



STATE OF VERMONT
JOINT FISCAL OFFICE

MEMORANDUM

To: Joint Fiscal Committee members
From: Daniel Dickerson, Fiscal Analyst
Date: September 23, 2016
Subject: Grant Request #2848, #2849, #2850

Enclosed please find three (3) items that the Joint Fiscal Office has received from the administration.

JFO #2848 – \$248,989 grant from the U.S. Food and Drug Administration (FDA) to the Vermont Agency of Agriculture, Food and Markets. The funds will be used to help fund education and outreach to Vermont meat producers with a focus on teaching veterinary medication and residue avoidance best practices. These actions will be aimed at reducing Vermont's high level of violative drug residues found in the tissues of livestock.

[JFO received 9/19/16]

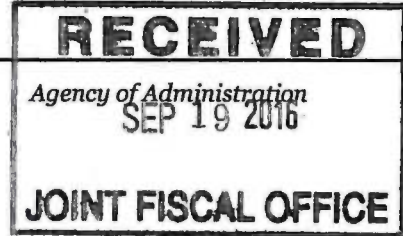
JFO #2849 – \$9,970 grant from the National Network of Public Health Institute to the Vermont Dept. of Health. The grant will be used to expand the Department's ability to conduct Health Impact Assessments (HIA) in order to further implement the State Health Improvement Plan (SHIP). The funds will cover the salaries, benefits, travel and meeting costs for district office employees who attend HIA training.

[JFO received 9/19/16]

JFO #2850 – \$339,861 grant from the Institute of Museum and Library Services to the Vermont Dept. of Libraries. The grant will be used to fund the Vermont Early Literacy Initiative – Science, Technology, Economics, Mathematics (VELI-STEM). Funds will be used over three years in 26 libraries across the State to introduce STEM learning to Vermont children and families and to develop a STEM learning model to be used in communities nationwide. A letter from the Secretary of Administration to the Joint Fiscal Committee is attached to the grant materials informing the committee that funds from this grant were expended prior to JFC approval, and contains an explanation of what occurred.

[JFO received 9/19/16]

Please review the enclosed materials and notify the Joint Fiscal Office (Daniel Dickerson at (802) 828-2472; 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 October 7, 2016 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

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

STATE OF VERMONT
FINANCE & MANAGEMENT GRANT REVIEW FORM

Grant Summary:		Health Impact Assessment training.			
Date:		9/12/2016			
Department:		VDH			
Legal Title of Grant:		Cross Jurisdictional Sharing Mini-Grant			
Federal Catalog #:					
Grant/Donor Name and Address:		National Network of Public Health Institute (NNPHI), 1515 Poydras Street, Suite 190, New Orleans, LA 70112			
Grant Period:		From:	To:		
		6/16/2016	12/16/2016		
Grant/Donation		\$9,970			
	SFY 1	SFY 2	SFY 3	Total	Comments
Grant Amount:	\$9,970	\$	\$	\$9,970	
Position Information:		# Positions	Explanation/Comments		
Additional Comments:					
Department of Finance & Management		[Signature]		(Initial)	
Secretary of Administration		[Signature]		(Initial)	
Sent To Joint Fiscal Office		9/16/16		Date	



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

BASIC GRANT INFORMATION				
1. Agency:	Human Services			
2. Department:	Department of Health			
3. Program:	Office of Local Health			
4. Legal Title of Grant:	Cross Jurisdictional Sharing Mini-Grant			
5. Federal Catalog #:				
6. Grant/Donor Name and Address:	National Network of Public Health Institutes (NNPHI) 1515 Poydras Street, Suite 190, New Orleans, LA 70112			
7. Grant Period:	From:	6/16/2016	To:	12/16/2016
8. Purpose of Grant:	To strengthen the Department's capacity to train district offices to conduct Health Impact Assessments.			
9. Impact on existing program if grant is not Accepted:	None			
10. BUDGET INFORMATION				
	SFY 1	SFY 2	SFY 3	Comments
Expenditures:	FY 17	FY	FY	
Personal Services	\$7,934	\$0	\$0	
Operating Expenses	\$2,037	\$0	\$0	
Grants	\$0	\$0	\$0	
Total	\$9,970	\$0	\$0	
Revenues:				
State Funds:	\$	\$	\$	
Cash	\$	\$	\$	
In-Kind	\$	\$	\$	
Federal Funds:	\$0	\$0	\$0	
(Direct Costs)	\$0	\$0	\$0	
(Statewide Indirect)	\$0	\$0	\$0	
(Departmental Indirect)	\$0	\$0	\$0	
Other Funds:	\$9,970	\$0	\$0	
Grant (source NNPHI)	\$9,970	\$0	\$0	
Total	\$9,970	\$0	\$0	
Appropriation No:			Amount:	\$
	3420021000			\$9,970
				\$
				\$
				\$
				\$
				\$
			Total	\$9,970

