



STATE OF VERMONT
JOINT FISCAL OFFICE

MEMORANDUM

To: James Reardon, Commissioner of Finance & Management
From: Nathan Lavery, Fiscal Analyst
Date: October 4, 2011
Subject: JFO #2524

No Joint Fiscal Committee member has requested that the following item be held for review:

JFO #2524 — \$195,720 grant from the U.S. Federal Emergency Management Agency (FEMA) to the Vermont Department of Mental Health. These emergency disaster funds will be used to provide crisis counseling for individuals and groups related to the impacts of Tropical Storm Irene. These services will be provided via a contract with Washington County Mental Health.
[JFO received 9/29/11]

The Governor's approval may now be considered final. Please inform the Secretary of Administration and your staff of this action.

cc: Christine Oliver, Commissioner



STATE OF VERMONT
JOINT FISCAL OFFICE

MEMORANDUM

To: Joint Fiscal Committee Members
From: Nathan Lavery, Fiscal Analyst
Date: September 30, 2011
Subject: Grant Requests

Enclosed please find five (5) items that the Joint Fiscal Office has received from the administration. Two (2) limited service position requests are included among these items.

JFO #2524 — \$195,720 grant from the U.S. Federal Emergency Management Agency (FEMA) to the Vermont Department of Mental Health. These emergency disaster funds will be used to provide crisis counseling for individuals and groups related to the impacts of Tropical Storm Irene. These services will be provided via a contract with Washington County Mental Health. **This grant exceeds the threshold for acceptance through the Tropical Storm Irene Temporary Expedited Grant Review Policy, but expedited review has been requested under the regular expedited review policy. Joint Fiscal Committee members will be contacted beginning October 5 with a request to waive the balance of the review period and accept this item.**

[JFO received 9/29/11]

JFO #2525 — \$200,000 grant from the U.S. Department of Justice to the Vermont Criminal Justice Training Council (CJTC). These funds will be used to provide CJTC students with laptop computers and wireless internet access.

[JFO received 9/23/11]

JFO #2526 — \$118,078 grant from the National Archives and Records Administration to the Vermont Secretary of State. These funds will be used to archive court records and make them available to the public (Vermont Court Records Project). **One limited service position is associated with this request.**

[JFO received 9/23/11]

JFO #2527 — Request to establish **one limited service position** in the Office of the Secretary of State. This position will perform duties required by the Help America Vote Act (HAVA) and will be funded through HAVA funding approved in Act 66 of 2003.

[JFO received 9/26/11]

JFO #2528 — \$9,985 grant from the U.S. Department of Health & Human Services to the Vermont Department of Health. These funds will be used to establish and support a Food Safety Task Force for one year, including one full day conference and two Task Force meetings.

[JFO received 9/23/11]

Please review the enclosed materials and notify the Joint Fiscal Office (Nathan Lavery at (802) 828-1488; nlavery@leg.state.vt.us) if you have questions or would like an item held for legislative review. Unless we hear from you to the contrary by October 14 we will assume that you agree to consider as final the Governor's acceptance of these requests.

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

Agency of Administration

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

JFO 2524

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

Grant Summary:	This is an emergency disaster services grant from FEMA for crisis counseling services for individuals and groups related to the impacts of Tropical Storm Irene. The contractor being used to perform these services is Washington County Mental Health. Their involvement with this project is part of the grant as awarded by FEMA.				
Date:	9/28/2011				
Department:	Mental Health				
Legal Title of Grant:	Crisis Counseling Assistance and Training Program, Immediate Services Program				
Federal Catalog #:	97.032				
Grant/Donor Name and Address:	U.S. Department of Homeland Security, FEMA Joint Field Office, 128 Lakeside Avenue, Burlington, Vermont 05401				
Grant Period:	From:	9/1/2011	To:	10/31/2011	
Grant/Donation	\$195,720				
	SFY 1	SFY 2	SFY 3	Total	Comments
Grant Amount:	\$195,720	\$	\$	\$195,720	There is a AAIPN attached related to state funds spent in advance of grant acceptance

Position Information:	# Positions	Explanation/Comments
Additional Comments:	This grant is being expedited due to the short time period of the grant and that it is for immediate crisis services through 10/11.	
Department of Finance & Management		(Initial)

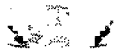
RECEIVED
 SEP 29 2011
 JOINT FISCAL OFFICE

9/28/11




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

Secretary of Administration	MC 09/29/11	(Initial)
Sent To Joint Fiscal Office	9/29/11	Date



MEMORANDUM

TO: Nathan Lavery
FROM: Michael Clasen, Deputy Secretary of Administration
RE: Request to expedite grant approval process
DATE: September 29, 2011



The Department of Mental Health has a FEMA Grant of \$195,720 for counseling and support services for individuals and groups affected by Tropical Storm Irene. These are for services in the two months following the storm. The grant award was made on September 19, 2011 by FEMA. Because it is for immediate services, we are requesting that you expedite the grant review process of the Joint Fiscal Commission.

This request is not for the Tropical Storm Irene Temporary Expedited Review Process which we understand is even faster than the regular expedited review process because this grant is larger than the \$100,000 limit for the Irene Expedited Process.



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

BASIC GRANT INFORMATION				
1. Agency:		Agency of Human Services		
2. Department:		Department of Mental Health		
3. Program:		Immediate Services Program		
4. Legal Title of Grant:		Crisis Counseling Assistance and Training Program, Immediate Services Program		
5. Federal Catalog #:		97.032		
6. Grant/Donor Name and Address: U.S. Department of Homeland Security FEMA Joint Field Office 128 Lakeside Avenue Burlington, Vermont 05401				
7. Grant Period:		From: 9/1/2011	To: 10/31/2011	
8. Purpose of Grant: To provide crisis counseling services to individuals and groups affected by the flooding as a result of Tropical Storm Irene.				
9. Impact on existing program if grant is not Accepted: The wide spread damaging impact of the flooding on state infrastructure has left many individuals and communities isolated. Eleven of the thirteen counties in the state have been declared in this disaster. It is not possible for existing resources at the Designated Agencies to reach all those affected by the flooding who are in need of crisis counseling services.				
10. BUDGET INFORMATION				
	SFY 1	SFY 2	SFY 3	Comments
Expenditures:	FY 2012	FY	FY	
Personal Services	\$195,720	\$	\$	
Operating Expenses	\$0	\$	\$	
Grants	\$0	\$	\$	
Total	\$195,720	\$	\$	
Revenues:				
State Funds:	\$0	\$	\$	
Cash	\$0	\$	\$	
In-Kind	\$0	\$	\$	
Federal Funds:	\$195,720	\$	\$	
(Direct Costs)	\$195,720	\$	\$	
(Statewide Indirect)	\$0	\$	\$	
(Departmental Indirect)	\$0	\$	\$	
Other Funds:	\$0	\$	\$	
Grant (source)	\$0	\$	\$	
Total	\$195,720	\$	\$	
Appropriation No:	3150070000	Amount:	\$195,720	
			\$	
			\$	

REC'D SEP 28 2011

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

		\$
		\$
		\$
		\$
	Total	\$195,720

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: Christine M. Oliver Agreed by: CMD (initial)

12. Limited Service Position Information:	# Positions	Title
Total Positions		

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: Christine M. Oliver
 Title: Commissioner, Department of Mental Health

Date: 9/20/11

Signature: Douglas A. Rain
 Title: _____

Date: 9/27/11 07/20

14. SECRETARY OF ADMINISTRATION

Approved: _____ (Secretary or designee signature)

Date: 9/29/11

15. ACTION BY GOVERNOR

Check One Box:
 Accepted
 Rejected

 (Governor's signature)

Date: 9/29/11

16. DOCUMENTATION REQUIRED

Required GRANT Documentation

- | | |
|---|---|
| <input type="checkbox"/> Request Memo | <input type="checkbox"/> Notice of Donation (if any) |
| <input type="checkbox"/> Dept. project approval (if applicable) | <input type="checkbox"/> Grant (Project) Timeline (if applicable) |
| <input type="checkbox"/> Notice of Award | <input type="checkbox"/> Request for Extension (if applicable) |
| <input type="checkbox"/> Grant Agreement | <input type="checkbox"/> Form AA-1PN attached (if applicable) |
| <input type="checkbox"/> Grant Budget | |

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 REQUEST FOR GRANT (*) ACCEPTANCE (Form AA-1)



Agency of Human Services

Department of Mental Health
26 Terrace Street
Redstone Building
Montpelier, VT 05602
www.healthvermont.gov/mh/index.aspx

[phone] 802-828-3860

MEMORANDUM

To: Jeb Spaulding, Secretary of Administration

From: Heidi Hall, Finance Director, DMH *HHall*

Subject: AA-1 for FEMA Crisis Counseling Assistance and Training Program, Immediate Services Program Grant

Date: September 26, 2011

Enclosed please find the documentation requesting approval for a new Federal Emergency Management Agency Crisis Counseling Assistance and Training Program, Immediate Services Program Grant for the Department of Mental Health. The CFDA # is 97.032, funding under Section 416 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (Public Law 93-288, as amended), for FEMA-4022-DR-VT.

The enclosed documents include the DMH application, the grant award letter, form 424A, the AA-1 form as well as a sole source request memo which DMH. DMH will send a copy of the sole source request memo to the Secretary of Administration's Office along with the contract for services. Due to the urgent and immediate nature of services provided under the Grant, DMH anticipates spending prior to approval. Form AA-1PN is included.

If you have any questions, please contact me at 828-3859 or Michelle Lavalley at 879-5925.

STATE OF VERMONT GRANT SPENDING PRE-NOTICE (Form AA-1PN)

PURPOSE & INSTRUCTIONS:

*This form is intended solely as notification to the Joint Fiscal Committee of the unavoidable need to spend State funds in advance of Joint Fiscal Committee approval of grant requests and with the intent of securing a federally or privately funded grant award. Pre-notification is required for expenditures of state funds beyond basic grant application preparation and filing costs. Expenditure of these state funds does not guarantee that a grant will be awarded to the State of Vermont, or that a future grant award will be accepted by the Joint Fiscal Committee. If a grant award is subsequently received, a completed **Form AA-1 Request for Grant Acceptance** must be submitted to the Joint Fiscal Committee for review and approval before spending or obligating additional funds.*

BASIC GRANT INFORMATION

1. Agency:	Agency of Human Services
2. Department:	Department of Mental health
3. Program:	Immediate Services Program
4. Legal Title of Grant:	Crisis Counseling Assistance and Training Program, Immediate Services Program
5. Federal Catalog #:	97.032
6. Grant/Donor Name and Address:	U.S. Department of Homeland Security FEMA Joint Field Office 128 Lakeside Avenue Burlington, Vermont 05401
7. Grant Period:	From: 9/1/2011 To: 10/31/2011

8. Purpose of Grant:
To provide crisis counseling services to individuals and groups affected by the flooding as a result of Tropical Storm Irene.

9. STATE FUNDS TO BE SPENT IN ADVANCE OF GRANT ACCEPTANCE BY JOINT FISCAL:

Expenditures:	FY 2012	Required Explanation/Comments
Personal Services	\$145,000.00	(Include type of expenditures to be incurred, i.e. training, planning, proposal development, etc.)
Operating Expenses	\$0.00	Urgent mental health counseling services and data collection
Grants	\$0.00	
Total	\$145,000.00	

10. AUTHORIZATION AGENCY/DEPARTMENT

I/We certify that spending these State funds in advance of Joint Fiscal Approval of a Grant is unavoidable, and that a completed Form AA-1 Request for Grant Acceptance will be submitted for Joint Fiscal Committee approval if a grant award is received for this program:	Signature: <i>Christina M. Oliver</i>	Date: 9/26/11
	Title: Commissioner, Department of Mental Health	
	Signature: <i>Douglas A. J. Reier</i>	Date: 9/27/11
	Title:	

11. ATTACHMENTS: Attach relevant documentation that demonstrates the necessity of this expenditure. (example: funding opportunity guidelines require training, etc.)

STATE OF VERMONT GRANT SPENDING PRE-NOTICE (Form AA-1PN)

Distribution:

Original - Joint Fiscal Office;

Copy 1 – Department Grant File;

Copy 2 – Attach to Form AA-1 (if grant is subsequently received).

