



**STATE OF VERMONT**  
JOINT FISCAL OFFICE

**MEMORANDUM**

To: Joint Fiscal Committee members  
From: Daniel Dickerson, Fiscal Analyst *DWD*  
Date: October 19, 2018  
Subject: Position and Grant Requests – JFO #2932 - #2934

Enclosed please find three (3) items, including three (3) limited-service positions, which the Joint Fiscal Office has received from the Administration.

**JFO #2932** – \$947,877 from the Federal Emergency Management Agency to the VT Dept. of Public Safety. The funds are part of the federal FY17 pre-disaster mitigation grant program. Several sub-grants make up the total grant funding. Some of the funding will be utilized for land buyouts in Brandon and Wardsboro, some will be used for other mitigation projects, while the remainder will stay within Vermont Emergency Management to support local hazard mitigation plan development and review. The 25% local match requirement will be covered by municipalities with no State funding required. Of the total grant funding, \$473,938 would be allocated for use in State FY2019.  
*[JFO received 10/10/18]*

**JFO #2933** – \$7,583,030 from the Centers for Disease Control & Prevention to the VT Dept. of Health. The broad purpose for the grant funding is to improve prevention and management of diabetes and cardiovascular disease in rural high-risk populations throughout Vermont. **Two (2) limited-service positions are requested in association with this grant.** The positions are titled Public Health Specialist and Public Health Analyst respectively and would assist in administering the grant functions during the five-year funding period. Approximately half of the annual grant funding of \$1,516,606 would cover direct and indirect personal services and operating costs, while the remainder, \$846,000, would go out as sub-grants to participating health centers throughout the state.  
*[JFO received 10/17/18]*

**JFO #2934** – \$8,211,854 from the Substance Abuse and Mental Health Services Administration (SAMHSA) to the Vermont Agency of Education. The funds will be used to support Vermont Project AWARE (Advancing Wellness and Resilience Education). This will be a joint effort between AOE, the VT Dept. of Mental Health, and three community supervisory unions (SU): Orleans Southwest SU, Addison Rutland SU, and Greater Rutland County SU. The broad aims of the project will be to promote ongoing state and local collaboration regarding mental health best practices in schools, enhance wellness and resiliency skills for school-age youth, and support system improvements for school-based mental health services. **One (1) limited-service position is requested in association with this grant.** The position is titled Education Consultant II. This is a five-year grant program and \$942,945 of grant funding would be utilized in the remainder of State FY2019.  
*[JFO received 10/19/18]*

Please review the enclosed materials and notify the Joint Fiscal Office (Daniel Dickerson at (802) 828-2472; [ddickerson@leg.state.vt.us](mailto:ddickerson@leg.state.vt.us)) if you have questions or would like an item held for legislative review. Unless we hear from you to the contrary by November 2, 2018 we will assume that you agree to consider as final the Governor's acceptance of these requests.


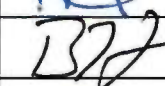
JFO 2934

**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  
**RECEIVED**  
 OCT 19 2018

**STATE OF VERMONT JOINT FISCAL OFFICE**  
**FINANCE & MANAGEMENT GRANT REVIEW FORM**

<b>Grant Summary:</b>	To support a joint project between the Agency of Education, the AHS Department of Mental Health and Vermont communities to promote awareness of and support for mental health, wellness and resiliency issues for school age youth.				
<b>Date:</b>	10/4/2018				
<b>Department:</b>	Agency of Education				
<b>Legal Title of Grant:</b>	FY 18 Project AWARE-SEA				
<b>Federal Catalog #:</b>	93.243				
<b>Grant/Donor Name and Address:</b>	U.S. Department of Health and Human Services, Rockville, MD				
<b>Grant Period:</b>	From: 9/30/2018		To: 9/29/2023		
<b>Grant/Donation</b>	\$8,211,854				
	<b>SFY 1</b>	<b>SFY 2</b>	<b>SFY 3</b>	<b>Total</b>	<b>Comments</b>
<b>Grant Amount:</b>	\$1,582,371	\$1,587,659	\$1,626,437	\$8,211,854	
<b>Position Information:</b>	<b># Positions</b>	<b>Explanation/Comments</b>			
	1	Education Consultant II			
<b>Additional Comments:</b>					
<b>Has Vantage budget detail been reviewed and reconciled?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float: right;">DB (Analyst Initial)</span>					
<b>Department of Finance &amp; Management</b>				(Initial)	
<b>Secretary of Administration</b>				(Initial)	
<b>Sent To Joint Fiscal Office</b>	10/15/18			Date	



