



STATE OF VERMONT
JOINT FISCAL OFFICE

MEMORANDUM

To: Joint Fiscal Committee members
From: Sorsha Anderson, Staff Associate
Date: April 26, 2021
Subject: Grant Request – JFO #3046

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

JFO #3046 – One (1) limited service position, Grants Program Manager, to the VT Dept. of Economic Development to provide management, oversight and technical assistance to grantees. This position is funded through the Norther Border Regional Commission Capacity Grants through previously approved JFO Grant #2971. Position is for one year with expected approval for a second year.

[JFO received 4/21/2021]

Please review the enclosed materials and notify the Joint Fiscal Office (Sorsha Anderson: sanderson@leg.state.vt.us) if you have questions or would like this item held for legislative review. Unless we hear from you to the contrary by May 17, 2021, we will assume that you agree to consider as final the Governor's acceptance of this request.

Agency of Commerce and Community Development
Dept. Of Economic Development
1 National Life Drive, Davis Bldg, 6th Floor
Montpelier, VT 05620-0501
accd.vermont.gov

[phone] 802-272-2399
[fax] 802-828-3383

MEMORANDUM

TO: Adam Greshin, Commissioner, Dept. of Finance & Management
Beth Fastiggi, Commissioner, Dept. of Human Resources

FROM: Joan Goldstein, Commissioner, Dept. of Economic Development

RE: Limited-Service Position Request

DATE: April 8, 2021



The Dept. of Economic Development is requesting permission for a limited-service position. Our Northern Border Regional Commission capacity grant affords us the possibility to get much needed staffing assistance in the Economic Development Department. This position will be funded with the current state capacity grant and the FFY21 state capacity grant that begins this fall. The Notice to Proceed for year 2 is in process with the Northern Border Regional Commission. We have verbal approval for year 2. We expect to receive the written Notice to Proceed shortly.

The person currently handling this work is doing the job of two persons as they are managing all details around 3 grant programs: 2 of which are growing each year or are poised to grow: Northern Border Regional, Brownfields, and Windham County Economic Development Program. In addition, we have been utilizing the usual support functions for these programs to help with the administration of the economic recovery grants and all business response around guidance, grant info, and there is the prospect of a third round of economic recovery grants and an additional funding proposal for brownfields.

Without this capacity the department will either be forced to move much more slowly responding to the opportunities to grow the economy, or risk missing the appropriate outreach for the solicitation of the grant, grants management and federal reporting, or fail to execute on the other operations of the Dept. It would be unwise to continue with the current and prospective workload without proper resources.

Thank you in advance for your consideration of this request.



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

Print 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: ACCD\Dept. of Economic Development Date: 03/01/21

Name and Phone (of the person completing this request): Joan Goldstein, 272-2399

Request is for:

- Positions funded and attached to a new grant. 2971
 Positions funded and attached to an existing grant approved by JFO # _____

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

Northern Border Regional Commission Capacity Grants. Funds are meant to help the Department solicit, develop, and prioritize proposals from around the state. The capacity funds can be used for broader capacity assistance.

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

<u>Title* of Position(s) Requested</u>	<u># of Positions</u>	<u>Division/Program</u>	<u>Grant Funding Period/Anticipated End Date</u>
Grants Program Manager	1	DED/NBRC	SFY 2021/Sept 30, 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:

Each year the allocation for Northern Border Regional Commission grants has increased. As such the solicitation, development and technical assistance for applicants, and prioritization has become unwieldy for us to manage without additional support. We need one person to be the liasion for NBRC and how those grant monies interact or overlap with other federal funding opportunities so that we may more effectively manage the grant programs.

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)).