(End Form AA-1PN – Grant Spending Pre-Notice – Form AA-1PN)



State of Vermont
Agency of Administration
Office of the Secretary
Pavilion Office Building
109 State Street
Montpelier, VT 05609-0201
www.adm.state.vt.us

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

Jeb Spaulding, Secretary

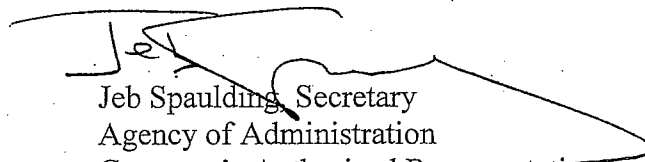
September 23, 2011

Mr. Craig Gilbert
Federal Coordinating Officer
FEMA-4022-DR-VT
Joint Field Office
128 Lakeside Avenue
Burlington, Vermont 05401

Dear Mr. Gilbert:

This is in response to your letter of September 19, 2011 regarding your Condition of Award question, I offer the following. Secondary Services are services that are of a lower intensity but a higher volume than primary services. Crisis counselors who are deployed through the Immediate Services Program (ISP) at Washington County Mental Health will be distributing educational materials which will include flyers and brochures throughout the state. These materials will be distributed in schools, fire stations, physician's offices, hospitals, nursing homes, town halls, libraries, in affected communities. The information which will be included in the content of the educational materials will be information on the basics of disaster mental health, coping skills, the recovery of individuals and communities, and the focus area of resilience. Media campaigns and PSA's are also part of the Secondary Services response within the Crisis Counseling Program. Washington County Mental Health will be developing electronic and print messaging, which will have the capability of reaching a wide number of people, providing them with education and information on how to access crisis counseling services.

Sincerely,


Jeb Spaulding, Secretary
Agency of Administration
Governor's Authorized Representative



Department of Mental Health
103 South Main Street, Wasson Hall
Waterbury, VT 05671-2510
www.mentalhealth.vt.gov

[phone] 802-241-2601
[Legal] 802-241-4075
[fax] 802-241-4004

MEMORANDUM

TO: Jeb Spaulding, Secretary of Administration
THROUGH: Douglas A. Racine, Secretary, Agency of Human Services
FROM: Christine M. Oliver, Commissioner, Department of Mental Health
DATE: September 26, 2011
RE: Sole source waiver justification request:

Name of Contractor: Washington County Mental Health
Contract #:20693
Nature of Service: Crisis Counseling Services
Amount of contract: \$190,932
Contract period: September 1, 2011 – October 31, 2011

The FEMA Crisis Counseling Assistance and Training program grant (CCP), provides assistance to individuals and communities that are recovering from the effects of natural or human caused disasters, through the provision of psycho-educational and community outreach services. In the wake of the flooding caused by Tropical Storm Irene, The Department of Mental Health applied for and was awarded by FEMA, the Immediate Services Program (ISP) for the CCP. Washington County Mental Health (WCMH) was written into the grant as the entity which will be developing the programming for the CCP and providing the services as outlined in the grant. They were chosen for their longstanding expertise in the field of disaster behavioral health response. They are the only Designated Agency qualified to provide the level of coordination and robust response needed under the terms of the ISP.

Washington County Mental Health had been the contractor for the Vermont Department of Health, Office of Health Preparedness, CDC Bio-Terrorism grant. Under that grant, WCMH trained over 500 people, including mental health staff at Designated Agencies, first responders, clergy, etc., state wide, in disaster behavioral health response. Mary Moulton, a senior management staff at WCMH has deep and broad experience in training, service delivery, and program development in the field of disaster mental health. She is a well-respected and acknowledged leader in this field among the other Designated Agencies, and beyond. Ms. Moulton is also a member, under the WCMH aegis, of a New England Consortium which focuses on disaster behavioral health. Through this membership in the consortium, Ms. Moulton has built in connections with disaster behavioral health peers in surrounding states that will be called upon to assist with training for the CCP. There is no other Designated Agency within the public mental health system in Vermont that has developed the level of expertise in this field, and there were natural synergies already in place to partner with them. There is an aggressive timeline associated with all aspects and phases of the granting process and program development for the CCP. Given WCMH's extensive experience and knowledge in the field of disaster behavioral health, they emerged as the obvious choice as the agency to provide the services needed under the terms of the CCP.

APPROVED _____ DATE _____

OMB Control Number: 1660-0085

Expiration Date: 3/31/2013

**Crisis Counseling Assistance and Training Program
Immediate Services Program
Application**

Version 3.0

PAPERWORK BURDEN DISCLOSURE NOTICE, FEMA Form 90-5

Public reporting burden for this form is estimated to average 72 hours per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 1800 South Bell Street, Arlington, VA 20598-3005, Paperwork Reduction Project (1660-0085) NOTE: Do not send your completed form to this address.



FEMA



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Mental Health Services
www.samhsa.gov

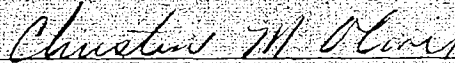
Application Signature

Federal Emergency Management Agency (FEMA) disaster declaration number: DR-4022-VT__

Director, State Mental Health Authority (SMHA): The following individual is responsible for coordinating the mental health response to this disaster. This person will also have oversight authority for the application process for Federal funds to provide disaster-related mental health services.

Name: Christine M. Oliver
Title: Commissioner
Agency: Agency of Human Service, Department of Mental Health
Address: 312 Hurricane Lane, Williston VT 05495
Phone: 802-879-5900
Fax: 802-879-5651
E-Mail: Christine.oliver@ahs.state.vt.us

9/14/11



Date

Signature, Director, SMHA

Governor's Authorized Representative (GAR): The GAR is the State official authorized to represent the Governor and apply for Crisis Counseling Assistance and Training Program (CCP) Immediate Services Program (ISP) funding.

Name: Jeb Spaulding
Title: Secretary of Administration
Agency: Governor's Office
Address: 109 State Street, Montpelier, VT 05609
Phone: 802-828-3333
Fax: 802-828-3339
E-Mail: jeb.spaulding@state.vt.us

This application represents the Governor's agreement or certification of the following:

The requirements are beyond the State and local governments' capabilities.

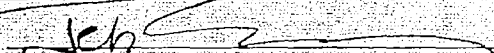
The program, if approved, will be implemented according to the plan contained in the application approved by the FEMA Disaster Recovery Manager (DRM).

The Governor will maintain close coordination with and provide reports to the FEMA regional director or the DRM as the delegate of the regional director.

The State's emergency plan, prepared under Title II of the Stafford Act, will include mental health disaster planning.

The State requests \$ 195,720 for immediate services.

9/14/11



Date

Signature, GAR

Attach Standard Form 424 Request for Federal Assistance (SF-424) and Standard Form 424a Budget Information: Non-Construction Programs (SF-424a) to the signature sheet.

Note: Throughout the ISP application, the terms "State" and "SMHA" are intended to include all qualified applicants (i.e., States, U.S. Territories, and federally recognized Tribes).

Contact Information

Preparer Information

Ms. Michelle J. Lavallee
Prefix First Name Middle Initial Last Name
Agency/Organization Name: Agency of Human Service, Department of Mental Health
Address Line 1: 312 Hurricane Lane
Address Line 2:
City: Williston State: VT Zip: 05495
Phone: 802-879-5925 Fax: 802-879-5651
E-Mail: michelle.lavallee@state.vt.us

Is the application preparer the point of contact? X Yes No

Point of Contact Information

If the application preparer is not the point of contact, please complete the information below.

Prefix First Name Middle Initial Last Name
Agency/Organization Name:
Address Line 1:
Address Line 2:
City: State: Zip:
Phone: Fax:
E-Mail:

Alternate Point of Contact Information

To add an alternate point of contact, please complete the information below.

Prefix First Name Middle Initial Last Name
Agency/Organization Name:
Address Line 1:
Address Line 2:
City: State: Zip:
Phone: Fax:
E-Mail:

Part I. Geographic Areas and Initial Needs Assessment

Provide a brief description of the disaster event and its impact on individuals and communities.

In the wake of Tropical Storm Irene, Vermont experienced the worst flooding in its history since the flood of 1927. Many are now saying that this is the worst disaster that the state has faced. Senator Bernie Sander's website reported that there have been nearly 300 roads and 30 bridges closed as a result of the storm; Vermont railway service was halted; two days after the storm, nearly 20,000 Vermonters were still without power; and there were many (over 10) communities that were virtually cut off from the rest of the state highway system due to roads being completely washed out.

Governor Peter Shumlin's Request letter to President Barack Obama indicated that "During the incident it became necessary to initiate an emergency evacuation of the Waterbury State Offices complex that houses such agencies as the Vermont Department of Public Safety, including Vermont Emergency Management, Agency of Human Services, Agency of Agriculture Laboratory and Agency of Natural Resources. This evacuation disrupted numerous State agencies and involved a number of State, local and private response resources. The relocation is likely to continue for an undetermined amount of time, causing further disruption to the continuity of government". The flooding of the State Office complex in Waterbury displaced over 1,500 state workers. The Department of Mental Health was one of the state departments that had to be evacuated and it's the department where this writer works. At the height of the storm, the State Emergency Operations Command Center, which was housed in Waterbury, had to be evacuated and moved to Burlington. The Vermont State Hospital, the state's only psychiatric facility, was also affected by flood water. Patients needed to be evacuated and admitted to other facilities around the state, immediately taking 54 psychiatric beds offline, which is straining the mental health system. There were 120 schools in affected areas that had to delay the opening of school due to flooding.

According to Larry Crist, head of the American Red Cross in Vermont, it is estimated that there were over 1,000 Vermonters who were sheltered in either ARC shelters, or community shelters. Larry commented, "What we are dealing with is people in small towns who have lost so much". One of the conditions that contributed to making this event so devastating is that the damage happened over a wide spread geographic area, washing out roads, and literally resulting in isolated pockets of communities. Larry went on to say that the town of Wilmington, VT was especially hard hit. 30-40 people were put up in a shelter at Mt. Snow lodge. The people who are in the shelter all lost their homes, and are at the moment, homeless. As of this writing, Larry estimates that there are 200 people still in shelters, unable to leave as their homes have been destroyed.

FEMA estimates that there are over 700 homes that have been destroyed throughout the state as a result of the storm and that there will be over 10,000 Vermonters registering with FEMA for assistance. There have been 4 confirmed deaths and 2 people missing to date.

Needs Assessment Guidance

Use the Needs Assessment Formula Table to develop an estimate of the number of people who would benefit from services. Please refer to the following guidelines when completing the table:

1. Consult with your FEMA Program Specialist and Center for Mental Health Services (CMHS) Project Officer prior to completing the Needs Assessment Table.
2. Preliminary Damage Assessment (PDA):
 - a. When available, you must use the PDA data in the table.
3. FEMA Individual Assistance (IA) Registration Numbers:
 - a. IA data should be used only when PDA data are unavailable and requires prior approval from FEMA and CMHS.
 - b. Use the "other" category to supply the IA data.
 - c. Additional data should not be included when using IA numbers.
 - d. Capture additional supporting information in the narrative.
 - e. The Average Number of People per Household (ANH) multiplier is not to be used with IA numbers.
 - f. The Traumatic Impact Risk Ratio to be used in the table should be 100%.
4. Estimated Number to be Served:
 - a. Primary Services—To determine the estimated number of people to be served through PRIMARY services, you may use a multiplier "between 20% and 80%." This number should be based on the nature and scope of the disaster and the capacity to address the need.
 - b. Secondary Services—To determine the estimated number of people to be served through SECONDARY services, you may use a multiplier of "up to 100%."

✂START: COPY AND PASTE SECTION FOR EACH DESIGNATED SERVICE AREA✂

A. CMHS Needs Assessment Formula—Estimated Crisis Counseling Needs

This is an estimate for the following designated service area: Chittenden, Washington, Caledonia, Addison, Orange, Rutland, Windsor, Windham and Bennington counties _____

Date completed: September 15, 2011 _____

Complete a CMHS Needs Assessment Formula Table for each designated area to be covered by the grant. Use the following steps to complete the table:

1. Identify the number of people for each loss category from collected needs assessment information.
2. Identify any disaster- or region-specific "other" loss categories, and establish a traumatic impact risk ratio for any other loss categories. Note that other loss categories are not multiplied by the household size multiplier.
3. Determine the total number of people who would benefit from services for each loss category by multiplying across each row as follows: (Number of People) X (Household Size Multiplier) X (Traumatic Impact Risk Ratio) = (Total Number of People Who Would Benefit from Services)
4. Add all of the results in the column of Total Number of People Who Would Benefit from Services to determine a sum for the number of people who would benefit from crisis counseling services.

