- | --- | --- | --- |
| EQUIPMENT | Date Range | Rate | # Hours (or Days) | Total (Rate x Hours) |
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|  |  |  | EQUIPMENT TOTAL |  |

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| --- | --- | --- | --- |
| MATERIALS | Rate | Amount | Total (Rate x Amount) |
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|  |  | MATERIALS TOTAL |  |

|  |  |  |  |
| --- | --- | --- | --- |
| MISCELLANEOUS | Rate | Amount | Total (Rate x Amount) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  | MISCELLANEOUS TOTAL |  |

GRAND TOTAL $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LOCAL MATCH $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LOCAL MATCH is the GRAND TOTAL minus GRANT AWARD.

LOCAL MATCH must be at least 20% of the GRAND TOTAL to receive full amount of GRANT AWARD. If LOCAL MATCH is less than 20% of GRAND TOTAL, your grant reimbursement will be reduced.

By signing this application, I certify that all the information provided is accurate, to the best of my knowledge.

We have complied with all the requirements of this grant award including; a commitment to the future maintenance of this grant funded work and repair as necessary. We will make our books available for audit if required.

**Please check one**: Progress payment \_\_\_\_\_\_ Final payment \_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Must be **Selectboard Chair, Town Clerk, or Administrator**)

**Required attachments: Copies of invoices and receipts for all expenses documented**

**If Category A, provide a copy of your Report and Capital Budget (as applicable)**

**If Category B, C, or D, then 4 pictures (2 During, 2 After project is completed**

**Please submit to:** **Better Roads Program**

**Agency of Transportation, Municipal Assistance Bureau**

**Via Email to:**

**BetterRoads@vermont.gov**