E-SIGNED by joan goldstein
on 2021-03-04 15:02:16 EST

Signature of Agency or Department Head _____ Date _____

Aimee Pope

Digitally signed by Aimee Pope
Date: 2021.04.08 09:42:49 -04'00'

Approved/Denied by Department of Human Resources _____ Date _____

Adam Greshin

Digitally signed by Adam Greshin
Date: 2021.04.19 11:29:47 -04'00'

Approved/Denied by Finance and Management _____ Date _____

Kristin Clouser

Digitally signed by Kristin Clouser
Date: 2021.04.19 16:17:53 -04'00'

Jason

Aronowitz

Digitally signed by Jason Aronowitz
Date: 2021.04.19 10:31:29 -04'00'

Approved/Denied by Secretary of Administration _____ Date _____

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

Date 4/20/21

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: 496600/Grants Program Manager
Position Type: Permanent or Limited / Funding Source: Core, Partnership, or Sponsored
Vacant Position Number: Current Job/Class Title: | |
Agency/Department/Unit: ACCD/Economic Development Work Station: Montpelier Zip Code: 05602
Supervisor's Name, Title and Phone Number: Joan Goldstein, DED Commissioner, 272-2399

Type of Request:

- Management:** A management request to review the classification of an existing position, class, or create a new job class.
- Employee:** An employee's request to review the classification of his/her current position.

1. Job Duties

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

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

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

The grant programs manager role is required in DED because we have been tasked with the solicitation, development, and prioritization of Northern Border Regional Commission (NBRC) grant proposals. Each and every year we have been doing this with our existing staff. It is clear that as each year the funding increases, the coordination has become more challenging. The NBRC has granted us funds to increase capacity and so we want this role to be the federal grants programs liaison so that we may better the process and thereby the outcomes resulting from the grant monies being distributed.

Manages day to day operational aspects of the grant program, as well as project oversight on behalf of the agency project sponsors to ensure it is successfully carried out. Assists selection committee in the review of with grant submission proposals. Schedules, attends, and evaluates grantee compliance against appropriate standards. Provides written reports of grantee compliance with federal, state and local laws and regulations. Works with grantees to develop project work plans and oversees goal progress. Conducts review of final program reports, interim and final audits, and other closeout data for all applicable grant programs. Provides compliance management and technical assistance to all grantees in the conduct of all program activities.

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.*

There will be a myriad of contacts ranging from business managers, agency personnel (both intra and interagency) municipalities, regional development corporations, regional planning commissions, businesses, federal program administrators, etc.

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.

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.

There is an annual timeline for grant proposals. The Commissioner and Deputy commissioner will be involved in the process and will review the work and prioritization of the tasks.

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.*

There will be competing proposals and so the job will require the person to justify their rationale for rankings and be able to support their choices. Emotional intelligence is required as well since there are at times optics and political or sensitive issues to consider.

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.*

There are scheduled to be over \$10mm in annual grants managed through this position. It is imperative that we know of the importance of each application and the influence it can have on our regional economic development efforts and the overall impact to the state.

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?
deadlines	annually

- 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 to grant sites	quarterly

mainly sitting or standing	80%
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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?

customer service mentality, attention to detail, and ownership of the 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?

emotional intelligence

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

4. Suggested Title and/or Pay Grade:

Grants Program Manager, PG 25

E-SIGNED by brett long
on 2021-03-04 15:05:49 EST

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

Personnel Administrator's Section:

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

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

Yes No If yes, please provide detailed information.

Attachments:

Organizational charts are **required** and must indicate where the position reports.

Draft job specification is **required** for proposed new job classes.

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

Suggested Title and/or Pay Grade:

Personnel Administrator's Signature (**required**): Jane Modica /s/ Date: 03/05/2021

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.

