



**STATE OF VERMONT**  
JOINT FISCAL OFFICE

**MEMORANDUM**

To: Joint Fiscal Committee members  
From: Sorsha Anderson, Senior Staff Associate  
Date: July 26, 2023  
Subject: LSP Request – JFO #3156

Enclosed please find one (1) item, which the Joint Fiscal Office has received from the Administration. *This request is being held for the Joint Fiscal Committee meeting scheduled for Monday, July 31, 2023.*

**JFO #3156:** Two (2) limited-service positions to the Agency of Human Services, Communications and Outreach Coordinator and Training and Special Projects Coordinator to increase state service commissions' capacity to recruit, support and train AmeriCorps members. Positions are partially funded through ongoing grants from the Corporation for National and Community Service/AmeriCorps. The Communications Outreach & Recruitment Coordinator is funded by the Commission Administration grant which has a 50% match component. Some of this match is met with base General Fund (\$76,500) and some is met with in-kind advertising and indirects. The Training and Special Projects Coordinator position is fully funded through the Training and Technical Assistance grant. Positions funded through 12/31/2024.

*[Received 7/25/2023]*

Please review the enclosed materials and notify the Joint Fiscal Office (Sorsha Anderson: sanderson@leg.state.vt.us) if you have questions.

# 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: AHS CO / SerVermont Date: 4/23/2023

Name and Phone (of the person completing this request): Philip Kolling, 802-760-0042

Request is for:

- Positions funded and attached to a new grant.
- Positions funded and attached to an existing grant approved by JFO # unknown and 2859

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

Corporation for National and Community Service / AmeriCorps, Commission Administration, \$688,914  
Corporation for National and Community Service / AmeriCorps, Training & Technical Assistance, \$380,213

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
Communications & Outreach Coord.	1	SerVermont/ AmeriCorps	01/01/2022-12/31/2024
Training & Special Projects Coord.	1	SerVermont/ AmeriCorps	01/01/2022-12/31/2024

\*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 Corporation for National and Community Service, AmeriCorps, has provided increased funding into each of two administrative grants to increase state service commissions' capacity to recruit, support, and train AmeriCorps members. Included with the funding are requirements that the funding be used to increase the state service commissions staff capacity generally, and specifically to create at-least a .5 FTE dedicated to AmeriCorps member recruitment. Additionally, AmeriCorps funding has increased significantly and SerVermont is supporting an all-time high number of grants, while also working to create additional AmeriCorps service opportunities.

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)).

Voan W. Dwyer 5/10/2023

Signature of Agency or Department Head Aimee Pope Date

Approved/Denied by Department of Human Resources Adam Greshin Date

Approved/Denied by Finance and Management Douglas Farnham Date 5/17/2023

Approved/Denied by Secretary of Administration \_\_\_\_\_ Date

Approved/Denied by Governor (required as amended by 2019 Leg. Session) July 21, 2023 Date

Comments:

DS 30 5/1/2023

**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 # _____ 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: _____ Willis Rating/Components:    Knowledge & Skills: _____ Mental Demands: _____ Accountability: _____ Working Conditions: _____ Total: _____	Date Received (Stamp)           Effective Date: _____ Date Processed: _____
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#### 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.*

Specialized technical work involving all aspects of communications, outreach, marketing, recruitment, and public relations for SerVermont, Vermont's Commission on National and Community Service. Position will advance national service and AmeriCorps and increase awareness of national service among Vermonters through writing, website development and maintenance, electronic publishing, social media management, public education, event planning, and other public relations and outreach activities. Work is performed with a high level of independence under the general supervision of the Executive Director.

## 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*.

SerVermont Executive Director - Supervisor - collaborate  
 SerVermont Staff - collaborate, coordinate, plan, communicate  
 AmeriCorps Program Directors (7) - collaborate, train, coordinate  
 General Public- disseminate information, create publications, communicate  
 AmeriCorps Members- disseminate information, provide guidance  
 AmeriCorps Supervisors- disseminate information, provide guidance  
 AmeriCorps Recruits - disseminate information, provide guidance, communicate, train  
 National Association Staff- coordinate, communicate  
 Federal Agency Staff- coordinate, communicate  
 Nonprofit Leadership- coordinate, communicate, train  
 Social Sector Employees- coordinate, communicate, train  
 Vendors - coordinate, collaborate, communicate

**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.

graphic design, website development and management, publication

**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.

Priorities are determined collaboratively with supervisor (Executive Director) and work is completed within general guidelines independently.