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

<b>BASIC GRANT INFORMATION</b>				
<b>1. Agency:</b>	Education			
<b>2. Department:</b>				
<b>3. Program:</b>	Federal and Education Support Programs			
<b>4. Legal Title of Grant:</b>	FY18 Project AWARE-SEA			
<b>5. Federal Catalog #:</b>	93.243			
<b>6. Grant/Donor Name and Address:</b>				
Department of Health and Human Services Substance Abuse and Mental Health Services Administration 5600 Fishers Lane Rockville, MD 20857				
<b>7. Grant Period:</b>	<b>From:</b>	9/30/2018	<b>To:</b>	9/29/2023
<b>8. Purpose of Grant:</b>				
Vermont Project AWARE is a joint effort between the Agency of Education (AOE) and the Agency of Human Services, Department of Mental Health (AHS/DMH) and three communities to promote: on-going collaboration at the state and local level regarding best practices to increase awareness of mental health issues; enhance wellness and resiliency skills for school age youth; and support system improvements for school based mental health services.				
<b>9. Impact on existing program if grant is not Accepted:</b>				
The grant is specifically for this program so the program will not exist. The development of supportive mental health services for schools is a great need in Vermont and this grant will set AOE and DMH on a clear path for collaborating on how to conduct these services across the state.				
<b>10. BUDGET INFORMATION</b>				
	<b>SFY 1</b>	<b>SFY 2</b>	<b>SFY 3</b>	<b>Comments</b>
<b>Expenditures:</b>	<b>FY 19</b>	<b>FY 20</b>	<b>FY 21</b>	
Personal Services	\$315,579	\$98,645	\$101,604	
Operating Expenses	\$10,855	\$7,088	\$8,228	
Grants	\$616,511	\$1,217,315	\$1,245,531	
<b>Total</b>	<b>\$942,945</b>	<b>\$1,323,048</b>	<b>\$1,355,363</b>	
<b>Revenues:</b>				
State Funds:	\$	\$	\$	
Cash	\$	\$	\$	
In-Kind	\$	\$	\$	
Federal Funds:	\$	\$	\$	
(Direct Costs)	\$905,695	\$1,285,748	\$1,318,013	
(Statewide Indirect)	\$	\$	\$	
(Departmental Indirect)	\$37,250	\$37,300	\$37,350	
Other Funds:	\$	\$	\$	
Grant (source )	\$	\$	\$	
<b>Total</b>	<b>\$942,945</b>	<b>\$1,323,048</b>	<b>\$1,355,363</b>	
<b>Appropriation No:</b>	5100070000		<b>Amount:</b>	\$ 942,945

OCT 04 2018

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

			\$
			\$
			\$
			\$
			\$
			\$
			\$
		<b>Total</b>	\$ <u>942,945</u>

**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: Daniel French Agreed by: *DF* (initial)

12. Limited Service Position Information:	# Positions	Title
	1	Education Consultant II
<b>Total Positions</b>	1	

**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: <u><i>Daniel French</i></u>	Date: <u>10/3/18</u>
	Title: <u>Secretary</u>	
	Signature:	Date:
	Title:	

**14. SECRETARY OF ADMINISTRATION**

<input checked="" type="checkbox"/> Approved:	(Secretary or designee signature) <u><i>Daniel French</i></u>	Date:
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**15. ACTION BY GOVERNOR**

<input checked="" type="checkbox"/> Accepted	(Governor's signature) <u><i>[Signature]</i></u>	Date: <u>10/12/18</u>
<input type="checkbox"/> Rejected		

**16. DOCUMENTATION REQUIRED**

**Required GRANT Documentation**

<input 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 type="checkbox"/> Notice of Award	<input type="checkbox"/> Request for Extension (if applicable)
<input type="checkbox"/> Grant Agreement	<input type="checkbox"/> Form AA-1PN attached (if applicable)
<input type="checkbox"/> Grant Budget	

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

**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).

and their families and caregivers. AWARE-SEA aligns with the recommendations:

rioritize early identification and intervention for children.

..7 Use telehealth and other technologies to increase access to care.

2.9 Support family members and caregivers.

- 3.2 Make screening and early intervention among children and youth a national expectation.
- 3.5 Implement effective systems of care for children and youth throughout the nation.

The AWARE-SEA program is authorized under 520A (290bb-32) of the Public Health Service Act, as amended. This announcement also addresses Healthy People 2020 Mental Health and Mental Disorders Topic Area HP 2020-MHMD.