AUG 29 2016

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

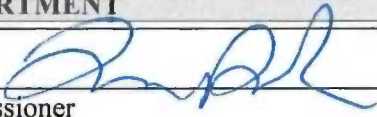
11. Will monies from this grant be used to fund one or more Personal Service Contracts? Yes No
 If "Yes", appointing authority must initial here to indicate intent to follow current competitive bidding process/policy.

Appointing Authority Name: Agreed by: _____ (initial)

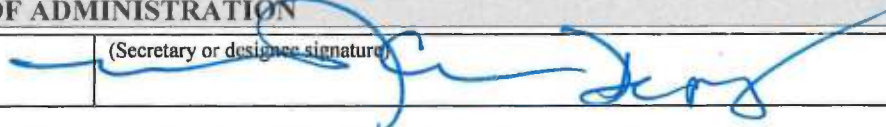
12. Limited Service Position Information:	# Positions	Title
Total Positions		

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: 	Date: AUG 03 2016
	Title: Commissioner	
	Signature: _____	Date: _____
	Title: _____	

14. SECRETARY OF ADMINISTRATION

<input checked="" type="checkbox"/> Approved:	(Secretary or designee signature) 	Date: 09/13/16
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15. ACTION BY GOVERNOR

<input checked="" type="checkbox"/> Accepted		Date: 9.15.16
<input type="checkbox"/> Rejected	(Governor's signature)	Date: _____

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
Department of Health
Business Office
108 Cherry Street-PO Box 70
Burlington, VT 05402-0070
HealthVermont.gov

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[fax] 802-865-7754

Agency of Human Services

MEMORANDUM

To: Sarah Clark, AHS CFO

From: Paul Daley, VDH Financial Director 

Re: Grant Acceptance of the Cross-Jurisdictional Sharing Mini-Grant

Date: 08/01/16

The Department of Health has received a grant from the National Network of Public Health Institutes, via the Robert Wood Johnson Foundation, providing \$9,970 over six months to enable the Department to expand its ability to conduct Health Impact Assessments (HIA).

We are requesting approval to receive these funds and are enclosing: the Grant Acceptance Request (AA1) and attached summary, budget summary, a copy of the grant award document, and a copy of the grant application.

We appreciate your support in moving this request forward. Please let me know if you have questions or need additional information. Thank you.



Request for Grant Acceptance
Cross-Jurisdictional Sharing Arrangement Mini-Grant
Summary 08/01/16

The Department of Health has received a grant from the National Network of Public Health Institutes, via the Robert Wood Foundation, providing \$9,970 over six months to enable the Department to expand its ability to conduct Health Impact Assessments (HIA).

This funding will strengthen the Department's capacity to train district offices to conduct HIAs and help communities address health determinants. Goals include: (1) position the health district office in St. Johnsbury to lead locally pertinent HIAs as necessary; (2) promote the implementation of foundational public health activities; and 3) expand the use of HIAs to further implement the State Health Improvement Plan (SHIP).

The funds will be used to cover salary and fringe of the participating district office employees, travel and meeting expenses.

The Health Department is hereby seeking approval to receive \$9,970 in new grant funds in State Fiscal Year 2017. We have attached the grant award document, and a copy of the grant application.