**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.*

Understanding which audiences need to know what information, how to communicate it to them in an effective manner, and executing upon department strategy are critical. Various messages must be delivered to multiple stakeholders in an effective manner through appropriate media for the demographic.

**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.*

Communicating with various stakeholder groups about the work of SerVermont, and opportunities to serve in national service programs in Vermont

### 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?
Tight Timelines / Deadlines	25%

- 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?
n/a	

- 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?
Materials and Supplies	30 lbs	2%

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

Type	How Much of the Time?

Sitting / Standing at a desk or workspace	90%
Walking and moving materials for events and conferences	10%

**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.

n/a

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?

Communicating with various stakeholders effectively because the position is necessary to align the message provided to various groups with our mission.

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?

Knowledge of communications strategy and methods.

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

n/a

4. Suggested Title and/or Pay Grade:

Communications, Outreach, and Recruitment Coordinator

Supervisor's Signature (**required**):  Date: 5/1/2023

**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).

No

Suggested Title and/or Pay Grade:

[Empty text box for suggested title and/or pay grade]

Personnel Administrator's Signature (required):

DocuSigned by:  
*Chris McConnell*  
77DB7BD7018C4FA...

5/10/2023

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.

[Empty text box for appointing authority comments]

Suggested Title and/or Pay Grade:

[Empty text box for suggested title and/or pay grade]

DocuSigned by:  
*Vona W. D'Amico*  
8496AFD85AC04E5...

5/10/2023

Appointing Authority or Authorized Representative Signature (required)

Date

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

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- 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:

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**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 # _____ 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: _____ Willis Rating/Components: Knowledge & Skills: _____ Mental Demands: _____ Accountability: _____ Working Conditions: _____ Total: _____	Date Received (Stamp)          Effective Date: _____ Date Processed: _____
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#### 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.*

Specialized technical work involving all aspects of training work at a professional level for SerVermont, Vermont's Commission on National and Community Service. Position will advance national service and AmeriCorps through developing training and professional development packages and programs for AmeriCorps members, AmeriCorps Program staff, AmeriCorps supervisors, and other stakeholders. The role also encompasses organizational and operations analysis functions and related consulting services to program managers. Incumbents are expected to independently develop and deliver training curriculums for the major programs administered by SerVermont. The role includes development of grant proposals, contractual agreements and training plans, plus delivery of training and professional development to stakeholders via in person, virtual, and e-learning opportunities. Specific projects may be directed at broad areas of need, focused upon particular job roles, or be skill specific. Extensive liasion occurs with AmeriCorps members, and program staff. Work is performed with a high level of independednce under the general supervision of the Executive Director.

## 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*.

SerVermont Executive Director - Supervisor - collaborate  
 SerVermont Staff - collaborate, coordinate, plan, communicate, train  
 AmeriCorps Program Directors (7) - consult, evaluate, collaborate, train, coordinate  
 General Public- interact at events, and plan events incorporating them  
 AmeriCorps Members- provide training, plan events, host events  
 AmeriCorps Supervisors- provide training, evaluate, host events  
 National Association Staff- coordiante, communicate, collaborate  
 Federal Agency Staff- coordinate, communicate  
 Nonprofit Leadership- coordinate, communicate, train

Social Sector Employees- coordiante, communicate, train  
Vendors - coordinate, collaborate, communicate

### 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.

Incumbents are expected to be subject matter experts in national service program rules and procedures.

### 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.

Priorities are determined collaboratively with supervisor (Executive Director) and work is completed within general guidelines independently.

### 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.*

Understanding what various stakeholders require for training and professional development and the most effective means to provide and deliver that training.

## 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.*

Coordinating a training and events program that includes two conferences for 90+ AmeriCorps members, and targeted training and technical assistance for AmeriCorps Program Directors.

