

RECEIVED

By Linda Amerighi at 11:31 am, Apr 08, 2021

SHARON BOARD OF SELECTMEN
REGULAR MEETING

APRIL 13, 2021

3:00PM AGENDA

In person and
VIA ZOOM

<https://us02web.zoom.us/j/8727483273>

Meeting ID: 872 748 3273

1. Call to order
2. Adopt agenda
3. Public comment on agenda items
4. Minutes: 3/23
5. Draft Five-Year Capital Improvement Plan – approve to Board of Finance
6. Sharon Community Center Renovation Proposal ‘21
7. Request Sharon Fire Department 2021 fiscal year - \$6,474.48 – additional appropriation - protection for life insurance
8. Ordinance for Food Trucks – draft application
9. Social Service Agent etc. – resumes due April 15, 2021 - set interview date
10. Request to Board of Finance – 67 Main Street \$5,000 for 2021-2022 general expenses
11. Request to Use Green – National Day of Prayer – May 6, 2021
12. 2021-2022 Budget Process – Hearing April 30, 2021 6:30PM with Town Meeting Vote
May 14, 2021 – locations to be determined (be available on Website and paper copies upon request after April 20, 2021 Board of Finance Special Meeting) Executive Orders not extended to apply to the adoption of a budget for fiscal year ending June 30, 2022
13. Set time for Annual Town Meeting – May 14, 2021
14. Community Update
15. Adjourn

**TOWN OF SHARON
FIVE YEAR CAPITAL IMPROVEMENT PLAN**

**Approved by Board of Selectmen (--/--/----)
Approved by Board of Finance (--/--/----)**

This **5 year Capital Improvement Plan** for the Town of Sharon includes those identified capital needs in Town and at Sharon Center School. The following addresses other municipal buildings, and facilities.

Project A Town Hall Parking Lot Phase 1- Drainage () * **Waiting on STEAP**

- \$10,000.00 (Drainage)

Project B Town Hall Parking Lot Phase 2- Paving () * **Waiting on STEAP**

- \$115,000.00 (Paving)

Project C Sharon Center School Projects

- ~~\$115,000.00 (Paving Front Parking Lot) (2020/21)~~
- \$75,000.00 (HVAC Rooftop Units) (2020/21) * **Scheduled for this year**

Project D 67 Main Street Repairs/Updates

- HCA Ramp & Back Deck () * **Waiting on STEAP**
- Drainage () * **Waiting on STEAP**

Project E Town Sidewalks () * **Waiting on CT Connectivity Grant Decision**

- \$140,000.00

Project F Drainage and Town Garage Roof/Addition ()

- \$15,000 (Overhead Door Replacement)
- \$13,000.00 (Roof Repairs & Overlay)
- \$200,000.00 (Cold Storage Building)
- \$20,000.00 (Salt Barn Maintenance)

Project G Paving of Garage Driveway and Parking Area ()

- \$130,000.00

Project H Town Hall Building ()

- \$60,000.00 (Repointing Bricks on Original Building)
- \$30,000.00 (Slate Roof Repairs)

Project I Town Green ()

- \$150,000.00 (Phase II Rehabilitation Project)



84 Napco Dr
Terryville CT 06786
860-973-4374
License: MCO0903078

Roof
Repairs

Proposal

Proposal#: 358

Date: 09/01/2020

PO:

Billed To: Jamie Reid
63 Main St
Sharon CT 06069

Project: 2018014
PW Roof Repairs and Overlay
63 Main St
Sharon CT 06069

Description

Town of Sharon PW Roof Repairs

- Furnish all materials, labor, and safety equipment to perform this scope of work.
- Scrape back existing gravel around two (2) exhaust fans and four (4) duct penetrations and reflash with app 160 modified.
- Furnish and install one-layer 1/2 hd board over existing gravel roof mechanically attached.
- Furnish and install new 060. Epdm membrane fully adhered on to insulation
- Provide 5 year warranty on workmanship.

By our signatures below we approve this proposal:

Brian Kapcha

Contractor

Date: 09/01/2020

Date: _____

Owner

Amount Due

12,600.00

*All applicable tax applied

**The stated price is an initial quote. Prices quoted will be for 60 days from the quote issue date. Upon any unforeseen circumstances to the initial scope or pricing the client will be notified immediately.