Loss Category	Number of People	Household Size Multiplier ² (ANH = 2.5)	Traumatic Impact Risk Ratio ³	Total Number of People Who Would Benefit from Services
Dead		x ANH x 4	x 100%	=
Hospitalized		x ANH x 1	x 100%	=
Nonhospitalized Injured		x ANH x 1	x 50%	=
Homes Destroyed		x ANH x 1	x 100%	=
Homes Major Damage		x ANH x 1	x 20%	=
Homes Minor Damage		x ANH x 1	x 10%	=
Disaster Unemployed		x ANH x 1	x 10%	=
Other 1 (Specify) ¹	4,164		x 100%	= 4,164
Other 2 (Specify) ¹			x	=
TOTAL:				= 4,164

¹If appropriate, the State may identify other loss category groups related to the disaster. These categories are not multiplied by a Household Size Multiplier. The State should also identify a Traumatic Impact Risk Ratio for each additional loss category specified. Add rows as necessary.

²Household Size Multiplier means the average number of people per household (ANH). The national average is 2.5, but applicants should consult U.S. Census information for State or county averages.

³The Traumatic Impact Risk Ratio assesses the likelihood of individual and community adverse reactions to this disaster. In previous versions of this application, the term "at-risk multiplier" was used.

Identify the sources of data for the number of people identified in each loss category. If FEMA preliminary damage assessment data have not been collected for this disaster or were not used in specifying the number of people for each category, please clearly identify alternate sources of data used (e.g., American Red Cross, State Emergency Management Agency, media reports).

Describe any special circumstances not captured in the CMHS Needs Assessment Formula that will affect the need for crisis counseling services.

Governor Shumlin's Request letter indicates that "The State of Vermont and its residents have suffered significant losses as a result of the impact of Tropical Storm Irene. Damages to homes, businesses, farms, and public infrastructure will have a cascading impact on the State. In a state already recovering from a series of natural disasters, Tropical Storm Irene has further impacted our economic recovery. Vermont is highly dependent upon tourism and, as we approach a traditionally active tourist season, our communities will struggle to make the necessary repairs to support the increased volume of people. The State of Vermont, rich in agriculture, has experienced yet another incident that will have far reaching negative impacts on our ability to harvest the crops." Governor Shumlin's letter goes on to say, "In the past nine months, Vermont has suffered multiple disasters. Vermont experienced a severe storm in December 2010 (FEMA-1951-DR); severe storms and flooding from April 23 to May 9, 2011 (FEMA-1995-DR); and severe storms and flooding from May 26 to 27, 2011 (FEMA-4001-DR). In addition, Vermont experienced significant winter storms and snowstorms upon which it and its local jurisdiction expended considerable resources." There have already been a series of natural disasters in the recent past as the Governor's letter illustrates. Tourism as well as agricultural production have been severely impacted, all which speak to the need for an augmentation of existing crisis counseling services as the general population continues to deal with profound loss.

Specify any high-risk groups or populations of special concern identified through the State's initial needs assessment process (e.g., children, adolescents, older adults, ethnic and cultural groups, lower income populations).

Vermont is a rural state. Many people in the affected areas are farmers and there are many stories about farmers losing not only livestock, but also losing feed – both corn and hay, crops, as well as land actually being swept away by swift running flood waters. On September 1, 2011, the Vermont Community Foundation ran an article on their website which stated the following: "The Vermont Agency of Agriculture has partnered with the Vermont Community Foundation to create the Vermont Farm Disaster Relief Fund, which will assist Vermont farms that sustained damage from Tropical Storm Irene. 'Following Tropical Storm Irene, the Agency of Agriculture received calls from many farmers seeking guidance about lost land, lost crops, and lost livestock, as well as calls from Vermonters interested in supporting farmers,' said Chuck Ross, Secretary of the Vermont Agency of Agriculture. "Until now, there was no designated fund to which we could direct callers. The Farm Disaster Relief Fund creates a vehicle where we can connect the resources of concerned donors to the needs of affected farmers who have suffered damages from Tropical Storm Irene."

Children are another group of people severely affected by this event. There are many children who were anticipating the start of the school year, and are not able to as a result of the flood. This is a population who will need special attention and assistance. Designated Agencies such as Clara Martin Center which serves Orange county and Washington County Mental Health which provides service to Washington County, have already been doing outreach to schools.

According to local television station WCAX, more people are visiting Vermont food banks post Irene, which is significant to note. Prior to the storm, Vermont was one of the states with the highest rates of the population experiencing food insecurity. Therefore, one high risk group that will need attention is people who are affected by hunger.

First responders in Washington County have been an identified high-risk group and there has already been outreach made to this group. It is anticipated that there will need to be continued outreach to first responders as the circumstances around the event deepen and unfold.

There is one community which was particularly hard hit and it was referenced by both the director of the Red Cross, Larry Crist, as well as Glenn Koshar and Sherry Hathaway. Designated Emergency Services directors – and that is the town of Wilmington. Wilmington was virtually cut off from the state highway system, making it an "island", according to Sherry Hathaway. There are other communities that were cut off in the same way Wilmington was, and the anticipated need there will be great.

Governor Peter Shumlin's Request letter specifically sites the trauma that Vermonter's have experienced as a direct result of the storm as a concern. "There are large scale disruptions of normal community functions and services. There are 13 isolated communities that cannot be accessed due to flooding and washed out roads. Irene has damaged and closed more than 250 local and state roads, which has made transportation in the state problematic. Power remains out for approximately 20,000 customers, the majority of which are in southern Vermont. In addition, communications connectivity is out in Chelsea, Morrisville, Rutland, and Waterbury. The American Red Cross continues to operate shelters in Barre, Brattleboro, Hartford and Rutland." Governor Shumlin's letter goes on to mention Special populations affected by the flooding, specifically in terms of poverty. The affected counties have "levels of poverty and unemployment rates exceeding the national average. Without Federal assistance, the affected individuals cannot effectively recover from this incident." There are also significant percentages of elderly people living in affected areas, which include Windham county where 15% of the people are elderly and Windsor county, where 16.9% of the population is elderly. These percentages far exceed both the state and national averages. In additional, in his letter, Governor Shumlin specifically cites as part of the assistance that he is requesting for the state of Vermont, Crisis Counseling services. "I have determined that this incident is of such severity and magnitude that affective response is beyond the capabilities of the State and the affected local governments, and that federal assistance under the Stafford Act is necessary to supplement the efforts and available resources of state and local

governments, disaster relief organizations, and compensation by insurance for disaster related damage.”

If “other” categories were added to the CMHS Needs Assessment Formula Table, please describe the rationale for including these loss categories and how the Traumatic Impact Risk Ratios were determined.

Additional comments, if any:

B. Estimated Number of People to Be Served Through Primary and Secondary Services

This is an estimate for the following designated service area: Chittenden, Washington, Caledonia, Addison, Orange, Rutland, Windsor, Windham and Bennington counties

Date completed: September 15, 2011

For each designated service area, complete the table of estimated number of people to be served (below). Use the following steps to complete the table:

1. For each Loss Category, list the Total Number of People Who Would Benefit from Services based on the CMHS Needs Assessment Formula table.
2. Identify a percent multiplier for primary services and a percent multiplier for secondary services. These multipliers indicate the percentage of people the program expects to actually serve out of the total number of people who would benefit from services in the designated area. Note that individuals may receive both primary and secondary services. Primary and secondary percent multipliers may vary according to the loss category. Please see the Needs Assessment Guidance on page 5 of this application for information on identifying Primary and Secondary Percent Multipliers.
3. To determine the estimated number of people to be served through primary services for each loss category, multiply the total number of people for each loss category by the primary percent multiplier: (Total Number of People Who Would Benefit from Services) X (Primary Percent Multiplier) = (Number of People To Be Served Through Primary Services).
4. To determine the estimated number of people to be served through secondary services for each loss category, multiply the total number of people for each loss category by the secondary percent multiplier: (Total Number of People Who Would Benefit from Services) X (Secondary Percent Multiplier) = (Number of People To Be Served Through Secondary Services).
5. Sum the column items of Number of People To Be Served to identify a total for each designated service area.

To determine the total number of people to be served, add all columns below.

Loss Category	Total Number of People Who Would Benefit from Services	Estimated Number of People To Be Served			
		Through Primary Services		Through Secondary Services	
		Primary Percent Multiplier	Number of People To Be Served	Secondary Percent Multiplier	Number of People To Be Served
Dead					
Hospitalized					
Nonhospitalized Injured					
Homes Destroyed					
Homes Major Damage					
Homes Minor Damage					
Disaster Unemployed					
Other 1 (Specify)	4,164	80%	3,331	60%	2,498
Other 2 (Specify)					
TOTAL:	4,164		3,331		2,498

Primary Services: Individual crisis counseling; group crisis counseling; assessment, referral, and resource linkage; community networking; basic supportive/educational contacts; and public education presentation/groups.

Crisis counselors will be providing educational services to schools in affected areas. Crisis counselors will be providing outreach to residents of skilled nursing facilities and the staff of skilled nursing facilities. Outreach services will also be provided to local area hospitals and physician's offices. Crisis counselors will act as a liaison and a resource to VT 211 as well as the American Red Cross. Crisis counselors will provide education and outreach services to affected areas by offering psycho educational presentations in a town meeting format.

Secondary Services: Media/public service announcements, distribution of educational materials (including e-mail and Web sites).

Brochures and flyers will be distributed. A PSA will be developed and produced.

Provide a rationale for estimating the total number of people to be served through primary and secondary services. This is the early phase of the disaster and we anticipate that the number of people affected by the disaster and who will register with FEMA will grow in the coming weeks.

✂✂END: COPY AND PASTE SECTION FOR EACH DESIGNATED SERVICE AREA✂✂

C. Summary of Geographic Areas and Initial Needs Assessment

Use the following steps to complete the chart below:

1. Complete a CMHS Needs Assessment Formula Table for each designated service area (see Part I.A.)
2. Complete the Table of Estimated Number of People To Be Served Through Primary and Secondary Services for each designated service area (see Part I.B.)
3. Using the information from each CMHS Needs Assessment Formula Table, fill in the first two columns of the chart below.
4. Using the totals from the Table of Estimated Number of People To Be Served Through Primary and Secondary Services, fill in the last two columns of the following chart. These totals should reflect the sum of the estimated number of people to be served through primary and secondary services in each designated service area.

Chittenden county	69	55	41
Washington	813	650	488
Caledonia	89	71	53
Orange	143	114	86
Rutland	645	516	387
Windsor	1199	959	719
Windham	846	677	508
Addison	119	95	71
Bennington	241	193	145
TOTAL:	4,164	3,331	2,498

Additional comments, if any:

The numbers in the table above are actual registration numbers from FEMA as of September 12, 2011.

Despite there being low numbers in Chittenden, Caledonia, Orange, and Addison counties, there is a need as communities are isolated due to damage to roads and other critical infrastructure and more information continues to come in and becomes available.

Part II. Response Activities from Date of Incident

Describe State and local crisis counseling activities from the date of the incident to the date of this application. Please include information on types of crisis counseling services and number of services provided. Enter "none" if no activities have been conducted to date.

Additional comments, if any:

Since and even before the storm hit, eight out of the ten Designated Agencies have been providing crisis counseling services. Washington County Mental Health has staffed an American Red Cross shelter; helped to evacuate people living in a trailer park; helped to evacuate patients from the Vermont State Hospital; helped to set up a shelter in Waterbury for residents of a group home who were displaced by the flooding; have handed out brochures to people living in trailer parks and other affected areas; set up an education session for the Waterbury community; organizing a parent's night for parents in the Waterbury community; have made contact with first responders, at their request. It is estimated that Washington County Mental Health staff have made outreach to over 150 people so far.

United Counseling Services staff was isolated for the first few days after the incident. The Emergency Services Director had no power or phone initially and many roads in the area were "gone". Wilmington, Vermont was an "island". The National Guard brought in food and water. United Counseling Services set up 8 debriefings throughout the Labor Day weekend for people in the affected area. There were/are many people who can not be reached because they were not accessible due to roads being washed out.

Rutland Mental Health Services staffed a shelter of 283 people with 5 staff for 48 hours. Initially, after the incident, roads were shut down coming into Rutland. Things have "quieted down" now, but it is important to note that Rutland's water treatment plant suffered damage during the storm and as of this writing, there are 15 days left of treated drinking water for the town.

For Clara Martin Center, it was noted that the areas hardest hit by the storm were also isolated due to storm damage. Clara Martin Center staff have been in touch with school staff and students in affected areas. They are also working with staff in schools, skilled nursing facilities and community care homes, providing outreach and education, and distributing literature. They are also doing outreach to law enforcement.

