



STATE OF CONNECTICUT | OFFICE OF POLICY AND MANAGEMENT
Comprehensive Planning and Intergovernmental Policy Division
 450 Capitol Avenue | MS# 54ORG | Hartford, CT 06106-1379
NOTICE OF GRANT AWARD



The Office of Policy and Management, **Comprehensive Planning and Intergovernmental Policy Division**, hereby makes the following grant award
 in accordance with Section 2(d)(3) of Public Act #15-1, June Special Session and in accordance with the grant solicitation and the attached grant application, if applicable.

Grantee: Town of Wallingford		Town Code: 148 Wallingford	
Street address: 45 South Main Street Room 310		State Agency Code: N/A	
City: Wallingford ...		State: CT	ZIP Code: 06492
Grant Program Name: Other Program		2017 Responsible Growth and Transit-Oriented Development (TOD) Grant Program	
OPM Grant No.: TOD/RG-17-05		Project Title: Downtown TOD Facilitation Project	
Date of Award: 12/27/2017	Category (if applicable): ...		
Period of Award: (Choose one) Start Date: <input checked="" type="checkbox"/> The date Notice of Grant Award is signed by <u>both</u> Grantor & Grantee (whichever is later). <input type="checkbox"/> On <u>Select Date</u> or after Notice of Grant Award is signed by both parties (whichever is later). <input type="checkbox"/> <u>Select Date</u> pursuant to <u>Enter Statutory Authority</u> (attach copy of authority w/ notice of grant award).			End Date: ... 18 months from the execution of grant award by both grantor and grantee
Amount of Award	Federal: \$ N/A	State: \$ 175,000.00	Interest: \$ N/A
State Match: \$ N/A	Grantee Match: \$ 35,000.00	Other: \$ N/A Specify: N/A	
Total Budget: \$ 210,000.00	Catalog of Federal Domestic Assistance (CFDA) Number: N/A		
Federal Grant No.: N/A		Grantee Fiscal Year: From: July 1 To: June 30	

My signature below, for and on behalf of the above named grantee, indicates acceptance of the above referenced award and further certifies that: 1.) I have the authority to execute this agreement on behalf of the grantee; and 2.) The grantee will comply with all attached Grant Conditions.

BY: _____
 Signature of Authorized Grantee Official Date
 The Honorable William W. Dickinson, Jr. Mayor

FOR THE OFFICE OF POLICY AND MANAGEMENT:

BY: _____
 Signature of OPM Secretary or OPM Deputy Secretary Date
 Benjamin Barnes, Secretary or Susan Weisselberg, Deputy Secretary

For OPM Business Use Only

AMOUNT	FUND	DEPT	SID	PROG	ACCT	CHART 1	CHART 2	BR YR	PROJECT
175,000.00	17161	OPM 20600	43550	13046	55050	Enter	Enter	2018	OPM00000000 1111
Enter	Enter	OPM Select	Enter	Enter	Enter	Enter	Enter	Enter	OPM00000000 Enter
Enter	Enter	OPM Select	Enter	Enter	Enter	Enter	Enter	Enter	OPM00000000 Enter



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2017 Responsible Growth and Transit-Oriented Development (TOD) Grant Program

SCOPE OF WORK SUMMARY

GRANTEE: Town of Wallingford

PROJECT NAME: Downtown TOD Facilitation Project

GRANT AWARD: \$ 175,000

GRANTEE MATCH: \$ 35,000

SOURCE OF FUNDING: Transit-Oriented Development (TOD):
 Public Act 15-1, June Special Session, Section 2(d)(3)
 Acct. No. 17161-OPM20000-43550

SCOPE OF WORK:

Analyze, design, and engineer improvement alternatives and costs to enhance pedestrian connectivity along North Colony Street (Rte 5) from the new New Haven-Hartford-Springfield train terminal south to 11 South Colony Street, and along Hall Avenue, west to the railroad tracks, as detailed in the project application dated June 21, 2017. Project components include sidewalks, streetscape improvements, and traffic-related changes so as to optimize pedestrian access. Specific project tasks are as follows:

Hire a consultant to conduct the following: <ul style="list-style-type: none"> • Field Survey and Mapping • Alternatives Assessment • Utility Investigations • Public Outreach and Meeting Coordination • Final Concept Plans/ Study/ Estimates 	Approved Budget: <ul style="list-style-type: none"> \$ 45,000 \$ 75,000 \$ 45,000 \$ 10,000 \$ 35,000
	OPM Grant Award: \$175,000 <u>Grantee Match: \$35,000</u> Total Project Budget: \$210,000

Deliverables:

- Conceptual engineering,
- Design plans,
- Cost estimate opinions, and
- Final summary report for the selected alternative.

SUGGESTED TIMELINE FOR COMPLETION:

15-18 months

Payment Terms & Reporting Requirements

- Grantee shall be paid on a reimbursement basis for eligible expenses incurred between the contract start date and the contract expiration date. Any such reimbursement request(s) shall be prepared in a format prescribed by OPM, and shall be submitted to OPM no more than once per month.
- Grantee shall also submit to OPM quarterly written progress reports, beginning with the end of the first full fiscal quarter following execution of the grant award. Quarterly progress reports are due within twenty (20) days following the close of each fiscal quarter.
- Final reimbursement request(s) and a final written progress report shall be submitted to OPM no later than ninety (90) days after the contract expiration date.
- Reimbursement request forms shall be completed and signed by the authorized official who has signed the NOTICE OF GRANT AWARD.
- IMPORTANT NOTE: Section 16 of the General Grant Conditions prohibits the use of these funds to supplant the salaries or in-kind services of existing municipal employees.
- Requests to extend the grant end date, if necessary, shall be submitted in writing to OPM no later than 45 days before the grant end date.