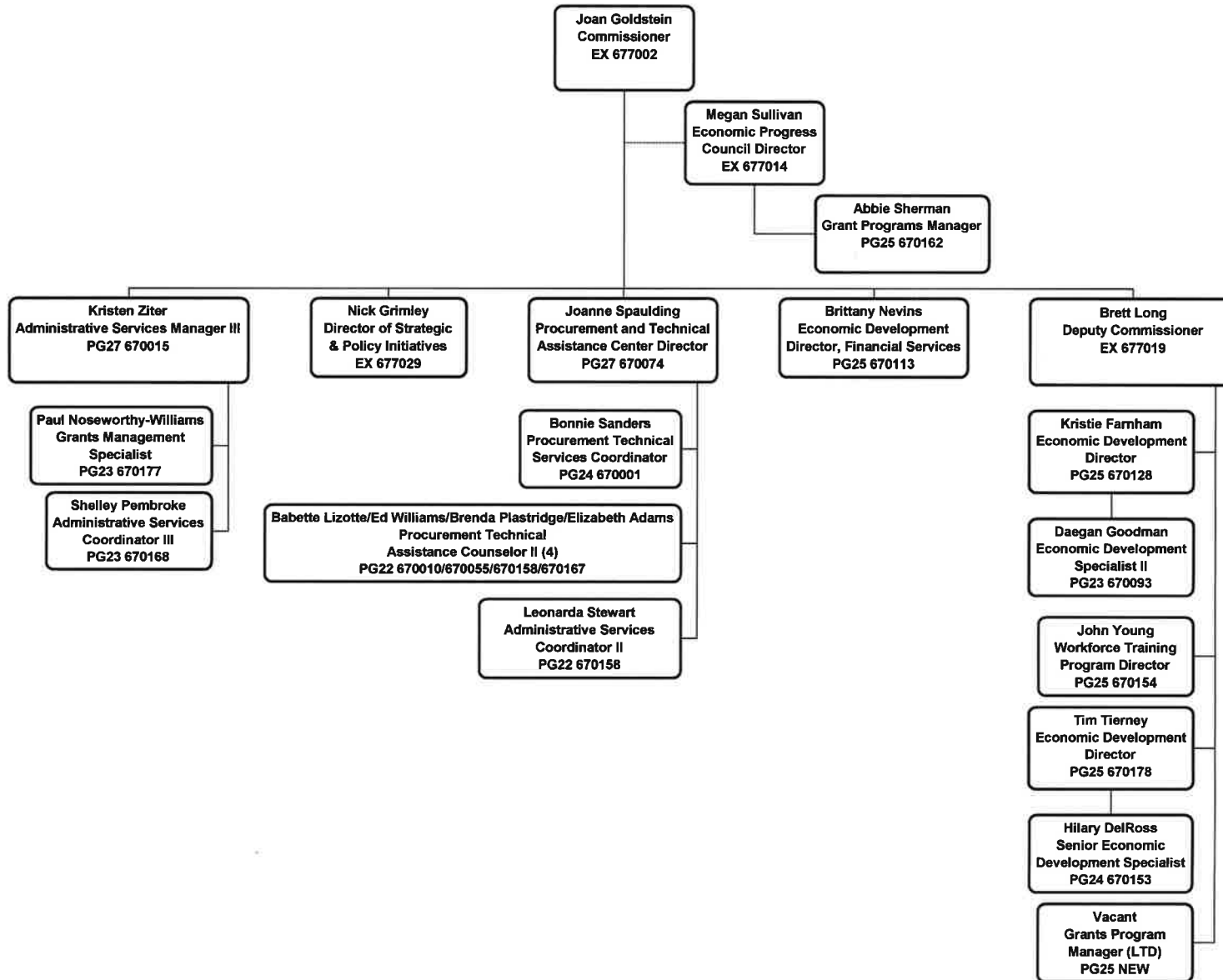
Suggested Title and/or Pay Grade:

Grants Program Manager, PG25

E-SIGNED by joan goldstein
on 2021-03-04 15:08:20 EST

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

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





Northern Border Regional Commission

NORTHERN BORDER REGIONAL COMMISSION

STATE CAPACITY GRANT PROGRAM

Notice to Proceed

Fiscal Year 2020 Grant Award #: NBRC20GSCVT01

Name of Grantee: State of Vermont, Agency of Commerce and Community Development

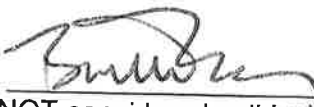
Date of Notice to Proceed: March 30, 2021

- The grant agreement/contract has been signed by both parties and on file in the NBRC office.
- NBRC office has on file the SF3881 Automated Clearing House (ACH) Enrollment Form.
- All match listed in the contract is committed. NBRC Form 1002 listing committed match is on file and is complete.
- At least 75% of any previous project has been completed.
- One of the following applies: 1. A copy of the contract with a Local Development District (LDD) is on file. 2. A waiver from the LDD administration is on file. 3. The Grantee is a State entity and is exempt from the Administration contract. 4. The Grantee is in VT and exempt from this requirement.

Complete: 3/15/2021
Complete: 3/15/2021
Complete: N/A
N/A
N/A

Andrea K. Smith: Andrea K. Smith Digitally signed by Andrea K. Smith
Date: 2021.03.30 07:19:42 -04'00' Date: 03/30/2021
 Program Director | Northern Border Regional Commission

Rich Grogan : Rich Grogan Digitally signed by Rich Grogan
Date: 2021.03.30 08:20:00 -04'00' Date: 03/30/2021
 Executive Director | Northern Border Regional Commission

Grantee Signature :  Date: 3/31/21
 Notice to Proceed is NOT considered valid without Authorized Individual's Signature

Northern Border Regional Commission
Vermont State Capacity Grant
Statement of Work Federal Fiscal Year 20-21 Allocation
Request: \$187,500

PART 1 – Subgrants – RDC / LDD Partnership

\$10,000 x 14 subgrants (11 RDC & 3 LDD) = \$140,000
\$15,000 subgrant (1 RDC Lead) = \$15,000

The State of Vermont proposes utilizing a FY2021 State Capacity Grant in the amount of \$187,500 to charge our regional development corporations (RDC) to expand upon a pilot initiative that launched in 2019. This project plan proposes the development of a **Regional Community Investment Priority List** – a new statewide prioritization of community and economic development projects that hinge on unidentified gap funding. The state’s 12 regional development corporations serve as extensions of the Vermont Agency of Commerce and Community Development, they will partner with the State’s local development districts (LDD) with providing businesses with technical assistance, financing, workforce development support, and commercial space.

This project would replicate the expectations delineated within the pilot and expand the PILOT with formal inclusion of the LDD’s. The Agency will distribute the \$155,000 to the regional development corporations and the local development districts through subgrants, coordinated with the Agency’s state general fund grants to the organizations. The additional funding will enable the Agency to add this responsibility to the RDCs and LDDs which otherwise would not have the capacity to undertake this request.

Funding will be used for staff time in each of the regional development corporations and local development districts to:

- 1) Gather information about community and economic development projects in their regions that have funding gaps. This information should include project budgets (especially project budget gaps), executive summaries, and detailed information about project status.
- 2) Convene regional partners (regional planning commissions, municipal leaders, their own boards, state leaders) in a prioritization process that includes input from the general public.
- 3) Produce a project list that prioritizes at least the top 10 community and economic development projects from the region.

The State of Vermont will use these regional lists to create a **Regional Community Investment Priority List** that will serve as a guide for prioritizing state and federal investments. The plan will be loosely based on the format and process that the State’s Transportation Improvement Plan utilizes. The Agency intends to seek additional state funding from the Legislature in the coming years once the process and list is developed.

The state will specifically ask for projects that support business retention and expansion, create programs that encourage job creation and workforce development in eligible counties, expand access to high-speed broadband, and implement new or innovative economic development practices. Further, infrastructure projects that have access all known federal funding sources will be prioritized.

Reporting: The Regional Development Corporations and Local Development Districts will be monitored by state performance grants that include specific reporting requirements. These requirements shall include:

- 1) A coordination meeting between RDCs, LDDs and ACCD to identify the needed information for each project and project criteria.
- 2) Demonstration of community-wide engagement through newsletters, public meetings, and convenings to solicit the creation of the list of projects.
- 3) Demonstration of a fair and neutral process to prioritize the list of projects that includes input from regional planning commissions and other regional stakeholders.
- 4) Provide a list of prioritized projects with budgets, executive summaries, and demonstration of the needed gap in a standard format by December 31, 2021.

The Agency of Commerce will provide the NBRC with these lists and utilize these lists pending State EID grant round – awarding priority points to projects on the list.

PART 2 – DED Capacity

Limited Service Position – Grant Program Manager = \$32,500

The grant programs manager role is required in DED because we have been tasked with the solicitation, development, and prioritization of Northern Border Regional Commission (NBRC) grant proposals. Each and every year we have been doing this with our existing staff. It is clear that as each year the funding increases, the coordination has become more challenging. The NBRC has granted us funds to increase capacity and so we want this role to be the federal grants programs liaison so that we may better the process and thereby the outcomes resulting from the grant monies being distributed.

Manages day to day operational aspects of the grant program, as well as project oversight on behalf of the agency project sponsors to ensure it is successfully carried out. Assists selection committee in the review of grant submission proposals. Schedules, attends, and evaluates grantee compliance against appropriate standards. Provides written reports of grantee compliance with federal, state and local laws and regulations.

Works with grantees to develop project work plans and oversees goal progress. Conducts review of final program reports, interim and final audits, and other closeout data for all applicable grant programs. Provides compliance management and technical assistance to all grantees in the conduct of all program activities.

BUDGET INFORMATION - Non-Construction Programs

OMB Number: 4040-0006
Expiration Date: 02/28/2022

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. Vermont State Capacity Grant Program	90.601	\$	\$	\$ 187,500	\$	\$ 187,500
2.						
3.						
4.						
5. Totals		\$	\$	\$	\$	\$

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1)	(2)	(3)	(4)	
12 Regional Development Corporations 3 Local Development Districts 1 Limited service position - Grant Program Manager					
a. Personnel	\$ 14,790	\$	\$	\$	\$ 14,790
b. Fringe Benefits	10,710				10,710
c. Travel	500				500
d. Equipment	2,000				2,000
e. Supplies					
f. Contractual	155,000				155,000
g. Construction					
h. Other	4,500				4,500
i. Total Direct Charges (sum of 6a-6h)	187,500				\$
j. Indirect Charges					\$
k. TOTALS (sum of 6i and 6j)	\$ 187,500	\$	\$	\$	\$
7. Program Income	\$	\$	\$	\$	\$

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SECTION C - NON-FEDERAL RESOURCES					
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS	
8. <input style="width: 95%;" type="text"/>	\$ <input style="width: 95%;" type="text"/>	\$ <input style="width: 95%;" type="text"/>	\$ <input style="width: 95%;" type="text"/>	\$ <input style="width: 95%;" type="text"/>	
9. <input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
10. <input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
11. <input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
12. TOTAL (sum of lines 8-11)	\$ <input style="width: 95%;" type="text"/>	\$ <input style="width: 95%;" type="text"/>	\$ <input style="width: 95%;" type="text"/>	\$ <input style="width: 95%;" type="text"/>	
SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$ 187,500	\$ <input style="width: 95%;" type="text"/>	\$ <input style="width: 95%;" type="text"/>	\$ <input style="width: 95%;" type="text"/>	\$ 187,500
14. Non-Federal	\$ <input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
15. TOTAL (sum of lines 13 and 14)	\$ 187,500	\$ <input style="width: 95%;" type="text"/>	\$ <input style="width: 95%;" type="text"/>	\$ <input style="width: 95%;" type="text"/>	\$ 187,500
SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT					
(a) Grant Program	FUTURE FUNDING PERIODS (YEARS)				
	(b) First	(c) Second	(d) Third	(e) Fourth	
16. <input style="width: 95%;" type="text"/>	\$ <input style="width: 95%;" type="text"/>	\$ <input style="width: 95%;" type="text"/>	\$ <input style="width: 95%;" type="text"/>	\$ <input style="width: 95%;" type="text"/>	
17. <input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
18. <input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
19. <input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
20. TOTAL (sum of lines 16 - 19)	\$ <input style="width: 95%;" type="text"/>	\$ <input style="width: 95%;" type="text"/>	\$ <input style="width: 95%;" type="text"/>	\$ <input style="width: 95%;" type="text"/>	
SECTION F - OTHER BUDGET INFORMATION					
21. Direct Charges: <input style="width: 95%;" type="text"/>		22. Indirect Charges: <input style="width: 95%;" type="text"/>			
23. Remarks: <input style="width: 95%;" type="text"/>					