



STATE OF VERMONT
JOINT FISCAL OFFICE

MEMORANDUM

To: Joint Fiscal Committee members
From: Sorsha Anderson, Staff Associate
Date: February 4, 2021
Subject: Grant Requests – JFO #3034

Enclosed please find one (1) item, which the Joint Fiscal Office has received from the Administration.

JFO #3034 - \$200,000,000 to the VT Agency of Administration from the US Dept. of the Treasury, Emergency Rental Assistance Program. The funds will be used to assist eligible households that have difficulty making timely payments of rent and utilities due to the COVID-19 pandemic. Included in the funding are five (5) limited service positions to administer this sizable grant program.

[JFO received 2/3/2021]

Please review the enclosed materials and notify the Joint Fiscal Office (Sorsha Anderson: sanderson@leg.state.vt.us) if you have questions or would like this item held for legislative review. Unless we hear from you to the contrary by February 20, 2021, we will assume that you agree to consider as final the Governor's acceptance of this request.

STATE OF VERMONT REQUEST FOR GRANT (*) ACCEPTANCE (Form AA-1)

BASIC GRANT INFORMATION				
1. Agency:	Agency of Administration			
2. Department:	Secretary's Office			
3. Program:	Emergency Rental and Utility Assistance			
4. Legal Title of Grant:	Emergency Rental Assistance			
5. Federal Catalog #:	21.023			
6. Grant/Donor Name and Address:				
Emergency Rental Assistance Program United States Department of the Treasury, 1500 Pennsylvania Avenue NW Washington, DC 20220				
7. Grant Period:	From:	12/27/2020 [date Act was signed into law]	To:	12/31/2021
8. Purpose of Grant:				
The Consolidated Appropriations Act, 2021 (Pub. L. No. 116-260) established the \$25 billion Emergency Rental Assistance (ERA) program. The funding provided by the ERA program will assist eligible households that have difficulty making timely payments of rent and utilities due to the COVID-19 pandemic.				
9. Impact on existing program if grant is not Accepted:				
The programs cannot exist without this grant funding.				
10. BUDGET INFORMATION				
	SFY 1	SFY 2	SFY 3	Comments
Expenditures:	FY 2021	FY 2022	FY 2023	
Personal Services	\$200,360	\$200,360	\$	5 limited service positions total
Operating Expenses	\$4,299,640	\$4,299,640	\$	
Grants	\$95,500,000	\$95,500,000	\$	
Total	\$100,000,000	\$100,000,000	\$	
Revenues:				
State Funds:	\$0	\$	\$	
Cash	\$0	\$	\$	
In-Kind	\$0	\$	\$	
Federal Funds:	\$	\$	\$	Funds generally expire on 12/31/2021
(Direct Costs)	\$100,000,000	\$100,000,000	\$	
(Statewide Indirect)	\$0	\$	\$	
(Departmental Indirect)	\$0	\$	\$	
Other Funds:	\$0	\$	\$	
Grant (source)	\$	\$	\$	
Total	\$100,000,000	\$100,000,000	\$	

STATE OF VERMONT REQUEST FOR GRANT (*) ACCEPTANCE (Form AA-1)

Appropriation No:	1100010000	Amount:	\$100,000,000.00
			\$
			\$
			\$
			\$
			\$
			\$
		Total	\$100,000,000.00

PERSONAL SERVICE INFORMATION

11. Will monies from this grant be used to fund one or more Personal Service Contracts? Yes No
 If "Yes", appointing authority must initial here to indicate intent to follow current competitive bidding process/policy.

Appointing Authority Name: Susanne Young Agreed by: Susanne R. Young Digitally signed by Susanne R. Young Date: 2021.02.02 13:53:28 -0500 (initial)

12. Limited Service Position Information:	# Positions	Title
	1	Financial Manager II (AHS)
	1	Community Services Program Manager (AHS)
	1	Grants Specialist PG23 (ACCD – DHCD)
	1	Consumer Affairs and Information Specialist (PSD)
	1	Benefits Program Administrator (PSD)
Total Positions	5	

12a. Equipment and space for these positions: Is presently available. Can be obtained with available funds.

13. AUTHORIZATION AGENCY/DEPARTMENT


I/we certify that no funds beyond basic application preparation and filing costs have been expended or committed in anticipation of Joint Fiscal Committee approval of this grant, unless previous notification was made on Form AA-1PN (if applicable):

Signature:	Kristin Clouser <small>Digitally signed by Kristin Clouser Date: 2021.02.02 09:39:23 -05'00'</small>	Date:
Title:		
Signature:		Date:
Title:		

14. SECRETARY OF ADMINISTRATION

Approved: (Secretary or designee signature) **Susanne R. Young** Digitally signed by Susanne R. Young Date: 2021.02.02 13:54:01 -05'00' Date:

15. ACTION BY GOVERNOR

Check One Box: Accepted (Governor's signature)  Date: 2/3/21

Rejected

16. DOCUMENTATION REQUIRED

Required GRANT Documentation

<input checked="" type="checkbox"/> Request Memo	<input type="checkbox"/> Notice of Donation (if any)
<input type="checkbox"/> Dept. project approval (if applicable)	<input type="checkbox"/> Grant (Project) Timeline (if applicable)
<input checked="" type="checkbox"/> Notice of Award	<input type="checkbox"/> Request for Extension (if applicable)

STATE OF VERMONT REQUEST FOR GRANT (*) ACCEPTANCE (Form AA-1)

<input type="checkbox"/> Grant Agreement	<input type="checkbox"/> Form AA-1PN attached (if applicable)
<input checked="" type="checkbox"/> Grant Budget	
End Form AA-1	
(*) The term "grant" refers to any grant, gift, loan, or any sum of money or thing of value to be accepted by any agency, department, commission, board, or other part of state government (see 32 V.S.A. §5).	

State of Vermont
 Department of Finance & Management
 109 State Street, Pavilion Building
 Montpelier, VT 05620-0401

[phone] 802-828-2376
 [fax] 802-828-2428

Agency of Administration

**STATE OF VERMONT
 FINANCE & MANAGEMENT GRANT REVIEW FORM**

Grant Summary:	The Consolidated Appropriations Act, 2021 (Pub. L. No. 116-260) established the \$25 billion Emergency Rental Assistance (ERA) program. The funding provided by the ERA program will assist eligible households that have difficulty making timely payments of rent and utilities due to the COVID-19 pandemic.
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Date:	2/1/2021
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Department:	Agency of Administration Secretary's Office 1100010000
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Legal Title of Grant:	Emergency Rental Assistance
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Federal Catalog #:	CFDA# 21.023
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Grant/Donor Name and Address:	Emergency Rental Assistance Program United States Department of the Treasury, 1500 Pennsylvania Avenue NW Washington, DC 20220
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Grant Period:	From: 12/27/2020	To: 12/31/2021
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Grant/Donation	\$200,000,000.00
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	SFY 1	SFY 2	SFY 3	Total	Comments
Grant Amount:	\$100,000,000	\$100,000,000	\$	\$200,000,000	

Position Information:	# Positions	Explanation/Comments
	5	

Additional Comments:	No state match is required for this program.
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Department of Finance & Management	Adam Greshin <small>Digitally signed by Adam Greshin Date: 2021.02.02 13:54:16 -0500</small>	(Initial)
Secretary of Administration	Susanne R. Young <small>Digitally signed by Susanne R. Young Date: 2021.02.02 13:54:16 -0500</small>	(Initial)
Sent To Joint Fiscal Office	Ariel Murphy <small>Digitally signed by Ariel Murphy Date: 2021.02.03 12:37:09 -0500</small>	Date

Jason Aronowitz
Digitally signed by Jason Aronowitz
 Date: 2021.02.01 15:49:16 -0500



Rental Assistance Program Grant-Funded Limited Service Positions (estimated \$)

Agency	Grade	Annual Rate		10 Months		Total	Title
		PS	OE	PS	OE		
AHS	PG26	\$98,267	\$1,480	\$81,889	\$1,233	\$83,123	Financial Manager II
AHS	PG27	\$103,365	\$1,480	\$86,138	\$1,233	\$87,371	Community Services Program Manager
DHCD	PG23	\$85,263	\$1,480	\$71,053	\$1,233	\$72,286	Grants Specialist
PSD	PG23	\$85,263	\$1,480	\$71,053	\$1,233	\$72,286	Consumer Affairs and Information Specialist
PSD	PG28	\$108,707	\$1,480	\$90,589	\$1,233	\$91,823	Benefits Program Administrator
				\$400,721	\$6,167	\$406,888	
Per fiscal year:				\$200,360	\$3,083	\$203,444	



From: EmergencyRentalAssistance@treasury.gov <emergencyrentalassistance@treasury.gov>

Sent: Wednesday, January 20, 2021 10:55 AM

To: Farnham, Douglas <Douglas.Farnham@vermont.gov>

Cc: caresitforms@treasury.gov

Subject: Update on Status of Emergency Rental Assistance Application

EXTERNAL SENDER: Do not open attachments or click on links unless you recognize and trust the sender.

Thank you for submitting your data for Emergency Rental Assistance to the Treasury Department. Your application has been reviewed and approved. You should expect to receive \$200,000,000.00 over the following two business days. Please see attached for the executed agreement.