Health Care and Rehabilitation Services have been sending people into Wilmington, a town that has been particularly hard hit. People are being sent out daily to respond and make outreach efforts. A local fire department in Cavendish has approached the agency, as they are organizing a drop in center at the fire house. Glenn Koshar, the Emergency Services director for Health Care and Rehabilitation Services was quoted as saying, "Some people are still in shock."

Part III. State and Local Resources and Capabilities

Describe State and local mental health systems and the clients they serve. Explain why these resources cannot meet the disaster-related mental health needs.

The State of Vermont, Department of Mental Health, contracts with 10 Designated Agencies which provide direct mental health services throughout the state. The 10 Designated Agencies are: HowardCenter providing service to Chittenden County; Rutland Mental Health Services, providing service to Rutland County; Northwest Counseling and Support Services, providing service to Franklin and Grande Isle County; Lamoille Community Connections, providing service to Lamoille County; Northeast Kingdom Human Services, providing services to Orleans, Essex and Caledonia counties; Clara Martin Center, providing service to Orange county; Health Care and Rehabilitation Service, providing service to Windham and Windsor counties; Counseling Services of Addison County, providing service to Addison County; United Counseling Service, providing service to

Bennington County. The local Designated Agencies staff are stretched thin. There were comments from the Emergency Services directors at the Designated Agencies that the people who they are seeing in the various communities around the state affected by the flooding seem to still be in "shock". The Director for United Counseling Services said that the loss to farms and livestock are huge – "People are at a loss – people are just numb right now." The staff at the Designated Agencies are also feeling the effects of the strain of this disaster and as Mary Moulton from Washington County Mental Health said, "All of us are exhausted." There is a sense that as more communities come back on line, and are reconnected to the larger whole, that there will be a "second wave of people needing help" as Jeff Rothenberg from the Clara Martin Center termed it.

The State has limited financial resources as a result of the economic down turn. The monies are not available from the State to fund this level of service at the DA's. The State would not be able to augment services to the community without assistance from the Federal level.

Additional comments, if any:

Part IV. Plan of Services

Complete the following Staffing Summary Table by entering information from the State and Provider Staffing Tables.

A. Staffing Summary Table

1. The State must complete a State Staffing Table (see Part IV B.1.)
 2. Each Provider must complete a Provider Staffing Table (see Part IV C.2.)
 3. Fill in the table below with FTE totals from the Staffing Plan Tables.
 4. Identify the designated service areas that each provider will serve.

Note: The total Estimated Number of People To Be Served Through Primary Services in this table should equal the total identified in Part I.C. Summary of Geographic Areas and Initial Needs Assessment.

Service Provider Name	Estimated Number of People to be served through Primary Services	FTEs		Designated Service Areas
		Grant Funded	In-Kind	
State of Vermont Department of Mental Health	0	.5	.6	n/a
Washington County Mental Health (WCMH)	3,331	16		Chittenden, Washington, Addison, Caledonia, Orange, Rutland, Windsor, Windham and Bennington counties
TOTAL:		16.5	.6	

In the spaces below, all applicants should do the following:

- Attach an organizational chart. This chart must include the program management, fiscal, administrative, data/evaluation, and all direct and support services staff positions at the State and provider levels. The staff positions and FTEs in the organizational chart should correspond with the information included in the Staffing Plan Tables. The number of FTEs must also be included in each box, as well as the identification of any in-kind staff.
- Describe the organizational structure.

Attach an organizational chart for this project.

(See attached documents A. & B)

Describe the rationale for determining the number of FTEs for the program based on the total estimated number of people to be served through primary services.

The overall scope of the disaster was so wide reaching that almost the entire state of Vermont was affected. Nine of the thirteen counties in that state were declared a disaster. The area affected are so vast that is unreasonable to expect that six teams would be able to efficiently and effectively deliver even secondary let alone primary services to every location that was in need of service. Vermont is a collection of small towns nestled between mountains and rivers, which are typically accessible only by state or county roads. Many of these roads and bridges have been destroyed or seriously damaged, making travel to these locations extremely difficult and time consuming. Many of the most effected applicants will be in these severely damaged areas. Applicants have been registering at the rate of 250-300 per day; this before our full complement of DRC's is operational. A senior FEMA official at our JFO estimated that in the end there will be over 7,000 registrants.

For the above reasons we are employing a ratio of 1:200, instead of the general guideline ratio of 1:300.

Provide a brief description of the organizational and supervisory plan for the program.

There will be one Designated Agency providing the administration of the grant in the community and that will be Washington County Mental Health (WCMH). WCMH had been the state subcontractor for a CDC Bio-Terrorism grant and as an agency has experienced and seasoned staff in the focus area of disaster mental health. WCMH staff have trained over 300 Vermonters in disaster mental health response and Mary Moulton, one of the senior staff members at the agency, is frequently called upon to provide trainings to various groups and stakeholders state wide. It is a natural fit to have this agency provide the administration for this grant. A program director will be hired for the grant and this person will have oversight responsibility to hire and then to deploy CCP teams throughout the state.

Additional comments, if any:

B. State Staffing Plan

Please provide information on the State staffing plan. Include State leadership positions and include State service staff if the State is directly providing primary services

1. State Staffing Table

This is an estimate for the following designated service area: Chittenden; Washington; Addison; Caledonia; Orange; Rutland; Windsor; Windham and Bennington _____

Date completed: September 15, 2011

Type of State Staff	Grant Funded		Projected In-Kind	
	Number of Staff Members	Number of FTEs (based on 40)	Number of Staff Members	Number of FTEs (based on 40)

	hours per week)		hours per week)	
CCP Program Manager			1	.4
Fiscal Administrator			1	.2
Admin Asst/Data Entry	1	.5		
TOTAL:	1	.5	2	.6

Provide a brief job description (one paragraph) for each staff position included in the program. Sample job descriptions for typical positions are available in the ISP Supplemental Instructions and may be modified and inserted here.

The CCP program manager will have oversight responsibility for the CCP grant and will be the chief liaison for FEMA, SAMHSA DTAC, and WCMH as well as communicate internally to the Commissioner and other Department of Mental Health leadership staff. The CCP PM will have primary oversight of staffing, training, reporting and fiscal monitoring. The CCP PM will work with VEM to ensure efficient distribution of funds to CCP Provider. The CCP PM will be in direct daily contact with the CCP Provider PM and will make regular site visits in order to ensure the quality of the service delivery and monitor appropriateness of the program administration.

The Fiscal Administrator will have primary responsibility for ensuring that the transfer of funds from FEMA to Vermont Emergency Management is timely. This staff will work closely with VEM and the CCP Provider in order to track and monitor funds. This position will have responsibility of submitting financial reports to FEMA and making budget modifications as needed.

The Administrative and Data entry staff will have primary oversight responsibility for ensuring the timely entry of data into the OMB system and acting as the chief liaison with WCMH and ensuring the accurate entry and timeliness of data into the system.

2. Services and Strategies

Select the types of services furnished by the State. Please select Primary services only if the State is directly providing Primary services.

Primary services provided:

- Brief educational or supportive contact
- Individual crisis counseling
- Group crisis counseling
- Public education
- Assessment, referral, and resource linkage
- Community networking/support

Secondary services provided:

- Distribution of educational materials
- Media and public service announcements

How will you organize and deploy crisis counseling teams? The state will not have primary oversight of organizing and deploying the CCP teams. That responsibility will fall to WCMH to develop and organize in conjunction with the other Designated Agencies.

Describe your plan to reach those identified as in need of services. Include any special population groups that are identified in the needs assessment. This work will fall to WCMH.

Describe the staff support mechanisms that will be available. This work will fall to WCMH.

Community stakeholders often include community mental health and substance abuse centers, schools, faith-based organizations, first responders, law enforcement, community-based cultural organizations, and local elected officials. With what organizations and community stakeholders will you network? This work will fall to WCMH.

Additional comments, if any:

✂✂START: COPY AND PASTE SECTION FOR EACH SERVICE PROVIDER✂✂

C. Provider Staffing Plan

1. Contact Information

Please provide information on each service provider and the project manager or point of contact for the provider:

Service Provider

Agency/Organization Name: Washington County Mental Health _____
 Address Line 1: 9 Heaton Street _____
 Address Line 2: _____
 City: Montpelier _____ State: VT Zip: 05601 _____
 Phone: 802-229-0591 _____ Fax: _____
 E-Mail: marym@wcmhs.org _____
 Director's Name: Mary Moulton _____

CCP Provider Contact/Manager

Agency/Organization Name: Mary Moulton _____
 Address Line 1: 9 Heaton Street _____
 Address Line 2: _____
 City: Montpelier _____ State: VT Zip: 05601 _____
 Phone: 802-229-0591 _____ Fax: _____
 E-Mail: marym@wcmh.org _____

2. Provider Staffing Table

Service provider name: Washington County Mental Health _____

This is an estimate for the following designated service area: Chittenden, Washington, Caledonia, Orange, Rutland, Windsor, Windham, Bennington, and Addison _____

Date completed: September 15, 2011 _____

Type of Staff	Grant Funded		Projected In-Kind	
	Number of Staff Members	Number of FTEs (based on 40 hours per week)	Number of Staff Members	Number of FTEs (based on 40 hours per week)
Program Director	1	1		
Admin, Assist/Data Entry	1	.5		
Evaluation Coordinator	1	.5		
Fiscal Coordinator	1	.25		
Crisis Counselors	16	16		
TOTAL:	20	18.25		

Provide a brief job description (one paragraph) for each staff position included in the program. Sample job descriptions for typical positions are available in the ISP Supplemental Instructions and may be modified and inserted here.

There will be one **Project Manager** (FTE 1.0) at the provider level. This position will be the main point of contact for the State CCP Program Manager. This position will have primary responsibility and oversight for hiring CCP program staff, for staff training, fiscal monitoring and reporting of the program's activities. This position will also have primary oversight for the supervision of the CCP staff.

There will be an **Administrative Assistant/Data Entry** (FTE .5) position which will provide administrative support to the CCP provider staff as well as entering program evaluation data.

The **Evaluation Coordinator** (FTE .5) will collect data that is generated by the Crisis Counselors during the course of their outreach and referral efforts. This position will have oversight responsibility for supervising the Administrative Assistant and reporting data to FEMA and well as providing data analysis and reports to the State.

There will be a **Fiscal Coordinator** (FTE .25) who will have primary oversight responsibility for monitoring and tracking funds, preparing financial reports, and reviewing the submission of budget requests for the program. This position will work closely with the CCP leadership in order to ensure that funds are readily accessible.

There will be three **Team Leaders** (FTE 3.0). The team leaders will provide supervision to the crisis counselors. They will also be providing direct service to affected Vermonters. The team leaders will also function as a liaison in the field to the Provider Project Manager. The team leaders will be leading 3 teams of crisis counselors in the field.

The **Crisis Counselors** (FTE 16.0) will deliver a wide range of services to affected Vermonters. Crisis Counselors will provide outreach and referral to individuals, and groups in the form of psycho-educational groups, trainings, to individuals, families and communities. For this program, there will be 16 crisis counselors who will be organized into eight different teams of two. One team will be of two crisis counselors, with one team leader. Three of the members of the eight teams will serve as a team leader.

3. Services and Strategies

Select the types of services furnished by the service provider

Primary services provided:

- Brief educational or supportive contact
- Individual crisis counseling
- Group crisis counseling
- Public education
- Assessment, referral, and resource linkage
- Community networking/support

Secondary services provided:

- Distribution of educational materials
- Media and public service announcements

How will you organize and deploy crisis counseling teams? WCMH will be in close contact with the other affected Designated Agencies HC, HCRS, CSAC, CMC, NEKHS, and UCS, in order to assess needs as they may change frequently in order to prioritize and triage cases and deploy teams. Crisis counseling teams will be involved in multiple difference activities in the communities affected by the flooding. The project manager at WCMH will be in direct contact with Emergency Services directors at the eight DA's on a daily basis, assessing where the greatest needs are and

sending teams out to those communities. The DA's are a tight knit group who has relied on mutual aid in the past during the recent flooding in the spring of 2011. The communication among the agencies is excellent and the deployment of CCP staff will go smoothly.

Describe your plan to reach those identified as in need of services. Include any special population groups that are identified in the needs assessment.