## 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?
Tight Timelines / Deadlines	20%

- 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?
n/a	

- 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?

Materials and Supplies	30 lbs	2%

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

Type	How Much of the Time?
Sitting / Standing at a desk or workspace	90%
Walking and moving materials for events and conferences	10%

**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.

n/a

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 conferences and training events because the position is necessary to ensure appropriate training is provided to various stakeholders, resulting in effective and compliant program operations and high-quality professional development opportunities for AmeriCorps members.

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?

Knowledge of national service rules and program operations because running AmeriCorps programs is highly technical work and the incumbent will assist Program Directors, in a targeted manner, with their professional development.

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

n/a

4. Suggested Title and/or Pay Grade:

Training and Special Projects Coordinator

Supervisor's Signature (**required**):  Date: 5/1/2023

**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).

No

Suggested Title and/or Pay Grade:

[Empty text box for suggested title and/or pay grade]

Personnel Administrator's Signature (required): DocuSigned by:  
Chris McConnell  
77DB7BD7048C4EA... Date: 5/10/2023

**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.

[Empty text box for clarifying information and/or additional comments]

Suggested Title and/or Pay Grade:

[Empty text box for suggested title and/or pay grade]

Appointing Authority or Authorized Representative Signature (required) DocuSigned by:  
Vonna W. Daloz  
8496AFD85AC04E5... Date 5/10/2023

**Notice of Grant Award****Corporation for National and Community Service**

250 E Street SW, Suite 300  
 Washington, DC 20525-0001  
 (202) 606-5000

**Commission Administration****Grantee**

Human Services, Vermont Agency Of  
 280 State Dr Waterbury VT 05671-1000

EIN: 036000264  
 UEI: YLQARK22FMQ1

**Award Information**

Agreement No.:	<b>22CAFVT001</b>	Performance Period:	<b>01/01/2022 - 12/31/2024</b>
Amendment No.:	<b>3</b>	Budget Period:	<b>01/01/2023 - 12/31/2024</b>
CFDA No.:	<b>94.003</b>	Grant Year:	<b>2</b>

**Purpose**

The purpose of this award is to assist the grantee in carrying out a national service program as authorized by the National and Community Service Act of 1990, as amended (42 U.S.C. §12501 et seq.).

**Funding Information**

<b>Year 2</b>	<b>Previously Awarded This Year</b>	<b>This Award/ Amendment</b>	<b>Total Current Year</b>
Total Obligated by CNCS	\$0	\$145,000	\$145,000
Grantee's Unobligated Balance (Carryover)	\$0	\$0	\$0
Total Available	\$0	\$145,000	\$145,000

**Cumulative Funding for Project Period**

Total Awarded in Previous Amendments	\$555,000
Total CNCS Funds Awarded to Date	<b>\$700,000</b>

**Funding Source and Amount**

2023--OPE1-D83-OPO-23000-4101	\$145,000.00
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**Award Description**

This award provides interim FY 2023 funding for your approved Commission Support Grant budget and activities required of State Commissions as described in AmeriCorps Regulations at 45 CFR §2550. The approved budget does not reflect the awarded amount, and a revised budget will be required at a later date. The FY 2023 required match is 50%, and the budgeted match is 50.0%.

Terms of Acceptance: By accepting funds under this grant, recipient agrees to comply with General Terms and Conditions found at <https://www.americorps.gov/sites/default/files/document/FY2023-General-Terms-Conditions-508-20221028.pdf> and the Program Terms and Conditions found at <https://www.americorps.gov/sites/default/files/document/2023-TC-CSG-508.pdf>. Recipient also agrees to comply with assurances and certifications made in the grant application, supporting documents, and with applicable federal statutes, regulations and guidelines.