The ERA Team

ERAApplications@treasury.gov

OMB Approved No.: 1505-0266

Expiration Date: 7/31/21

U.S. DEPARTMENT OF THE TREASURY
EMERGENCY RENTAL ASSISTANCE

Recipient name and address: State of Vermont, Office of the Treasurer 109 State Street MONTPELIER, VT 05609-0201	DUNS Number: 80-955-0320 Taxpayer Identification Number: 03-6000264
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Section 501(a) of Division N of the Consolidated Appropriations Act, 2021, Pub. L. No. 116-260 (Dec. 27, 2020) authorizes the Department of the Treasury ("Treasury") to make payments to certain recipients to be used to provide emergency rental assistance.

Recipient hereby agrees, as a condition to receiving such payment from Treasury, to the terms attached hereto.

**Susanne R.
Young**

Digitally signed by
Susanne R. Young
Date: 2021.01.11 12:10:06
-05'00'

Authorized Representative Name: Susanne R. Young

Title: Secretary of Administration

Date signed: January 11, 2021

U.S. DEPARTMENT OF THE TREASURY
EMERGENCY RENTAL ASSISTANCE

1. Use of Funds. Recipient understands and agrees that the funds disbursed under this award may only be used for the purposes set forth in Section 501 of Division N of the Consolidated Appropriations Act, 2021, Pub. L. No. 116-260 (Dec. 27, 2020) (referred to herein as “Section 501”).
2. Repayment and reallocation of funds.
 - a. Recipient agrees to repay excess funds to Treasury in the amount as may be determined by Treasury pursuant to Section 501(d). Such repayment shall be made in the manner and by the date, which shall be no sooner than September 30, 2021, as may be set by Treasury.
 - b. The reallocation of funds provided by Section 501(d) shall be determined by Treasury and shall be subject to the availability of funds at such time.
3. Availability of funds.
 - a. Recipient acknowledges that, pursuant to Section 501(e), funds provided under this award shall remain available only through December 31, 2021, unless, in the case of a reallocation made by Treasury pursuant to section 501(d), Recipient requests and receives from Treasury an extension of up to 90 days.
 - b. Any such requests for extension shall be provided in the form and shall include such information as Treasury may require.
 - c. Amounts not expended by Recipient in accordance with Section 501 shall be repaid to Treasury in the manner specified by Treasury.
4. Administrative costs.
 - a. Administrative expenses of Recipient may be treated as direct costs, but Recipient may not cover indirect costs using the funds provided in this award, and Recipient may not apply its negotiated indirect cost rate to this award.
 - b. The sum of the amount of the award expended on housing stability services described in Section 501(c)(3) and the amount of the award expended on administrative expenses described in Section 501(c)(5) may not exceed 10 percent of the total award.
5. Reporting.
 - a. Recipient agrees to comply with any reporting obligations established by Treasury, including the Treasury Office of Inspector General, as relates to this award, including but not limited to: (i) reporting of information to be used by Treasury to comply with its public reporting obligations under section 501(g) and (ii) any reporting to Treasury and the Pandemic Response Accountability Committee that may be required pursuant to section 15011(b)(2) of Division B of the Coronavirus Aid, Relief, and Economic Security Act (Pub. L. No. 116-136), as amended by Section 801 of Division O of the Consolidated Appropriations Act, 2021 (Pub. L. No. 116-260). Recipient acknowledges that any such information required to be reported pursuant to this section may be publicly disclosed.
 - b. Recipient agrees to establish data privacy and security requirements as required by Section 501(g)(4).
6. Maintenance of and Access to Records

- a. Recipient shall maintain records and financial documents sufficient to support compliance with Section 501(c) regarding the eligible uses of funds.
 - b. The Treasury Office of Inspector General and the Government Accountability Office, or their authorized representatives, shall have the right of access to records (electronic and otherwise) of Recipient in order to conduct audits or other investigations.
 - c. Records shall be maintained by Recipient for a period of five (5) years after all funds have been expended or returned to Treasury.
7. Cost Sharing. Cost sharing or matching funds are not required to be provided by Recipient.
8. Compliance with Applicable Law and Regulations.
- a. Recipient agrees to comply with the requirements of Section 501 and Treasury interpretive guidance regarding such requirements. Recipient also agrees to comply with all other applicable federal statutes, regulations, and executive orders, and Recipient shall provide for such compliance in any agreements it enters into with other parties relating to this award.
 - b. Federal regulations applicable to this award include, without limitation, the following:
 - i. Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, 2 C.F.R. Part 200, other than such provisions as Treasury may determine are inapplicable to this Award and subject to such exceptions as may be otherwise provided by Treasury. Subpart F – Audit Requirements of the Uniform Guidance, implementing the Single Audit Act, shall apply to this award.
 - ii. Universal Identifier and System for Award Management (SAM), 2 C.F.R. Part 25 and pursuant to which the award term set forth in Appendix A to 2 C.F.R. Part 25 is hereby incorporated by reference.
 - iii. Reporting Subaward and Executive Compensation Information, 2 C.F.R. Part 170, pursuant to which the award term set forth in Appendix A to 2 C.F.R. Part 170 is hereby incorporated by reference.
 - iv. OMB Guidelines to Agencies on Governmentwide Debarment and Suspension (Nonprocurement), 2 C.F.R. Part 180 (including the requirement to include a term or condition in all lower tier covered transactions (contracts and subcontracts described in 2 C.F.R. Part 180, subpart B) that the award is subject to 2 C.F.R. Part 180 and Treasury's implementing regulation at 31 C.F.R. Part 19.
 - v. Recipient Integrity and Performance Matters, pursuant to which the award term set forth in 2 C.F.R. Part 200, Appendix XII to Part 200 is hereby incorporated by reference.
 - vi. Governmentwide Requirements for Drug-Free Workplace, 31 C.F.R. Part 20.
 - vii. New Restrictions on Lobbying, 31 C.F.R. Part 21.
 - c. Statutes and regulations prohibiting discrimination applicable to this award, include, without limitation, the following:
 - i. Title VI of the Civil Rights Act of 1964 (42 U.S.C. §§ 2000d et seq.) and Treasury's implementing regulations at 31 C.F.R. Part 22, which prohibit discrimination on the grounds of race, color, or national origin under programs or activities receiving federal financial assistance;

- ii. The Fair Housing Act, Title VIII-IX of the Civil Rights Act of 1968 (42 U.S.C. § 3601 et seq.), which prohibits discrimination in housing on the basis of race, color, national origin, sex, familial status, or disability;
 - iii. Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. § 794), which prohibits discrimination on the basis of handicap under any program or activity receiving or benefitting from federal assistance;
 - iv. The Age Discrimination Act of 1975, as amended (42 U.S.C. §§ 6101 et seq.) and Treasury's implementing regulations at 31 C.F.R. Part 23, which prohibit discrimination on the basis of age in programs or activities receiving federal financial assistance; and
 - v. The Americans with Disabilities Act of 1990, as amended (42 U.S.C. §§ 12101 et seq.), which prohibits discrimination on the basis of disability under programs, activities, and services provided or made available by state and local governments or instrumentalities or agencies thereto.
9. False Statements. Recipient understands that false statements or claims made in connection with this award may result in fines, imprisonment, debarment from participating in federal awards or contracts, and/or any other remedy available by law.
10. Publications. Any publications produced with funds from this award must display the following language: "This project [is being] [was] supported, in whole or in part, by federal award number [enter project FAIN] awarded to [name of Recipient] by the U.S. Department of the Treasury."
11. Debts Owed the Federal Government.
 - a. Any funds paid to Recipient (1) in excess of the amount to which Recipient is finally determined to be authorized to retain under the terms of this award; (2) that are determined by the Treasury Office of Inspector General to have been misused; or (3) that are not repaid by Recipient as may be required by Treasury pursuant to Section 501(d) shall constitute a debt to the federal government.
 - b. Any debts determined to be owed the federal government must be paid promptly by Recipient. A debt is delinquent if it has not been paid by the date specified in Treasury's initial written demand for payment, unless other satisfactory arrangements have been made. Interest, penalties, and administrative charges shall be charged on delinquent debts in accordance with 31 U.S.C. § 3717 and 31 C.F.R. § 901.9. Treasury will refer any debt that is more than 180 days delinquent to Treasury's Bureau of the Fiscal Service for debt collection services.
 - c. Penalties on any debts shall accrue at a rate of not more than 6 percent per year or such other higher rate as authorized by law. Administrative charges, that is, the costs of processing and handling a delinquent debt, shall be determined by Treasury.
 - d. Funds for payment of a debt must not come from other federally sponsored programs.
12. Disclaimer.
 - a. The United States expressly disclaims any and all responsibility or liability to Recipient or third persons for the actions of Recipient or third persons resulting in death, bodily injury, property damages, or any other losses resulting in any way from the performance of this award or any other losses resulting in any way from the performance of this award or any contract, or subcontract under this award.
 - b. The acceptance of this award by Recipient does not in any way constitute an agency relationship between the United States and Recipient.