Building #1 Specifications

Building Info	Style	Width	Height	Length	Truss Spacing	Roof Pitch	Lower Chord	Peak Height	Soffit Height
	306	48'	16' 4"	100'	7.5'	4/12	0/12	25' 10.5"	16' 9"
306 48'x16' 4"x100' (#1) - Building Use: Commercial - Warehouse									

Cold Storage Building

Foundation

Morton Foundation System Morton Buildings, Inc. exclusive foundation system. Reinforced precast concrete column with an internal threaded adjustment bracket set in a readi-mix poured footing set below frost depth or a minimum of 4'-0" below building grade. Fastened to a laminated wood column with an internal column connector bracket. Treated Wood splashboard system, mounted at grade to column.

Siding

South, East, North, West wall(s) Fluoroflex™ 1000 Hi-Rib Steel Minimum .019 (Fastened with Stainless Steel Screws)

Wainscot

South, East, North, West with 36" tall Fluoroflex™ 1000 Hi-Rib Steel Minimum .019 wainscot (Fastened with Stainless Steel Screws)

Protective Liner

South, East, North, West wall(s) with 7/16" thick OSB by approx. 32" tall Protective Liner Protective Liner

Roof

Fluoroflex™ 1000 Hi-Rib Steel Minimum .019 (Fastened with Stainless Steel Screws) with Vent-A-Ridge
Structure has been designed for the future installation of a snow retainage system (but not included at this time).

Overhangs

South, North wall(s) 2' Wide Vented Sidewall Overhang with Standard 6" fascia, T#78
East, West wall(s) 2' Wide Non Vented Endwall Overhang with Standard 6" fascia

Walk Doors

- 1

A

3' x 6'8" Plain Flat Leaf Fibersteel Walk Door(s) out-swing left hinge with interconnected lever lockset/deadbolt, closer
- 1

B

3' x 6'8" Plain Flat Leaf Fibersteel Walk Door(s) out-swing right hinge with interconnected lever lockset/deadbolt, closer

Overhead Door Opening

- 5

C

14'0" x 14'0" Overhead Door Opening (Requires a minimum 14' 2" X 14' 1" panel), OHD/ Operator requires 2' 1" Headroom, Available Headroom is 2' 1"

Additional Information

No Prevailing wages not included in this proposal.
Pricing is for standard 4' footing embedment with a soils bearing capacity of 2000psf.



Line Items:

Raynor M200C overhead doors with commercial operator and 4 windows 24"x12" window \$30871

2' Overhangs \$7369



Building Investment

Total Estimated Project Cost as described including Material, Tax, and Labor*: \$115,165.00

\$34,550.00 Down Payment

\$69,099.00 Due Upon Delivery of Materials

\$11,516.00 Due When Morton Buildings' Scope of Work is Complete

* Building Proposal Good for 7 Days from the date specified on cover letter.

If you accept this pricing proposal you must enter into a written building order which contains additional terms and conditions. This proposal is not intended to be a contract for construction.

This proposal contains information which is proprietary and/or are trade secrets and may not be disclosed to third-parties without the express written authorization of Morton Buildings, Inc.

Vernali Concrete
PO Box 1115
Canaan, CT 06018
860 824-1369

Estimate

Date	Estimate #
9/8/2020	1270

Name / Address
Town of Sharon Sharon, CT 06069

		Project
		50' x 120'- Building
Description	Qty	Total
Footings 12" x 24"	28	9,380.00
14 Column Footings-- 4' x 4' x 12"	10	3,350.00
Walls 10" x 4' -- Column walls -16" x 16" x 4'	50	20,000.00
Ties	1	350.00
56-- 3/4" x 12" Anchor Bolts with bolt templates	56	840.00
Rebar -- 3-- 5/8" in footings --- 4 5/8" in walls . --- 3116 lbs	3,116	4,362.40
Garage Floor 50' x 120' x 6"	125	31,875.00
6 Mil Polyethylene	2	500.00
6" x 6" ---2.5 x 2.5 Wire H.D	150	2,925.00
2.5" Wire chairs	900	4,050.00
Sawcut Floor-- 450 FT	450	1,575.00
Concrete Pump for floor	1	1,550.00
This is an estimation of the proposed job. Due to the volatile economy this estimate is only good for 30 days , it will change as the costs of materials and plan changes.		0.00
When winter conditions a occur, \$25 per yard increase due to winter additives and hot water , \$9 per blanket per day and \$65 per hour for additional labor to cover, uncover and shovel.		0.00
There will be an additional charge for any required additional labor and material including drilling and pinning of ledge or improper excavation.If site is not properly graded or accessible for concrete mixers,a concrete pump will be used for proper concrete placement.		0.00
Thank You!	Total	\$80,757.40