## 2. EXPECTATIONS

The AWARE-SEA Program is one of SAMHSA's services grant programs. SAMHSA intends that its services programs result in the delivery of services as soon as possible after award. **At the latest, recipients are expected to provide services to school-aged youth and their families by the fourth month after the grant has been awarded.** Applicants are expected to request funding for each year in a manner that is realistic and appropriate given the requirements of each year. If funded, grantees will be expected to execute implementation plans to spend the funding requested in each year of the grant.

### Key Personnel:

Key personnel are staff members who must be part of the project regardless of whether or not they receive a salary or compensation from the project. These staff members must make a substantial contribution to the execution of the project.

**The key personnel for this program are the SEA Project Coordinator with a 1.0 FTE minimum level of effort, and the Project Co-Coordinator from the State Mental Health Agency (SMHA) with a .5 FTE minimum level of effort. These positions require prior approval by SAMHSA after a review of job descriptions and staff credentials.**



### Required Services Activities:

*purpose = AWARE-SEA grant position*



## Project Abstract Summary: Vermont Project AWARE

Vermont Project AWARE is a joint effort between the Agency of Education (AOE) and the Agency of Human Services, Department of Mental Health (AHS/DMH) and three communities to promote: on-going collaboration at the state and local level regarding best practices to increase awareness of mental health issues; enhance wellness and resiliency skills for school age youth; and support system improvements for school based mental health services. The project will establish planning teams with each of three LEAs and their Designated Mental Health Agency (DA) partner. Target communities include: Orleans Southwest Supervisory Union, partnering with Lamoille County Mental Health; Addison Rutland Supervisory Union and Greater Rutland County Supervisory Union, who will both partner with Rutland County Mental Health Services.

The initial project is designed to roll out over a five-year period and inform sustainability measures for moving the collaboration and best practices into other communities around the state. The level of evaluation and the communities selected will give a broad enough picture to help AOE and AHS craft a process to inform future practice. The Program Coordinator, based at AOE, will coordinate the state-wide activities and oversee the evaluation and data collection, ultimately leading to the final best practice recommendations.

Each LEA/DA team will work with state staff to: improve access to school and community mental health services for school age children and their families; develop school-based mental health programs to screen for, provide early intervention and address ongoing mental health needs of youth; conduct outreach and engagement activities to increase awareness and identification of mental health issues and to promote positive mental health; include families, schools, and community stakeholders in planning and implementing project activities; help school-aged youth develop skills that promote resiliency and pro-social behaviors and prevent youth violence. The overall objectives of the project are to address issues in each community related to: access to services; service or knowledge gaps, such as becoming trauma responsive; and troubling trends in Youth Risk Behavior Survey results such as, the percent of youth who report being bullied, not feeling safe, having planned or attempted suicide, or misuse of prescription drugs.

Vermont's Project AWARE will rely on several evidence based practices to support its success, including: Youth Mental Health First Aid®; Umatter® youth suicide prevention activities; Positive Behavioral Interventions and Supports (PBIS); Interconnected Systems Framework (ISF); and Attachment, Regulation, and Competency (ARC) framework for complex trauma.

Vermont expects these activities to impact 350 individuals in year one and 875 individuals in each of the remaining grant years or approximately 3350 LEA staff, parents, youth and community members over the course of the five year grant period.



FY 2018 Project AWARE-SEA  
Department of Health and Human Services  
Substance Abuse and Mental Health Services Administration

Issue Date: 09/11/2018

Center for Mental Health Services

**Grant Number:** 1H79SM080977-01  
**FAIN:** H79SM080977  
**Program Director:** Alicia Hanrahan

**Project Title:** Vermont Project AWARE

Grantee Address	Business Address
VERMONT STATE AGENCY OF EDUCATION Kathy Flanagan  219 N. Main Street Suite 402 Barre, VT 056414129	Kathy Flanagan Vermont Agency of Education 219 N. Main St Suite 402 Barre, VT 056414129

**Budget Period:** 09/30/2018 – 09/29/2019

**Project Period:** 09/30/2018 – 09/29/2023

Dear Grantee:

The Substance Abuse and Mental Health Services Administration hereby awards a grant in the amount of \$1,582,371 (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to VERMONT STATE AGENCY OF EDUCATION in support of the above referenced project. This award is pursuant to the authority of 520A (290bb-32) of the Public Health Service Act, as amended and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

Award recipients may access the SAMHSA website at [www.samhsa.gov](http://www.samhsa.gov) (click on "Grants" then SAMHSA Grants Management), which provides information relating to the Division of Payment Management System, HHS Division of Cost Allocation and Postaward Administration Requirements. Please use your grant number for reference.

