



**STATE OF VERMONT**  
JOINT FISCAL OFFICE

**MEMORANDUM**

To: Joint Fiscal Committee members  
From: Daniel Dickerson, Fiscal Analyst *DWD*  
Date: January 16, 2020  
Subject: Grant Requests – JFO #2990-2992

Enclosed please find three (3) items, including one (1) limited-service position, which the Joint Fiscal Office has received from the Administration.

**JFO #2990** – \$3,200,000 from the Substance Abuse and Mental Health Services Administration (SAMHSA) to the VT Dept. of Health (VDH). This funding has been provided as part of the Vermont First Responder Emergency Opioid Response Project. **One (1) limited-service position has been requested in conjunction with this grant.** Funds will be used to provide first responders with improved and expanded access to overdose prevention training, equipment and medication. SAMSHA intends to provide funding at a rate of \$800,000 per year over a four-year grant period. Of the yearly funding, approximately a quarter would be used towards VDH staff time, including the cost of the new limited-service position. Approximately half of funding would be used for overdose response equipment, including Naloxone bottles and CPR rescue breath masks. The remainder would be used for contractors to provide training for first responders, as well as other supplies, some travel, and departmental indirect costs.  
*[JFO received 01/14/20]*

**JFO #2991** – \$53,768 from the National Fish and Wildlife Foundation to the VT Dept. of Fish & Wildlife. This funding will be used to restore brook trout habitat in tributaries of the Connecticut River watershed. Actions taken to improve habitat would primarily consist of providing woody material along streams to increase pool frequency and depth, and to increase cover for brook trout and other fish. These grant funds will be used in conjunction with Department funds (in the form of staff time) as well as funding provided by Trout Unlimited (which will not flow through the State). The make-up of funds for this grant is approximately \$43,000 in federal dollars that the Foundation is providing as a sub-grant, and \$10,000 is directly from the Foundation. The project period will go through State FY2022.  
*[JFO received 01/14/20]*

**JFO #2992** – \$30,000 from the Federal Emergency Management Agency (FEMA) to the VT Dept. of Environmental Conservation (DEC). This funding will be used to disseminate the findings of the recently completed Chittenden County earthquake hazard map and report. DEC will work with VT Emergency Management and the Northeast States Emergency Consortium on this initiative. DEC will communicate locations, infrastructure and buildings that are particularly

vulnerable. They will work to increase earthquake hazard awareness through the promotion of Shakeout, which is a worldwide initiative aimed at promoting earthquake drills. DEC will also update its website with earthquake-related materials. DEC would provide a \$10,000 match from its State FY2020 General Fund appropriation for a project total of \$50,000.

Please review the enclosed materials and notify the Joint Fiscal Office (Daniel Dickerson at (802) 828-2472; [ddickerson@leg.state.vt.us](mailto:ddickerson@leg.state.vt.us)) if you have questions or would like an item held for legislative review. Unless we hear from you to the contrary by January 30, 2020 we will assume that you agree to consider as final the Governor's acceptance of these requests.



JFO 2990

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

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

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JAN 14 2019

JOINT FISCAL OFFICE

STATE OF VERMONT  
FINANCE & MANAGEMENT GRANT REVIEW FORM

|                                      |   |            |  |  |
|--------------------------------------|---|------------|--|--|
| <b>Grant Summary:</b>                | Vermont First Responder Emergency Opioid Response Project   |            |  |  |
| <b>Date:</b>                         | December 27, 2019   |            |  |  |
| <b>Department:</b>                   | Agency of Human Services – Department of Health   |            |  |  |
| <b>Legal Title of Grant:</b>         | First Responders - Comprehensive Addiction and Recovery Act   |            |  |  |
| <b>Federal Catalog #:</b>            | 93.243  |            |  |  |
| <b>Grant/Donor Name and Address:</b> | Substance Abuse and Mental Health Services Administration<br>5600 Fishers Lane<br>Rockville, MD 20857 |            |  |  |
| <b>Grant Period:</b>                 | <b>From:</b>  | 09/30/2019 | <b>To:</b>   | 09/29/2023                                       |
| <b>Grant/Donation</b>                | \$3,200,000   |            |  |  |
|                                      | SFY 20  | SFY 21     | SFY 22   | Comments   |
| <b>Grant Amount</b>                  | \$400,000   | \$800,000  | \$800,000  | Remaining \$1,200,000 to be spent in SFY23-SFY24 |
| <b>Position Information</b>          | # Positions   |            | Explanations/Comments                              |  |
|                                      | 1   |            | 1 new public health specialist LTS position, pg 22 |  |
| <b>Additional Comments</b>           | See attached grant abstract   |            | otherwise known as DEPRIP Program Manager          |  |

|   |         |           |
|---|---------|-----------|
| <b>Department of Finance &amp; Management</b> |         | (Initial) |
| <b>Secretary of Administration</b>            |         | (Initial) |
| <b>Sent to Joint Fiscal Office</b>            | 1/14/20 | Date      |