13. Protections for Whistleblowers.

- a. In accordance with 41 U.S.C. § 4712, Recipient may not discharge, demote, or otherwise discriminate against an employee as a reprisal for disclosing information to any of the list of persons or entities provided below that the employee reasonably believes is evidence of gross mismanagement of a federal contract or grant, a gross waste of federal funds, an abuse of authority relating to a federal contract or grant, a substantial and specific danger to public health or safety, or a violation of law, rule, or regulation related to a federal contract (including the competition for or negotiation of a contract) or grant.
- b. The list of persons and entities referenced in the paragraph above includes the following:
 - i. A member of Congress or a representative of a committee of Congress;
 - ii. An Inspector General;
 - iii. The Government Accountability Office;
 - iv. A Treasury employee responsible for contract or grant oversight or management;
 - v. An authorized official of the Department of Justice or other law enforcement agency;
 - vi. A court or grand jury; and/or
 - vii. A management official or other employee of Recipient, contractor, or subcontractor who has the responsibility to investigate, discover, or address misconduct.
- c. Recipient shall inform its employees in writing of the rights and remedies provided under this section, in the predominant native language of the workforce.

14. Increasing Seat Belt Use in the United States. Pursuant to Executive Order 13043, 62 FR 19217 (April 8, 1997), Recipient should and should encourage its contractors to adopt and enforce on-the-job seat belt policies and programs for their employees when operating company-owned, rented or personally owned vehicles.

15. Reducing Text Messaging While Driving. Pursuant to Executive Order 13513, Recipient should encourage its employees, subrecipients, and contractors to adopt and enforce policies that ban text messaging while driving, and Recipient should establish workplace safety policies to decrease accidents caused by distracted drivers.

**STATE OF VERMONT
Joint Fiscal Committee Review
Limited Service - Grant Funded
Position Request Form**

This form is to be used by agencies and departments when additional grant funded positions are being requested. Review and approval by the Department of Human Resources must be obtained prior to review by the Department of Finance and Management. The Department of Finance will forward requests to the Joint Fiscal Office for JFC review. A Request for Classification Review Form (RFR) and an updated organizational chart showing to whom the new position(s) would report must be attached to this form. Please attach additional pages as necessary to provide enough detail.

Agency/Department: Department of Housing and Community Development Date: January 29, 2021

Name and Phone (of the person completing this request): Josh Hanford, Commissioner

Request is for:

- Positions funded and attached to a new grant.
- Positions funded and attached to an existing grant approved by JFO # _____

1. Name of Granting Agency, Title of Grant, Grant Funding Detail (attach grant documents):

U.S. Department of the Treasury, Consolidated Appropriations Act, Division N., Title V, Subtitle A, Sec. 501. Emergency Rental Assistance.

2. List below titles, number of positions in each title, program area, and limited service end date (information should be based on grant award and should match information provided on the RFR) position(s) will be established only after JFC final approval:

Title* of Position(s) Requested	# of Positions	Division/Program	Grant Funding Period/Anticipated End Date
Grants Specialist	1 position	Emergency Rental Assistance Program	Grant period February 1, 2020 - March 30, 2021.

*Final determination of title and pay grade to be made by the Department of Human Resources Classification Division upon submission and review of Request for Classification Review.

3. Justification for this request as an essential grant program need:

DHCD assist in administering the \$200,000,000 Emergency Rental Assistance funds allocated in the Federal Consolidated Appropriations Act, 2021. DHCD requires one limited service position to act as a grants specialist to track and monitor the various programs and initiatives created via the fund.

I certify that this information is correct and that necessary funding, space and equipment for the above position(s) are available (required by 32 VSA Sec. 5(b)).

Josh Hanford

Digitally signed by Josh Hanford
Date: 2021.01.29 12:44:32 -05'00'

Signature of Agency or Department Head _____ Date _____

Aimee Pope
Digitally signed by Aimee Pope
Date: 2021.02.01 13:26:21 -05'00'

Approved/Denied by Department of Human Resources _____ Date _____

Greshin
Digitally signed by Greshin
Date: 2021.02.01 16:27:52 -05'00'

Approved/Denied by Finance and Management _____ Date _____

Susanne R. Young
Digitally signed by Susanne R. Young
Date: 2021.02.02 13:54:49 -05'00'

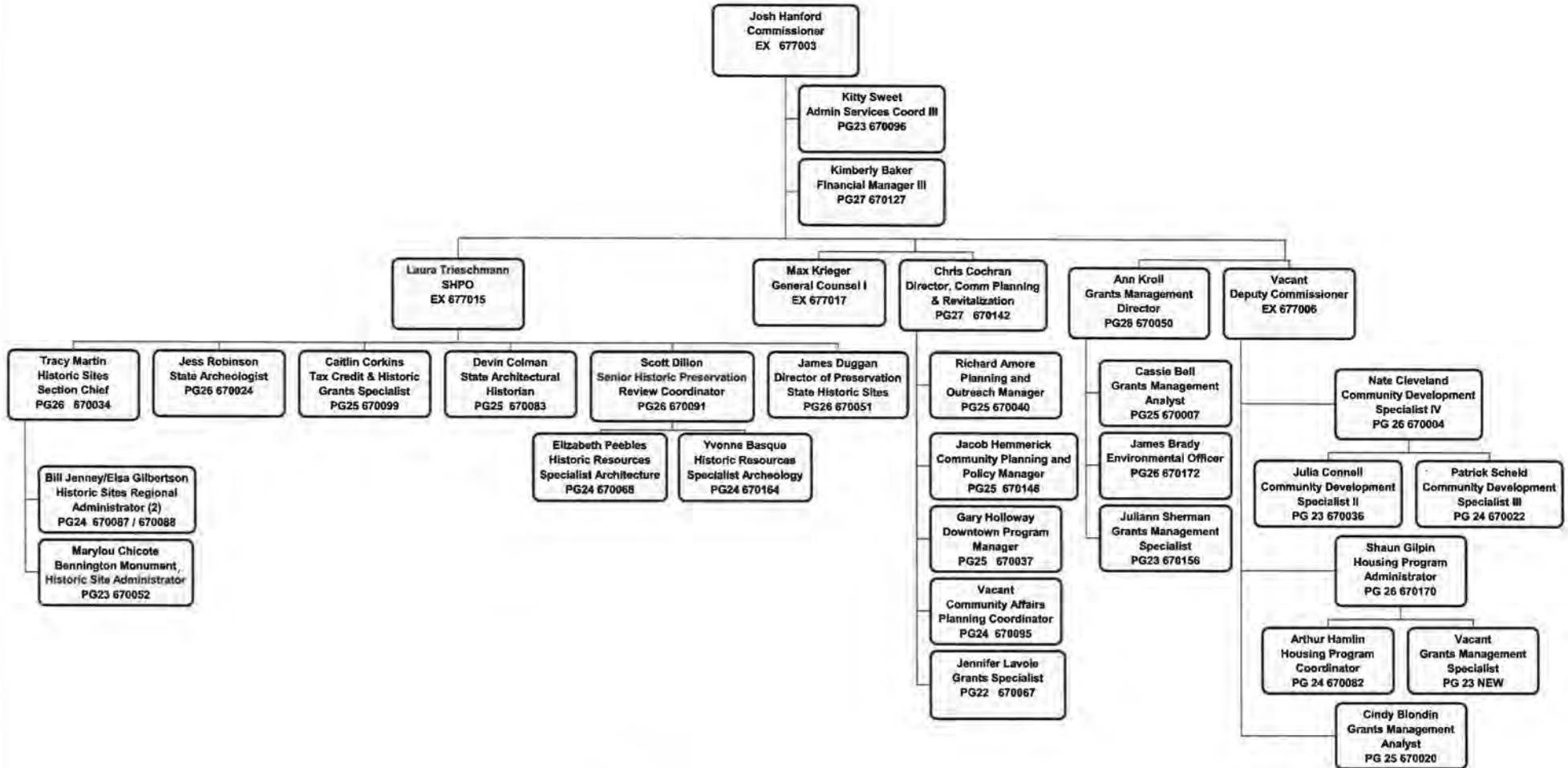
Approved/Denied by Secretary of Administration _____ Date _____

2/3/21

Approved/Denied by Governor (required as amended by 2019 Leg. Session) _____ Date _____

Comments:

AGENCY OF COMMERCE AND COMMUNITY DEVELOPMENT
 ORGANIZATION CHART
 FISCAL 2021 BUDGET
 DEPT OF HOUSING AND COMMUNITY DEVELOPMENT



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Agency/Department: Agency of Human Services / Department for Children and Families Date: 1/29/2020

Name and Phone (of the person completing this request): Sarah Truckle, 802-760-8750

Request is for:
 Positions funded and attached to a new grant.
 Positions funded and attached to an existing grant approved by JFO # _____

1. Name of Granting Agency, Title of Grant, Grant Funding Detail (attach grant documents):
 Emergency Rental and Utility Assistance funds, appropriated to Vermont in Division N of H.R. 133, the Federal Consolidated Appropriations Act, 2021

2. List below titles, number of positions in each title, program area, and limited service end date (information should be based on grant award and should match information provided on the RFR) position(s) will be established only after JFC final approval:

Title* of Position(s) Requested	# of Positions	Division/Program	Grant Funding Period/Anticipated End Date
Financial Manager II	1	DCF/BO	12/31/2021
Community Services Program Manager	1	DCF/OEO	12/31/2021

*Final determination of title and pay grade to be made by the Department of Human Resources Classification Division upon submission and review of Request for Classification Review.

3. Justification for this request as an essential grant program need:
 In order to expend the additional \$30M of federal funding, DCF requires two additional staff persons to conduct programmatic and financial monitoring, assist with additional invoicing and expenditures, support interagency coordination, and federal reporting. Depending on the programmatic design duties will shift in accordance with needs and updated reporting guidance from the federal government.