Corporation for National and Community Service:

# Notice of Grant Award

250 E Street SW, Suite 300  
Washington, DC 20525-0001  
(202) 606-5000

## Commission Administration

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### Grantee

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Human Services, Vermont Agency Of  
280 State Dr Waterbury VT 05671-1000

EIN: 036000264  
UEI: YLQARK22FMQ1

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## Award Information

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Agreement No.: 22CAFVT001

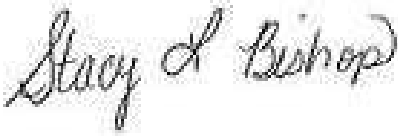
Performance Period: 01/01/2022 - 12/31/2024

Amendment No.: 3

Budget Period: 01/01/2023 - 12/31/2024

CFDA No.:

Grant Year: 2



12/02/2022

Human Services, Vermont Agency Of  
Legal Applicant

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Signature

Award Date

Stacy Bishop

Senior Grants Officer

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Philip Kolling

Project Director

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Carol Wiater, 202-380-2879

Grants Officer

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Philip Kolling

Certifying Official/Executive Officer

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Debra Lytle, 215-964-6354

Program Officer

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**Notice of Grant Award****Corporation for National and Community Service**

250 E Street SW, Suite 300  
 Washington, DC 20525-0001  
 (202) 606-5000

**Training and Technical Assistance****Grantee**

Human Services, Vermont Agency Of  
 280 State Dr Waterbury VT 05671-1000

EIN: 036000264  
 UEI: YLQARK22FMQ1

**Award Information**

Agreement No.:	<b>22TAFVT001</b>	Performance Period:	<b>01/01/2022 - 12/31/2024</b>
Amendment No.:	<b>2</b>	Budget Period:	<b>01/01/2023 - 12/31/2024</b>
CFDA No.:	<b>94.008</b>	Grant Year:	<b>2</b>

**Purpose**

The purpose of this award is to assist the grantee in carrying out a national service program as authorized by the National and Community Service Act of 1990, as amended (42 U.S.C. §12501 et seq.).

**Funding Information**

<b>Year 2</b>	<b>Previously Awarded This Year</b>	<b>This Award/ Amendment</b>	<b>Total Current Year</b>
Total Obligated by CNCS	\$0	\$74,639	\$74,639
Grantee's Unobligated Balance (Carryover)	\$0	\$0	\$0
Total Available	\$0	\$74,639	\$74,639

**Cumulative Funding for Project Period**

Total Awarded in Previous Amendments	\$149,278
Total CNCS Funds Awarded to Date	<b>\$223,917</b>

**Funding Source and Amount**

2023--OPE1-D67-OPO-23000-4101	\$74,639.00
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**Award Description**

This award provides interim FY 2023 funding for your approved Training and Technical Assistance (TTA) Commission Investment Fund grant budget and activities. The approved budget does not reflect the awarded amount, and a revised budget will be required at a later date. The FY 2023 required match is 0%.

Terms of Acceptance: By accepting funds under this grant, recipient agrees to comply with General Terms and Conditions found at <https://www.americorps.gov/sites/default/files/document/FY2023-General-Terms-Conditions-508-20221028.pdf> and the Program Terms and Conditions found at <https://www.americorps.gov/sites/default/files/document/2023-TC-CIF-508.pdf>. Recipient also agrees to comply with assurances and certifications made in the grant application, supporting documents, and with applicable federal statutes, regulations and guidelines.

Corporation for National and Community Service:

# Notice of Grant Award

250 E Street SW, Suite 300  
Washington, DC 20525-0001  
(202) 606-5000

## Training and Technical Assistance

### Grantee

Human Services, Vermont Agency Of  
280 State Dr Waterbury VT 05671-1000

EIN: 036000264  
UEI: YLQARK22FMQ1

### Award Information

Agreement No.: 22TAFVT001

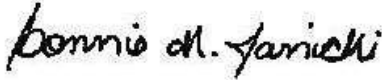
Performance Period: 01/01/2022 - 12/31/2024

Amendment No.: 2

Budget Period: 01/01/2023 - 12/31/2024

CFDA No.:

Grant Year: 2



11/23/2022

Signature

Award Date

Human Services, Vermont Agency Of

Legal Applicant

Bonnie Janicki

Senior Grants Officer

Philip Kolling

Project Director

Carol Wiater, 202-380-2879

Grants Officer

Philip Kolling

Certifying Official/Executive Officer

Debra Lytle, 215-964-6354

Program Officer

**Budget Narrative: SerVermont Commission TTA 2016 for Human Services, Vermont Agency Of****Section I. Support Expenses****A. Project Personnel Expenses**

