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Town of Sharon

State and Local Fiscal Recovery Funds (SLFRF)/ARPA Suggestion Form

From:	Date:
Address:	
Phone:	Email:
Please check the qualifying SL	FRF funding category (if known) your suggestion addresses.
☐ Replace Loss Revenue: the	e SLFRF/ARPA category with the broadest parameters
☐ Public Health and Economic	c Response
□ Premium Pay for Eligible W	orkers // orkers
☐ Invest in Water, Sewer, and	d Broadband Infrastructure
□ Other	
Please provide a description o	of your suggestion for how SLFRF funds could be used.
Are you willing to volunteer yo	our time to explore this idea further?
What would you estimate this	project would cost?
Do you know of other fund	ling sources to help with this project? Please describe.
	