VERMONT DEPARTMENT OF HEALTH

SFY17 CJS Mini-Grant Budget

<u>VISION Account</u>	<u>Admin & Support</u> (3420010000)	<u>Public Health</u> (3420021000)	<u>VDH Total</u>
Employee Salaries	\$0	\$5,667	\$5,667
Fringe Benefits	\$0	\$2,267	\$2,267
3rd Party Contracts	\$0	\$0	\$0
Total Personal Services	\$0	\$7,934	\$7,934
Equipment	\$0	\$0	\$0
Supplies	\$0	\$0	\$0
Other	\$0	\$1,000	\$1,000
Travel	\$0	\$1,037	\$1,037
Total Operating Expenses	\$0	\$2,037	\$2,037
Subgrants	\$0	\$0	\$0
Total Direct Costs	\$0	\$9,970	\$9,970
Total Indirect Costs	\$0	\$0	\$0
Total SFY17 Grant Costs	\$0	\$9,970	\$9,970

Appropriation Summary

Total Personal Services	\$0	\$7,934	\$7,934
Total Operating Expenses	\$0	\$2,037	\$2,037
Total Subgrants	\$0	\$0	\$0
	\$0	\$9,970	\$9,970

NNPHI SUBAWARD NO. G919

SUBAWARD
Between
THE NATIONAL NETWORK OF PUBLIC HEALTH INSTITUTES
AND
Burlington District Office – Vt Department Of Health

This subaward, entered into on June 16, 2016, by and between the National Network of Public Health Institutes, a non-profit Corporation existing under the laws of Louisiana whose mailing address is 1100 Poydras Street, Suite 950 New Orleans, LA 70163 (herein referred to as NNPHI), and the **Burlington District Office – Vt Department Of Health** whose mailing address is 108 Cherry Street, Suite 102, Burlington, VT 05402-0070 (herein referred to as Subrecipient), is for the performance of certain work/services and reimbursement of allowable costs.

BACKGROUND

The NNPHI has received from the **Robert Wood Johnson Foundation** herein referred to as Sponsor) agreement Facilitating the second-phase activities of the Center for Sharing Health Services, Reference #72779 (NNPHI- PC 481), hereby issue this award under, "Center for Sharing Public Health Services (Center) Cross-Jurisdictional Sharing (CJS) Mini-grant Program" (herein referred to as Award).

The Subrecipient has agreed to participate in collaboration with NNPHI, as detailed in the Application for the Award.

Therefore, the parties agree as follows:

ARTICLES

ARTICLE I - Scope of Work

The Subrecipient agrees to perform the work outlined in Attachment 1 – Cross-Jurisdictional Sharing Arrangement BDO/SJDO. Reference should be made to ARTICLE IV – Reports for additional programmatic requirements applicable to this award.

ARTICLE II - Period of Performance

The term of this subaward shall extend from **July 1, 2016** through **December 31, 2016**. Unless stated elsewhere in this subaward, Subrecipient's expenditures incurred prior to the beginning date or subsequent to the end date are unallowable. Subrecipient shall notify NNPHI, as soon as possible, of any reason that might contribute to the failure to perform within the specified term even if such reason is beyond the control and without fault or negligence of the Subrecipient. The performance period may be modified by mutual agreement of the parties.

ARTICLE III - Consideration, Records and Billing Instructions

NNPHI SUBAWARD NO. G919

1. The reimbursable cost, both direct and indirect, of performing the tasks under Article 1 of this Agreement will not exceed \$9,970.48 as detailed in Attachment 2. NNPHI is not, in the absence of a modification, obligated to reimburse the Subrecipient for costs incurred by the Subrecipient which are in excess of the costs specified in this article. No carryover/extension of term will be allowed for this contract.
2. NNPHI payment to Subrecipient shall be based upon the availability and allocation of Sponsor's funds necessary to finance NNPHI's performance
3. NNPHI will pay the full amount of \$9,970.48 following the receipt and approval of deliverables as outlined in Attachment 1 and a final financial report submitted no later than 30 days after the subaward's end date. Payment cannot be guaranteed if submitted beyond this period.

ARTICLE III - Designated Representatives

All invoices shall be submitted to NNPHI's Technical Representative.

