

TRIP Notification of Project Completion

This form is to be filled out upon completion, and acceptance by the municipality, of construction activities for Transportation Rural Improvement Grant Program (TRIP) funded projects. Once complete please email this form electronically to the CTDOT Project Manager or the TRIP Program general mailbox at: CTDOT.TRIP@ct.gov

Municipality: _____ TRIP Grant ID: _____

Project Title: _____

Project Location: _____

Municipal Official Responsible for Acceptance of Project (Name/Title):

Contractor Name: _____

Dare of Award: _____ Construction Start Date: _____

Project Substantial Completion Date (if different from Municipal Acceptance of work): _____

Date if Municipal Acceptance of Work: _____

Total of TRIP Grant Funds Expended: _____

Total Municipal Match Expenditures: _____

Submitted By: _____ Date: _____