I certify that this information is correct and that necessary funding, space and equipment for the above position(s) are available (required by 32 VSA Sec. 5(b)).

Sean Brown Digitally signed by Sean Brown
 Date: 2021.01.29 16:31:47 -05'00'

Signature of Agency or Department Head Aimee Pope Date _____
Pope
 Date: 2021.02.01
 09:50:45 -05'00'

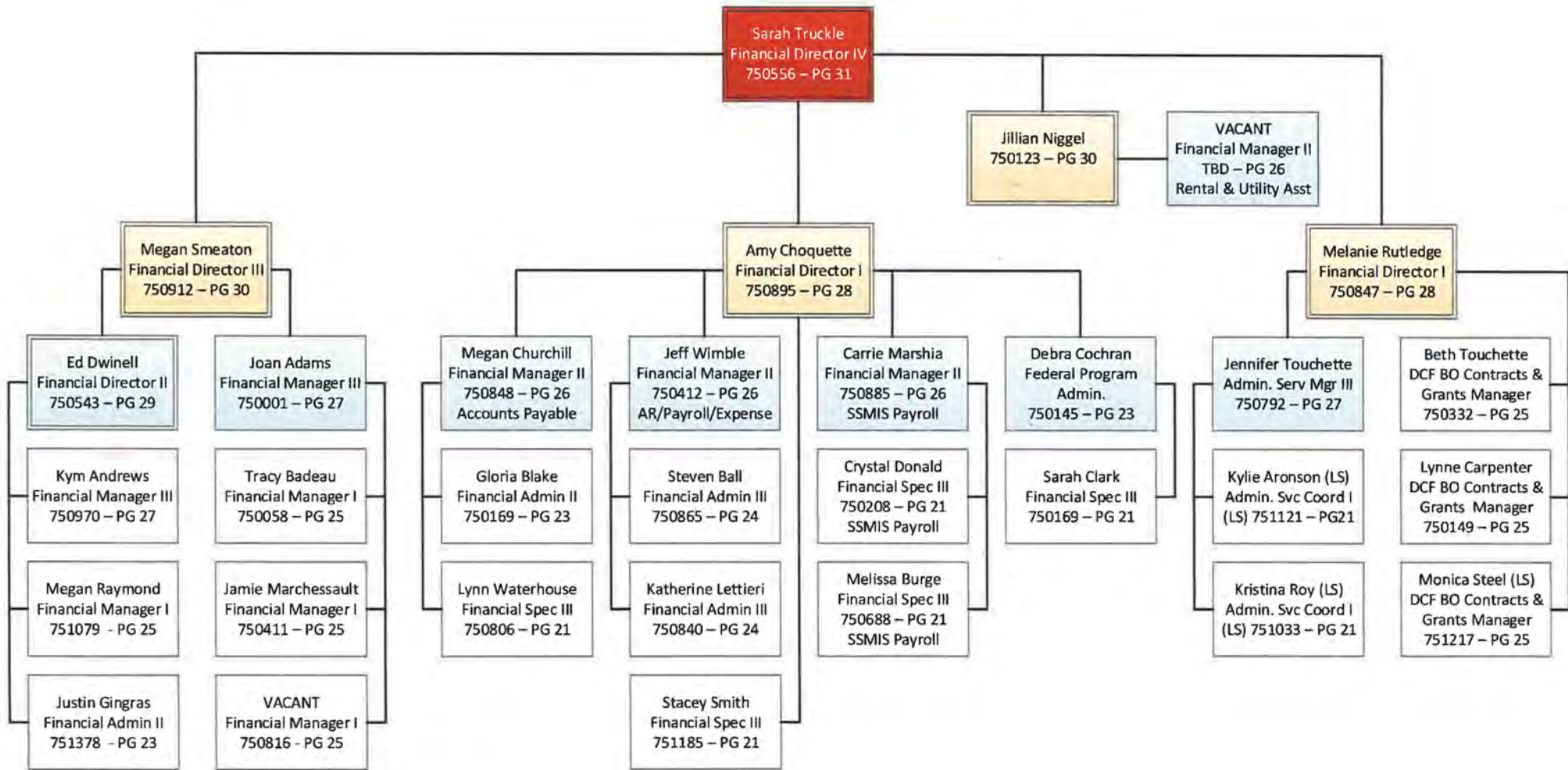
Approved/Denied by Department of Human Resources Adam Greshin Date _____
Greshin
 Date: 2021.02.01
 16:29:07 -05'00'

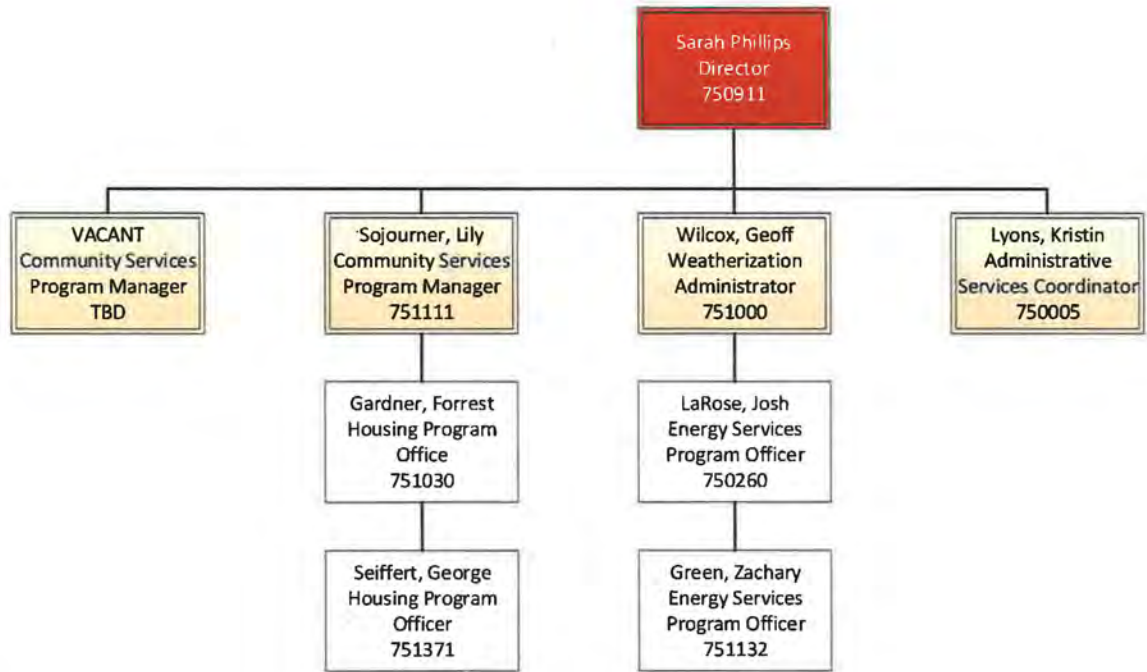
Approved/Denied by Finance and Management Susanne R. Young Date _____
Digitally signed by Susanne R. Young
 Date: 2021.02.02 13:55:11 -05'00'

Approved/Denied by Secretary of Administration _____ Date 2/3/21

Approved/Denied by Governor (required as amended by 2019 Leg. Session) _____ Date _____

Comments: _____





R / 01/12/2021

**STATE OF VERMONT
Joint Fiscal Committee Review
Limited Service - Grant Funded
Position Request Form**

This form is to be used by agencies and departments when additional grant funded positions are being requested. Review and approval by the Department of Human Resources must be obtained prior to review by the Department of Finance and Management. The Department of Finance will forward requests to the Joint Fiscal Office for JFC review. A Request for Classification Review Form (RFR) and an updated organizational chart showing to whom the new position(s) would report must be attached to this form. Please attach additional pages as necessary to provide enough detail.

Agency/Department: Public Service Department Date: 1/29/2021

Name and Phone (of the person completing this request): Riley Allen

Request is for:

- Positions funded and attached to a new grant.
- Positions funded and attached to an existing grant approved by JFO # _____

1. Name of Granting Agency, Title of Grant, Grant Funding Detail (attach grant documents):

2. List below titles, number of positions in each title, program area, and limited service end date (information should be based on grant award and should match information provided on the RFR) position(s) will be established only after JFC final approval:

<u>Title* of Position(s) Requested</u>	<u># of Positions</u>	<u>Division/Program</u>	<u>Grant Funding Period/Anticipated End Date</u>
Benefit Program Administrator	1	Consumer Affairs and Information	December 31, 2021
Consumer Affairs and Information Specialist	1	Consumer Affairs and Information	December 31, 2021

*Final determination of title and pay grade to be made by the Department of Human Resources Classification Division upon submission and review of Request for Classification Review.

3. Justification for this request as an essential grant program need:

The program will require the support to two positions. The more senior position would take on the more senior position of running the program, and interacting with utility leadership and partners. Combined, both positions provide technical oversight including coordination with utilities, assistance to end users, coordination with partnering community action agencies, interagency coordination, and design and periodic changes to the software platform used to receive applications and then facilitate approvals, invoicing and payments to utilities and fuel providers. This work mirrors work that occurred during a 6 months period in 2020 by diverting resources from other programs and activities.