Position/Title -Qty -Annual Salary -% Time	CNCS Share	Grantee Share	Total Amount
Executive Director: Directs Project Executively:% time does not exceed 100% across all grants. 1 person at \$98,000 x 8% usage: - 1 person(s) at 98000 each x 8 % usage	7,840	0	7,840
Training & Recruitment Officer (TRO): Provide Training and Recruit: note % time does not exceed 100% across all grants. 1 person at \$60,000 * 100%: - 1 person(s) at 60000 each x 100 % usage	60,000	0	60,000
<b>Category Totals</b>	67,840	0	67,840

**B. Personnel Fringe Benefits**

Item -Description	CNCS Share	Grantee Share	Total Amount
Medicare for Executive Director: Medicare \$1,400 @ 8%= \$112	112	0	112
OSAIID for Executive Director: \$5800@8%=\$464	464	0	464
Health Insurance for Executive Director: \$25,500 @ 8%= \$2,040	2,040	0	2,040
Life Insurance for Executive Director: \$500 @ 8%= \$40	40	0	40
Dental for Executive Director: \$900 @ 8%= \$72	72	0	72
Employee Assistance for Executive Director: \$40 @ 8%= \$4 (Rounded)	4	0	4
Retirement for Executive Director: \$16,000 annually @8%= \$1280 (rounded)	1,280	0	1,280
Medicare for TRO: \$1000 @ 100%= 1000	1,000	0	1,000
OSAIID for TRO: 4300 @ 100% = 4300	4,300	0	4,300
Health Insurance for TRO: \$18400 @ 100%	18,400	0	18,400
Life Insurance for TRO: \$400 @ 100% = \$400	400	0	400
Retirement for TRO: \$17700 @ 100% = 17700	17,700	0	17,700
Dental for TRO: \$900 @ 100% = 900	900	0	900
Employee Assistance for TRO: \$40 @ 100% = \$40	40	0	40
<b>Category Totals</b>	46,752	0	46,752

**C. Travel**

Purpose -Calculation	CNCS Share	Grantee Share	Total Amount
Lead Staff to CNCS Training - TRAINING OFFICER: Lodging: 3 days x \$200= \$600. Meals 3 days x \$42= \$126. Flight round-trip= \$274 THIS IS FOR THE TRAINING OFFICER TO ATTEND THE REQUIRED EVENTS.	1,000	0	1,000
Program Staff to Regional Training: 3 nights lodging @ \$200 = \$600; Airfare = \$300; 3 days per-diem @ \$40 = \$120: \$1020/ person x 10 program staff (est.):	10,200	0	10,200

TOTAL \$10,200 THIS IS FOR PROGRAM STAFF (AMERICORPS PROGRAM DIRECTORS)			
<b>Category Totals</b>	11,200	0	11,200

## D. Equipment

Item/Purpose -Qty -Unit Cost	CNCS Share	Grantee Share	Total Amount
<b>Category Totals</b>	0	0	0

## E. Supplies

Item -Calculation	CNCS Share	Grantee Share	Total Amount
Computer Package for TRO: 1 computer package @ \$1,171 complete unit price (computer, monitors, docking station, peripherals) est.	1,171	0	1,171
<b>Category Totals</b>	1,171	0	1,171