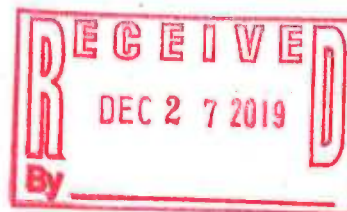
Funding Abstract





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

| BASIC GRANT INFORMATION  |   |                  |                  |                 |
|--|---|------------------|------------------|-----------------|
| <b>1. Agency:</b>  | Agency of Human Services  |                  |                  |                 |
| <b>2. Department:</b>  | Department of Health  |                  |                  |                 |
| <b>3. Program:</b>   | Vermont First Responder Emergency Opioid Response Project   |                  |                  |                 |
| <b>4. Legal Title of Grant:</b>                                | First Responders - Comprehensive Addiction and Recovery Act   |                  |                  |                 |
| <b>5. Federal Catalog #:</b>                                   | 93.243  |                  |                  |                 |
| <b>6. Grant/Donor Name and Address:</b>                        | Substance Abuse and Mental Health Services Administration<br>5600 Fishers Lane<br>Rockville, MD 20857   |                  |                  |                 |
| <b>7. Grant Period:</b>  | <b>From:</b>  | 09/30/2019       | <b>To:</b>       | 09/29/2023      |
| <b>8. Purpose of Grant:</b>                                    | Federal funds to enhance the work of first responders' ability to safely provide emergency treatment of known or suspected opioid overdoses as well as increase the rate of referrals to treatment and recovery in Vermont rural communities with low access to naloxone and high burden of opioid injury and deaths. |                  |                  |                 |
| <b>9. Impact on existing program if grant is not Accepted:</b> | None  |                  |                  |                 |
| 10. BUDGET INFORMATION   |   |                  |                  |                 |
|  | <b>SFY 20</b>   | <b>SFY 21</b>    | <b>SFY 22</b>    | <b>Comments</b> |
| <b>Expenditures:</b>   |   |                  |                  |                 |
| Personal Services  | \$124,728   | \$249,456        | \$249,456        |                 |
| Operating Expenses   | \$235,522   | \$471,044        | \$471,044        |                 |
| Grants   | \$39,750  | \$79,500         | \$79,500         |                 |
| <b>Total</b>   | <b>\$400,000</b>  | <b>\$800,000</b> | <b>\$800,000</b> |                 |
| <b>Revenues:</b>   |   |                  |                  |                 |
| State Funds:   | \$0   | \$0              | \$0              |                 |
| Cash   | \$0   | \$0              | \$0              |                 |
| In-Kind  | \$0   | \$0              | \$0              |                 |
| Federal Funds:   | \$400,000   | \$800,000        | \$800,000        |                 |
| (Direct Costs)   | \$360,022   | \$720,043        | \$720,043        |                 |
| (Statewide Indirect)   | \$1,599   | \$3,198          | \$3,198          |                 |
| (Departmental Indirect)  | \$38,379  | \$76,759         | \$76,759         |                 |
| Other Funds:   | \$0   | \$0              | \$0              |                 |
| Grant (source March of Dimes)                                  | \$0   | \$0              | \$0              |                 |
| <b>Total</b>   | <b>\$400,000</b>  | <b>\$800,000</b> | <b>\$800,000</b> |                 |
| <b>Appropriation No:</b>                                       | 3420010000  | <b>Amount:</b>   | \$19,190         |                 |
|  | 3420021000  |                  | \$380,810        |                 |
|  | 3420060000  |                  | \$0              |                 |
|  |   | <b>Total</b>     | <b>\$400,000</b> |                 |



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

Has current fiscal year budget detail been entered into Vantage?  Yes  No

## PERSONAL SERVICE INFORMATION


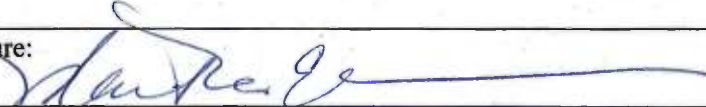
11. Will monies from this grant be used to fund one or more Personal Service Contracts?  Yes  No  
 If "Yes", appointing authority must initial here to indicate intent to follow current competitive bidding process/policy.

Appointing Authority Name: Mark Levine, MD Agreed by: \_\_\_\_\_ (initial)

| 12. Limited Service Position Information: | # Positions | Title                    |
|---|-------------|--------------------------|
|   | 1           | Public Health Specialist |
|   |             |                          |
|   |             |                          |
| <b>Total Positions</b>                    | <b>1</b>    |                          |

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:   | Date: 12/13/19 |
|  | Title: Commissioner   |                |
|  | Signature:  | Date: 12/18/19 |
|  | Title: Deputy Secretary   |                |

## 14. SECRETARY OF ADMINISTRATION

Approved: \_\_\_\_\_ (Secretary or designee signature) Date: 1/2/20

## 15. ACTION BY GOVERNOR

Check One Box:  
 Accepted  
 Rejected

\_\_\_\_\_  
 (Governor's signature) Date: 1/14/20

## 16. DOCUMENTATION REQUIRED

### Required GRANT Documentation

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

**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).

40 12/17/19

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

The Department of Health has received a grant from the Substance Abuse and Mental Health Services Administration providing \$800,000/annually for 4 years to improve and expand the Vermont first responders (Law Enforcement, Emergency Medical Services, and Fire Departments) access to overdose prevention training, equipment and medication to ensure they can respond safely and effectively and provide emergency treatment to known or suspected opioid overdose and other dangerous licit and illicit drugs in Vermont's rural communities. In addition to enhancing the vital work of first responders, the Vermont First Responder Emergency Opioid Response Project will increase the rate of referrals to treatment and recovery in Vermont rural communities with low access to naloxone and high burden of opioid injury and deaths. First responders play a critical role in the State of Vermont's work in addressing opioid crisis. This project will expand access to over 6,648 First Responders in 12 rural counties.

- Ensure rural first responder services (outside of the Chittenden and Grand Isle counties) that elect to carry naloxone have medication for responding to opioid overdoses.
- Ensure first responder agencies have access to trainings to manage opioid overdoses.
- Develop, implement or expand community education plans to improve awareness of opioid overdose harm reduction practices.
- Integrate the first response system and EMS providers as referral partners to assist patients who are revived by naloxone but are not transported to emergency departments for further treatment into the referral pathway for treatment and recovery.
- Work together to improve inter-departmental coordination in data-driven activities in addressing adverse opioid incidents including overdoses.

The budget for the grant award includes funding for a Public Health Specialist limited service position, who will work in the role of program manager.