Acceptance of this award including the "Terms and Conditions" is acknowledged by the grantee when funds are drawn down or otherwise obtained from the grant payment system.

If you have any questions about this award, please contact your Grants Management Specialist and your Government Project Officer listed in your terms and conditions.

Sincerely yours,  
Thomas Graves  
Grants Management Officer  
Division of Grants Management

See additional information below

**SECTION I – AWARD DATA – 1H79SM080977-01**

**Award Calculation (U.S. Dollars)**

Salaries and Wages	\$58,894
Fringe Benefits	\$36,879
Personnel Costs (Subtotal)	\$95,773
Other	\$1,486,598
<b>Direct Cost</b>	<b>\$1,582,371</b>
<b>Approved Budget</b>	<b>\$1,582,371</b>
Federal Share	\$1,582,371
Cumulative Prior Awards for this Budget Period	\$0
<b>AMOUNT OF THIS ACTION (FEDERAL SHARE)</b>	<b>\$1,582,371</b>

SUMMARY TOTALS FOR ALL YEARS	
YR	AMOUNT
1	\$1,582,371
2	\$1,587,659
3	\$1,626,437
4	\$1,679,704
5	\$1,735,683
	<u>\$8,211,854</u>

\*Recommended future year total cost support, subject to the availability of funds and satisfactory progress of the project.

**Fiscal Information:**

CFDA Number: 93.243  
 EIN: 1900217390A1  
 Document Number: 18SM80977A  
 Fiscal Year: 2018

<b>IC</b>	<b>CAN</b>	<b>Amount</b>
SM	C96J686	\$1,582,371

IC	CAN	2018	2019	2020	2021	2022
SM	C96J686	\$1,582,371	\$1,587,659	\$1,626,437	\$1,679,704	\$1,735,683

**SM Administrative Data:**

PCC: AWARES18 / OC: 4145

**SECTION II – PAYMENT/HOTLINE INFORMATION – 1H79SM080977-01**

Payments under this award will be made available through the HHS Payment Management System (PMS). PMS is a centralized grants payment and cash management system, operated by the HHS Program Support Center (PSC), Division of Payment Management (DPM). Inquiries regarding payment should be directed to: The Division of Payment Management System, PO Box 6021, Rockville, MD 20852, Help Desk Support – Telephone Number: 1-877-614-5533.

The HHS Inspector General maintains a toll-free hotline for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. The telephone number is: 1-800-HHS-TIPS (1-800-447-8477). The mailing address is: Office of Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW,

Washington, DC 20201.

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**SECTION III – TERMS AND CONDITIONS – 1H79SM080977-01**

This award is based on the application submitted to, and as approved by, SAMHSA on the above-title project and is subject to the terms and conditions incorporated either directly or by reference in the following:

- a. The grant program legislation and program regulation cited in this Notice of Award.
- b. The restrictions on the expenditure of federal funds in appropriations acts to the extent those restrictions are pertinent to the award.
- c. 45 CFR Part 75 as applicable.
- d. The HHS Grants Policy Statement.
- e. This award notice, INCLUDING THE TERMS AND CONDITIONS CITED BELOW.

**Treatment of Program Income:**

**Additional Costs**

In accordance with the regulatory requirements provided at 45 CFR 75.113 and Appendix XII to 45 CFR Part 75, recipients that have currently active Federal grants, cooperative agreements, and procurement contracts with cumulative total value greater than \$10,000,000 must report and maintain information in the System for Award Management (SAM) about civil, criminal, and administrative proceedings in connection with the award or performance of a Federal award that reached final disposition within the most recent five-year period. The recipient must also make semiannual disclosures regarding such proceedings. Proceedings information will be made publicly available in the designated integrity and performance system (currently the Federal Awardee Performance and Integrity Information System (FAPIIS)). Full reporting requirements and procedures are found in Appendix XII to 45 CFR Part 75.

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**SECTION IV – SM Special Terms and Conditions – 1H79SM080977-01**

**REMARKS**

**FY 2018 New Award**

1. This Notice of Award (NoA) is to inform your organization that the application submitted through the **Funding Opportunity Announcement (FOA) No. SM-18-006** has been selected for funding.

**1a)** This NoA also reflects *\*conditional* approval of the budget provided on *June 01, 2018* as part of the application submitted by your organization.