WCMH has been doing outreach door to door. Due to the nature of this disaster, that is exactly the type of outreach to communities that needs to be done. This will present many challenges due to the rugged condition of many of the roads in Vermont that were severely damaged as a result of the storm. Farmers can be reached through UVM extension programs. Approximately one year ago, this writer had invited a staff from the UVM extension program to speak to the DA emergency Services directors as dairy farmers in the state were struggling as a result of falling milk prices. Many farms were going under and farmers were experiencing a tremendous amount of stress. This contact at UVM is still in place and can be called upon now. CCP staff will travel to food banks and make outreach there. CCP staff will also visit local housing authorities as the need there will likely be great for guidance and support. CCP still will visit schools as children are vulnerable to stress and the effects of the disaster. First responders are an important group to target and CCP staff will make outreach to this group as well. WCMH held an informational meeting in the town of Waterbury on Friday evening at 6 o'clock on September 10th. Mary Moulton said that 60 people showed up to get education on how to deal with the emotional effects of the flood. There will be continued need for these types of services in the coming weeks as the losses that people have incurred become more real and the disillusionment phase of the disaster set in.

Describe the staff support mechanisms that will be available.

WCMH has developed training around self-care and stress reduction for those who provide direct service in the wake of disasters. This training will be offered during the course of the ISP by WCMH staff. Mary Moulton, a senior staff at WCMH who has many years of disaster behavioral health response experience, will be available to offer support to staff who are involved in the grant. WCMH is aware that the next level of communication with the greater population of Vermont is through the media. Plans will be underway to communicate this both electronically with PSA's and in print in local newspapers.

Community stakeholders often include community mental health and substance abuse centers, schools, faith-based organizations, first responders, law enforcement, community-based cultural organizations, and local elected officials. With what organizations and community stakeholders will you network?

Working directly with towns will be an important way to network and assess the ongoing needs of communities. The CCP teams will be working closely with the American Red Cross as well and will serve an important function of liaison between the ARC and the DA's. VT211 and the United Way are other organizations that will be partnered with in order to develop outreach efforts. Physicians office's will be important community partners as people often present with mental health needs in those settings. Brochures and literature will be distributed to these venues. It will be important to make contact and distribute literature with local hospitals as well. The Cavendish fire department has already made outreach to HCRS to set up an informational table there for the community. One of the strengths about Vermont is that the DA's are already an integral part of the fabric of the community and are a known entity. Community stakeholders largely know how to contact them and have a solid working relationship with them, which will help in ensuring that outreach, is directed to the people who need it.

In addition, the ISP Program Director will work closely with FEMA's Voluntary Agency Liaison (VAL) team in the development and implementation of a more targeted and effective service

delivery system. We expect that the VAL personnel will provide both contact and special needs information to assist in this regard.

✂✂END: COPY AND PASTE SECTION FOR EACH SERVICE PROVIDER✂✂

D. Program Management Plan

The following section should be used by the State to describe the SMHA's overall plan for program administration, monitoring, and oversight

Describe the State's plan for administrative oversight of the entire program.

The State Department of Mental Health has strong ties into the community mental health system and has excellent working relationships with the Designated Agencies, to include the Service Provider, WCMH. The State has been in close, direct contact with the Designated Agencies throughout the disaster and this level of contact is expected to continue.

Describe the State's plan for monitoring fiscal activity and fiscal accountability. Include financial documentation procedures.

The Department of Mental Health currently receives financial reporting from each of the 10 Designated Agencies. Coding for the CCP will be put into place and the fiscal activities around the CCP will be rolled up into the monthly financial reporting. There will also be weekly meetings between the State and Provider fiscal counterparts. The Department of Mental Health's office building in Waterbury was severely damaged as a result of the flood. Staff have been displaced. Prior to the flood, all staff were co-located. As of this writing, there are less than 6 staff who have dedicated office space. The business staff are among those staff. Operations are currently fragmented not just for the Department of Mental Health but for most Departments in the Agency of Human Services.

Describe the State's plan for quality control methods to ensure appropriate services reach disaster survivors.

The State will be asking WCMH for outreach and referral numbers to be reported in on a monthly basis. The Department of Mental Health has an existing quality program that is legislatively mandated. The activities of the CCP will be integrated into the existing quality oversight reviews and designation processes. The Department of Mental Health has established monthly meetings with DA Emergency Services Directors. These meetings will provide another level of quality control and oversight as the majority of the DA's are involved in the disaster response efforts.

Data collection and evaluation activities must be consistent with the guidelines provided by FEMA and CMHS. Data should be collected using the data collection tools approved by the Office of Management and Budget (OMB). These tools are available in *Evaluating and Monitoring the Reach, Quality, and Consistency of Crisis Counseling Programs Manual and Toolkit*, which is included with the application materials packet that SAMHSA DTAC sends to States, and through the CCP Online Data Collection and Evaluation System.

By checking the box, the State agrees to use the OMB-approved data collection tools and conduct evaluation activities consistent with FEMA and CMHS guidelines.

Describe and justify any additional process or program evaluation that may be conducted during the ISP.

If an evaluation consultant will be used for other evaluation activities, explain why this consultant was selected and attach a résumé to the application.

Will the State be providing, in addition to oversight, direct crisis counseling services to survivors?

Yes No

If yes, the State must include in Part IV.B.1-2. Detailed information concerning the direct services it will provide.

Additional comments, if any:

E. Consultants (Excluding Trainers)

Please provide a list of consultants you intend to use. Complete a consultant information sheet for each consultant. Do not include any trainers

Consultants

Consultant Name	Agency/Organization	Phone	Role
Consultant 1			
Consultant 2			
Consultant 3			

Additional comments, if any:

Consultant Information

Please provide the following information. If the consultant is self-employed, enter his or her name in the agency/organization field in addition to the name fields. The address of the consultant should be the address of the agency/organization applying for FEMA funds. Resumes are required for all consultants

Consultant

Prefix _____ First Name _____ Middle Initial _____ Last Name _____
 Agency/Organization Name: _____
 Address Line 1: _____
 Address Line 2: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____
 E-Mail: _____

Types of Services Provided:

F. Training

Note: Enter only people who are trainers; list consultants in the previous section (E). All program staff must receive training in the FEMA crisis counseling requirements

Does the State have trainers experienced in the CCP who can provide training on the CCP model?
 Yes No

Please note that the State is working with SAMHSA DTAC in order to secure a trainer.

- If yes, list these trainers in the table below.
- If no, contact SAMHSA DTAC for technical assistance or referrals for approved trainers (SAMHSA DTAC: 1-800-308-3515, DTAC@samhsa.hhs.gov). The approved trainers must then be listed in the table below.

Trainers

Trainer Name	Agency/Organization Affiliation	FEMA/CMHS Approved	Attended CCP Training of State Trainers
Trainer 1 Susan Early	Disaster Behavioral Health Coordinator – State of Rhode Island	Yes	Yes
Trainer 2			
Trainer 3			

Training Schedule

Type of Training	Date	Trainer	Location	Target Audience
Core Content Training	TBD	TBD	TBD	CCP staff
Other:				

¹The Core Content Training is a mandatory training.

Attach résumés for any proposed trainers who have not been FEMA/CMHS approved.

Additional comments, if any:

G. Facilities

Is the State or are service providers providing office space as an in-kind contribution to the project?

Yes No

If no, please provide justification for leasing office space.

Part V. Budget

The budget must be integrated with the needs assessment and the program plan. A separate budget must be provided for the SMHA and each service provider. A line-item budget narrative justifying costs is required for both State and service provider budgets.

- Note that SF-424a is a required form and represents the total budget for the program.
- The applicant should review the detailed guidance on budgeting in the ISP Supplemental Instructions and in the *Crisis Counseling Assistance and Training Program Guidance*.

A. Budget Summary Table (Includes State and Provider Costs)

ISP Budget Summary				
Budget Line Item	Interim Costs (costs incurred from date of incident to the application deadline—14 days following the declaration)	Projected Costs (costs from the ISP application deadline—day 15 to day 60—a 45-day period)	Total Costs (add interim and projected costs)	In-Kind (funds contributed by the SMHA)
Salaries and Wages (a.) ¹		\$3,600.00	\$	
Fringe ____% (b.) ¹		\$1,188.00		
Subtotal Personnel Costs		\$4,788.00		
Travel (c.) ¹				
Equipment (d.) ¹				
Supplies (e.) ¹				
Contractual Consultant/Trainer Costs				
Contractual Media/Public Information Costs				
Provider Contractual Costs		\$190,932.00		
Subtotal Contractual Costs (f.) ¹		\$195,720.50		
Other Direct State Costs (h.) ¹				
Total Contractual and Direct Costs:		\$195,720.50		

¹ Letters in parentheses indicate the corresponding budget category on SF-424a. Costs covered directly by the State and not contracted must be included in Other Direct State Costs (h.)

B. Budget Narrative Table (State and Provider Costs)

In the following table, include a detailed line-item narrative for the projected period (45 days). Please review the detailed guidance on the budget narrative included in the ISP Supplemental Instructions and in the *Crisis Counseling Assistance and Training Program Guidance*. In addition to entering itemized costs, please enter a detailed narrative justification for all line-items at the end of each budget table.

Detailed ISP Line-Item Budget Narrative/Justification—Projected Costs						
Budget Line Item	Item Description					Total Cost
Direct Costs						
Direct Personnel Costs						
		Cost	Hours	Days (45)	Rate	
Salaries and Wages	State Admin/Data Entry	.5	20	45	\$20	\$3,600
Subtotal Salaries and Wages						\$3,600
Fringe	(Itemize all benefits included in fringe here. Typical examples are health insurance and unemployment insurance.) FICA; Medicare; State Unemployment; Health Insurance			33%		\$1,188
Subtotal Direct Personnel Costs						\$4,788
Direct Travel Costs						
			Miles	Days (45)	Rate	
Subtotal Direct Travel Costs						
Direct Equipment Costs						
	(Itemize equipment costs here. Individual expenses under \$5,000 must be listed under supplies. Add rows as needed.)			Unit Cost	No. of Units	
Subtotal Direct Equipment Costs						
Direct Supplies Costs						
				Unit Cost	No. of Units	
Subtotal Direct Supplies Costs						
Subtotal Direct Costs						

CONTRACTUAL COSTS			
Contractual Consultant/Trainer Costs		Daily Rate	No. of Days
Rates			
Travel			
Subtotal Contractual Consultant/Trainer Costs			
Budget Line Item	Item Description	Total Cost	
Contractual Media/Public Information Costs			
	(Itemize contractual media and public information costs here. Add rows as needed.)		
Subtotal Contractual Media/Public Information Costs			
Provider Contractual Costs			
	(Itemize provider contractual costs here. Add rows as needed.)		\$190,932.50
Subtotal Provider Contractual Costs			\$190,932.50
Subtotal Contractual Costs			\$190,932.50
OTHER DIRECT COSTS			
Other Direct State Costs			
	(Itemize other direct State costs here. Add rows as needed.)		
Subtotal Other Direct State Costs			
Total Contractual and Direct Costs:			\$195,720.50

Add narrative budget justification here

Optional Interim Budget Narrative (Includes State and Provider Costs)

If applying to be reimbursed for interim costs, include a detailed line-item narrative in the following table. Please review the detailed guidance on interim costs included in the ISP Supplemental Instructions and in the *Crisis Counseling Assistance and Training Program Guidance*. In addition to entering itemized costs, please enter a detailed narrative justification for all line-items at the end of each budget table.

ISP Line-Item Budget Narrative—Interim Costs (Optional)		
Budget Line Item	Item Description	Total Cost
Direct Costs		

Direct Personnel Costs		No. of FTE	Hours	Days	Rate
Salaries and Wages	(Itemize position titles from Part IV.B.1. here. Add rows as needed. Key staff are expected at .5 FTEs and above.)				
Subtotal Salaries and Wages					
Fringe	(Itemize all benefits included in fringe here. Typical examples are health insurance and unemployment insurance.)			%	
Subtotal Direct Personnel Costs					

Direct Travel Costs		Miles	Days	Rate
	(Itemize travel types here; include estimated mileage rate, air, lodging, and per diem costs incurred directly by the State. The State assures that the mileage rate is usual and customary. Do not include consultant/trainer travel costs. Add rows as needed.)			
Subtotal Direct Travel Costs				

Budget Line Item	Item Description	Total Cost
------------------	------------------	------------

Direct Equipment Costs		Unit Cost	No. of Units
	(Itemize equipment costs here. Individual expenses under \$5,000 must be listed under supplies. Add rows as needed.)		
Subtotal Direct Equipment Costs			

Direct Supplies Costs		Unit Cost	No. of Units
	(Itemize supply costs here. Add rows as needed.)		
Subtotal Direct Supplies Costs			

CONTRACTUAL COSTS			
-------------------	--	--	--

Contractual Consultant/Trainer Costs		Daily Rate	No. of Days
Rates	(Itemize contractual consultant/trainer costs here. Add rows as needed.)		
Travel	(Itemize consultant/trainer travel costs here. Add rows as needed.)		
Subtotal Contractual Consultant/Trainer Costs			

Contractual Media/Public Information Costs			
	(Itemize contractual media and public information costs here. Add rows as needed.)		
Subtotal Contractual Media/Public Information Costs			

Provider Contractual Costs			
	(Itemize provider contractual costs here. Add rows as needed.)		
Subtotal Provider Contractual Costs			

Subtotal Contractual Costs			
----------------------------	--	--	--

OTHER DIRECT COSTS	
Other Direct State Costs	
(Itemize other direct State costs here. Add rows as needed.)	
Subtotal Other Direct State Costs	
Total Contractual and Direct Costs:	

Add narrative budget justification here.