First Responders - CARA  
Department of Health and Human Services  
Substance Abuse and Mental Health Services Administration

**Issue Date:** 09/11/2019

Center for Substance Abuse Treatment

**Grant Number:** 1H79TI082511-01

**FAIN:** H79TI082511

**Program Director:** Chris Bell

**Project Title:** Vermont First Responder Emergency Opioid Response Project

**Organization Name:** VERMONT STATE AGENCY OF HUMAN SERVICES

**Business Official:** Mr. Bryan O'Connor

**Business Official e-mail address:** ahs.vdhfedgrantoperations@vermont.gov

**Budget Period:** 09/30/2019 – 09/29/2021

**Project Period:** 09/30/2019 – 09/29/2023

Dear Grantee:

The Substance Abuse and Mental Health Services Administration hereby awards a grant in the amount of \$1,600,000 (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to VERMONT STATE AGENCY OF HUMAN SERVICES in support of the above referenced project. This award is pursuant to the authority of Section 546 of the Public Health Service Act and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

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

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

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

Sincerely yours,  
Eileen Bermudez  
Grants Management Officer  
Division of Grants Management

See additional information below

**SECTION I – AWARD DATA – 1H79TI082511-01**

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

|   |                    |
|---|--------------------|
| Personnel(non-research)                               | \$233,792          |
| Fringe Benefits                                       | \$105,206          |
| Travel  | \$5,630            |
| Supplies  | \$905,350          |
| Contractual   | \$159,000          |
| Other   | \$31,108           |
| <b>Direct Cost</b>                                    | <b>\$1,440,086</b> |
| <b>Indirect Cost</b>                                  | <b>\$159,914</b>   |
| <b>Approved Budget</b>                                | <b>\$1,600,000</b> |
| <b>Federal Share</b>                                  | <b>\$1,600,000</b> |
| <b>Cumulative Prior Awards for this Budget Period</b> | <b>\$0</b>         |
| <b>AMOUNT OF THIS ACTION (FEDERAL SHARE)</b>          | <b>\$1,600,000</b> |

| SUMMARY TOTALS FOR ALL YEARS |             |
|------------------------------|-------------|
| YR                           | AMOUNT      |
| 1                            | \$1,600,000 |
| 2                            | \$800,000   |
| 3                            | \$800,000   |

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

**Fiscal Information:**

CFDA Number: 93.243  
 EIN: 1036000264D4  
 Document Number: 19TI82511A  
 Fiscal Year: 2019

|    |         |             |
|----|---------|-------------|
| IC | CAN     | Amount      |
| TI | C96N708 | \$1,600,000 |

| IC | CAN     | 2019        | 2021      | 2022      |
|----|---------|-------------|-----------|-----------|
| TI | C96N708 | \$1,600,000 | \$800,000 | \$800,000 |

**TI Administrative Data:**

PCC: FRT-19 / OC: 4145

**SECTION II – PAYMENT/HOTLINE INFORMATION – 1H79TI082511-01**

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

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



**Vermont Department of Health (VDH)  
Division of Emergency Preparedness and Response and Injury Prevention (DEPRIP):  
FR-CARA: First Response Comprehensive Addiction and Recovery Act**

*Project Period (8/30/2019 – 8/30/2023)*

**Year 1 Budget Justification**

**Budget and Justification (No match required)**

**A. Personnel:** Provide employee(s) (including names for each identified position) of the applicant/recipient organization, including in-kind costs for those positions whose work is tied to the grant project.

**FEDERAL REQUEST**

| Position                            | Name               | Annual Salary/Rate     | Level of Effort | Admin. Infrastructure | Data Collection Reporting | Direct Service  |
|-------------------------------------|--------------------|------------------------|-----------------|-----------------------|---------------------------|-----------------|
| (1) VDH/Project Director            | Stephanie Busch    | \$60,195 Annual Salary | 10%             | \$0                   | \$0                       | \$6,019         |
| (2) VDH/DEPRIP Program Manager (PM) | Vacant             | \$49,507 Annual Salary | 100%            | \$0                   | \$0                       | \$49,507        |
| (3) VDH/HS Lead Evaluator           | Kate Emmons        | \$60,195 Annual Salary | 50%             | \$0                   | \$ 30,097                 | \$0             |
| (4) EMS Data Manager                | Chelsea Dubie      | \$62,546 Annual Salary | 50%             | \$0                   | \$ 31,273                 | \$0             |
| (5) EMS Medical Director            | Daniel Wolfson, MD | In-kind                | 10%             | \$0                   | \$0                       | \$0             |
| <b>TOTAL</b>                        |                    |                        |                 | <b>\$0</b>            | <b>\$61,370</b>           | <b>\$55,526</b> |

**JUSTIFICATION: Describe the role and responsibilities of each position.**

(1) Stephanie Busch, VDH/ DEPRIP/ Project Director (PD) (0.10 FTE): project oversight and supervision of FR-CARA proposed project. She will serve as Project Director; this position is key staff. The PD will assure timely adherence to project goals and objectives, and overall reporting. To ensure integration of naloxone programming in appropriate activities from across the department, the Public Health Administrator will work with other divisions including Alcohol and Drug Abuse Programs and Health Surveillance. She has been with the

Vermont Department of Health overseeing the community naloxone program since 2018. She will provide matched executive oversight to the grant at the level of effort of 10%. Ms. Busch has 10 years of healthcare and public health experience working to integrate mental health, and injury prevention initiatives into emergency services.

(2) Vacant, VDH/DEPRIP Program Manager (PM) (1.0 FTE): The PM (key staff) is at the Public Health Specialist job classification level within the State of Vermont. The PM conducts administrative work for the grant. The Position is responsible for the implementation, administration, coordination, quality control and evaluation of the Vermont First Responder Emergency Opioid Response Project (FR:ORP). The PM (key staff) will provide daily oversight and management, and engage in discussions and planning with stakeholders, coordinate, update, develop and conduct trainings. Duties include planning assessments, coordinating planned activities, program monitoring, quality improvement and evaluation, technical assistance and education for the FR:ORP program. The PM will work directly with other state agencies and community partners to deliver the program.

(3) Kate Emmons, VDH/HS Lead Evaluator (EV) (0.5 FTE): Ms. Emmons will coordinate and direct the development and implementation of project evaluation, conducting evaluation data and data analysis activities, representing the project on evaluation issues in communication with the grant team, and SAMSHA. Responsibilities include directing the development and implementation of project evaluation, conducting evaluation data and data analysis activities, representing the project on evaluation issues in communication with SAMHSA.

