

TOWN OF BRISTOL

GRANT SUMMARY DOCUMENT

(To be completed at time of grant application)

Funding Agency Name: CVS/Pharmacy & The Partnership at Drugfree.org
Address: Online @ cvs.com safer communities

Date of Application Submission: 09/04/2018

Brief Summary of Grant: Free drug collection unit for unused medication.
Metal container will be secured in lobby of Police Department for collection of unused medication

Application Amount: \$ 0

Description of Matching or Other Funds to be Used: NONE

Name of Grant Applicant: Bristol Police, Bruce Nason

SUMMARY OF GRANT AWARD

(To be completed by Treasurer's Office)

Fund # (Assigned by Treasurer's Office): _____

Grant Award Date: ____/____/____

Grant Number issued by Funding Agency: _____

CFDA if applicable: _____

Grant Period: ____/____/____ to ____/____/____

Grant Award Amount: \$ _____

Final Report Submitted: ____/____/____

Total Reimbursed: _____

To be filled with copy of detail transaction report generated from general ledger.