✕✕START: COPY AND PASTE SECTION FOR EACH SERVICE PROVIDER✕✕

C. Individual Provider Budgets

Complete an Individual Service Provider Budget for each service provider.

ISP Individual Service Provider Budget Summary

Name of service provider: Washington County Mental Health

Designated areas: Chittenden, Washington, Caledonia, Orange, Addison, Rutland, Windsor, Windham and Bennington counties

Total estimated number to be served through primary services: 3,331

Budget Line Item	Interim Costs (costs incurred from date of incident to the application deadline—14 days following the declaration)	Projected Costs (costs from the ISP application deadline—day 15 to day 60—a 45-day period)	Total Costs (add interim and projected costs)	In-Kind (funds contributed by the provider)
Dates of Service				
Salaries and Wages		\$118,980		
Fringe <u>37.5</u> %		\$44,617.50		
Subtotal Personnel Costs		\$163,597.50		
Travel		\$14,175		
Equipment				
Supplies		\$4,150		
Consultant/Trainer Costs		\$2,010		
Media/Public Information Costs		\$7,000		
Other Service Provider Costs				
Total Provider Costs (f.):¹		\$190,932.50		

¹Letters in parentheses indicate the corresponding budget category on SF-424a.

In the following table, include a detailed line-item narrative for the projected period (45 days). Please review the detailed guidance on the budget narrative included in the ISP Supplemental Instructions and in the *Crisis Counseling Assistance and Training Program Guidance*.

In addition to entering itemized costs, please enter a detailed narrative justification for all line-items at the end of each budget table.

ISP Line-Item Budget Narrative for the Individual Service Provider—Projected Costs

Name of service provider: Washington County Mental Health

Designated areas: Chittenden, Washington, Caledonia, Orange, Addison, Rutland, Windsor, Windham and Bennington counties

Total estimated number to be served via primary services: 3,331

Budget Line Item	Item Description					Total Cost	
PROVIDER COSTS							
Personnel Costs							
		No. of Employees	Months	Days	Rate		
Salaries and Wages	Program Director	1.0	8	45	\$27	\$9,720	
	Admin Assistant/Data Entry	.5	8	45	\$15	\$2,700	
	Evaluation Coordinator	.5	8	45	\$20	\$3,600	
	Fiscal Coordinator	.25	8	45	\$20	\$1,800	
	Team Leader	3.0	8	45	\$20	\$21,600	
	Crisis Counselors	13	8	45	\$17	\$79,560	
Subtotal Salaries and Wages						\$118,980	
Fringe	<p>(Itemize all benefits included in fringe here. Typical examples are health insurance and unemployment insurance.)</p> <p>The source of this information is Janice Guyette, Director of Finance and Administration for WCMH</p> <p>FICA Match 7.65% - FICA Match is the employer's share of Social Security and Medicare;</p> <p>STD, LTD, Life 1.00% - Short Term and Long Term Disability and Life Insurance are fully paid by the employer as a benefit</p> <p>Health 22.00% - Health, Dental and Vision Insurance – Employees pay about 12.5% of the total cost of this coverage. The 22% is net of employee contributions. Traditionally, employees of WCMH have opted to keep this benefit in lieu of high salaries. This percentage is based on FY 2011 actual. WCMH is self insurance so this amount could go higher justifying the 37.5% total fringe;</p> <p>State Unemp 1.00% - based on actual claims;</p> <p>Workers Comp 1.00%;</p> <p>Retirement Match 4.00% - Retirement contributions by employees are matched up to 4%. All employees working more than a minimum number of hours are eligible;</p> <p>Employee Asst Plan, Education and Wellness benefits 0.50% – open to all employees</p>					37.5%	\$44,617.50
Subtotal Personnel Costs						\$163,597.50	
Travel Costs							
		Miles	FY	Rate			

(45)					
	(Itemize travel types here; include estimated mileage rate, air, lodging, and per diem costs incurred directly by the State. The State assures that the mileage rate is usual and customary. Do not include consultant/trainer travel costs. Add rows as needed.)	630	45	.5	\$14,175
	8 teams + Program Director total (9) x 70 miles a day x 45 days x .50 per mile State Rate)				
Subtotal Travel Costs					\$14,175
Equipment Costs		Unit Cost	No. of Units		
	(Itemize equipment costs here. Individual expenses under \$5,000 must be listed under supplies. Add rows as needed.)				
Subtotal Equipment Costs					
Supplies Costs		Unit Cost	No. of Units		
	Mobile phones (\$50 per month x 2 months x 11 staff)	\$100	11		\$1,100
	General Office Supplies (20 staff x \$25)	\$25	20		\$500
	Printer/fax	\$150	1		\$150
	1 PC for Program Director; 1 PC for Data Entry staff	\$1,200	2		\$2,400
Subtotal Supplies Costs					4,150

Budget Line Item	Item Description	Daily Rate	No. of Days	Total Cost
Consultant/Trainer Costs				
Rates	Core-Content Trainer	\$750	2	\$1,500
Travel	Hotel – 2 nights @ \$115/night; Mileage - \$.50/Mile @ 300 Miles = \$150; per diem \$65/day x 2 = \$130;			\$510
<i>Subtotal Contractual Consultant/Trainer Costs</i>				\$2,010
Media/Public Information Costs				
	Clothing (hats, T-shirts jackets) x 40 people x \$100			\$4,000
	ID Cards, Drug Testing, background, misc items			
	Media outreach and radio			\$3,000
<i>Subtotal Contractual Media/Public Information Costs</i>				\$7000
Other Service Provider Costs				
	(Itemize other service provider costs here. Add rows as needed.)			
<i>Subtotal Other Service Provider Costs</i>				
Total Provider Costs:				190,932.50
Add narrative budget justification here:				
The program is requesting two (2) pcs; one for the Program Director and one for the Admin. Ass't/Data entry staff. Given the geographical range of this program we do not expect the Program Director will be housed in one location for an extended period of time. We believe the PCs will allow for more effective and timely communication and administration				

Optional Interim Provider Budget Narrative

If applying to be reimbursed for interim costs, include a detailed line-item narrative in the following table. Please review the detailed guidance on interim costs included in the ISP Supplemental Instructions and in the *Crisis Counseling Assistance and Training Program Guidance*. In addition to entering itemized costs, please enter a detailed narrative justification for all line-items at the end of each budget table.

ISP Line-Item Budget Narrative for the Individual Service Provider—Interim Costs (Optional)

Name of service provider: _____

Designated areas: _____

Total estimated number to be served via primary services: _____

Budget Line Item	Item Description					Total Cost
PROVIDER COSTS						
Personnel Costs						
		Hours	Days	Rate		
Salaries and Wages	(Itemize position titles from Part IV.C.2. here. Add rows as needed.)					
Subtotal Salaries and Wages						
Fringe	(Itemize all benefits included in fringe here. Typical examples are health insurance and unemployment insurance.)		%			
Subtotal Personnel Costs						
Travel Costs						
		Miles	Days	Rate		
	(Itemize travel types here; include estimated mileage rate, air, lodging, and per diem costs incurred directly by the provider. Do not include consultant/trainer travel costs. Add rows as needed.)					
Subtotal Travel Costs						
Equipment Costs						
		Unit Cost	No. of Units			
	(Itemize equipment costs here. Individual expenses under \$5,000 must be listed under supplies. Add rows as needed.)					
Subtotal Equipment Costs						
Supplies Costs						
		Unit Cost	No. of Units			
	(Itemize supply costs here. Add rows as needed.)					
Subtotal Supplies Costs						
Consultant/Trainer Costs						
		Daily Rate	No. of Days			
Rates	(Itemize contractual consultant/trainer costs here. Add rows as needed.)					
Travel	(Itemize consultant/trainer travel costs here. Add rows as needed.)					
Subtotal Contractual Consultant/Trainer Costs						
Budget Line Item	Item Description					Total Cost
Media/Public Information Costs						
	(Itemize contractual media and public information costs here. Add rows as needed.)					
Subtotal Contractual Media/Public Information Costs						
Other Service Provider Costs						
	(Itemize other service provider costs here. Add rows as needed.)					
Subtotal Other Service Provider Costs						
Total Provider Costs:						

Add narrative budget justification here:

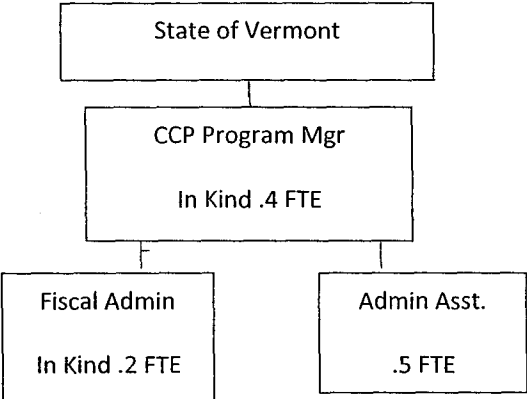
✂✂END: COPY AND PASTE SECTION FOR EACH SERVICE PROVIDER✂✂

Attachments

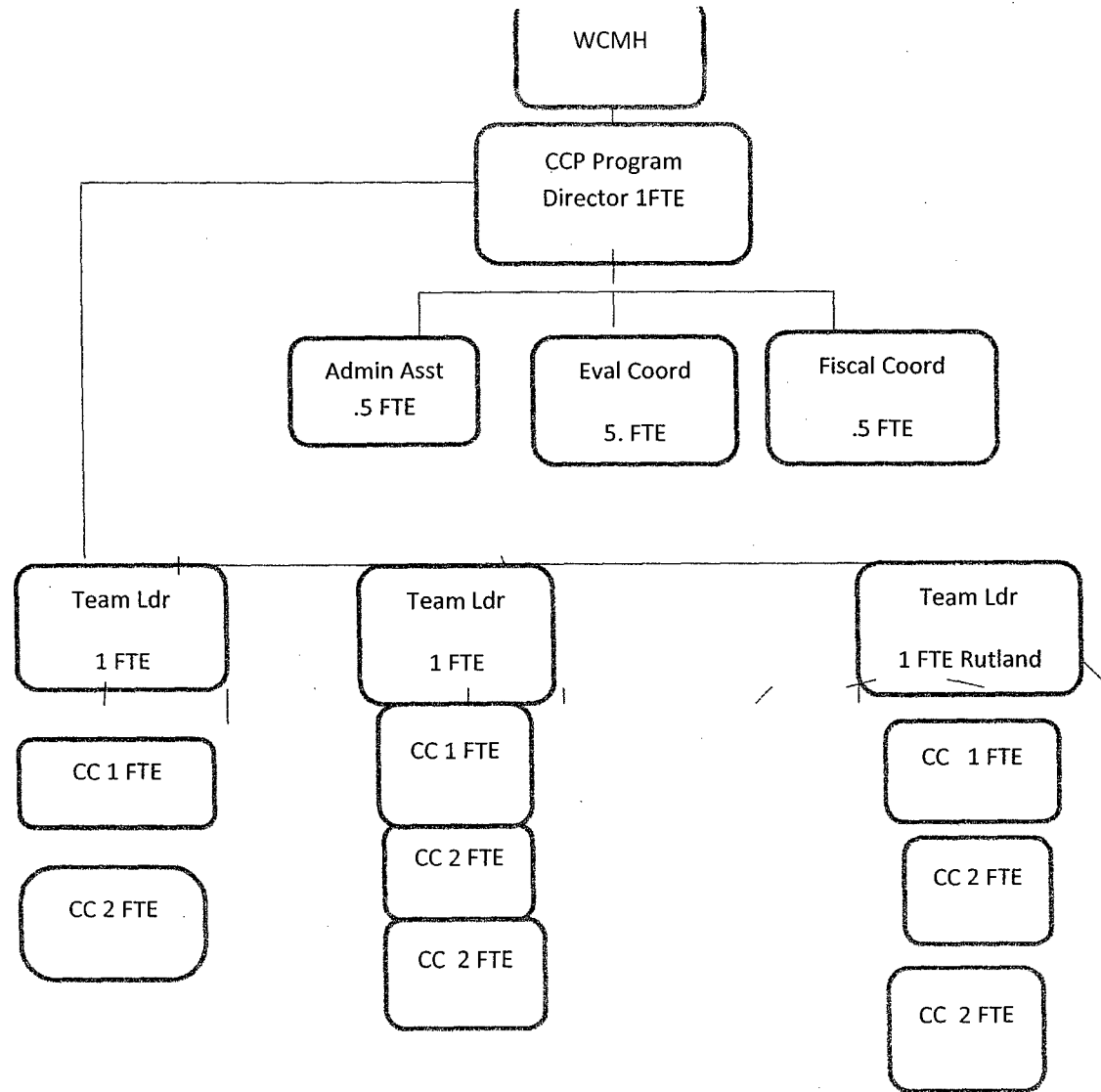
A. State of Vermont Org Chart

B. Provider Org Chart

A. State of Vermont



B. Provider



Application for Federal Assistance SF-424

Version 02

*1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	*2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	*If Revision, select appropriate letter(s): _____ *Other (Specify) _____
--	--	---