## F. Contractual and Consultant Services

Purpose -Calculation	CNCS Share	Grantee Share	Total Amount
Management Training for National Service Program Staff: \$750 day * 4 Days = \$3,000	3,000	0	3,000
Recruitment Support for AmeriCorps Programs: Digital & Print AmeriCorps advertising across Vermont to support program recruitment efforts. \$1000 cost per ad per week x 5 weeks x 1 outlets = \$5,000	5,000	0	5,000
Managing Grievance Training: \$750/day * 5 days = \$3,750	3,750	0	3,750
Evaluation Plan Technical Assistance: \$750/day*6 days= \$4,500	4,500	0	4,500
Federal Grants Management Training: \$1,875 per attendee x 4 attendees = \$7,500	7,500	0	7,500
Online Recruitment Ads: 50,000 ads @ \$.25 ea. est. approx. = \$12,500	12,500	0	12,500
New AmeriCorps Program Startup Boot Camp: \$750/day * 6 days = \$4,500	4,500	0	4,500
Recruitment and Retention Coaching: \$750/day*6 days = \$4,500	4,500	0	4,500
Program Evaluation Subgrants: 2 evaluation @ approx. \$35,000 each = \$70,000	70,000	0	70,000
AmeriCorps Member Training Conference: 2 days (est.) for 140 members (est.) \$700 / pp inclusive (est.) = \$98,000 (rounded)	98,000	0	98,000
Trainers, Coaches, Presenters: Training for AmeriCorps members and staff increasing effectiveness and efficiency and enhance the member experience. \$40,000 = approx. 10 presenters x avg. 4 days each @ \$1,000 / day = 40,000	40,000	0	40,000
<b>Category Totals</b>	253,250	0	253,250

## G. Training

### Staff Training

Purpose -Calculation -DailyRate	CNCS Share	Grantee Share	Total Amount



<b>Category Totals</b>	0	0	0
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**I. Other Support Costs**

Item	CNCS Share	Grantee Share	Total Amount
<b>Category Totals</b>	0	0	0

**J. Indirect Costs**

Description -Cost Type	CNCS Share	Grantee Share	Total Amount
<b>Category Totals</b>	0	0	0

**K. Other**

Item	CNCS Share	Grantee Share	Total Amount
<b>Category Totals</b>	0	0	0
<b>Section Totals</b>	380,213	0	380,213
<b>PERCENTAGE</b>	100.00%	0.00%	

<b>Budget Totals</b>	380,213	0	380,213
<b>PERCENTAGE</b>	100.00%	0.00%	
<b>Required Match</b>		0.00%	

**Source of Funds**

Section	Description
Section I. Support Expenses	N/A

**Budget Narrative: State Administrative Grant for Human Services, Vermont Agency Of****Section I. Support Expenses****A. Project Personnel Expenses**

Position/Title -Qty -Annual Salary -% Time	CNCS Share	Grantee Share	Total Amount
Executive Director: Direct Commission:% time does not exceed 100% across all grants - 1 person(s) \$98,000 @ 90% usage: - 1 person(s) at 98000 each x 90 % usage	44,000	44,200	88,200
Program Officer: Administer National Service Programs: note % of time does not exceed 100% across all grants - 1 person(s) \$67,000 @ 100% usage: - 1 person(s) at 67000 each x 100 % usage	31,000	36,000	67,000
Events & Communications Officer: Plan events and communications: note % of time does not exceed 100% across all grants - 1 person(s) \$60,000 @ 100% usage: - 1 person(s) at 60000 each x 100 % usage	60,000	0	60,000
<b>Category Totals</b>	135,000	80,200	215,200

**B. Personnel Fringe Benefits**

Item -Description	CNCS Share	Grantee Share	Total Amount
Medicare for Executive Director: \$1400 @90%= \$1260	1,188	72	1,260
Medicare for Program Officer: \$1000 @ 100% = \$1000	1,000	0	1,000
Medicare for Events & Comms. Officer: \$1000 @ 100% = \$1000	1,000	0	1,000
OASDI for Executive Director: \$5,800 @ 90% = \$5220	5,000	220	5,220
OASDI for Program Officer: \$4,000 @ 100% = \$4,000	4,000	0	4,000
OASDI for Events & Comms. Officer: \$4,000 @ 100% = \$4,000	4,000	0	4,000
Retirement for Executive Director: \$16,000 @ 90% = \$14,400	14,000	400	14,400
Retirement for Program Officer: \$18,000 @ 100% = \$18,000	18,000	0	18,000
Retirement for Events & Comms. Officer: \$16,000 @ 100% = \$16,000	16,000	0	16,000
Health Insurance for Executive Director: \$25,500 @ 90% = \$22,950	22,000	950	22,950
Health Insurance for Program Officer: \$9200 @ 100% = \$9200	9,000	200	9,200
Health Insurance for Events & Comms. Officer: \$18,400 @ 100% = \$18,400	18,000	400	18,400
Dental for Executive Director: \$900 @ 90% = \$810	800	10	810
Dental for Program Officer: \$900 @ 100% = \$900	900	0	900
Dental for Events & Comms. Officer: \$900 @ 100% = \$900	900	0	900
Life Insurance for Executive Director: \$500 @ 90% = \$450	400	50	450
Life Insurance for Program Officer: \$400 @ 100% = \$400	400	0	400
Life Insurance for Events & Comms. Officer: \$400 @ 100% = \$400	400	0	400
EAP for Executive Director: \$40 @ 90% = \$36	0	36	36
EAP for Program Officer: \$40 @ 100% = \$40	0	40	40

