State Fiscal Recovery Supplemental Project Approval/Report Form

To: Federally Funded Projects Team
From:

Program Name:
Appropriation Dept ID:

Date:
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The Department/Agency of \_\_\_\_ requests review of the American Rescue Plan Act (ARPA) State Fiscal Recovery (SFR) funds for the projects detailed below.

**General Instructions:** Complete this template and submit to the Federally Funded Projects (FFP) team through your Governor’s Office liaison, cc’ing Douglas.Farnham@vermont.gov and Kendal.smith@vermont.gov.

This form is used to report additions or deletions of location-based projects after a program has received initial approval. If any program design characteristics have changed after program approval an updated questionnaire must be completed.

**Project List:**Please indicate here if any of the projects listed below are deletions.

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| --- | --- |
| **Department or Agency Use** | **AoA Use** |
| Project Name | Street | City/Town | County | Zip Code | Estimated Project Cost | Treasury Project ID |
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**Agency of Administration Use**

Approval Amount: Approval Signature and Date: