



STATE OF VERMONT
JOINT FISCAL OFFICE

MEMORANDUM

To: Joint Fiscal Committee members
From: Sorsha Anderson, Staff Associate
Date: June 1, 2021
Subject: Grant Request – JFO #3052

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

JFO #3052 – \$50,000,000.00 to the Agency of Commerce and Community Development, Housing and Community Development from the United States Dept. of the Treasury. Funds to implement a program pursuant to the federal Homeowner Assistance Fund established by the American Rescue Plan. The grant allows 15% of the total for administrative costs. ACCD requests (1) one limited-service position, Grants Management Specialist, for a two-year period. *[NOTE: The deadline to apply for funds was April 25, 2021. The State has received 10% of the funds (\$5,000,000) which are being held until the grant is approved.]*
{JFO received 6/1/2021}

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 June 20, 2021, we will assume that you agree to consider as final the Governor's acceptance of this request.

State of Vermont
Department of Housing and Community Development
Deane C. Davis Building – 6th Floor [phone] 802-828-3211
One National Life Drive
Montpelier, VT 05620-0501

*Agency of Commerce and
Community Development*

MEMORANDUM

To: Members of the Joint Fiscal Committee
From: Josh Hanford, Commissioner, DHCD
Date: May 19, 2021
Re: AA-1 Grant Acceptance Form

To whom it may concern,

This memorandum is to request approval of the attached State of Vermont Request for Grant Acceptance (AA-1 form) for the \$50,000,000.00 [Homeowner Assistance Fund](#) (HAF), appropriated to Vermont via [Section 3206 of the American Rescue Plan Act of 2021](#) (ARPA).

PREFACE:

The HAF program as laid out in Section 3206 of ARPA provides a prescriptive program for emergency mortgage and utility assistance to homeowners. The Act specifically describes how the programs shall be enacted, the limitations of the programs, and the various eligibility criteria. The U.S. Department of the Treasury (Treasury) has released [limited guidance](#) and will continue to release further guidance clarifying the HAF program, and the general reporting and monitoring requirements of ARPA funds.

Under the HAF, Treasury required eligible States and Territories to apply for HAF funds by April 25, 2021, or forfeit access. The Agency of Commerce and Community Development (ACCD), in coordination with the Agency of Administration (AOA), has successfully applied for the funds on behalf of the State of Vermont. The State has received 10% of the funds (\$5,000,000) which is being held until approval is gained to utilize the funds.

In short, these funds are available, and must be used to provide mortgage and utility assistance payments for Vermonters. At this time, the funds cannot be used in any other fashion. In addition, time is of the essence, as Treasury has required that a comprehensive plan for utilizing the entirety of the \$50,000,000 must be submitted to Treasury by June 30, 2021. Once the plan is established, the remainder of the funds will be available to the State and will expire on September 30, 2025.

The Department of Housing and Community Development (DCHD) within ACCD, along with AOA, the Department of Public Service (PSD), and the Vermont Housing Finance Agency (VHFA) have been working to devise Vermont's HAF program to efficiently use the narrowly tailored funds. The totals below are



inclusive of administrative expenses and limited-service needs. The AA-1 attached requests the funds to be accepted and released to ACCD/DHCD, to then hold and grant the funds to VHFA and potentially to PSD to carry out the program.

PROPOSED DISTRIBUTION:

\$50,000,000 to the Agency of Commerce and Community Development (ACCD), Department of Housing and Community Development (DHCD) to implement a program pursuant to the federal Homeowner Assistance Fund established in the American Rescue Plan Act of 2021. DHCD may grant funds to the Vermont Housing Finance Agency (VHFA) to design and implement the HAF on behalf of Vermont. DHCD may also reallocate funds to the Department of Public Service (PSD) if needed to implement the utility assistance portion of the HAF. DHCD, VHFA, and PSD will collaborate to distribute the funds most efficiently and effectively to Vermonters in need. Pursuant to ARPA, DHCD, VHFA, and PSD may use up to 15% of the total of the funds (combined) for administrative costs in implementing the HAF program.

DHCD requests one (1) limited-service position for a two-year period during the grant to assist in administration. DHCD and/or PSD may return to the JFC to request limited-service positions should they become necessary in the implementation of the HAF.

Conclusion:

Based on the above, ACCD/DHCD and AOA request that the Governor approve the attached AA-1 form to accept the \$50,000,000 allocated via the HAF to use towards emergency mortgage and utility assistance for homeowners.

Thank you for your time and assistance in this matter.

Sincerely,



5/19/2021

Josh Hanford, Commissioner
Department of Housing and Community Development

Date

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

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

Agency of Administration

STATE OF VERMONT FINANCE & MANAGEMENT GRANT REVIEW FORM					
Grant Summary:		Homeowner Assistance Fund for mortgage and utility assistance per ARPA Sec. 3206			
Date:		5/20/2021			
Department:		ACCD – Housing and Community Development			
Legal Title of Grant:		Homeowner Assistance Fund			
Federal Catalog #:		21.026			
Grant/Donor Name and Address:		U.S. Department of the Treasury 1500 Pennsylvania Avenue NW Washington D.C. 20220			
Grant Period:		From:	To:		
		4/1/2021	9/30/2025		
Grant/Donation		\$50,000,000			
	SFY 1	SFY 2	SFY 3	Total	Comments
Grant Amount:	\$5,000,000	\$15,000,000	\$10,000,000	\$50,000,000	\$10m FY24, \$10m FY25.
Position Information:		# Positions	Explanation/Comments		
		1	Grants Management Specialist PG23 (ACCD-DHCD)		
Additional Comments:					
Department of Finance & Management		Adam Greshin	<small>Digitally signed by Adam Greshin Date: 2021.05.21 07:39:18 -04'00'</small>	(Initial)	
Secretary of Administration		Kristin Clouser	<small>Digitally signed by Kristin Clouser Date: 2021.05.24 16:51:39 -04'00'</small>	(Initial)	
Sent To Joint Fiscal Office		Ariel Murphy	<small>Digitally signed by Ariel Murphy Date: 2021.06.01 08:28:50 -04'00'</small>	Date	

Jason Aronowitz Digitally signed by Jason Aronowitz
Date: 2021.05.20 17:21:45 -04'00'



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

BASIC GRANT INFORMATION				
1. Agency:	Commerce and Community Development			
2. Department:	Housing and Community Development			
3. Program:	Homeowner Assistance Fund			
4. Legal Title of Grant:	Homeowner Assistance Fund			
5. Federal Catalog #:	21.026			
6. Grant/Donor Name and Address: U.S. Department of the Treasury, 1500 Pennsylvania Avenue NW, Washington D.C. 20220				
7. Grant Period:	From:	4/1/2021	To:	9/30/2025
8. Purpose of Grant: Section 3206 of the American Rescue Plan Act of 2021 established the Homeowner Assistance Fund, and allocated funding to Vermont to provide mortgage and utility assistance, and other ancillary services to VT homeowners. The grant shall extend until the statutory expiration date of 9/30/2025. The first \$5,000,000 has been sent to Vermont. The following \$45,000,000 will be sent after submission of Vermont's HAF plan, due June 30, 2021 (or at a later time specified by the recipient).				
9. Impact on existing program if grant is not Accepted: The program cannot be implemented without this grant.				
10. BUDGET INFORMATION				
	SFY 1	SFY 2	SFY 3	Comments
Expenditures:	FY 21	FY 22	FY 23	
Personal Services	\$	\$100,180	\$100,180	Grant expires on 9/30/2025
Operating Expenses	\$750,000	\$2,234,973	\$1,484,973	\$1,500,000 for FY 24 & FY 25
Grants	\$4,250,000	\$12,664,847	\$8,414,847	\$8.5M for FY24 & 25
Total	\$5,000,000	\$15,000,000	\$10,000,000	\$10,000,000 (FY 24 & 25 each)
Revenues:				
State Funds:	\$0	\$0	\$0	
Cash	\$0	\$0	\$0	
In-Kind	\$0	\$0	\$0	
Federal Funds:	\$	\$	\$	
(Direct Costs)	\$5,000,000	\$15,000,000	\$10,000,000	\$10M for FY 24 & 25 each
(Statewide Indirect)	\$	\$	\$	
(Departmental Indirect)	\$	\$	\$	
Other Funds:	\$	\$	\$	
Grant (source)	\$	\$	\$	
Total	\$5,000,000	\$15,000,000	\$10,000,000	\$10M for FY 24 &

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

			25
Appropriation No:		Amount:	\$50,000,000
			\$
			\$
			\$
			\$
			\$
			\$
		Total	\$50,000,000

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: _____ Agreed by: _____ (initial)

12. Limited Service Position Information:	# Positions	Title
	1	Grants Management Specialist PG23 (ACCD-DHCD)
Total Positions	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: <i>Josh Hanford</i>	Date: 5/19/2021
	Title: Commissioner, Department of Housing and Community Development	
	Signature:	Date:
	Title:	

14. SECRETARY OF ADMINISTRATION

<input checked="" type="checkbox"/> Approved:	(Secretary or designee signature) Kristin Clouser	Digitally signed by Kristin Clouser Date: 2021.05.24 16:52:02 -04'00'	Date:
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15. ACTION BY GOVERNOR

<input checked="" type="checkbox"/> Check One Box: Accepted	<i>[Signature]</i> (Governor's signature)	Date: 5/28/21
<input type="checkbox"/> Rejected		

16. DOCUMENTATION REQUIRED

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

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

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

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

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

Agency/Department: Department of Housing and Community Development Date: May 19, 2021

Name and Phone (of the person completing this request): Josh Hanford, Commissioner, 802-595-1385

Request is for:

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

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

U.S. Department of Treasury, Homeowner Assistance Fund, Section 3206 of the American Rescue Plan Act of 2021

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

<u>Title* of Position(s) Requested</u>	<u># of Positions</u>	<u>Division/Program</u>	<u>Grant Funding Period/Anticipated End Date</u>
Grants Management Specialist	One (1)	Housing/ARPA-HAF	April 1, 2021 / September 30, 2025

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

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

DHCD shall administer the \$50,000,000 Homeowner Assistance Fund, allocated to the State of Vermont via the American Rescue Plan Act, 2021 (ARPA), to deliver mortgage assistance and ancillary services to Vermont homeowners. DHCD requires one limited position to act as a grants management specialist to track and monitor the various programs and initiatives created via the fund.

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

Josh Hanford May 19, 2021
 Signature of Agency or Department Head Date
 Digitally signed by Aimee Pope
 Date: 2021.05.21 08:57:03 -04'00'

Approved/Denied by Department of Human Resources Date
Adam Greshin Digitally signed by Adam Greshin
 Date: 2021.05.21 09:30:46 -04'00'

Approved/Denied by Finance and Management Date
Kristin Clouser Digitally signed by Kristin Clouser
 Date: 2021.05.24 16:52:22 -04'00'

Approved/Denied by Secretary of Administration Date
[Signature] 5/8/21

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

Comments:

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 _____ Effective Date: _____
Comments: _____	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 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.

(What) Oversees administration of funds for the federal Housing Assistance Fund and Emergency Rental Assistance Program by working with front-line partners within and outside of State government to ensure program parameters are adhered to and goals are met. Reports to DHCD Housing Program Administrator to ensure appropriate programmatic changes and oversight are achieved.

(How) In conjunction with DHCD Housing Program Administrator and General Counsel, establish an understanding of program guidelines and desired outcomes. Communicate with partners, including but not limited to the Vermont Housing Finance Agency, Vermont State Housing Authority, Public Service Department, Agency of Human Services to establish regular check-in meetings on program progress. Review periodic reports and daily data outputs to compare with program outcome projections. Report to Housing Program Administrator on challenges noted by front-line partners. Maintain financial records of funds allocated, encumbered, and expended. Receive program invoices and review against program budget to prepare invoices for approval by Housing Program Administrator or Commissioner.

(Why) The State of Vermont has received an unprecedented amount of federal funds to address the mortgage, rental, and utility payment needs of low- and moderate-income households affected by COVID-19 response and recovery efforts. This position will assist with the coordinated response DHCD is tasked with orchestrating to ensure funds are appropriately and efficaciously administered to identified program goals.

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*.

DHCD Team

Vermont State Housing Authority

Vermont Housing Finance Agency
Vermont Legal Aid & Vermont Landlords Association
Agency of Human Services (Office of Economic Opportunity)
Public Service Department
Community Action Agencies

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

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

N/A

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.

New position would be supervised via COVID-safe means - remote coordination on at least a weekly basis

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.*

New position would need social and organizational skills to understand the needs of several

program partners and align those with ability of the program to deliver services to constituents.

7. Accountability

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

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

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

For example:

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

To administer mortgage, rental, and utility payment relief to Vermont households experiencing financial hardships due to the COVID-19 pandemic

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?

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?

Efficient coordination with the front-line partners in grant administration is a must for successful program administration
Accurately cataloging monies allocated, encumbered, and expended is required to ensure accurate financial maintenance
Succinct and accurate debriefing with the Housing Program Administrator to identify opportunities and challenges with program administration and work through solutions will be necessary as this program evolves

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?

Understanding of who administers these funds and the needs of clients are served is required to understand the needs being addressed.
Ability to create tracking systems for funds to verify amounts expended and trajectories will allow for real-time decision making on where reallocations need to be made before program funds are returned to 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.

N/A

4. Suggested Title and/or Pay Grade:

Grants Management Specialist; PG23

Supervisor's Signature (required): Shawn Gilpin Date: 5/19/2021

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:

Grants Management Specialist; PG 23

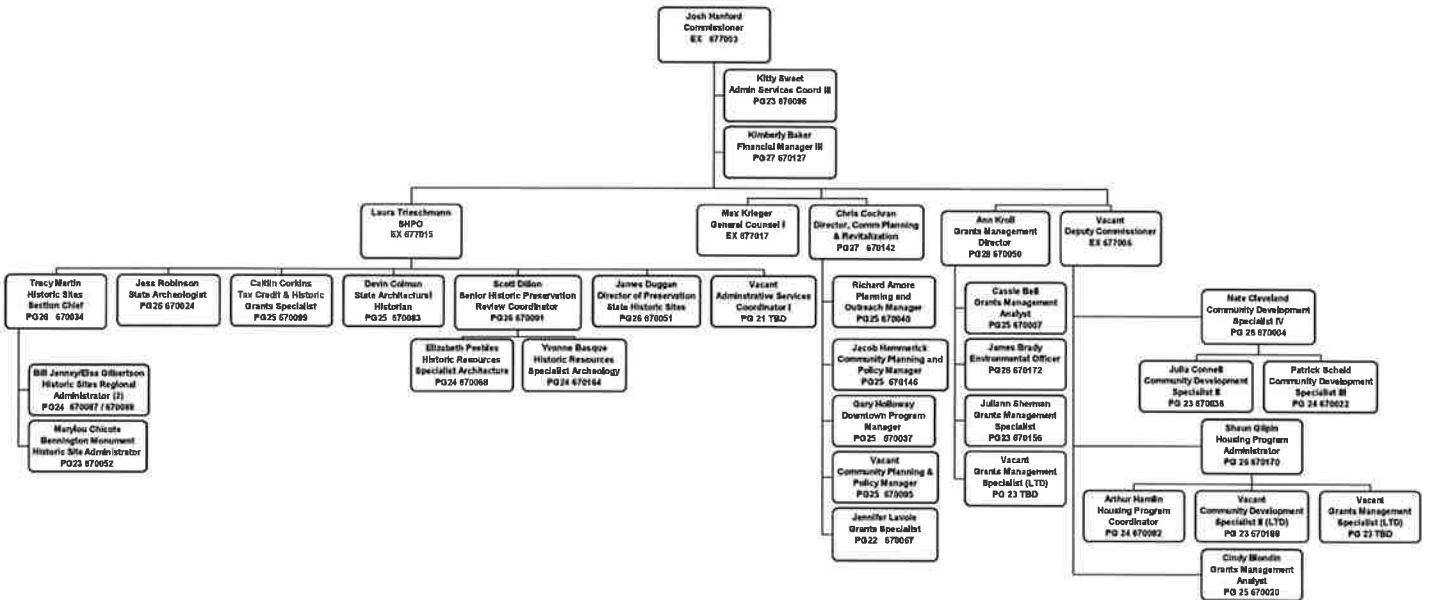
Josh Hanford

5/19/2021

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

Date

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



OMB Approved No. 1505-0269
Expiration Date: 10/31/2021

HOMEOWNER ASSISTANCE FUND

U.S. DEPARTMENT OF THE TREASURY

Notice of Funds Request

On behalf of Agency of Commerce and Community Development ("Eligible Entity"),¹ I hereby notify the U.S. Department of the Treasury ("Treasury") that the Eligible Entity requests funds allocated to it by Treasury under the Homeowner Assistance Fund (HAF) established under section 3206 of the American Recovery Plan Act of 2021.

If the Eligible Entity is a state, the District of Columbia, or a U.S. territory, this Notice must be submitted to Treasury by April 25, 2021, or the Eligible Entity will not be eligible to receive funds under the HAF. The deadline for any other Eligible Entity to submit this Notice is September 30, 2021.

The undersigned representative affirms that the undersigned has the authority to submit this Notice to Treasury on behalf of the Eligible Entity. This form should be submitted by an authorized agency or office of the Eligible Entity.

Signed:  Date: 4/20/2021

DocuSigned by:
8C7AAA50B6504EB...

Name	Lindsay Kurrle	Title	Secretary
Agency or Office	Agency of Commerce and Community Development		
Street	1 National Life Dr.	City, State, Zip	Montpelier, Vermont, 05620-1501
Phone	802-828-3080	E-mail	lindsay.kurrle@vermont.gov

Contact Person for Eligible Entity:

Name	Maxwell Krieger	Title	maxwell.krieger@vermont.gov
Agency or Office	Agency of Commerce and Community Development		
Street	1 National Life Dr.	City, State, Zip	Montpelier, Vermont, 05620-1501
Phone	802-522-3132	E-mail	maxwell.krieger@vermont.gov

PAPERWORK REDUCTION ACT NOTICE

The information collected will be used for the U.S. Government to process requests for support. The estimated burden associated with this collection of information is 15 minutes per response. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Office of Privacy, Transparency and Records, Department of the Treasury, 1500 Pennsylvania Ave., N.W., Washington, D.C. 20220. DO NOT send the form to this address. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid control number assigned by OMB.

¹ "Eligible entity" means a state of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, American Samoa, the United States Virgin Islands, the Commonwealth of the Northern Mariana Islands, the Department of Hawaiian Home Lands, and certain Indian Tribes or Tribally designated housing entities eligible for payment under section 3206(f) of the American Rescue Plan Act of 2021.

PRIVACY ACT STATEMENT

AUTHORITY: Solicitation of this information is authorized by the American Rescue Plan Act of 2021, Title III, Pub. L. 117-2.

PURPOSE: Treasury is required by the American Rescue Plan Act of 2021 to identify eligible entities to provide homeowners assistance to individuals who qualify for relief under the Act. Eligible entities are state, territorial, and tribal governments, which will identify homeowners eligible for relief based on requirements under the Act. Treasury maintains contact information for authorized representatives and contact persons for the purpose of communicating with eligible entities regarding issues related to implementation of the Act.

ROUTINE USES: The information you furnish may be shared in accordance with the routine uses outlined in the Treasury's system of records notice, Treasury .017 - Correspondence and Contact Information, which can be found at 81 FR 78266 (Nov. 7, 2016).

DISCLOSURE: Disclosure of this information to Treasury is required in order to comply with the requirements the American Rescue Plan Act of 2021. Disclosure of this information is voluntary, however, grantees/recipients that do not disclose contact information will be unable to communicate with Treasury on issues related to their obligations under the Act and this may affect the status of their grant.

OMB Approved No.: 1505-0269
Expiration Date: 10/31/2021

HOMEOWNER ASSISTANCE FUND


U.S. DEPARTMENT OF THE TREASURY

Financial Assistance Agreement

Recipient Name and Address: Agency of Commerce and Community Development 1 National Life Dr. Montpelier, Vermont, 05620-1501	DUNS Number: 809376288 Taxpayer Identification Number: 036000264
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Section 3206 of the American Rescue Plan Act of 2021 authorizes the U.S. Department of the Treasury (Treasury) to mitigate financial hardships associated with the coronavirus pandemic by providing funds to eligible entities for the purpose of preventing homeowner mortgage delinquencies, defaults, foreclosures, loss of utilities or home energy services, and displacements of homeowners experiencing financial hardship after January 21, 2020, through qualified expenses related to mortgages and housing.

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


DocuSigned by:
Recipient: 
8C7AAA50B6504EB...

Name of Authorized Representative: Lindsay Kurrle

Title: Secretary

Date: 4/21/2021

U.S. Department of the Treasury:


Name of Authorized Representative: Jacob Leibenluft
Title: Counselor to the Secretary
Date: 5/3/2021

PAPERWORK REDUCTION ACT NOTICE: The information collected will be used for the U.S. Government to process requests for support. The estimated burden associated with this collection of information is 15 minutes per response. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Office of Privacy, Transparency and Records, Department of the Treasury, 1500 Pennsylvania Ave., N.W., Washington, D.C. 20220. DO NOT send the form to this address. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid control number assigned by OMB.

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HOMEOWNER ASSISTANCE FUND

U.S. DEPARTMENT OF THE TREASURY

1. Use of Funds. Recipient agrees that the funds disbursed under this award will only be used for the purposes set forth in section 3206 of the American Rescue Plan Act of 2021 (the HAF Statute) and the Guidance for the Homeowner Assistance Fund issued by Treasury on April 14, 2021, as amended from time to time, and any other guidance issued by Treasury regarding the HAF (the Guidance).
2. Reallocation of Funds. Recipient understands and agrees that any funds allocated by Treasury to Recipient that are not subsequently requested by and disbursed to Recipient may be reallocated by Treasury to other eligible entities, in accordance with the HAF statute.
3. Period of Performance. The period of performance for this award begins on the date hereof and ends on September 30, 2026. Recipient shall not incur any obligations to be paid with the funding from this award after such period of performance ends.
4. Reporting. Recipient agrees to comply with any reporting obligations established by Treasury related to this award. Recipient acknowledges that any such information required to be reported pursuant to this section may be publicly disclosed.
5. Maintenance of and Access to Records.
 - a. Recipient shall maintain records and financial documents sufficient to evidence compliance with the HAF Statute and the Guidance.
 - b. The Treasury Office of Inspector General and the Government Accountability Office, or their authorized representatives, shall have the right of access to records (electronic and otherwise) of Recipient in order to conduct audits or other investigations.
 - c. Records shall be maintained by Recipient for a period of five (5) years after all funds have been expended or returned to Treasury.
6. Cost Sharing. Cost sharing or matching funds are not required to be provided by Recipient.
7. Compliance with Applicable Law, Regulations, and Guidance.
 - a. Recipient agrees to comply with the HAF Statute and the Guidance. Recipient also agrees to comply with all other applicable federal statutes, regulations, and executive orders, and Recipient shall provide for such compliance in any agreements it enters into with other parties relating to this award.
 - b. Federal regulations applicable to this award include, without limitation, the following:
 - i. Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, 2 C.F.R. Part 200, other than such provisions as Treasury may determine are inapplicable to this award and subject to such exceptions as may be otherwise provided by Treasury. Subpart F – Audit Requirements of the Uniform Guidance, implementing the Single Audit Act, shall apply to this award.

- ii. Universal Identifier and System for Award Management (SAM), 2 C.F.R. Part 25, and pursuant to which the award term set forth in Appendix A to 2 C.F.R. Part 25 is hereby incorporated by reference.
 - iii. Reporting Subaward and Executive Compensation Information, 2 C.F.R. Part 170, pursuant to which the award term set forth in Appendix A to 2 C.F.R. Part 170 is hereby incorporated by reference.
 - iv. OMB Guidelines to Agencies on Governmentwide Debarment and Suspension (Nonprocurement), 2 C.F.R. Part 180 (including the requirement to include a term or condition in all lower tier covered transactions (contracts and subcontracts described in 2 C.F.R. Part 180, subpart B) that the award is subject to 2 C.F.R. Part 180 and Treasury's implementing regulation at 31 C.F.R. Part 19).
 - v. Recipient Integrity and Performance Matters, pursuant to which the award term set forth in 2 C.F.R. Part 200, Appendix XII to Part 200 is hereby incorporated by reference.
 - vi. Governmentwide Requirements for Drug-Free Workplace, 31 C.F.R. Part 20.
 - vii. New Restrictions on Lobbying, 31 C.F.R. Part 21.
- c. Statutes and regulations prohibiting discrimination applicable to this award include, without limitation, the following:
- i. Title VI of the Civil Rights Act of 1964 (42 U.S.C. §§ 2000d et seq.) and Treasury's implementing regulations at 31 C.F.R. Part 22, which prohibit discrimination on the grounds of race, color, or national origin under programs or activities receiving federal financial assistance;
 - ii. The Fair Housing Act, Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§ 3601 et seq.), which prohibits discrimination in housing on the basis of race, color, religion, national origin, sex, familial status, or disability;
 - iii. Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. § 794), which prohibits discrimination on the basis of disability under any program or activity receiving federal financial assistance;
 - iv. The Age Discrimination Act of 1975, as amended (42 U.S.C. §§ 6101 et seq.) and Treasury's implementing regulations at 31 C.F.R. Part 23, which prohibit discrimination on the basis of age in programs or activities receiving federal financial assistance; and
 - v. Title II of the Americans with Disabilities Act of 1990, as amended (42 U.S.C. §§ 12101 et seq.), which prohibits discrimination on the basis of disability under programs, activities, and services provided or made available by state and local governments or instrumentalities or agencies thereto.

- d. **Conflict of Interest.** Recipient agrees that it will maintain in effect a conflict of interest policy consistent with 2 C.F.R. § 200.318(c) covering each activity funded under this award. Recipients and subrecipients shall disclose in writing to Treasury or the pass-through agency, as appropriate, any potential conflict of interest affecting the awarded funds in accordance with 2 C.F.R. § 200.112.
8. **False Statements.** Recipient understands that false statements or claims made in connection with this award is a violation of federal criminal law and may result in fines, imprisonment, debarment from participating in federal awards or contracts, and/or any other remedy available by law.
9. **Publications.** Any publications produced with funds from this award must display the following language: “This project [is being] [was] supported, in whole or in part, by federal award number [enter project FAIN] awarded to [name of Recipient] by the U.S. Department of the Treasury.”
10. **Debts Owed the Federal Government.**
 - a. Any funds paid to Recipient (1) in excess of the amount to which Recipient is finally determined to be authorized to retain under the terms of this award; or (2) that are determined by the Treasury Office of Inspector General to have been misused shall constitute a debt to the federal government.
 - b. Any debts determined to be owed the federal government must be paid promptly by Recipient. A debt is delinquent if it has not been paid by the date specified in Treasury’s initial written demand for payment, unless other satisfactory arrangements have been made. Interest, penalties, and administrative charges shall be charged on delinquent debts in accordance with 31 U.S.C. § 3717 and 31 C.F.R. § 901.9. Treasury will refer any debt that is more than 180 days delinquent to Treasury’s Bureau of the Fiscal Service for debt collection services.
 - c. Penalties on any debts shall accrue at a rate of not more than 6 percent per year or such other higher rate as authorized by law. Administrative charges, that is, the costs of processing and handling a delinquent debt, shall be determined by Treasury.
 - d. Funds for payment of a debt must not come from other federally sponsored programs.
11. **Disclaimer.**
 - a. The United States expressly disclaims any and all responsibility or liability to Recipient or third persons for the actions of Recipient or third persons resulting in death, bodily injury, property damages, or any other losses resulting in any way from the performance of this award or any other losses resulting in any way from the performance of this award or any contract, or subcontract under this award.
 - b. The acceptance of this award by Recipient does not in any way constitute an agency relationship between the United States and Recipient.
12. **Protections for Whistleblowers.**
 - a. In accordance with 41 U.S.C. § 4712, Recipient may not discharge, demote, or otherwise

discriminate against an employee as a reprisal for disclosing information to any of the list of persons or entities provided below that the employee reasonably believes is evidence of gross mismanagement of a federal contract or grant, a gross waste of federal funds, an abuse of authority relating to a federal contract or grant, a substantial and specific danger to public health or safety, or a violation of law, rule, or regulation related to a federal contract (including the competition for or negotiation of a contract) or grant.

- b. The list of persons and entities referenced in the paragraph above includes the following:
 - i. A member of Congress or a representative of a committee of Congress;
 - ii. An Inspector General;
 - iii. The Government Accountability Office;
 - iv. A Treasury employee responsible for contract or grant oversight or management;
 - v. An authorized official of the Department of Justice or other law enforcement agency;
 - vi. A court or grand jury; and/or
 - vii. A management official or other employee of Recipient, contractor, or subcontractor who has the responsibility to investigate, discover, or address misconduct.
- c. Recipient shall inform its employees in writing of the rights and remedies provided under this section, in the predominant native language of the workforce.

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

14. Reducing Text Messaging While Driving. Pursuant to Executive Order 13513, 74 FR 51225 (Oct. 1, 2009), Recipient should encourage its employees, subrecipients, and contractors to adopt and enforce policies that ban text messaging while driving, and Recipient should establish workplace safety policies to decrease accidents caused by distracted drivers.

From: HAF@treasury.gov
To: [Krieger, Maxwell](#); [Kurrle, Lindsay](#)
Cc: caresitforms@treasury.gov
Subject: The application to request funds from the American Rescue Plan has been submitted
Date: Wednesday, April 21, 2021 9:38:15 AM

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

Thank you for successfully submitting your request for assistance from the Department of the Treasury's Homeowner Assistance Fund program under the 2021 American Rescue Plan. Your application number is HAF-0007.

Treasury staff will reach out to you with any additional concerns or questions as review of your information continues and we strive to meet legislative deadlines to release payments. If you have any questions, please reach out by email at HAF@treasury.gov. Keep updated on your request at <https://portal.treasury.gov/cares/s/slt>.

Thank you,

U.S. Department of the Treasury

[Homeowner Assistance Fund](#)

HAF@treasury.gov | HAF_Tribal@Treasury.gov