ED HERRINGTON, INC.
www.herringtons.com - 800.453.1311

Hillsdale
Ed Herrington, Inc.
312 White Hill Lane
PO Box 709
Hillsdale, NY 12529
518-325-3131



QUOTE

2010-521034 R2 PAGE 1 OF 1

SOLD TO
TOWN OF SHARON 63 MAIN STREET PO BOX 385 SHARON CT 06069-0385

JOB ADDRESS
ROADS PO BOX 385-63 MAIN STREET SHARON CT 06069- (860) 364-5789

ACCOUNT	JOB
71350	2
CREATED ON	10/05/2020
EXPIRES ON	10/19/2020
BRANCH	1000
CUSTOMER PO#	SALT SHED LUMBER
STATION	L127
CASHIER	1799
SALESPERSON	
ORDER ENTRY	1120
MODIFIED BY	1799

mike

Item	Description	D	Quantity	U/M	Price	Per	Amount
PT	2x8-16' T&G SY PINE- #1&BTR V1S MCA.06 PRESSURE TREATED ABOVE GROUND CENTER MATCHED/V-GROOVE 1S 326/16FT COVERING 3048SF SPECIAL ORDERS ARE NOT RETURNABLE 6-8 WEEK LEAD TIME		326	EACH	48.4600	EACH	15797.96
COMMENT							
					Subtotal		15,797.96
					Sales Tax		0.00
					Total		15,797.96

Buyer: JAMES REID

Signature

SHARON COMMUNITY CENTER

RENOVATION PROPOSAL '21

RECEIVED
Town of Sharon

4/5/21

The Sharon Board of Parks and Recreation, in partnership with an ad hoc Community Center Renovation Committee (here on out "The Committee"), would like to respectfully submit a request to make a pivotal decision on the future of the Sharon Community Center (here on out "the Center"). In response to the health and safety concerns currently posed by the Center, the Committee proposes a complete and immediate renovation of the Center.

Acknowledging that proposals for renovation have been considered and declined in the past, it is our position that while the building is no longer safe for use by the community and the Sharon Parks and Recreation Director, it represents an untapped opportunity for the community at large. To help in understanding the scale of this proposal, which focuses on improvements to the ground floor of the structure, the Committee has received an estimated timeline of 6-8 months with a cost not to exceed \$300,000.

We believe the building has the potential to become a valuable asset to the community once again, but we feel very strongly that if the above option is not approved the only other option is separation from the community through sale. It is our position, as caretakers of the Center, due to the current health and safety dangers, we can no longer allow the Center to deteriorate.

The Committee respectfully requests a decision to pursue formal bids for construction at this time.

Respectfully,

Sharon P&R



RECEIVED
Town of Sharon
4/7/21 JMM

SHARON FIRE DEPARTMENT, INC.

36 West Main Street – PO Box 357 Sharon, CT 06069

April 6, 2021

Town of Sharon
PO Box 365
Sharon, CT 06609


RE: VFIS

Dear Selectman,

I am sending this letter as an outline describing the reason for the Sharon Fire Departments request for funds to be added to the annual cost of the VFIS LOSAP program. When the LOSAP program was established it offered additional protection for life insurance to be paid to a deceased member and or their family should something happen. I have been notified that Mass Mutual will no longer offer this type of coverage to our members as of 2020.

As per the enclosed documents we are requesting that the Selectman allow us to continue this type of added protection by accepting the attached proposal. This was always included in the price of the LOSAP program but will now be a renewable policy each year. By our accepting this proposal it will allow us to continue to offer our members added security should something happen to them in the future. As the Administrator of the LOSOP program I have had to help assist recently a few members families obtain benefits, and I can attest this is an added benefit.

If you would please consider payment for the acceptance of the attached proposal during the current budget year this will allow the department to continue this benefit to our members. Should you have any questions please feel free to contact me at 860 671 0481, again on behalf of our members we thank the Selectman for your continued support.