**1b)** *\*Due to the Special Condition of Award, \$1,486,598 of this Award has been placed within the "Other" Budget Cost Category as a restricted amount, and may not be used for any purpose until which time a revised budget is received and approved by SAMHSA.*

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2. Recipients are expected to plan their work to ensure that funds are expended within the 12-month budget period reflected on this Notice of Award. If activities proposed in the approved budget cannot be completed within the current budget period, SAMSHA cannot guarantee the approval of any request for carryover of remaining unobligated funding.

3. All responses to award terms and conditions and prior approval requests must be submitted through the eRA Commons system.

4. Register Program Director/Project Director (PD) in eRA Commons:

If you have not already done so, you must register the PD listed on the HHS Checklist in eRA Commons to assign a Commons ID. Once the PD has received their Commons ID, please send this information to your Grants Management Specialist. You can find additional information about the eRA Commons registration process at [https://era.nih.gov/reg\\_accounts/register\\_commons.cfm](https://era.nih.gov/reg_accounts/register_commons.cfm).

#### **Key Staff**

Key staff (or key staff positions, if staff has not been selected) are listed below:

***Alicia Hanrahan, Project Director @ TBD% Level of Effort***

***Project Coordinator - TBD @ 100% Level of Effort***

***Tracy Mongeon, SMHA Project Co-Coordinator @ 50% Level of Effort***

Any changes in key staff including level of effort involving separation from the project for more than three months or a 25 percent reduction in time dedicated to the project, requires prior approval. Reference the Prior Approval Standard Term for additional information and instructions.

### **SPECIAL TERMS**

#### **Disparity Impact Statement (DIS)**

By **November 30, 2018** you must submit via eRA Commons.

The DIS should be consistent with information in your application regarding access, \*service use and outcomes for the program and include three components as described below. Questions about the DIS should be directed to your GPO. Examples of DIS can be found on the SAMHSA website at <http://www.samhsa.gov/grants/grants-management/disparity-impactstatement>.

\*Service use is inclusive of treatment services, prevention services as well as outreach, engagement, training, and/or technical assistance activities.

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The disparity impact statement consists of three components:

1. Proposed number of individuals to be served and/or reached by subpopulations in the grant implementation area should be provided in a table that covers the entire grant period. The disparate population(s) should be identified in a narrative that includes a description of the population and rationale for how the determination was made.

2. A quality improvement plan for how you will use your program (GPRA) data on access, use and outcomes to monitor and manage program outcomes by race, ethnicity and LGBT status, when possible. The quality improvement plan should include strategies for how processes and/or programmatic adjustments will support efforts to reduce disparities for the identified sub-populations.

3. The quality improvement plan should include methods for the development and implementation of policies and procedures to ensure adherence to the Enhanced Culturally and Linguistically Appropriate Services (CLAS) Standards and the provision of effective care and services that are responsive to:

- a. Diverse cultural health beliefs and practices;
- b. Preferred languages; and
- c. Health literacy and other communication needs of all sub-populations within the proposed geographic region.

**All responses to award terms and conditions must be submitted as .pdf documents in the "View Terms Tracking Details" page in eRA Commons.**

For more information on how to upload a document in response to a tracked term, please reference under heading "**4 Additional Materials – grantee**" in the User Guide located at: [https://era.nih.gov/files/TCM\\_User\\_Guide\\_Grantee.pdf](https://era.nih.gov/files/TCM_User_Guide_Grantee.pdf)

## **Data Collection**

All SAMHSA recipients are required to collect and report certain data so that SAMHSA can meet its obligations under the *Government Performance and Results Act (GPRA)* and the *Modernization Act of 2010*.

This data will be collected and reported using SAMHSA's *Performance Accountability and Reporting System (SPARS)*. AWARE-SEA recipients will be expected to complete an Annual Goals and Budget training no later than **December 31, 2018**, and will be expected to enter their Annual Goals and Budget information and data into SPARS no later than **January 31, 2019**.

## **SPECIAL CONDITIONS**

### **Revised Budget**

**By October 30, 2018 submit via eRA Commons**, a Revised Budget using the budget sample format from the Funding Opportunity Announcement (FOA) as a way to provide itemized details to the proposed cost-line items and to better break-down the budget costs along the stated funding restrictions.