I certify that this information is correct and that necessary funding, space and equipment for the above position(s) are available (required by 32 VSA Sec. 5(b)).

June E. Tierney

Digitally signed by June E. Tierney
DN: c=US, o=June E. Tierney, ou=State of Vermont, ou=Vermont Department of Public Service,
email=June.Tierney@vermont.gov, cn=US
Date: 2021.01.29 17:16:22 -0500

Signature of Agency or Department Head _____ Date _____

Aimee Pope
Digitally signed by Aimee Pope
Date: 2021.02.01
09:56:35 -05'00'

Approved/Denied by Department of Human Resources _____ Date _____

Greshin
Digitally signed by Adam Greshin
Date: 2021.02.01
16:30:14 -05'00'

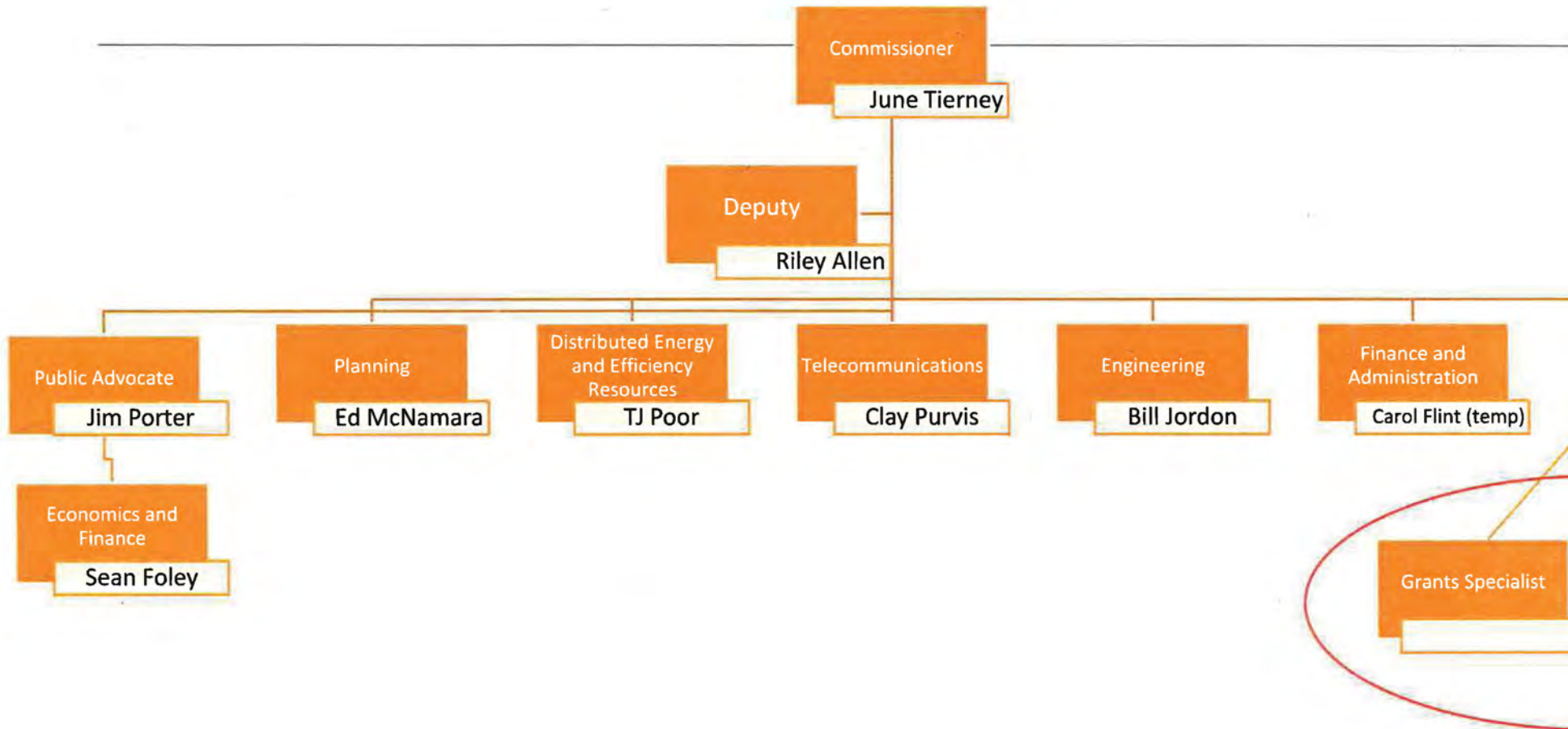
Approved/Denied by Finance and Management _____ Date _____

Susanne R. Young
Digitally signed by Susanne R. Young
Date: 2021.02.02 13:55:32 -05'00'

Approved/Denied by Secretary of Administration _____ Date _____

Approved/Denied by Governor (required as amended by 2019 Leg. Session) _____ Date 2/3/21

Comments:



MEMORANDUM

TO: Office of Governor Phil Scott
Agency of Administration
Department of Finance and Management

FROM: Josh Hanford, Commissioner, DHCD

DATE: February 1, 2021

SUBJECT: AA-1 Grant Acceptance Form

To whom it may concern,

This memorandum is to request approval of the attached State of Vermont Request for Grant Acceptance (AA-1 form) for \$200,000,000.00 in Emergency Rental and Utility Assistance funds, appropriated to Vermont in Division N of H.R. 133, the Federal Consolidated Appropriations Act, 2021 (the “Act” herein), which was signed into law on December 27, 2020.

PREFACE:

The Act provides a prescriptive program for emergency rental assistance and emergency utility assistance. The Act specifically describes how the programs shall be enacted, the limitations of the programs, and the various eligibility criteria. The Department of Treasury will release further guidance clarifying the Act.

In short, the funds must be used to provide emergency rental assistance, emergency utility assistance payments, and “other housing services” for Vermonters. At this time, the funds cannot be used in any other fashion. In addition, time is of the essence, as 65% of the funds must be spent by September 30, 2021, or the remaining funds risk recapture by the U.S. Treasury.

The Department of Housing and Community Development (DHCD), along with the Agency of Human Services (AHS), the Department of Public Service (PSD), and the Agency of Administration (AOA), have been working to devise programs to efficiently use the narrowly tailored funds. The totals below are inclusive of administrative expenses and limited-service position needs. The AA-1 attached requests the funds to be accepted and released to AOA, to then hold and grant and/or transfer the funds according to the following expenditure plan:

PROPOSED DISTRIBUTION PLAN (GRANTS BUDGET):

\$110,000,000.00 to AOA to grant to the Vermont State Housing Authority (VSHA) to implement a modified version of their existing Rental Housing Stabilization Program (RHSP). This program will be implemented via an MOA between AOA, VSHA, and DHCD.

\$16,000,000.00 to PSD to implement a modified version of their existing utility assistance program.

\$30,000,000.00 to AHS to assist homeless individuals, those exiting homelessness, and implement other such programming as becomes allowable under federal guidance.

\$18,000,000.00 to DHCD for “other housing services” as defined by the Act, which pending Treasury Guidance, may include tenant and landlord counseling and mediation services such as those administered by Vermont Legal Aid, and the Vermont Landlord’s Association, and to other programs which may become viable upon further guidance from the U.S. Treasury.

\$26,000,000.00 to AOA to hold in reserve to allocate to programs in need of additional funds, and/or to programs which may become viable pursuant to evolving U.S. Treasury guidance.

Conclusion:

Based on the above, DHCD requests that the Governor’s Office approve the attached AA-1 form to accept the \$200,000,000 in Emergency Rental and Utility Assistance funds.

Thank you for your time and assistance in this matter.
Sincerely,

Josh Hanford, Commissioner, DHCD

Date

State of Vermont
Agency of Administration
Office of the Secretary
Pavilion Office Building
109 State Street, 5th Floor
Montpelier, VT 05609-0201
www.aoa.vermont.gov

[phone] 802-828-3322
[fax] 802-828-3320

Susanne R. Young, Secretary

MEMORANDUM

TO: Joint Fiscal Committee
FROM: Susanne Young, Secretary of Administration
DATE: February 1, 2021
RE: AA-1 Grant Acceptance Form

This memorandum is to request approval of the attached State of Vermont Request for Grant Acceptance (AA-1 form) for \$200,000,000.00 in Emergency Rental Assistance funds, appropriated to Vermont in Division N of H.R. 133, the Federal Consolidated Appropriations Act, 2021 (the “Act” herein), which was signed into law on December 27, 2020. Of this amount, \$100,000,000.00 in spending authority directed to the Agency of Administration (AoA) is requested for FY 2021. AoA will distribute the funding in accordance with the following plan:

- \$110,000,000.00 to AOA to grant to the Vermont State Housing Authority (VSHA) to implement a modified version of their existing Rental Housing Stabilization Program (RHSP). This program will be implemented via an MOA between AOA, VSHA, and DHCD.
- \$16,000,000.00 to PSD to implement a modified version of their existing utility assistance program.
- \$30,000,000.00 to AHS to assist homeless individuals, those exiting homelessness, and implement other such programming as becomes allowable under federal guidance.
- \$18,000,000.00 to DHCD for “other housing services” as defined by the Act, which pending Treasury Guidance, may include tenant and landlord counseling and mediation services such as those administered by Vermont Legal Aid, and the Vermont Landlord’s Association, and to other programs which may become viable upon further guidance from the U.S. Treasury.
- \$26,000,000.00 to AOA to hold in reserve to allocate to programs in need of additional funds, and/or to programs which may become viable pursuant to evolving U.S. Treasury guidance.