Alton E. Golden 
Vice President Sharon Fire.
PO Box 365
Sharon, CT 06069



A Division of Glatfelter Insurance Group

**GROUP TERM LIFE INSURANCE PROPOSAL
FOR**

Sharon Volunteer Fire Department, Inc

**PREPARED AND
ADMINISTERED BY:**

VFIS
183 Leader Heights Road
York, Pennsylvania 17402
800-233-1957

PRESENTED BY:

Newberry Insurance Agency Inc

DATE:

3/8/2021

THIS PROPOSAL EXPIRES IN 90 DAYS

[01-2011] Lindy S. Daugard

PLAN # Option 1
SUMMARY OF BENEFITS FOR
Sharon Volunteer Fire Department, Inc
GROUP TERM
UNDERWRITTEN BY
COMBINED INSURANCE COMPANY OF AMERICA

EFFECTIVE DATE: 05/1/2021

INSURANCE AMOUNT:

Basic Coverage	\$10,000.00
Accidental Death and Dismemberment Coverage	\$10,000.00
Optional Covered Activity Accidental Death and Dismemberment Benefit (100% of Basic Coverage)	\$10,000.00
Optional Accidental Burn and Disfigurement Benefit	\$10,000.00
Optional Burial and Cremation Benefit Rider	\$5,000.00
Optional Rehabilitation Benefit Rider	20% of Basic Coverage to a max of \$50K

REDUCTION SCHEDULE:

Insurance Amount Reduced by 50% at age 70

ELIGIBILITY:

All Members as stated on the plan census

PROPOSED ANNUAL COST:

Cost for Basic Coverage including AD&D	\$6,389.52
Cost for optional 100% Covered Activity Accidental Death and Dismemberment Benefit Including Accidental Burn and Disfigurement	+ \$84.96
Total Annual Cost	\$6,474.48
Cost for optional Burial and Cremation Benefit Rider	+ \$216.00
Cost for optional Rehabilitation Benefit Rider	+ \$113.28

NUMBER OF INSURED		NUMBER ELIGIBLE TO	
LISTED ON CENSUS:	60	PARTICIPATE IN PLAN:	60

NOTE: These cost illustrations are based on census data and underwriting information provided to VFIS at this date. The actual cost will be determined based on data provided at the time of plan installation and final premiums due will be determined based on actual census data provided at the end of the policy period.

COVERAGE CANNOT BE BOUND WITHOUT RECEIPT OF PREMIUM
--

POLICY DESCRIPTION

ELIGIBILITY:

- Any Member who satisfies the requirements of the by-laws as an Active Emergency Service Volunteer, or a Retired Emergency Service Volunteer, or if the Policy is issued to a Group Participating Organization, as allowed under applicable laws, the person is a member of the Group Participating Organization.
- For coverage to apply, the Member must be actively involved with the organization. In order to comply with the applicable law and to ensure there will be no question of coverage at the time of a claim, we request that the activities you require of an Eligible Class to qualify as an Member and to be covered by the Group Life Program be described. Please submit a copy of the Group Participating Organization's by-laws or other documentation, providing such.

COVERAGE SUMMARY:

- Guaranteed issue group term life insurance for any age (members age 14 and above)
- Waiver of Premium through age 59
- Accidental Death and Dismemberment
- Accelerated Death Benefit Option,

INSURANCE AMOUNT:

- The Group Participating Organization may purchase a minimum of \$10,000 to a maximum of \$50,000, in increments of \$5,000.
- Minimum Reduction of Insurance Amount by [50% at age 70.]

(Other options may be requested)

TOWN OF SHARON

Application for Food Truck

Property Owner/Applicant's Name: _____

(Include entity's principal's name, mailing and street address if Property Owner/applicant is not an individual)

Vendor's Host Business Name/Mailing and Street Address of Vending Property: _____

(Include entity's principal's name, mailing and street address if Property Owner/applicant is not an individual)

Owner/Applicant's Phone # _____ Permit Length # days _____ Annual _____

The undersigned agrees to comply with the provisions of the Ordinance covering Food Trucks, adopted in _____, 2021, and understands that failure to comply will result in suspension or revocation of the Vendor's Permit, issued pursuant to same. Also, it is agreed that the applicant is responsible for insuring that the Food Truck Vendor has all of the applicable permits and will provide a list of Food Trucks and dates they will be on their property to the Health Department.

Applicant's Printed Name

Applicant's Signature

.....
Signature _____ Date _____
First Selectman

Signature _____ Date _____
Health Department
Attach copy of Health Department License

Permit Number _____ Issued Date _____ Permit Dates _____

Amount Paid _____ Cash/Check No. _____ Map of Truck Placement _____