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**All responses to award terms and conditions must be submitted as .pdf documents in the “View Terms Tracking Details” page in eRA Commons.**

For more information on how to upload a document in response to a tracked term, please reference under heading **“4 Additional Materials – grantee”** in the User Guide located at: [https://era.nih.gov/files/TCM\\_User\\_Guide\\_Grantee.pdf](https://era.nih.gov/files/TCM_User_Guide_Grantee.pdf)

## **STANDARD TERMS AND CONDITIONS**

### **Standard Terms for Awards FY 2018**

Your organization must comply with the Standard Terms and Conditions for grants awarded in Fiscal Year 2018 and the following award terms applicable to your award type as identified below:

- \* **New Grant**
- \* Continuation (as applicable)
- \* Cooperative Agreement Standard Terms (as applicable)
- \* Multi-Year Grant (as applicable)

SAMHSA's Terms and Conditions Webpage is located at:  
<https://www.samhsa.gov/grants/grants-management/notice-award-noa/standard-terms-conditions>.

### **Annual Programmatic Progress Report**

Submission of an annual Programmatic Report is due no later than **December 30, 2019**.

Note: Recipients must also comply with the GPRA requirements that include the collection and periodic reporting of performance data as specified in the FOA or by the Grant Program Official (GPO). This information is needed in order to comply with PL 102-62, which requires that Substance Abuse and Mental Health Services Administration (SAMHSA) report evaluation data to ensure the effectiveness and efficiency of its programs.

The response to this term must be submitted as .pdf documents in the “View Terms Tracking Details” page in eRA Commons. Please contact your Government Program Official (GPO) for program specific submission information.

For more information on how to upload a document in response to a tracked term, please reference under heading **“4 Additional Materials – grantee”** in the User Guide located at: [https://era.nih.gov/files/TCM\\_User\\_Guide\\_Grantee.pdf](https://era.nih.gov/files/TCM_User_Guide_Grantee.pdf)

Additional information on reporting requirements is available at  
<https://www.samhsa.gov/grants/grants-management/reporting-requirements>.

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## **Annual Federal Financial Report (SF-425)**

The Federal Financial Report (FFR) (SF-425) is required on an annual basis and must be submitted no later than 90 days after the end of the budget period. The annual FFR should reflect only cumulative actual Federal funds authorized and disbursed, the cumulative unobligated balance of the Federal funds for the award, as well as any program income generated during the timeframe covered by the report. Additional guidance to complete the FFR can be found at <http://www.samhsa.gov/grants/grants-management/reporting-requirements>.

FFR reporting must be entered directly into the eRA Commons system. Instructions on how to submit a Federal Financial Report (FFR) via the eRA Commons is available at <https://www.samhsa.gov/sites/default/files/samhsa-grantee-submit-ffr-10-22-17.pptx>.

## **Compliance with Terms and Conditions**

FAILURE TO COMPLY WITH THE ABOVE STATED TERMS AND CONDITIONS MAY RESULT IN ACTIONS IN ACCORDANCE WITH 45 CFR 75.371, REMEDIES FOR NON-COMPLIANCE AND 45 CFR 75.372 TERMINATION. THIS MAY INCLUDE WITHHOLDING PAYMENT, DISALLOWANCE OF COSTS, SUSPENSION AND DEBARMENT, TERMINATION OF THIS AWARD, OR DENIAL OF FUTURE FUNDING.

**All previous terms and conditions remain in effect until specifically approved and removed by the Grants Management Officer.**

### **Staff Contacts:**

Joyce Sebian, Program Official

**Phone:** (240) 276-1846 **Email:** [Joyce.Sebian@samhsa.hhs.gov](mailto:Joyce.Sebian@samhsa.hhs.gov)

Ernest Stevens, Grants Specialist

**Phone:** (240) 276-0631 **Email:** [Ernest.Stevens@samhsa.hhs.gov](mailto:Ernest.Stevens@samhsa.hhs.gov) **Fax:** (240) 276-1430



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: _____ Accountability: _____ Working Conditions: _____ 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  SponsoredVacant 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.*

- Data collection and analysis, reporting
- Ability to provide technical assistance to school staff and families
- Familiarity with Evidence Based Practices
- Participate actively in State Advisory Committees
- Co-Manage the project at the State level
- Supports the development and implementation of a comprehensive plan of activities related to the Grant
- Execute implementation plan to spend the funding requested in each year of the grant
- Support schools to develop an infrastructure that will sustain and expand mental health and behavioral health services and supports when the federal funding ends
- Support schools with the design and implementation of the grant
- Establish weekly, monthly and quarterly meetings as appropriate
- Collaborate and communicate effectively with local school district and VTAOE staff, Department of Mental Health colleagues, Designated Agency (DA) staff and community members.
- Oversee and support implementation, service delivery, evaluation, and adaptation of the grant
- Collaboratively organize training in use of referral protocols, screening assessments, interview protocols, data collection as needed
- Oversee allocation of grant budget
- Complete timely grant reporting in consultation with the grant evaluator
- Submit progress reports to Federal Substance Abuse and Mental Health Services Administration (SAMHSA) as required
- Improve the SEA infrastructure and capacity to provide technical assistance to local education agencies to promote the wide scale adoption of successful strategies, programs and policies developed