EAP for Events & Comms. Officer: \$40 @ 100% = \$40	0	40	40
<b>Category Totals</b>	116,988	2,418	119,406

### C. Travel

Purpose -Calculation	CNCS Share	Grantee Share	Total Amount
Commissioner Mileage to/from Meetings and Events: 50 miles x \$.56 x 5 events = \$140 x 15 commissioners = \$2,100	0	2,100	2,100
Staff Administrative Travel including Monitoring Visits, Meetings, and Events, etc.: 25 trips approx. @ 98.72 miles average approx. rounded = 2,468 miles approx. rounded x \$.56 = \$1382 (rounded)	426	956	1,382
Commissioner Per Diem: Per state policy: \$50 / day x 3 days (meetings, mayors day, launch, etc.) x 15 commissioners = \$2,250	0	2,250	2,250
CNCS Grantee Meeting Attendance: 4 nights lodging @ \$200/night = \$800; Airfare = \$600; 4 days per diem = \$160; TOTAL: \$1,560 per person x 3 persons = \$4,680 INCLUDES PRE-CONFERENCE EVENTS FOR NEW STAFF	4,000	680	4,680
<b>Category Totals</b>	4,426	5,986	10,412

### D. Equipment

Item/Purpose -Qty -Unit Cost	CNCS Share	Grantee Share	Total Amount
<b>Category Totals</b>	0	0	0

### E. Supplies

Item -Calculation	CNCS Share	Grantee Share	Total Amount
AmeriCorps Vests for Disaster Response (COVID): 200 Vests @ \$14.42 (rounded) ea. = \$2,885 (\$2k paid, \$885 in kind / donation)	2,000	885	2,885
AmeriCorps Promotional Materials: 2,000 recruitment brochures @ \$5 each = \$10,000 (\$2k paid, \$8k in-kind / donation)	2,000	8,000	10,000
AmeriCorps Banners: 5 @ \$300 = \$1,500	500	1,000	1,500
Computer Setup for Executive Director: \$2,000 TOTAL inclusive of monitors, computer, docking station, etc. 3-YEAR REPLACEMENT PER POLICY	1,000	1,000	2,000
Computer Setup for Program Officer: \$2,000 inclusive of monitors, computer, docking station, etc. 3-YEAR REPLACEMENT PER POLICY	1,000	1,000	2,000
Computer Setup for Events & Comms. Officer: \$2,000 inclusive of monitors, computer, docking station, etc. NEW STAFF	1,000	1,000	2,000
Office Supplies: 12 months @ \$208.333333 rounded per month estimated = \$2,499.9996 rounded to \$2,500 TOTAL EST. Purchased items may vary based on needs. NO ITEM WILL EXCEED \$1000.	500	2,000	2,500
Volunteer Recognition Items: Framed Certificates: 40 @ \$25 ea. = \$1,000	0	1,000	1,000
AmeriGear for Member Uniforms: ALL ITEMS HAVE AC LOGO: Notebooks 250 @ \$5.50 ea. = \$1,375; Waterbottle 250 @ \$10 ea. = \$2,500; shirts 250 @ \$25 ea. = \$6,250; Hat 250 @ \$15 ea. = \$3,750; TOTAL \$13,875. Exact items purchased may vary.	10,000	3,875	13,875