No state match is required for this federal grant program. A total of five grant-funded limited service positions are also being requested to administer this sizable grant program.



An overview of this grant program is provided in the attached memo dated January 29, 2021 from Commissioner Josh Hanford of the Department of Housing and Community Development (DCHD).

Attachments:

Memo dated January 29, 2021 from Commissioner Josh Hanford
AA-1 Grant Acceptance Form
Confirmation of Grant Approval (email dated 1/20/2021 from
EmergencyRentalAssistance@treasury.gov
Finance and Management Grant Review Form
Joint Fiscal Committee Review Limited Service Grant Funded Position Request Forms
and Organizational Charts from DHCD (1 position), AHS (two positions), PSD (two
positions)

Thank you for your consideration in this matter.

Sincerely,

Susanne Young, Secretary of Administration

Date



VERMONT DEPARTMENT OF PERSONNEL
Request for Classification Review
Position Description Form A

- **This form is to be used by managers and supervisors to request classification of a position (filled or vacant) when the duties have changed, and by managers and supervisors to request the creation of a new job class/title (for a filled, vacant, or new position), and by employees to request classification of their position.**
- This form was designed in Microsoft Word to download and complete on your computer. This is a form-protected document, so information can only be entered in the shaded areas of the form.
- If you prefer to fill out a hard copy of the form, contact your Personnel Officer.
- To move from field to field use your mouse, the arrow keys or press Tab. Each form field has a limited number of characters. Use your mouse or the spacebar to mark and unmark a checkbox.
- Where additional space is needed to respond to a question, you might need to attach a separate page, and number the responses to correspond with the numbers of the questions on the form. Please contact your Personnel Officer if you have difficulty completing the form.
- The form must be complete, including required attachments and signatures or it will be returned to the department's personnel office. All sections of this form are required to be completed unless otherwise stated.

INSTRUCTIONS: Tell us about the job. The information you provide will be used to evaluate the position. It will not be used in any way to evaluate an employee's performance or qualifications.

Answer the questions carefully. The information you give will help ensure that the position is fairly evaluated. Here are some suggestions to consider in completing this questionnaire:

- Tell the **facts** about what an employee in this position is actually expected to do.
- Give **specific examples** to make it clear.
- Write in a way so a person unfamiliar with the job will be able to understand it.
- Describe the job **as it is now**; not the way it was or will become.
- Before answering each question, read it carefully.

To Submit this Request for Classification Review: If this is a filled position, the employee must sign the original* and forward to the supervisor for the supervisor's review and signature. The Personnel Officer and the Appointing Authority must also review and sign this request before it is considered complete. The effective date of review is the beginning of the first pay period following the date the complete Request for Classification Review is date stamped by the Classification Division of the Department of Personnel.

*An employee may choose to sign the form, make a copy, submit original to supervisor as noted above, while concurrently sending the copy to the Classification Division, 144 State Street, Montpelier, with a cover note indicating that the employee has submitted the original to the supervisor and is submitting the copy as a **Concurrent** filing.

If this is a request (initiated by employees, VSEA, or management) for review of all positions in a class/title please contact the appropriate Classification Analyst or the Classification Manager to discuss the request prior to submitting.

Request for Classification Review Position Description Form A

For Department of Personnel Use Only

Notice of Action # _____	Date Received (Stamp)
Action Taken: _____	
New Job Title _____	
Current Class Code _____	New Class Code _____
Current Pay Grade _____	New Pay Grade _____
Current Mgt Level ____ B/U ____ OT Cat. ____ EEO Cat. ____ FLSA ____	
New Mgt Level ____ B/U ____ OT Cat. ____ EEO Cat. ____ FLSA ____	
Classification Analyst _____	Date _____
Comments:	Effective Date: _____
	Date Processed: _____
Willis Rating/Components: Knowledge & Skills: _____	Mental Demands: _____
Working Conditions: _____	Accountability: _____
	Total: _____

Incumbent Information:

Employee Name: Employee Number:

Position Number: Current Job/Class Title:

Agency/Department/Unit: Work Station: Zip Code:

Supervisor's Name, Title, and Phone Number:

How should the notification to the employee be sent: employee's work location or other address, please provide mailing address:

New Position/Vacant Position Information:

New Position Authorization: Request Job/Class Title:

Position Type: Permanent or Limited / Funding Source: Core, Partnership, or Sponsored

Vacant Position Number: Current Job/Class Title:

Agency/Department/Unit: Work Station: Zip Code:

Supervisor's Name, Title and Phone Number:

Type of Request:

Management: A management request to review the classification of an existing position, class, or create a new job class.

Employee: An employee's request to review the classification of his/her current position.

1. Job Duties

This is the **most critical** part of the form. Describe the activities and duties required in your job, **noting changes (new duties, duties no longer required, etc.) since the last review**. Place them in order of importance, beginning with the single most important activity or responsibility required in your job. The importance of the duties and expected end results should be clear, including the tolerance that may be permitted for error. Describe each job duty or activity as follows:

- **What** it is: The nature of the activity.
- **How** you do it: The steps you go through to perform the activity. Be specific so the reader can understand the steps.
- **Why** it is done: What you are attempting to accomplish and the end result of the activity.

For example a Tax Examiner might respond as follows: **(What)** *Audits tax returns and/or taxpayer records.* **(How)** *By developing investigation strategy; reviewing materials submitted; when appropriate interviewing people, other than the taxpayer, who have information about the taxpayer's business or residency.* **(Why)** *To determine actual tax liabilities.*

Plan, develop, manage, and support the short-term COVID-19 Utility Bill Assistance Program at the Department of Public Service. The incumbent will develop the program policies and procedures, supervise and coordinate program operations, administrative services, develop and ensure delivery of training for staff, utilities, and advocates about the program, create program processes and ensure their efficiency and effectiveness, coordinate the software development for the online application, program evaluation, and maintaining quality control. Work closely with colleagues across state government, consultants, and nonprofits engaged with the COVID-19 Emergency Rental Assistance Program. Supervise program staff. The incumbent will actively work with ADS to ensure that the software platform meets the needs of the program and Department. The Administrator will be responsible for awards and review of the software and program to avoid duplications and error. The Administrator will work with the Finance Officer to ensure that grant awards are paid. The position will also cover general management responsibilities for the project including the preparation of reports and supporting interactions with the press, the legislature, and the Administration.

2. Key Contacts

This question deals with the personal contacts and interactions that occur in this job. Provide brief typical examples indicating your primary contacts (**not** an exhaustive or all-inclusive list of contacts) other than those persons to whom you report or who report to you. If you work as part of a team, or if your primary contacts are with other agencies or groups outside State government describe those interactions, and what your role is. For example: you may *collaborate, monitor, guide, or facilitate change*.

Maintain close connection with colleagues, staff, program managers also working with the COVID Emergency Rental Assistance funds, and supervisor. Work closely with ADS and software support to develop online application software, support utilities with access to the utility portal, and resolve technical problems and access or password reset issues. Maintain effective and productive working relationships with utility contacts, housing providers and contacts, program contacts at other state agencies. Day to day interactions will be primarily with the Consumer Affairs, Public Information, and Administrative Services staff and the Commissioner's office, and with those at the Agency of Digital Services that are assisting in the development and adjustment of the software platform. Regular contact will also be necessary with utility representatives and housing advocates.

3. Are there licensing, registration, or certification requirements; or special or unusual skills necessary to perform this job?

Include any special licenses, registrations, certifications, skills; (such as counseling, engineering, computer programming, graphic design, strategic planning, keyboarding) including skills with specific equipment, tools, technology, etc. (such as mainframe computers, power tools, trucks, road equipment, specific software packages). Be specific, if you must be able to drive a commercial vehicle, or must know Visual Basic, indicate so.

Excellent program management and supervision skills and experience. Monitor and manage a program budget. Basic understanding of utility assistance programs in Vermont. Basic understanding of the landscape of housing programs in Vermont. Experience managing programs. Proficiency with computer databases, Microsoft Office products, proficiency or advanced Excel user, data input, online access and web research, and basic website maintenance. Well developed communication skills including de-escalation techniques. Ability to write and speak in plain English. Competency with addressing emotionally charged inquiries from the public. .

4. Do you supervise?

In this question "supervise" means if you direct the work of others where you are held **directly** responsible for assigning work; performance ratings; training; reward and discipline or effectively recommend such action; and other personnel matters. List the names, titles, and position numbers of the classified employees reporting to you:

Yes, one or more Specialists working on the Utility Bill Assistance Program.

5. In what way does your supervisor provide you with work assignments and review your work?

This question deals with how you are supervised. Explain how you receive work assignments, how priorities are determined, and how your work is reviewed. There are a wide variety of ways a job can be supervised, so there may not be just one answer to this question. For example, some aspects of your work may be reviewed on a regular basis and in others you may operate within general guidelines with much independence in determining how you accomplish tasks.

Tasks will be determined by the goals and objectives of the program with tasks set forth in a project work plan. The position has some autonomy to work as self directed as long as assignments are performed in a timely manner to support the needs of the programs and colleagues across state government. Work will be reviewed by daily updates and reporting, review and analysis of the database, and periodic evaluations. The position will generally have a fair amount of autonomy, but daily check ins will be available to the incumbent at the beginning and end of each day, and also ready access to help and guidance related to special circumstances that come up each day, especially in the early stages of developing the program.