*3. Date Received: _____	4. Applicant Identifier: _____
------------------------------------	--

5a. Federal Entity Identifier _____	*5b. Federal Award Identifier: _____
---	--

State Use Only:

6. Date Received by State: _____	7. State Application Identifier: _____
---	---

8. APPLICANT INFORMATION

***a. Legal Name:** Jeb Spaulding

*b. Employer/Taxpayer Identification Number (EIN/TIN): <u>03-6000264</u>	*c. Organization DUNS: <u>809376692</u>
--	---

d. Address

***Street1:** 109 State Street
Street2: _____
***City:** Montpelier
County: Washington
***State:** Vermont
Province: _____
***Country:** United States
***Zip/Postal Code:** 05609

e. Organizational Unit

Department Name: <u>Governors Office</u>	Division Name: <u>Agency of Human ServicesM</u>
--	---

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Ms ***First Name:** Michelle
Middle Name: _____
***Last Name:** Lavallee
Suffix: _____

Title: Acute Care Problem Chief

Organizational Affiliation:
Department of Mental Health

***Telephone Number:** 802-879-5925 **Fax Number:** 802-879-5651

***Email:** michelle.lavallee@ahs.state.vt.us

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify)

10. Name of Federal Agency:

Federal Emergency Management Agency

11. Catalog of Federal Domestic Assistance Number

97.032

CFDA Title:

Crisis Counseling

*12. Funding Opportunity Number:

*Title:

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Addison, Chittenden, Caledonia, Bennington, Orange, Rutland, Washington, Windson, Windham

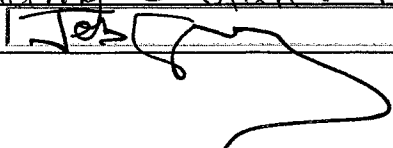
15. Descriptive Title of Applicant's Project:

Immediate Services Program

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:	
*a. Applicant: <input type="text" value="VT-all"/>	b. Program/Project: <input type="text" value="Vermont Districts"/>
Attach an additional list of Program/Project Congressional Districts if needed: <input type="text"/>	
17. Proposed Project:	
*a. Start Date: <input type="text" value="9/1/11"/>	b. End Date: <input type="text" value="10/31/11"/>
18. Estimated Funding(\$):	
*a. Federal	<input type="text" value="195,720"/>
*b. Applicant	<input type="text" value="State of Vermont"/>
*c. State	<input type="text"/>
*d. Local	<input type="text"/>
*e. Other	<input type="text"/>
*f. Program Income	<input type="text"/>
*g. TOTAL	<input type="text" value="195,720"/>
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input type="text"/>	
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input checked="" type="checkbox"/> c. Program is not covered by E.O. 12372.	
*20. Is the Applicant Delinquent on Any Federal Debt? (If "Yes", provide explanation.)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties (U.S. Code, Title 218, Section 1001)	
<input checked="" type="checkbox"/> ** I AGREE	
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
a. Authorized Representative	
Prefix: <input type="text" value="Mr."/>	*First Name: <input type="text" value="Jeb"/>
Middle Name: <input type="text"/>	
Last Name: <input type="text" value="Spaulding"/>	
Suffix: <input type="text"/>	
*Title: <input type="text" value="Secretary of Administration"/>	
*Telephone Number: <input type="text" value="802-828-3322"/>	Fax Number: <input type="text" value="802-828-3320"/>
*Email: <input type="text" value="Jeb.Spaulding@State.Vt.us"/>	
*Signature of Authorized Representative: 	Date Signed: <input type="text" value="9/14/11"/>

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.

[Empty text box for explanation of delinquency]

INSTRUCTIONS FOR THE SF-424

Public reporting burden for this collection of information is estimated to average 45 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction

Project (0348-0043), Washington, DC 20503.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET.
SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.**

This is a standard form used by applicants as a required facesheet for preapplications and applications submitted for Federal assistance. It will be used by Federal agencies to obtain applicant certification that States which have established a review and comment procedure in response to Executive Order 12372 and have selected the program to be included in their process, have been given an opportunity to review the applicant's submission.

Item	Entry:	Item	Entry:
1.	Type of Submission: (Required): Select one type of submission in accordance with agency instructions. <ul style="list-style-type: none"> • Preapplication • Application • Changed/Corrected Application – If requested by the agency, check if this submission is to change or correct a previously submitted application. Unless requested by the agency, applicants may not use this to submit changes after the closing date. 	10.	Name Of Federal Agency: (Required) Enter the name of the Federal agency from which assistance is being requested with this application.
		11.	Catalog Of Federal Domestic Assistance Number/Title: Enter the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested, as found in the program announcement, if applicable.
2.	Type of Application: (Required) Select one type of application in accordance with agency instructions. <ul style="list-style-type: none"> • New – An application that is being submitted to an agency for the first time. • Continuation - An extension for an additional funding/budget period for a project with a projected completion date. This can include renewals. • Revision - Any change in the Federal Government's financial obligation or contingent liability from an existing obligation. If a revision, enter the appropriate letter(s). More than one may be selected. If "Other" is selected, please specify in text box provided. <ul style="list-style-type: none"> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration E. Other (specify) 	12.	Funding Opportunity Number/Title: (Required) Enter the Funding Opportunity Number and title of the opportunity under which assistance is requested, as found in the program announcement.
		13.	Competition Identification Number/Title: Enter the Competition Identification Number and title of the competition under which assistance is requested, if applicable.
		14.	Areas Affected By Project: List the areas or entities using the categories (e.g., cities, counties, states, etc.) specified in agency instructions. Use the continuation sheet to enter additional areas, if needed.
3.	Date Received: Leave this field blank. This date will be assigned by the Federal agency.	15.	Descriptive Title of Applicant's Project: (Required) Enter a brief descriptive title of the project. If appropriate, attach a map showing project location (e.g., construction or real property projects). For preapplications, attach a summary description of the project.
4.	Applicant Identifier: Enter the entity identifier assigned by the Federal agency, if any, or applicant's control number, if applicable.	16.	Congressional Districts Of: (Required) 16a. Enter the applicant's Congressional District, and 16b. Enter all District(s) affected by the program or project. Enter in the format: 2 characters State Abbreviation – 3 characters District Number, e.g., CA-005 for California 5 th district, CA-012 for California 12 th district, NC-103 for North Carolina's 103 rd district. <ul style="list-style-type: none"> • If all congressional districts in a state are affected, enter "all" for the district number, e.g., MD-all for all congressional districts in Maryland. • If nationwide, i.e. all districts within all states are affected, enter US-all. • If the program /project is outside the US, enter 00-000.
5a.	Federal Entity Identifier: Enter the number assigned to your organization by the Federal Agency, if any.		
5b.	Federal Award Identifier: For new applications leave blank. For a continuation or revision to an existing award, enter the previously assigned Federal award identifier number. If a changed/corrected application, enter the Federal Identifier in accordance with agency instructions.		
6.	Date Received by State: Leave this field blank. This date will be assigned by the State, if applicable.		
7.	State Application Identifier: Leave this field blank. This identifier will be assigned by the State, if applicable.		
8.	Applicant Information: Enter the following in accordance with agency instructions:	17.	Proposed Project Start and End Dates: (Required) Enter the proposed start date and end date of the project.
	a. Legal Name: (Required): Enter the legal name of applicant that will undertake the assistance activity. This is the name that the organization has registered with the Central Contractor Registry. Information on registering with CCR may be obtained by visiting the Grants.gov website.		
	b. Employer/Taxpayer Number (EIN/TIN): (Required): Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service. If your organization is not in the US, enter 44-4444444.	18.	Estimated Funding: (Required) Enter the amount requested or to be contributed during the first funding/budget period by each contributor. Value of in-kind contributions should be included on appropriate lines, as applicable. If the action will result in a dollar change to an existing award, indicate only the amount of the change. For decreases, enclose the amounts in parentheses.
	c. Organizational DUNS: (Required) Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained by visiting the Grants.gov website.		
	d. Address: Enter the complete address as follows: Street address (Line 1 required), City (Required), County, State (Required, if country is US), Province, Country (Required), Zip/Postal Code (Required, if country is US).		
e. Organizational Unit: Enter the name of the primary organizational unit (and department or division, if applicable) that will undertake the assistance activity, if applicable.	19.	Is Application Subject to Review by State Under Executive Order 12372 Process? Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process. Select the appropriate box. If "a." is selected, enter the date the	

	<p>f. Name and contact information of person to be contacted on matters involving this application: Enter the name (First and last name required), organizational affiliation (if affiliated with an organization other than the applicant organization), telephone number (Required), fax number, and email address (Required) of the person to contact on matters related to this application.</p>		<p>application was submitted to the State</p>		
20.			<p>Is the Applicant Delinquent on any Federal Debt? (Required) Select the appropriate box. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes.</p> <p>If yes, include an explanation on the continuation sheet.</p>		
9.	<p>Type of Applicant: (Required) Select up to three applicant type(s) in accordance with agency instructions.</p> <table border="0"> <tr> <td data-bbox="162 430 495 892"> <ul style="list-style-type: none"> A. State Government B. County Government C. City or Township Government D. Special District Government E. Regional Organization F. U.S. Territory or Possession G. Independent School District H. Public/State Controlled Institution of Higher Education I. Indian/Native American Tribal Government (Federally Recognized) J. Indian/Native American Tribal Government (Other than Federally Recognized) K. Indian/Native American Tribally Designated Organization L. Public/Indian Housing Authority </td> <td data-bbox="503 430 828 945"> <ul style="list-style-type: none"> M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education) N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education) O. Private Institution of Higher Education P. Individual Q. For-Profit Organization (Other than Small Business) R. Small Business S. Hispanic-serving Institution T. Historically Black Colleges and Universities (HBCUs) U. Tribally Controlled Colleges and Universities (TCCUs) V. Alaska Native and Native Hawaiian Serving Institutions W. Non-domestic (non-US) Entity X. Other (specify) </td> </tr> </table>	<ul style="list-style-type: none"> A. State Government B. County Government C. City or Township Government D. Special District Government E. Regional Organization F. U.S. Territory or Possession G. Independent School District H. Public/State Controlled Institution of Higher Education I. Indian/Native American Tribal Government (Federally Recognized) J. Indian/Native American Tribal Government (Other than Federally Recognized) K. Indian/Native American Tribally Designated Organization L. Public/Indian Housing Authority 	<ul style="list-style-type: none"> M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education) N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education) O. Private Institution of Higher Education P. Individual Q. For-Profit Organization (Other than Small Business) R. Small Business S. Hispanic-serving Institution T. Historically Black Colleges and Universities (HBCUs) U. Tribally Controlled Colleges and Universities (TCCUs) V. Alaska Native and Native Hawaiian Serving Institutions W. Non-domestic (non-US) Entity X. Other (specify) 	21.	<p>Authorized Representative: (Required) To be signed and dated by the authorized representative of the applicant organization. Enter the name (First and last name required) title (Required), telephone number (Required), fax number, and email address (Required) of the person authorized to sign for the applicant.</p> <p>A copy of the governing body's authorization for you to sign this application as the official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.)</p>
<ul style="list-style-type: none"> A. State Government B. County Government C. City or Township Government D. Special District Government E. Regional Organization F. U.S. Territory or Possession G. Independent School District H. Public/State Controlled Institution of Higher Education I. Indian/Native American Tribal Government (Federally Recognized) J. Indian/Native American Tribal Government (Other than Federally Recognized) K. Indian/Native American Tribally Designated Organization L. Public/Indian Housing Authority 	<ul style="list-style-type: none"> M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education) N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education) O. Private Institution of Higher Education P. Individual Q. For-Profit Organization (Other than Small Business) R. Small Business S. Hispanic-serving Institution T. Historically Black Colleges and Universities (HBCUs) U. Tribally Controlled Colleges and Universities (TCCUs) V. Alaska Native and Native Hawaiian Serving Institutions W. Non-domestic (non-US) Entity X. Other (specify) 				