## 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*.

- Collaborate and communicate effectively with local school district and VTAOE staff, Department of Mental Health colleagues, Designated Agency (DA) staff and community members.
- Submit progress reports to federal reporting agency (SAMHSA) as required

## 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.

Expertise in training and consultation.  
Familiarity with Evidence Based Practices  
Knowledge and/or experience in VT's Multi-tiered support services  
Experience working with students and/or families with Emotional Disturbance and/or Mental Illness.  
Experience in data collection and analysis  
The ability to problem solve, troubleshoot and be flexible.  
Knowledge and/or experience with community based mental health practices and services, use of trauma informed approaches, and social emotional learning is a plus.

## 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:

N/A

## 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.

Supervision is provided through direct conversation, email and regular meetings with the supervisor (Education Program Manager - Alicia Hanrahan) as well as through team

meetings that include the Division Director.

Priorities are determined based upon the grant requirements, regular meetings with school and other Agency/State Agency staff and the workplan as established by AOE in collaboration with the granting agency (SAMHSA) and the inter-agency statewide team.

Some work is independent while other work is overseen by the Program Manager, depending on the sensitivity and statewide impact of the work product.

## 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.*

- Ability to develop positive interpersonal relationships with interagency partners, peers and local school staff
- Excellent communication skills both verbally and in writing in order to effectively create and share visions and goals of the project with school staff, agency staff and other stakeholders statewide.
- Strong initiative to promote an effective and efficient work site
- Strong judgment administratively to ensure effective decision-making when communicating with federal and state agencies and determining data collection/evaluation measures.

## 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.*

Assist in the oversight and appropriate use of \$1.2 million in a federal grant - sending that out to local education agencies and through contracts

To promote: on-going collaboration at the state and local level regarding best practices to increase awareness of mental health issues; enhance wellness and resiliency skills for school age youth; and support system improvements for school based mental health services.

**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?

- 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?

- 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?

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

Type	How Much of the Time?
driving - travel across the state	5%

**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.

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?

Coordinating the Inter-agency and supporting local education agencies as they roll out the functional priorities of the federal grant.  
Identifying and implementing evidence-based practices to promote collaboration and improve systems to support students' mental health

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?

Communication, both written and oral  
Initiative to perform duties with guidance from a supervisor but without constant supervision  
Ability to form and maintain positive partnerships with local education agencies, school staff and other state agencies  
Ability to make effective decisions  
Ability to manage tasks to meet deadlines and provide reports about data and evaluation as required by the Federal government

