

**Vermont Agency of Transportation
Municipal Assistance Bureau
Grant Recipient
Project Commitments Form (PCF) – Scoping Projects**

Grant recipient (Grantee): _____
Project Name: _____

By signing at the bottom of this document, the Grantee agrees to the following:

1. We acknowledge that we are responsible for providing the local share of the project funding and commit to doing so.
2. We are ready to move forward with this project and will sign the grant agreement within one month of receiving it from the State of Vermont Agency of Transportation (VTrans).
3. Within 2 months of receiving a fully executed grant agreement from VTrans, we will begin the procurement process for contracted services (i.e. project management and/or engineering.) If both of these services will be procured, the RFP/RFQ for engineering services must be advertised within one month of the selection of the Local Project Manager (LPM).
4. The grantee shall obtain a detailed proposed schedule from the engineering consultant, which indicates the time duration for key steps which advance the project within 1 month of the engineering contract being executed. Municipal Assistance Bureau staff members will review and verify that adequate timeframes are included for VTrans reviews and required project milestones. We agree to work with VTrans to develop a mutually-agreeable initial baseline project schedule, against which project progress will be evaluated.
5. We will submit reports at least quarterly that detail project progress, as compared to the baseline schedule. We will notify the VTrans project supervisor of any proposed changes to the baseline schedule in a timely manner. These will be discussed and reviewed. Impacts to key milestones resulting from an approved schedule change will be identified and discussed.
6. Project invoices requesting reimbursement for eligible expenses will be submitted at least quarterly, but may be submitted monthly.
7. We understand that a copy of this PCF will be appended to the grant agreement.

Authorized municipal official (Name and Signature)

Date

Note: When returning this form, please attach the Insurance Certificate of Coverage for the Municipality which is required by VTrans to establish a fully executed Grant Agreement.