BUDGET INFORMATION - Non- Construction Programs

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. Crisis Counseling Program		\$	\$	\$ 195,720.50	\$	\$ 195,720.50
2.		\$	\$	\$	\$	\$ 0.00
3.		\$	\$	\$	\$	\$ 0.00
4.		\$	\$	\$	\$	\$ 0.00
5. TOTALS		\$ 0.00	\$ 0.00	\$ 195,720.50	\$ 0.00	\$ 195,720.50
SECTION B - BUDGET CATEGORIES						
6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)	
	(1)	(2)	(3)	(4)		
a. Personnel	\$ 3,600.00	\$	\$	\$	\$ 3,600.00	
b. Fringe Benefits	\$ 1,188.00	\$	\$	\$	\$ 1,188.00	
c. Travel	\$	\$	\$	\$	\$ 0.00	
d. Equipment	\$	\$	\$	\$	\$ 0.00	
e. Supplies	\$	\$	\$	\$	\$ 0.00	
f. Contractual	\$ 190,932.50	\$	\$	\$	\$ 190,932.50	
g. Construction	\$	\$	\$	\$	\$ 0.00	
h. Other	\$	\$	\$	\$	\$ 0.00	
i. Total Direct Charges (sum of 6a -6h)	\$ 195,720.50	\$ 0.00	\$ 0.00	\$ 0.00	\$ 195,720.50	
j. Indirect Charges	\$	\$	\$	\$	\$ 0.00	
k. TOTALS (sum of 6i and 6j)	\$ 195,720.50	\$ 0.00	\$ 0.00	\$ 0.00	\$ 195,720.50	

7. Program Income	\$	\$	\$	\$	\$ 0.00
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SECTION C - NON- FEDERAL RESOURCES

(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
8.	\$	\$	\$	\$ 0.00
9.	\$	\$	\$	\$ 0.00
10.	\$	\$	\$	\$ 0.00
11.	\$	\$	\$	\$ 0.00
12. TOTALS (sum of lines 8 and 11)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

SECTION D - FORECASTED CASH NEEDS

	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$ 195,720.50	\$ 195,720.50	\$	\$	\$
14. Non- Federal	\$ 0.00	\$	\$	\$	\$
15. TOTAL (sum of lines 13 and 14)	\$ 195,720.50	\$ 195,720.50	\$ 0.00	\$ 0.00	\$ 0.00

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. Crisis Counseling Grant	\$ 195,720.50	\$	\$	\$
17.	\$	\$	\$	\$
18.	\$	\$	\$	\$
19.	\$	\$	\$	\$
20. TOTALS (sum of lines 16 -19)	\$ 195,720.50	\$ 0.00	\$ 0.00	\$ 0.00

SECTION F - OTHER BUDGET INFORMATION

21. Direct Charges:	22. Indirect Charges:
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23. Remarks

Note: All sections are required. Incomplete forms will be returned to department.

I. CONTRACT INFORMATION:

CHECK ONLY ONE BOX IF APPLICABLE:

ARRA Contract

ACA Contract

Agency/Department: AHS/ Mental Health Contract #: 20693 Amendment #:
 Vendor Name: Washington County Mental Health VISION Vendor No: 41892
 Vendor Address: PO Box 647 Montpelier, VT 05601
 Starting Date: 9/1/2011 Ending Date: 10/31/2011 Amendment Date:
 Summary of agreement or amendment: Psycho-educational and outreach services to individuals and groups in the aftermath of Tropical Storm Irene

II. FINANCIAL INFORMATION

Maximum Payable: \$190,932 Prior Maximum: \$ Prior Contract # (If Renewal):
 Current Amendment: \$ Cumulative amendments: \$ % Cumulative Change: %
 Business Unit(s): 3150 VISION Account: 507600

III. PERFORMANCE INFORMATION

Does this Agreement include Performance Measures tied to Outcomes and/or financial reward/penalties? Yes No

Estimated Funding Split: G-Fund % S-Fund % F-Fund 100.00 % GC-Fund % Other %

IV. PUBLIC COMPETITION

The agency has taken reasonable steps to control the price of the contract or procurement grant and to allow qualified organizations to compete for the work authorized by this contract. The agency has done this through:

Standard bid or RFP Simplified Bid Sole Sourced Qualification Based Selection Statutory

V. TYPE OF AGREEMENT & PERFORMANCE INFORMATION

Check all that apply: Service Personal Service Architect/Engineer Construction Marketing
 Information Technology Other, describe:

VI. SUITABILITY FOR CONTRACT FOR SERVICE

Yes No n/a If this is a Personal Service contract, does this agreement meet all 3 parts of the "ABC" definition of independent contractor? (See Bulletin 3.5) If NO, then contractor must be paid through Payroll

VII. CONFLICT OF INTEREST

By signing below, I certify that no person able to control or influence award of this contract had a pecuniary interest in its award or performance, either personally or through a member of his or her household, family, or business.

Yes No Is there an "appearance" of a conflict of interest so that a reasonable person may conclude that this party was selected for improper reasons: (If yes, explain)

VIII. PRIOR APPROVALS REQUIRED OR REQUESTED

Yes No Agreement must be approved by the Attorney General under 3 VSA §311(a)(10) (personal service)
 Yes No I request the Attorney General review this agreement as to form
 No, already performed by in-house AAG or counsel: _____ (initial)
 Yes No Agreement must be approved by the Comm. of DII; for IT hardware, software or services and
 Telecommunications over \$100,000
 Yes No Agreement must be approved by the CMO; for Marketing services over \$15,000
 Yes No Agreement must be approved by Comm. Human Resources (privatization and retiree contracts)
 Yes No Agreement must be approved by the Secretary of Administration

IX. AGENCY/DEPARTMENT HEAD CERTIFICATION; APPROVAL

I have made reasonable inquiry as to the accuracy of the above information:

Date	Agency / Department Head	Date	Agency Secretary or Other Department Head (if required)
Date	Approval by Attorney General	Date	Approved by Commissioner of Human Resources
Date	CIO (initial)	Date	CMO (initial)
Date		Date	Secretary of Administration



FEMA

September 19, 2011

Jeb Spaulding
Governor's Authorized Representative
Secretary of Administration
109 State Street
Montpelier, VT 05609

Dear Secretary Spaulding:

This is in response to the State's request for the Immediate Services Program (ISP), Catalog of Federal Domestic Assistance #97.032, funding under Section 416 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (Public Law 93-288, as amended), for FEMA-4022-DR-VT. This request has been reviewed by FEMA and the Center for Mental Health Services. Based on the staff recommendations, I am approving the request and have obligated funds in the amount of \$195,720. The award is contingent upon the State meeting the following condition by September 26, 2011:

Part IV: Plan of Services Analysis and Condition of Award

- The State did not report any secondary services (Section IV B2) in the application. The State must submit a narrative of secondary services such as advertising, radio announcements, and other secondary services that the State has provided to disaster survivors.

In addition, we expect the following standard ISP program conditions to be adhered to:

Data Collection and Reporting

- Data on service delivery must be collected in accordance with the FEMA Crisis Counseling Assistance and Training Program data toolkit as approved by the U.S. Office of Management and Budget (OMB No. 0930-0270) with an expiration date of 01/31/2012. The State must use the Individual Crisis Counseling Services Encounter Log, Group Encounter Log, and Weekly Tally Sheet. Three other tools, Participant Feedback Survey, Adult Assessment and Referral Tool, Child/Youth Assessment and Referral Tool, and Service Provider Feedback Survey, are included in the data toolkit and are optional.
- The State must identify an individual to serve as the lead contact for management of all data collection activities. All staff involved in outreach and service delivery must be specifically trained in the data collection requirements using the FEMA Crisis Counseling Assistance and Training Program data toolkit and data must be entered via the CCP Online Data Collection and

Evaluation System <http://www.esi-bethesda.com/CCPEvaluation>. For technical assistance regarding CCP data forms, data entry via the online system please contact the SAMHSA Disaster Technical Assistance Center (DTAC) at 1-800-308-3515 or DTAC@samhsa.hhs.gov.

- A final program report must be submitted to FEMA Region with a copy to SAMHSA/CMHS, if the State does not choose to submit for a Regular Services Program (RSP).

Fiscal Accounting and Monitoring

- Expenditures by the grantee, contractors, and all other grant participants must be separate from non-grant State expenditures and consistent with the fiscal guidelines of the FEMA Crisis Counseling Assistance and Training Program.

Hotlines and Public Information Efforts

- The grantee must include contact information and/or a hotline number for the Crisis Counseling Assistance and Training Program on the State's website as part of the overall communication plan.

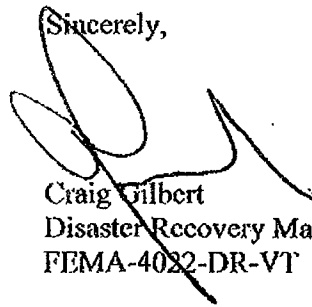
Funding for the Immediate Services Program closes October 31, 2011. Disbursement of the funding will be provided through SMARTLINK.

If the Regular Services Program is needed, an application must be made within 60 days of the presidential declaration. If an extension of the Immediate Services Program funding is needed while the Regular Services Program application is being processed, a written request must be submitted to the Regional Administrator prior to October 15, 2011, indicating and justifying the amount of additional funding. If a request for the Regular Services Program funding for crisis counseling is submitted, you must include an Immediate Services Program mid-program report as part of the request.

A final Program Report and a final SF-425 Financial Report must be submitted to the Regional Administrator within 90 calendar days after the last day of Immediate Services Program funding.

Should you or your staff have any questions, please contact Joseph Paretti, Ed.D. Crisis Counseling Program Specialist at 571-439-1605.

Sincerely,



Craig Gilbert
Disaster Recovery Manager
FEMA-4022-DR-VT

CC: Christine Oliver
Jamie Seligman
Kathleen King
Joseph Paretti

Hartrich, Toni

From: Paretti, Joseph [joseph.paretti@dhs.gov]
Sent: Thursday, September 29, 2011 10:43 AM
To: Lavallee, Michelle; Hartrich, Toni
Cc: Paretti, Joseph
Subject: RE: FEMA GRANT Stipulation

Importance: High

I've consulted with both FEMA HQ and our program contact at the Substance Abuse and Mental Health Services Administration and both supported the appropriateness and acceptance of the State's response to the single condition on the Immediate Services Program grant application.

From: Lavallee, Michelle [mailto:Michelle.Lavallee@ahs.state.vt.us]
Sent: Wednesday, September 28, 2011 4:45 PM
To: Hartrich, Toni
Cc: Paretti, Joseph
Subject: RE: FEMA GRANT Stipulation

Hi Toni,

I'm including Joe Paretti with FEMA on this thread here as I believe that he will be able to provide you with the clarification and answer to your question below, regarding the letter satisfying FEMA requirements.

Please feel free to contact me at 879-5925 should you need anything additional.

Best,

Michelle

From: Hartrich, Toni [mailto:Toni.Hartrich@state.vt.us]
Sent: Wednesday, September 28, 2011 4:17 PM
To: Lavallee, Michelle
Subject: FEMA GRANT Stipulation

Michelle, Is it possible for you or Vicki to contact from Craig Gilbert at FEMA or other FEMA official and ask them to verify that Jeb's letter meets the requirement in grant for further information? It can be an email response. I will attach the confirmation note/email to the grant request when you get it and send grant approval request on to SOA for approval. Toni

Toni Hartrich, Budget Analyst

Finance and Management
109 State Street 5th Floor
Montpelier VT 05609
toni.hartrich@state.vt.us
828-6456