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

Responses are thorough

4. Suggested Title and/or Pay Grade:

Education Consultant II, PG 23

Supervisor's Signature (required):  Date: 10/1/18

**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:

Personnel Administrator's Signature (**required**): \_\_\_\_\_ Date: \_\_\_\_\_

**Appointing Authority's Section:**

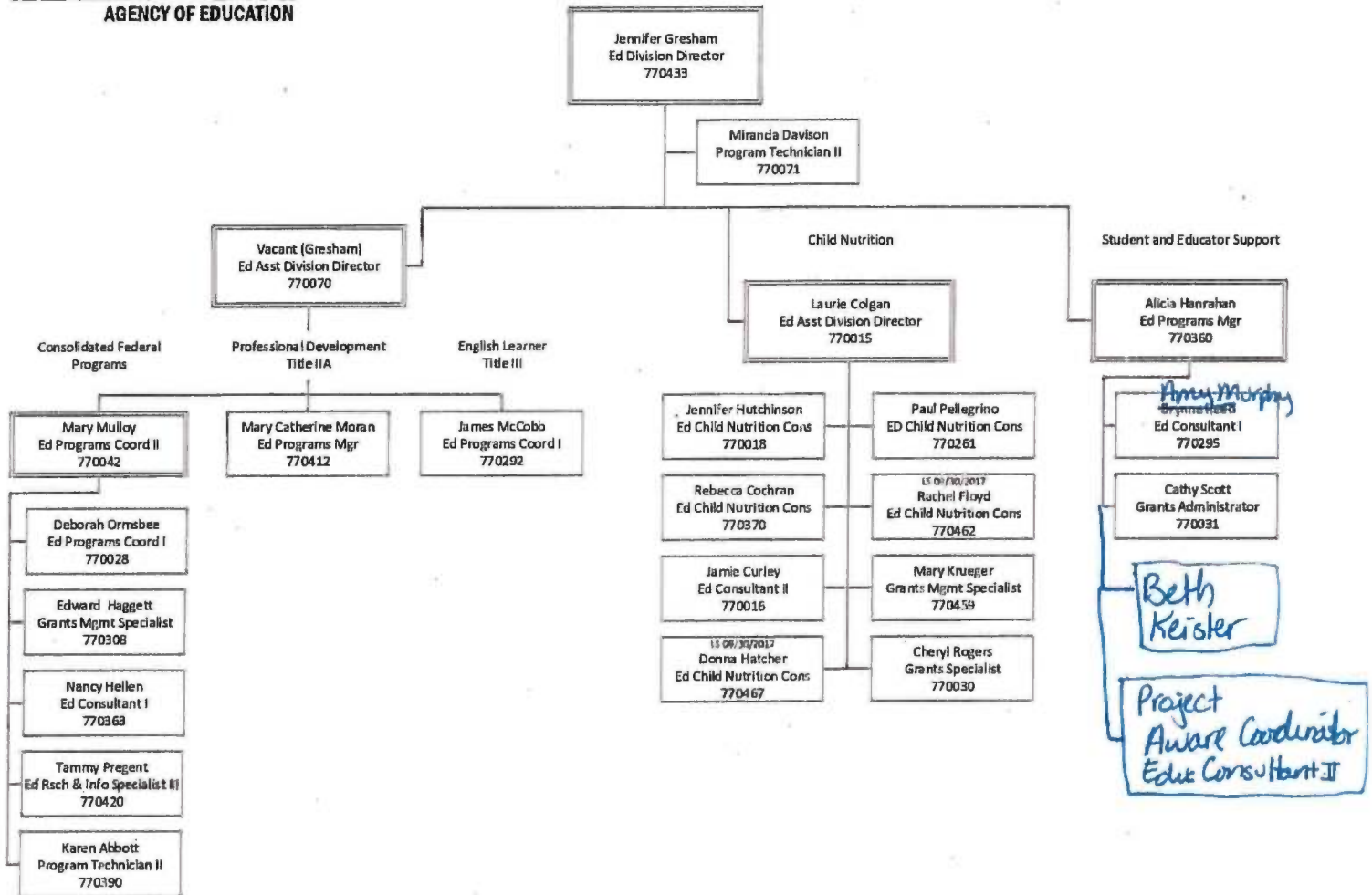
Please review this completed job description but **do not alter** or eliminate any of the entries. Add any clarifying information and/or additional comments (if necessary) in the space below.

Suggested Title and/or Pay Grade:

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

\_\_\_\_\_  
Date

**Federal & Education Support Programs**



## Elmquist, Candace

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**Subject:** RE: SAMHSA Project Aware

**From:** Gresham, Jennifer

**Sent:** Tuesday, October 9, 2018 8:32 AM

**To:** Gaidys, Maureen <Maureen.Gaidys@vermont.gov>; Elmquist, Candace <Candace.Elmquist@vermont.gov>

**Cc:** Flanagan, Kathy <Kathy.Flanagan@vermont.gov>; Byrne, Emily <Emily.Byrne@vermont.gov>; Bouchey, Heather <Heather.Bouchey@vermont.gov>

**Subject:** RE: SAMHSA Project Aware

Hello Candace,

As requested, these are the anticipated personal service contracts to be RFP'd sometime in FY19. Please let me know if you have any questions.

(2) State wide Professional Development	Training for LEA and DA staff	Not to exceed \$25,000 annually
(3) Statewide secure project database	Creation of secure project database	Not to exceed \$50,000 annually
(4) Consortium agreement with Department of Mental Health	Required travel for Project Co-Coordinator and support of DA staff	Not to exceed \$95,000
(5) Contract with organization to provide parent representative	Organization will provide representative for parent support to MH integration/schools/DA	Not to exceed \$50,000 annually
(6) Consortium agreement with Department of Mental Health	Extension of pre-existing Umatter grant to include additional trainings	Not to exceed \$75,000 annually
(7) Contract with evaluation consultant	Evaluation of project activities	Not to exceed \$30,000 annually

Best,

Jennifer