6. Mental Effort

This section addresses the mental demands associated with this job. Describe the most mentally challenging part of your job or the most difficult typical problems you are expected to solve. Be sure to give a specific response and describe the situation(s) by example.

- For example, a purchasing clerk might respond: *In pricing purchase orders, I frequently must find the cost of materials not listed in the pricing guides. This involves locating vendors or other sources of pricing information for a great variety of materials.*

- Or, a systems developer might say: *Understanding the ways in which a database or program will be used, and what the users must accomplish and then developing a system to meet their needs, often with limited time and resources.*

The position required planning, logistics, familiarity with the software platform, routine mathematical review of benefit determinations. Math and analysis of reports and adjustments of the program as circumstances require. The incumbent will need to manage the budget and document expenditures and/or decisions that impact the budget. Detailed recordkeeping is required to justify costs and program decisions.

7. Accountability

This section evaluates the job's expected results. In weighing the importance of results, consideration should be given to responsibility for the safety and well-being of people, protection of confidential information and protection of resources.

What is needed here is information not already presented about the job's scope of responsibility. What is the job's most significant influence upon the organization, or in what way does the job contribute to the organization's mission?

Provide annualized dollar figures if it makes sense to do so, explaining what the amount(s) represent.

For example:

- A social worker might respond: *To promote permanence for children through coordination and delivery of services;*
- A financial officer might state: *Overseeing preparation and ongoing management of division budget. \$2M Operating/Personal Services, \$1.5M Federal Grants.*

To ensure that eligible applicants receive supports to maintain their housing with necessary utilities.

8. Working Conditions

The intent of this question is to describe any adverse conditions that are routine and expected in your job. It is not to identify special situations such as overcrowded conditions or understaffing.

- a) What significant mental stress are you exposed to? All jobs contain some amount of stress. If your job stands out as having a significant degree of mental or emotional pressure or tension associated with it, this should be described.

Type	How Much of the Time?
The client base includes individuals that are under considerable financial pressure and may face challenges that are of an emotional nature.	25%
Managing a fast paced program with in a demanding work environment with budgetary, time, and complex eligibility and rule constraints.	40%

- b) What hazards, special conditions or discomfort are you exposed to? (Clarification of terms: **hazards** include such things as potential accidents, illness, chronic health conditions or other harm. Typical examples might involve exposure to dangerous persons, including potentially

violent customers and clients, fumes, toxic waste, contaminated materials, vehicle accident, disease, cuts, falls, etc.; and **discomfort** includes exposure to such things as cold, dirt, dust, rain or snow, heat, etc.)

Type	How Much of the Time?
na	

c) What weights do you lift; how much do they weigh and how much time per day/week do you spend lifting?

Type	How Heavy?	How Much of the Time?
na		

d) What working positions (sitting, standing, bending, reaching) or types of effort (hiking, walking, driving) are required?

Type	How Much of the Time?
na	

Additional Information:

Carefully review your job description responses so far. If there is anything that you feel is important in understanding your job that you haven't clearly described, use this space for that purpose. Perhaps your job has some unique aspects or characteristics that weren't brought out by your answers to the previous questions. In this space, add any additional comments that you feel will add to a clear understanding of the requirements of your job.

na

Employee's Signature **(required)**: _____ Date: _____

Supervisor's Section:

Carefully review this completed job description, but **do not** alter or eliminate any portion of the original response. Please answer the questions listed below.

1. What do you consider the most important duties of this job and why?

Program development skills. Timely and accurate reports. Providing clear direction and competent decision making. Effective time management. Management and supervision skills.

2. What do you consider the most important knowledge, skills, and abilities of an employee in this job (not necessarily the qualifications of the present employee) and why?

Ability to work in a charged environment and meet goals and objectives. Management skills. Empathy with and understanding of issues facing low to moderate income people. Logistics. Comfort in working with technology. Familiarity with consumer matters and utilities. Good interpersonal skills, ability to manage stress, consumer focus. Problem solving.

3. Comment on the accuracy and completeness of the responses by the employee. List below any missing items and/or differences where appropriate.

None

4. Suggested Title and/or Pay Grade:

Utility Bill Assistance Program Administrator, Pay Grade 29

Supervisor's Signature (**required**): _____ Date: _____

Personnel Administrator's Section:

Please complete any missing information on the front page of this form before submitting it for review.

Are there other changes to this position, for example: Change of supervisor, GUC, work station?

Yes No If yes, please provide detailed information.

Attachments:

- Organizational charts are **required** and must indicate where the position reports.
- Draft job specification is **required** for proposed new job classes.

Will this change affect other positions within the organization? If so, describe how, (for example, have duties been shifted within the unit requiring review of other positions; or are there other issues relevant to the classification review process).

Suggested Title and/or Pay Grade:

Utility Bill Assistance Program Administrator, Pay Grade 29

Personnel Administrator's Signature (**required**): _____ Date: _____

Appointing Authority's Section:

Please review this completed job description but **do not alter** or eliminate any of the entries. Add any clarifying information and/or additional comments (if necessary) in the space below.

The position is needed to support additional COVID 19 program activities within the CAPI division during the period of the pandemic.

Suggested Title and/or Pay Grade:

Utility Bill Assistance Program Administrator Pay Grade 29

Appointing Authority or Authorized Representative Signature (**required**)

Date

VERMONT DEPARTMENT OF PERSONNEL
**Request for Classification Review
Position Description Form A**

- **This form is to be used by managers and supervisors to request classification of a position (filled or vacant) when the duties have changed, and by managers and supervisors to request the creation of a new job class/title (for a filled, vacant, or new position), and by employees to request classification of their position.**
- This form was designed in Microsoft Word to download and complete on your computer. This is a form-protected document, so information can only be entered in the shaded areas of the form.
- If you prefer to fill out a hard copy of the form, contact your Personnel Officer.
- To move from field to field use your mouse, the arrow keys or press Tab. Each form field has a limited number of characters. Use your mouse or the spacebar to mark and unmark a checkbox.
- Where additional space is needed to respond to a question, you might need to attach a separate page, and number the responses to correspond with the numbers of the questions on the form. Please contact your Personnel Officer if you have difficulty completing the form.
- The form must be complete, including required attachments and signatures or it will be returned to the department's personnel office. All sections of this form are required to be completed unless otherwise stated.

INSTRUCTIONS: Tell us about the job. The information you provide will be used to evaluate the position. It will not be used in any way to evaluate an employee's performance or qualifications.

Answer the questions carefully. The information you give will help ensure that the position is fairly evaluated. Here are some suggestions to consider in completing this questionnaire:

- Tell the **facts** about what an employee in this position is actually expected to do.
- Give **specific examples** to make it clear.
- Write in a way so a person unfamiliar with the job will be able to understand it.
- Describe the job **as it is now**; not the way it was or will become.
- Before answering each question, read it carefully.

To Submit this Request for Classification Review: If this is a filled position, the employee must sign the original* and forward to the supervisor for the supervisor's review and signature. The Personnel Officer and the Appointing Authority must also review and sign this request before it is considered complete. The effective date of review is the beginning of the first pay period following the date the complete Request for Classification Review is date stamped by the Classification Division of the Department of Personnel.

*An employee may choose to sign the form, make a copy, submit original to supervisor as noted above, while concurrently sending the copy to the Classification Division, 144 State Street, Montpelier, with a cover note indicating that the employee has submitted the original to the supervisor and is submitting the copy as a **Concurrent** filing.

If this is a request (initiated by employees, VSEA, or management) for review of all positions in a class/title please contact the appropriate Classification Analyst or the Classification Manager to discuss the request prior to submitting.

Request for Classification Review Position Description Form A

For Department of Personnel Use Only

Notice of Action # _____	Date Received (Stamp)
Action Taken: _____	
New Job Title _____	
Current Class Code _____	New Class Code _____
Current Pay Grade _____	New Pay Grade _____
Current Mgt Level ____ B/U ____ OT Cat. ____ EEO Cat. ____ FLSA ____	
New Mgt Level ____ B/U ____ OT Cat. ____ EEO Cat. ____ FLSA ____	
Classification Analyst _____	Date _____
Comments:	Effective Date: _____
	Date Processed: _____
Willis Rating/Components: Knowledge & Skills: _____	Mental Demands: _____
Working Conditions: _____	Accountability: _____
	Total: _____

Incumbent Information:

Employee Name: Employee Number:

Position Number: Current Job/Class Title:

Agency/Department/Unit: Work Station: Zip Code:

Supervisor's Name, Title, and Phone Number:

How should the notification to the employee be sent: employee's work location or other address, please provide mailing address:

New Position/Vacant Position Information:

New Position Authorization: Request Job/Class Title:

Position Type: Permanent or Limited / Funding Source: Core, Partnership, or Sponsored

Vacant Position Number: Current Job/Class Title:

Agency/Department/Unit: Work Station: Zip Code:

Supervisor's Name, Title and Phone Number:

Type of Request:

Management: A management request to review the classification of an existing position, class, or create a new job class.

Employee: An employee's request to review the classification of his/her current position.