(4) Chelsea Dubie, Emergency Medical Services Data Manager (DM) (0.5 FTE): This position will oversee the planning, administrative and technical application of Vermont emergency medical services statewide incident reporting network (SIREN). The maintenance of this comprehensive prehospital care database ensures stakeholders near real time access to overdose and opioid use information. This position interfaces with about 174 reporting EMS agencies and more than 2,800 emergency medical providers to assure statutory incident reporting occurs in a timely and quality manner. In addition, this position facilitates daily and weekly opioid data sharing with law enforcement, the division of Alcohol and Drug Abuse Programs and other key opioid stakeholders. In partnership with the division of Health Surveillance, the SIREN Data Manager also creates and distributes monthly and annual opioid response reporting. The SIREN data manager is also the Department of Health liaison for any and all outside data requests and manages dozens of opioid research inquiries annually. Finally, the SIREN Data Manager coordinates pre-hospital care performance measures as part of a larger systemic quality management plan. These measures examine, among other elements, Vermont emergency medical service's medical response to the opioid crisis and will include the integration work with the IT system upgrade to improve data sharing with hospitals.

(5) Daniel Wolfson, EMS Medical Director (0.10 FTE in-kind) Medical Director; Dr. Wolfson is the MD physician providing oversight of the state of Vermont EMS system including providing EMS clinical care oversight, developing protocols, and ensuring the continuous availability of a physician to resolve EMS system problems. He will provide

clinical, and EMS expertise in the development of the EMS emergency treatment protocols, and the Naloxone Leave Behind Kit program.

**Key staff positions require prior approval by the Grants Management Officer, after review of credentials of resume and job description.**

**FEDERAL REQUEST** (enter in Section B column 1 line 6a of form SF424A) **\$116,896**

**B. Fringe Benefits:** List all components that make up the fringe benefits rate

**FEDERAL REQUEST**

| Component      | Rate  | Wage           | Administration Infrastructure | Data Collection Reporting | Direct Service |
|----------------|-------|----------------|-------------------------------|---------------------------|----------------|
| FICA           | 7.65% | \$116,896      | \$0                           | \$4,664                   | \$4,278        |
| Retirement     | 9.00% | \$116,896      | \$0                           | \$5,487                   | \$5,034        |
| Medical        | 80%   | Of actual cost | See narrative below           | \$0                       | \$0            |
| Life Insurance | 75%   | Of actual cost | See narrative below           | \$0                       | \$0            |
| Dental         | 100%  | Of actual cost | See narrative below           | \$0                       | \$0            |
| <b>TOTAL</b>   |       |                | <b>\$0</b>                    | <b>\$10,151</b>           | <b>\$8,312</b> |

**JUSTIFICATION: Fringe reflects current rate for agency.**

The actual cost of fringe benefits (not a fringe benefit rate) will be reported as a direct cost of the program. The actual cost of fringe benefits varies from employee to employee based on salary, employee choice of health care plan, and employee election of certain other benefits. The usual major components of this cost are FICA at 7.65% of salary, retirement at 9% of salary and a portion – 80% for medical, 75% for life and 100% for dental – of the actual costs of the medical, dental and life insurance coverage selected by the employee. The cost of each employee’s fringe benefits will be allocated to the program based on hours worked in the program relative to all hours worked by the employee. Based on the current cost of fringe benefits for employees in similar programs, we are estimating the cost of these fringe benefits at 45% of salary.

**FEDERAL REQUEST** (enter in Section B column 1 line 6b of form SF424A) **\$52,603**

**C. Travel:** Explain need for all travel other than that required by this application. Local travel policies prevail.

**FEDERAL REQUEST**



| Purpose of Travel               | Location    | Item    | Rate  | Admin. Infrastructure | Data Collection Reporting | Direct Service |
|---------------------------------|-------------|---------|---|-----------------------|---------------------------|----------------|
| (1) Local travel                | Vermont     | Mileage | 2080 miles at .545 per mile   | \$0                   | \$0                       | \$1,134        |
| RX Drue Abuse and Heroin Summit | Atlanta, GA |         | Conference Fee: \$745 registration + \$500 Airfare + \$304 hotel (2 nights) + \$132 baggage/trans. = \$1681 |                       |                           | \$1681         |
| <b>TOTAL</b>                    |             |         |   | <b>\$0</b>            | <b>\$0</b>                | <b>\$2,815</b> |

**JUSTIFICATION: Describe the purpose of travel and how costs were determined.**

- (1) Local travel is needed to provide on-site technical assistance to the contractors and relevant state entities, including formal presentations to state agencies, legislators, law enforcement, media, professional associations, educational institutions and First Response Services. Local travel rate for the Vermont Department of Health is .545/mile
- (2) Grantee will support attendance of the Project Manager the RX Drug Abuse and Heroin Summit annual conference (or related conference), to share knowledge and leverage knowledge of current best practices in the field. Estimated cost of travel is based on the 2019 RX Drug Abuse and Heroin conference in Atlanta, GA person attendee: (airfare (\$500), GSA rates for hotel (\$152/night x 2 nights), GSA rates for meals and incidentals (\$66/day). The actual cost will vary depending on location of conference each year, will be based on GSA rates for the location.

**FEDERAL REQUEST** (enter in Section B column 1 line 6c of form SF424A) **\$2,815**

**D. Equipment:** an article of tangible, nonexpendable, personal property having a useful life of more than one year and an acquisition cost of \$5,000 or more per unit (federal definition).