AmeriCorps Visuals: Banners / Cutouts / etc = 5 @ \$300 = \$1500 total. Purchase may vary	1,000	500	1,500
<b>Category Totals</b>	19,000	20,260	39,260

## F. Contractual and Consultant Services

Purpose -Calculation	CNCS Share	Grantee Share	Total Amount
Network/Cable Airing of SerVermont PSA: \$100k paid PSA airtime w/ 103k in-kind advertising match. \$203k total.	100,000	103,000	203,000
State Service Consulting Fee for Programs providing membership and support from ASC: \$250/ program x 7 programs = TOTAL \$1,750	1,700	50	1,750
Member Assistance Program for all AmeriCorps members: \$50 per member x 200 members = \$10,000	9,000	1,000	10,000
AmeriCorps Grant and Member Management System: \$375 per month x 12 months = \$4,500; \$300 per program year x 8 years = \$2,400 archival storage; TOTAL \$6,900	3,000	3,900	6,900
Start of Service Conference for AmeriCorps Members: 2 days, 200 attendees, \$280 per person inclusive = \$56000	20,000	36,000	56,000
AmeriCorps Member Health Insurance Access: \$1000 membership cost	1,000	0	1,000
Online and Print Promotion of PSA: \$20,000 paid ads w/ \$60,000 in-kind est. TOTAL \$80,000	20,000	60,000	80,000
Volunteer Award Meals: 100 meals @ \$15/each (average) for recipients and attendees	1,500	0	1,500
AmeriCorps Barracks Lease: Leasing dorm rooms or similar for housing AmeriCorps members due to low housing vacancy rates. Pilot program. 50 rooms @ \$6,000 ea. for service year = \$300,000. ACTUAL ACCOMODATIONS MAY VARY. ACTUAL COSTS MAY VARY.	150,000	150,000	300,000
JEDI Evaluation / Assessment: \$50,000 for complete assessment.	25,000	25,000	50,000
State Service Plan Development: \$50,000 for plan development contractor.	25,000	25,000	50,000
<b>Category Totals</b>	356,200	403,950	760,150

## I. Other Support Costs

Item	CNCS Share	Grantee Share	Total Amount
9/11 Remembrance and 20th Anniversary Service Activities:	0	0	0
3 phone lines @ \$50 / month each x 12 months:	1,800	0	1,800
Conference Calling and Virtual Meeting Service @ \$400 /year:	200	200	400
ASC Partnership Fee. Provides networking, convening, best practices, and technical assistance. No funds used in any way for lobbying-type activities. 2% of \$295,000:	0	5,900	5,900
ASC ARPA Partnership Fee. Provides networking, convening, best practices and technical assistance on ARPA. 2% of \$265,000 = \$5,300:	5,300	0	5,300
ARPA 2024 Funds:	50,000	120,000	170,000
<b>Category Totals</b>	57,300	126,100	183,400

**J. Indirect Costs**

Description	CNCS Share	Grantee Share	Total Amount
Costs per State CAP; effective rate of 9% of CNCS \$688,914 = \$62,002 ROUNDED TO \$50,000; ACTUAL \$ VARIES BASED ON INCURRED EXPENSES; LINK IN NARRATIVES:	0	50,000	50,000
<b>Category Totals</b>	0	50,000	50,000
<b>Section Totals</b>	688,914	688,914	1,377,828
<b>PERCENTAGE</b>	50.00%	50.00%	

<b>Budget Totals</b>	688,914	688,914	1,377,828
<b>PERCENTAGE</b>	50.00%	50.00%	
<b>Required Match</b>		0.00%	

**Source of Funds**

Section	Description
Section I. Support Expenses	\$76,500 - General Funds - Cash - Secured - State \$50,000 - General Funds - In-Kind - Secured - State \$250,000 - Special Funds - Cash - Secured - State \$163,000 - Advertising - In-Kind - Proposed - Private \$36,000 - Conference Services - In-Kind - Proposed - Private \$4,350 - Travel Costs - In-Kind - Proposed - Private \$20,260 - Supplies - In-Kind - Proposed - Private \$88,804 - Contractual Services - In-Kind - Proposed - Private \$376,500 Secured \$312,414 Proposed \$688,914 TOTAL