1. Job Duties

This is the **most critical** part of the form. Describe the activities and duties required in your job, **noting changes (new duties, duties no longer required, etc.) since the last review**. Place them in order of importance, beginning with the single most important activity or responsibility required in your job. The importance of the duties and expected end results should be clear, including the tolerance that may be permitted for error. Describe each job duty or activity as follows:

- **What** it is: The nature of the activity.
- **How** you do it: The steps you go through to perform the activity. Be specific so the reader can understand the steps.
- **Why** it is done: What you are attempting to accomplish and the end result of the activity.

For example a Tax Examiner might respond as follows: **(What)** *Audits tax returns and/or taxpayer records.* **(How)** *By developing investigation strategy; reviewing materials submitted; when appropriate interviewing people, other than the taxpayer, who have information about the taxpayer's business or residency.* **(Why)** *To determine actual tax liabilities.*

The duties of this position will be to assist consumers contacting the Department, and to specialize answering questions about utility relief assistance from the COVID economic relief rental assistance program. Duties include assisting customers with a myriad of details related to applications for assistance. Respond to inquiries about the program. Resolve disputes about benefit amounts. Interpret and apply complex program rules against individual and likely emotionally intense situations in a high demand, fast paced environment. Review and analyze applicant and registry data to problem solve. Provide support with digital access issues such as password resets or coaching those experiencing digital equity concerns. Research consumer complaints about utilities or companies that are subject to Public Utility Commission regulation. Interview consumers and utility contacts to obtain data for problem analysis and negotiate with utility contacts to reach informal resolution of complaints. Research tariffs, state laws, and Public Utility Commission rules and regulations to determine if there have been violations. Input data, run reports, maintain, and monitor complaint and application databases. Update the website. Write draft testimony and appear at hearings in front of the Public Utility Commission as an expert witness. Provide outreach for the program. Perform special projects and related duties as assigned.

2. Key Contacts

This question deals with the personal contacts and interactions that occur in this job. Provide brief typical examples indicating your primary contacts (**not** an exhaustive or all-inclusive list of contacts) other than those persons to whom you report or who report to you. If you work as part of a team, or if your primary contacts are with other agencies or groups outside State government describe those interactions, and what your role is. For example: you may *collaborate, monitor, guide, or facilitate change*.

Day to day interactions with applicants seeking relief with their utility bills. Maintain close connection with colleagues, program manager and supervisor. Work closely with ADS and software support to report and resolve technical problems and access or password reset issues. Maintain effective and productive working relationships with utility contacts, housing providers and contacts, program contacts at other state agencies.

3. Are there licensing, registration, or certification requirements; or special or unusual skills necessary to perform this job?

Include any special licenses, registrations, certifications, skills; (such as counseling, engineering, computer programming, graphic design, strategic planning, keyboarding) including skills with specific equipment, tools, technology, etc. (such as mainframe computers, power tools, trucks, road equipment, specific software packages). Be specific, if you must be able to drive a commercial vehicle, or must know Visual Basic, indicate so.

Basic understanding of the landscape of housing programs in Vermont. Basic understanding of utility assistance programs in Vermont. Proficiency with computer databases, Microsoft Office products and proficient/advanced knowledge of Excel, data input, online access and web research, and basic website maintenance. Well developed communication skills including de-escalation techniques. Ability to write and speak in plain English. Competency with addressing emotionally charged inquiries from the public.

4. Do you supervise?

In this question "supervise" means if you direct the work of others where you are held **directly** responsible for assigning work; performance ratings; training; reward and discipline or effectively recommend such action; and other personnel matters. List the names, titles, and position numbers of the classified employees reporting to you:

No

5. In what way does your supervisor provide you with work assignments and review your work?

This question deals with how you are supervised. Explain how you receive work assignments, how priorities are determined, and how your work is reviewed. There are a wide variety of ways a job can be supervised, so there may not be just one answer to this question. For example, some aspects of your work may be reviewed on a regular basis and in others you may operate within general guidelines with much independence in determining how you accomplish tasks.

The position has some autonomy to work as self directed as long as assignments are performed in a timely manner and a timely response is provided to support the needs of applicants. Work assignments will be directed primarily by the daily inquiries of applicants or beneficiaries of financial support. Work will be reviewed by daily updates and reporting, review and analysis of the database, and periodic evaluations.

6. Mental Effort

This section addresses the mental demands associated with this job. Describe the most mentally challenging part of your job or the most difficult typical problems you are expected to solve. Be sure to give a specific response and describe the situation(s) by example.

- For example, a purchasing clerk might respond: *In pricing purchase orders, I frequently must find the cost of materials not listed in the pricing guides. This involves locating vendors or other sources of pricing information for a great variety of materials.*
- Or, a systems developer might say: *Understanding the ways in which a database or program will be used, and what the users must accomplish and then developing a system to meet their needs, often with limited time and resources.*

The position requires the ability to correctly interpret and apply complex rules and regulations for the development and management of a program that provides grant awards to eligible households. Applicants and beneficiaries for whom the program is intended to serve will be facing economic hardship from COVID-19 along with housing needs and may

have recent trauma from homelessness.

7. Accountability

This section evaluates the job’s expected results. In weighing the importance of results, consideration should be given to responsibility for the safety and well-being of people, protection of confidential information and protection of resources.

What is needed here is information not already presented about the job’s scope of responsibility. What is the job’s most significant influence upon the organization, or in what way does the job contribute to the organization’s mission?

Provide annualized dollar figures if it makes sense to do so, explaining what the amount(s) represent.

For example:

- A social worker might respond: *To promote permanence for children through coordination and delivery of services;*
- A financial officer might state: *Overseeing preparation and ongoing management of division budget: \$2M Operating/Personal Services, \$1.5M Federal Grants.*

To ensure that eligible applicants receive supports to maintain their housing with necessary utilities.

8. Working Conditions

The intent of this question is to describe any adverse conditions that are routine and expected in your job. It is not to identify special situations such as overcrowded conditions or understaffing.

- a) What significant mental stress are you exposed to? All jobs contain some amount of stress. If your job stands out as having a significant degree of mental or emotional pressure or tension associated with it, this should be described.

Type	How Much of the Time?
The program beneficiaries include individuals that are under considerable financial pressure, likely experiencing co-occurring health disorders and may be suffering the trauma of recent homelessness.	45%
Working on a fast paced program delivering services within a short period of time.	30%

- b) What hazards, special conditions or discomfort are you exposed to? (Clarification of terms: **hazards** include such things as potential accidents, illness, chronic health conditions or other harm. Typical examples might involve exposure to dangerous persons, including potentially violent customers and clients, fumes, toxic waste, contaminated materials, vehicle accident, disease, cuts, falls, etc.; and **discomfort** includes exposure to such things as cold, dirt, dust, rain or snow, heat, etc.)

Type	How Much of the Time?
na	

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- c) What weights do you lift; how much do they weigh and how much time per day/week do you spend lifting?

Type	How Heavy?	How Much of the Time?
na		

- d) What working positions (sitting, standing, bending, reaching) or types of effort (hiking, walking, driving) are required?

Type	How Much of the Time?
na	

Additional Information:

Carefully review your job description responses so far. If there is anything that you feel is important in understanding your job that you haven't clearly described, use this space for that purpose. Perhaps your job has some unique aspects or characteristics that weren't brought out by your answers to the previous questions. In this space, add any additional comments that you feel will add to a clear understanding of the requirements of your job.

na

Employee's Signature **(required)**: _____ Date: _____

Supervisor's Section:

Carefully review this completed job description, but **do not** alter or eliminate any portion of the original response. Please answer the questions listed below.

1. What do you consider the most important duties of this job and why?

Timely response to inquiries from applicants and grantees. Maintaining the accuracy of program information including updates to programmatic documents. Clear, understandable, consistent communications with the population served. Effective marketing and website maintenance.

2. What do you consider the most important knowledge, skills, and abilities of an employee in this job (not necessarily the qualifications of the present employee) and why?

Good interpersonal skills, ability to manage stress, consumer focus, ability to work through problems. Empathy and the ability to provide clear, understandable, consistent communications with the population served.

3. Comment on the accuracy and completeness of the responses by the employee. List below any missing items and/or differences where appropriate.

None

4. Suggested Title and/or Pay Grade:

Specialist, Pay Grade 23

Supervisor's Signature (**required**): _____ Date: _____

Personnel Administrator's Section:

Please complete any missing information on the front page of this form before submitting it for review.

Are there other changes to this position, for example: Change of supervisor, GUC, work station?

Yes No If yes, please provide detailed information.

Attachments:

- Organizational charts are **required** and must indicate where the position reports.
- Draft job specification is **required** for proposed new job classes.

Will this change affect other positions within the organization? If so, describe how, (for example, have duties been shifted within the unit requiring review of other positions; or are there other issues relevant to the classification review process).

Suggested Title and/or Pay Grade:

Utility Bill Assistance Program Specialist, Pay Grade 23

Personnel Administrator's Signature **(required)**: _____ Date: _____

Appointing Authority's Section:

Please review this completed job description but **do not alter** or eliminate any of the entries. Add any clarifying information and/or additional comments (if necessary) in the space below.

The position is necessary because of extra work required because of the COVID 19 Utility Assistance Program.

Suggested Title and/or Pay Grade:

Utility Bill Assistance Program Specialist Paygrade 23

Appointing Authority or Authorized Representative Signature **(required)**

Date