**FEDERAL REQUEST** – (enter in Section B column 1 line 6d of form SF424A) **\$0**

**E. Supplies:** materials costing less than \$5,000 per unit and often having one-time use

**FEDERAL REQUEST**

| Item(s)                     | Rate                                    | Administration Infrastructure | Data Collection Reporting | Direct Service   |
|-----------------------------|---|-------------------------------|---------------------------|------------------|
| Naloxone (2 doses/ box)     | 5,789 Boxes x \$75/each box=            | \$0                           | \$0                       | \$434,175        |
| Leave Behind Kit Bags       | To-Go Pak Bags: 600 bags x \$1 = \$600  | \$0                           | \$0                       | \$600            |
| CPR Rescue Breath Mask Kits | \$8.95/ mask kit x 2000 kits = \$17,900 | \$0                           | \$0                       | \$17,900         |
| <b>TOTAL</b>                |   | <b>\$0</b>                    | <b>\$0</b>                | <b>\$452,675</b> |

**JUSTIFICATION: Describe the need and include an adequate justification of how each cost was estimated.**

- (1) Naloxone is a FDA- approved drug for the emergency treatment of adverse opioid incidents including overdose. This funding will supplement and support increasing the capacity of first responders to carry and administer naloxone in the event of a known or suspected opioid overdose. This funding will help to address the increased need to First Responders to carry naloxone for responding to adverse opioid incidents.
- (2) Vermont proposes to purchase and distribute Naloxone Leave Behind (NLB) kits to reduce the risk of overdose from opioids, generate greater awareness about treatment and recovery, and increase treatment engagement. The NLB kits will be distributed to both individuals and family members at risk of overdoses via first responders. The NLB kits may include OUD and overdose prevention education materials, information on treatment and recovery resources, naloxone (with instructions for administering the drug).
- (3) CPR rescue breath mask kits will be distributed to participating First Responder agencies and their personnel that are otherwise unable to purchase CPR breathing masks for their personnel and volunteers. CPR barrier devices are a type of personal protective equipment which is specifically designed to protect rescuers from exposure to infection when they are in close contact with victims. It's becoming an increasingly important issue due to HIV and several other viruses which are carried in our blood and some other body fluids. Since there is no way to confirm if an overdose victim is carrying these or any other infectious diseases, it is highly recommended to use CPR Barrier Devices in order to keep the victim's fluids out of the rescuer's mouth in case rescue breaths are needed. Distribution of these rescue breathing mask kits, along with training first responders on personal protection safety around responding to adverse overdoses incidents where rescue breathing can increase the victim's chance of survival until ambulance crews arrive to transport victims.

**FEDERAL REQUEST – (enter in Section B column 1 line 6e of form SF424A) \$452,675**

**F. Contract:** A contractual arrangement to carry out a portion of the programmatic effort or for the acquisition of routine goods or services under the grant. Such arrangements may be in the form of consortium agreements or contracts. A consultant is an individual retained to provide professional advice or services for a fee. The applicant/grantee must establish written procurement policies and procedures that are consistently applied. All procurement transactions shall be conducted in a manner to provide to the maximum extent practical, open and free competition.

**COSTS FOR CONTRACTS MUST BE BROKEN DOWN IN DETAIL AND A NARRATIVE JUSTIFICATION PROVIDED. IF APPLICABLE, NUMBERS OF CLIENTS SHOULD BE INCLUDED IN THE COSTS.**

**FEDERAL REQUEST**

| <b>Name</b>                       | <b>Service</b>   | <b>Rate</b>   | <b>Admin. Infrastructure</b> | <b>Data Collection Reporting</b> | <b>Direct Service</b> |
|-----------------------------------|--|---|------------------------------|----------------------------------|-----------------------|
| (1-5)<br>Vendors to be determined | Referral Follow-up Program Training and Delivery           | Total Cost for all 5 sites:<br>Personnel: <b>\$13,800</b><br>Fringe: <b>\$8,970</b><br>Client Visit mileage reimbursement <b>\$6,268</b><br>Computers <b>\$10,000</b><br>Office Supplies and Printing: <b>\$750</b><br>Site Service Training: <b>\$12,000</b> |                              |                                  | \$51,788              |
| (6) Vendor to be determined       | OC Train the Trainers, bi-annual meetings (total 4 events) | 2 OC Train the Trainer meetings: <b>\$6,000</b><br>Training Material: <b>\$1,692</b><br>OC's Travel costs-- Mileage reimbursement <b>\$6,540</b><br>Lodging: <b>\$3,300</b><br>Per-diem: <b>\$2,680</b>   |                              |                                  | \$20,212              |



|                             |   |   |     |     |          |
|-----------------------------|---|---|-----|-----|----------|
| (7) Vendor to be determined | Motivational Interviewing/ Screening Training<br>45 EMS providers Trained | \$2,500/ day * 3 days =<br><b>\$7,500</b> |     |     | \$7,500  |
| <b>Total</b>                |   |   | \$0 | \$0 | \$79,500 |

**CONTRACT JUSTIFICATION:**

Vermont will develop and support a program that will develop mechanisms and a system for EME outreach coordinators to help refer overdose victims and their families to treatment and recovery communities at the local and state level. Funding will be used to employ coordinators in pilot communities; Outreach coordinators will provide follow-up with opioid overdose victims that refuse EMS transport to emergency departments. This population is at increased risk of death, having just experienced an overdose, they do not have the opportunity to receive care from emergency department early recovery services. Funding will be used as incentives for staff, staff training, and to purchase materials, reimburse mileage for OC's to travel, establish, manage and monitor program progress. Sub-bullets 1-5 are the total costs of all 5 vendor sites.

(1) **Contractor Personnel Cost**

**Staff Costs:** \$25/hour salary \* 4 hours (2-hour client meeting, 2-hours for travel, and data reporting) \* 23 average clients/site \* 5 sites \* 1.2 visits per client per site = **\$13,800** There is an expectation that most clients will only require one in person visit. However, some follow-up meetings by include appointment scheduling and follow up which is included as a .2 visit in the staff cost budget. The 113 visits will be divided across the 5 sites, depending on the resident location of the OUD patient. **Fringe** 65% of salary = **\$8,970**

(2) **Local travel** for OC's is needed to allow the OC's to conduct face to face follow-up with the OD victim and family (when appropriate), local travel rate for the Vermont Department of Health is .545/mile. **Mileage Reimbursement for Client Visit:** While the mileage and local travel is an estimate, we are budgeting for 100-mile round trip for each client visit, actual money disseminated will be based on actual cost incurred. (100 miles \* .545/mile \* 23 visits/site \* 5 sites \* 1 visit per client= **\$6,268**

(3) **Computer:** Purchase of a computer/ Toughbook for each site is necessary to ensure effective contact meetings and associated data collection and data reporting. (\$2,000/computer \* 5 sites = **\$10,000**)

(4) **Printing and office supplies:** Contractor sites cost of production of outreach/training material not provided by the program manager. (750 copies\* 0.20 copy= \$150/year \* 5 sites = **\$750**)

(5) **Site Service training** of EMS staff---Four 2-hour trainings annually at each site to ensure that all EMS staff are trained and prepared to identify, obtain appropriate consent and reference of clients to the OC's. multiple trainings are necessary to ensure total coverage of the all shift staff. This will help off-set the cost of holding the trainings including back-filled duty staff on ambulances, trainer staff time, other material costs. – (4 staff trainings/ annually\* \$600 = \$2400/ site \* 5 sites = **\$12,000**)

To ensure the best utilization of resources, the following sub-bullets proposed activities will support the training and development of the contracted sites, in a statewide trainings and meetings towards the achievement of the proposed grant goals.

**(6) 2 OC Train the trainer meetings** and 2 statewide biannual meetings/annually  
 Conference room rental costs/ conference fees/ wifi/ AV (\$1,500/day\* 4 days= **\$6,000**  
 OC staff training mileage reimbursement to and from state training/ meetings 4 times annually.  
 Training/meeting material costs including facilitation material, continued education credit fees, etc for 2 OC train the trainer meeting and 2 meetings: **\$1692**  
 Local travel assumes regional travel across the state of Vermont to attend required meetings and training of site staff. Local travel rate for the VT Department of Health is .58/mile; other calculated costs are based on GSA rates for VT. While the mileage is an estimate, we are budgeting for 200-mile round trip for each client visit, actual money disseminated will be based on actual cost incurred. (200 miles \* .545/mile \* 3 staff per site \* 4 meetings \* 5 sites= **\$6540** Per-diem for up to 3 staff per site (15 total) to travel to trainings and related meetings (\$55/day\*4 days\*15 staff) = **\$3,300** Lodging for staff that need overnight accommodations (and on a first come, first serve basis) for multi-day trainings estimated to be hosted in Burlington (Central Health Office location) \$134/night\* 2 nights \* 10 people= **\$2680**

**(7) Motivational Interviewing/ Screening Training:** \$2500/ day \* 3 days = **\$7500** Current opioid users report they do not call for emergency assistance during an opioid overdose because of negative experiences in past interactions with emergency medicine personnel. This training will be targeted to emergency personnel in high-burden regions to increase positive interactions with overdose patients and will be provided by the contactor (to be determined) The contractor will train medical EMS professionals to effectively: screen, intervene, assess, refer, patients with OUD. This contacted cost includes training, follow-up calls or meetings for supervision. Day 1 focuses on motivational interviewing and how to use the screening effectively. Day 2 covers effective assessment and referral. Training cost \$2500/ day includes staff cost, travel, material, and indirect costs. The contactor’s staff will provide training expertise to assist in the development of an EMS-focused educational trainings for screening of EMS patients; this will ensure that as EMS are competent to effectively assess patients. Based on in-person class instructor: student ratios, the contractor will directly train no less than 45 EMS providers in-person from all 5 sites. This training will be conducted in collaboration with annual program meeting/ training.

**FEDERAL REQUEST – (enter in Section B column 1 line 6f of form SF424A) \$79,500**

**G. Construction: NOT ALLOWED –** Leave Section B columns 1& 2 line 6g on SF424A blank.

**H. Other:** expenses not covered in any of the previous budget categories

**FEDERAL REQUEST**

| Item                  | Rate                 | Administration Infrastructure | Data Collection Reporting | Direct Service |
|-----------------------|----------------------|-------------------------------|---------------------------|----------------|
| (1) Material Printing | \$1/ brochure x 2100 | \$0                           | \$0                       | \$2,100        |

| Item  | Rate  | Administration Infrastructure | Data Collection Reporting | Direct Service  |
|---|---|-------------------------------|---------------------------|-----------------|
| (2) Translation of Opioid-related information | \$150 / translation x 9 languages x 10 posters = \$13,500 |                               |                           | \$13,500        |
| <b>TOTAL</b>                                  |   | <b>\$0</b>                    | <b>\$0</b>                | <b>\$15,554</b> |

**JUSTIFICATION: Break down costs into cost/unit (e.g. cost/square foot). Explain the use of each item requested.**

- (1) Printing cost for production of outreach material and brochures.
- (2) Translation of Opioid-related information \$13,500

The Health Department will incorporate translation of opioid-related materials (print and Media files for website) into languages other than English. These costs were calculated as an estimate targeting up to nine different languages for up to ten posters at \$150 per translation.  $9 \times 10 \times \$150 = \$13,500$

**FEDERAL REQUEST – (enter in Section B column 1 line 6h of form SF424A) \$15,554**

**I. Indirect Cost Rate:** Indirect costs can only be claimed if your organization has a negotiated indirect cost rate agreement. It is applied only to direct costs to the agency as allowed in the agreement. For information on applying for the indirect rate go to: <http://www.samhsa.gov> then click on Grants – Grants Management – Contact Information – Important Offices at SAMHSA and DHHS - HHS Division of Cost Allocation – Regional Offices.

**FEDERAL REQUEST (enter in Section B column 1 line 6j of form SF424A)**

| Item           | Rate                                  | Administration Infrastructure | Data Collection Reporting | Direct Service |
|----------------|---------------------------------------|-------------------------------|---------------------------|----------------|
| Indirect Costs | 68.4% of Salary<br>(.684 x \$116,896) | \$79,957                      | \$0                       | \$0            |
| <b>TOTAL</b>   |                                       | <b>\$79,957</b>               | <b>\$0</b>                | <b>\$0</b>     |

The Vermont Department of Health uses a Cost Allocation Plan, not an indirect rate. The Department of Health is a department of the Vermont Agency of Human Services, a public assistance agency, which uses a Cost Allocation Plan in lieu of an indirect rate agreement as authorized by OMB Circular A-87, Attachment D. This Cost Allocation Plan was approved by the US Department of Health and Human Services effective October 1, 1987. A copy of the most recent approval letter is attached. The Cost Allocation Plan summarizes actual, allowable costs incurred in the operation of the program. These costs include items which are often shown as direct costs, such as telephone and general office



supply expenses, as well as items which are often included in an indirect rate, such as the cost of office space and administrative salaries. These costs are allocated to the program based on the salaries and wages paid in the program. Because these are actual costs, unlike an Indirect Cost Rate, these costs will vary from quarter to quarter and cannot be fixed as a rate. Based on costs allocated to similar programs during recent quarters, we would currently estimate these allocated costs at 68.4% of the direct salary line item.

**TOTAL DIRECT CHARGES:**

**FEDERAL REQUEST** – (enter in Section B column 1 line 6i of form SF424A) **\$720,089**

**INDIRECT CHARGES:**

**FEDERAL REQUEST** – (enter in Section B column 1 line 6j of form SF424A) **\$79,957**

**TOTAL FEDERAL REQUEST** – ((sum of 6i and 6j) enter in Section B column 1 line 6k of form SF424A) **\$800,000**

**UNDER THIS SECTION REFLECT OTHER NON-FEDERAL SOURCES OF FUNDING BY DOLLAR AMOUNT AND NAME OF FUNDER e.g., Applicant, State, Local, Other, Program Income, etc. Other support is defined as all funds or resources, whether Federal, Non-federal or institutional, in direct support of activities through fellowships, gifts, prizes, In-kind contributions or other Non-federal means. Provide the total proposed Project Period and Federal funding as follows:**

**Proposed Project Period**

|                |                  |              |                  |
|----------------|------------------|--------------|------------------|
| a. Start Date: | <b>8/30/2019</b> | b. End Date: | <b>8/30/2023</b> |
|----------------|------------------|--------------|------------------|

**BUDGET SUMMARY (should include future years and projected total)**

| <b>Category</b>      | <b>Total Project Costs</b> |
|----------------------|----------------------------|
| Personnel            | \$116,896                  |
| Fringe               | \$52,603                   |
| Travel               | \$2,815                    |
| Equip                | \$0                        |
| Supplies             | \$452,675                  |
| Contractual          | \$79,500                   |
| Other                | \$15,554                   |
| Total Direct Charges | \$720,043                  |
| Indirect Charges     | \$79,957                   |
| Total Project Costs  | \$800,000                  |

**TOTAL PROJECT COSTS: Sum of Total Direct Costs and Indirect Costs**

**FEDERAL REQUEST** (enter in Section B column 1 line 6k of form SF424A) **\$800,000**

**COST ALLOCATION BREAKDOWN- FUNDING RESTRICTIONS**

| <b>ADMINISTRATION/INFRASTRUCTURE<br/>\$80,000 Maximum (10%)</b> | <b>Total Costs</b> |
|---|--------------------|
| Personnel   | \$0                |
| Fringe  | \$0                |
| Travel  | \$0                |
| Equipment   | \$0                |
| Supplies  | \$0                |
| Contractual   | \$0                |
| Other   | \$0                |
| Total Direct Charges  | \$0                |
| Indirect Charges  | \$79,957           |
| <b>Total Administrative/Infrastructure Costs</b>                | <b>\$79,957</b>    |

| <b>DATA COLLECTION/REPORTING<br/>\$160,000 Maximum (20%)</b> | <b>Total Costs</b> |
|--|--------------------|
| Personnel  | \$61,370           |
| Fringe   | \$27,617           |
| Travel   | \$0                |
| Equip  | \$0                |
| Supplies   | \$0                |
| Contractual  | \$0                |
| Other  | \$0                |
| Total Direct Charges   | \$88,987           |
| Indirect Charges   | \$0                |
| <b>Total Data Collection/Reporting Costs</b>                 | <b>\$88,987</b>    |

| <b>DIRECT SERVICE<br/>\$560,000 Minimum</b> | <b>Total Costs</b> |
|---|--------------------|
| Personnel                                   | \$55,526           |
| Fringe                                      | \$24,987           |
| Travel                                      | \$2,815            |
| Equip                                       | \$0                |
| Supplies                                    | \$452,675          |
| Contractual                                 | \$79,500           |
| Other                                       | \$15,554           |
| Total Direct Charges                        | \$631,057          |
| Indirect Charges                            | \$0                |

|                                   |                  |
|-----------------------------------|------------------|
| <b>Total Direct Service Costs</b> | <b>\$631,057</b> |
|-----------------------------------|------------------|

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

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

Agency/Department: Vermont Department of Health Date: 12/11/19

Name and Phone (of the person completing this request): Paul Daley (802) 863-7284

Request is for:

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

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

SAMHSA, First Responders - Comprehensive Addiction and Recovery Act: Vermont First Responder Emergency Opioid Response Project, 6H79TI082511-01M001

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

| <u>Title* of Position(s) Requested</u> | <u># of Positions</u> | <u>Division/Program</u> | <u>Grant Funding Period/Anticipated End Date</u> |
|--|-----------------------|-------------------------|--|
| Public Health Specialist               | 1 (1.0 FTE)           | DEPRIP                  | 09/30/2019 - 09/29/2023                          |

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

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

This position will work to create access to overdose prevention training, equipment, and medication to ensure first responders can respond safely and effectively to known or suspected opioid overdose and other dangerous licit and illicit drugs in Vermont's rural communities. This position will develop and conduct trainings, enhance data reporting on overdose response, and support the development of an EMS-based entry into early recovery program for people that are touched by first responders. This position will be full-time and entirely federally funded at 1.0 FTE.

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

[Signature] [Signature] 12/13/19 / 12/18/19  
Signature of Agency or Department Head Date

[Signature] 12/23/19  
Approved/Denied by Department of Human Resources Date

[Signature] 28 Dec 19  
Approved/Denied by Finance and Management Date

[Signature] 12/31/19  
Approved/Denied by Secretary of Administration Date

[Signature] 1/14/20  
Approved/Denied by Governor (required as amended by 2019 Leg. Session) Date

Comments:

98 12/17/19  
DHR - 08/12/2019



**Request for Classification Action**  
**New or Vacant Positions**  
**EXISTING Job Class/Title ONLY**  
**Position Description Form C/Notice of Action**  
**For Department of Personnel Use Only**

|   |                                  |
|---|----------------------------------|
| Notice of Action # _____  | Date Received (Stamp) _____      |
| Action Taken: _____   |                                  |
| New Job Title _____   |                                  |
| Current Class Code _____  | New Class Code _____             |
| Current Pay Grade _____   | New Pay Grade _____              |
| Current Mgt Level _____ B/U _____ OT Cat. _____ EEO Cat. _____ FLSA _____                       |                                  |
| New Mgt Level _____ B/U _____ OT Cat. _____ EEO Cat. _____ FLSA _____                           |                                  |
| Classification Analyst _____  | Date _____ Effective Date: _____ |
| Comments: _____   | Date Processed: _____            |
| Willis Rating/Components: Knowledge & Skills: _____ Mental Demands: _____ Accountability: _____ |                                  |
| Working Conditions: _____ Total: _____  |                                  |

**Position Information:**

Incumbent: **Vacant or New Position**

Position Number:  Current Job/Class Title: Public Health Specialist: General

Agency/Department/Unit: Human Services/Health/Division of Emergency Preparedness, Response, and Injury Prevention GUC: 03420

Pay Group: W40 Work Station: Burlington, VT Zip Code: 05401

Position Type:  Permanent  Limited Service (end date) 09/29/2023

Funding Source:  Core  Sponsored  Partnership. For Partnership positions provide the funding breakdown (% General Fund, % Federal, etc.) 100% Federal

Supervisor's Name, Title and Phone Number: Stephanie Busch, PH Programs Admin: Gen. 802.863.7227

**Check the type of request (new or vacant position) and complete the appropriate section.**

**New Position(s):**

a. **REQUIRED:** Allocation requested: Existing Class Code 441200 Existing Job/Class Title: Public Health Specialist: General

b. Position authorized by:

- Joint Fiscal Office – JFO #  Approval Date:
- Legislature – Provide statutory citation (e.g. Act XX, Section XXX(x), XXXX session)
- Other (explain) -- Provide statutory citation if appropriate.

**Vacant Position:**

- a. Position Number:
- b. Date position became vacant:
- c. Current Job/Class Code:  Current Job/Class Title:
- d. REQUIRED: Requested (existing) Job/Class Code:  Requested (existing) Job/Class Title:
- e. Are there any other changes to this position; for example: change of supervisor, GUC, work station? Yes  No  If Yes, please provide detailed information:

**For All Requests:**

1. List the anticipated job duties and expectations; include all major job duties:  Planning and administrative work at a professional level for the Injury Prevention Program. The Position is reasonable for the implementation, administration, coordination, quality control and evaluation of the Vermont First Responder Emergency Opioid Response Project (FR:ORP). The FR:ORP will enhance the vital work of First Responders' ability to safely provide emergency treatment of known or suspected opioid overdoses as well as increase the rate of referrals to treatment and recovery in Vermont rural communities with current low access to naloxone and high burden of opioid injury and deaths. Duties include planning assessments, coordinating planned activities, program monitoring, quality improvement and evaluation, technical assistance and education for the FR:ORP program. The Public Health Specialist will work directly with other state agencies and community partners to deliver the program.
2. Provide a brief justification/explanation of this request:  VDH/DEPRIP was recently awarded the SAMHSA grant First Responders Comprehensive Addiction Recovery Act to improve and expand the Vermont first responders' access to overdose prevention training, equipment and medication to ensure they can respond safely and effectively and provide emergency treatment to known or suspected opioid overdose and other dangerous licit and illicit drugs in Vermont's rural communities. The work necessary under this grant cannot be undertaken by current staff in addition to their regular duties. The new Public Health Specialist will be able to oversee subrecipient grant management, participate in the development and revision of the VDH naloxone distribution database for program planning and operations, develop training materials and educational programs for first responders, refer community partners to appropriate services, and other programs as needed. Additionally, this position will regularly interact with emergency services providers to encourage data reporting and address clinical and safety concerns when responding to overdoses. All of these duties will greatly help the mission of the grant.
3. If the position will be supervisory, please list the names and titles of all classified employees reporting to this position (this information should be identified on the organizational chart as well).  N/A

**Personnel Administrator's Section:**

4. If the requested class title is part of a job series or career ladder, will the position be recruited at different levels? Yes  No

5. The name and title of the person who completed this form: Stephanie Busch, PH Programs Admin: Gen.

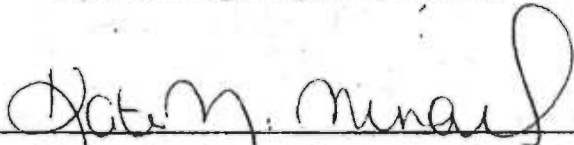
6. Who should be contacted if there are questions about this position (provide name and phone number):  
Stephanie Busch, 802.863.7227

7. How many other positions are allocated to the requested class title in the department:


8. Will this change (new position added/change to vacant position) affect other positions within the organization? (For example, will this have an impact on the supervisor's management level designation; will duties be shifted within the unit requiring review of other positions; or are there other issues relevant to the classification process.)  No

**Attachments:**


- Organizational charts are **required** and must indicate where the position reports.
- Class specification (optional).
- For new positions, include copies of the language authorizing the position, or any other information that would help us better understand the program, the need for the position, etc.
- Other supporting documentation such as memos regarding department reorganization, or further explanation regarding the need to reallocate a vacancy (if appropriate).

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

11/22/19  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Supervisor's Signature (required)\*

11/22/19  
\_\_\_\_\_  
Date

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

NOV 25 2019  
\_\_\_\_\_  
Date

\* Note: Attach additional information or comments if appropriate.

**Division of Emergency  
Preparedness, Response & Injury  
Prevention**

**December 1, 2019**