Technical Representative

For NNPHI
Erica Johnson
Manager, Program Administration & Special Projects
National Network of Public Health Institutes
1100 Poydras St., Suite 950
New Orleans, LA 70163
Telephone: 504.301.9854
Email: ejohnson@nnphi.org

Administrative Representative

For Subrecipient
Primary Programmatic Point of Contact/Project Director:
Name: Ed DeMott
Email: edwin.demott@vermont.gov
Phone: (802) 951-1238

Primary Financial Point of Contact **This person will respond to budgetary matters, receive payments.*
Name: Jamie Griggs
Email: Jamie.griggs@vermont.gov
Phone: (802) 651-1876

Authorized Official: **This person is authorized to sign contracts on behalf of the organization; will receive copy of the award*
Name: Harry Chen, Commissioner of Health
Email: harry.chen@vermont.gov
Phone: (802) 863-7280

ARTICLE IV - Reports

Subrecipient will submit reports required by NNPHI's Technical Representative cited in Article III. Subrecipient agrees to rework any deliverables deemed not acceptable to NNPHI at no additional cost. Such reports shall be submitted according to the following reporting schedule:

NNPHI SUBAWARD NO. G919

The format of the financial report should show in columns the budget, current expenditures, cumulative expenses and line item balance(s) and, if applicable, required cost-sharing in separate columns. The Final Progress Report must be submitted to NNPHI's Technical Representative and include a narrative on program outcomes, no later than 30 days after the project's end date. Note: Final invoice due no later than 30 days after the subaward's end date.

Programmatic Requirements for recipients of funding under the Center for Sharing Public Health Services (Center) Cross-Jurisdictional Sharing (CJS) Mini-grant Program

In addition to submission of a final narrative and financial report, grantees are expected to adhere to the following program requirements as outlined in the Call for Proposals:

- Share project lessons learned with peers in their own states and nationally via reports, webinars, and/or presentations, as well as to work with Center staff on developing a brief story about their project
- Participate in a monthly conference call with Center staff

Join at least one of two national CJS meetings tentatively scheduled to take place September 8-9, 2016 (meeting number one) and summer or early fall of 2017 (meeting number two), with the cost of their participation covered by the Center.

ARTICLE V - Unexpended Funds

The NNPHI reserves the right, in its sole discretion, to discontinue funding if it is not satisfied with the progress of the grant or the content of any required written report. In the event of discontinuation or at the close of the grant, any unexpended funds shall immediately be returned to NNPHI, except where the NNPHI has agreed in writing to an alternative use of the unused funds.

ARTICLE VI - Changes and Prior Approval

Subrecipient is responsible for both notifying NNPHI and obtaining prior written approval of NNPHI with respect to any changes which might materially alter the terms of this subaward. Examples include, but are not limited to; changes in the period of performance, in Subrecipient's Technical Representative, significant rebudgeting and changes in the scope of work. In the event of uncertainty as to whether a change is significant enough to require prior approval, refer questions to NNPHI's Administrative Representative cited in Article III.

ARTICLE VII - Insurance

Each party shall be responsible for its negligent acts or omissions and the negligent acts or omissions of its employees, officers, or director's, to the extent allowed by law.

ARTICLE VIII - Termination

NNPHI reserves the right to terminate this subaward at any time by giving Subrecipient written notice at least 15 days prior to the effective date of termination for cause or convenience. The Subrecipient may submit a written request to NNPHI for termination at least 15 days prior to the effective date of termination.

In the event of default, either by Subrecipient's failure to substantially perform its obligations, Subrecipient's violation of other material terms of this subaward, or Sponsor's termination of work by NNPHI on the subject matter of this Award, then performance by the Subrecipient under this subaward may be terminated by NNPHI at any time by giving written notice to the Subrecipient. Should performance be so terminated, the

NNPHI SUBAWARD NO. G919

Subrecipient shall be paid for its reasonable costs and commitments to the date of termination, but only to the extent that such costs and commitments are reimbursable to NNPHI under the terms of Sponsor's Award. Payment shall be made upon submission to NNPHI of a final invoice covering the aforementioned performance and submission of any and all results achieved to the time of termination and acceptance thereof by NNPHI.

ARTICLE IX - Entire Subaward

This subaward is intended by the parties as a final written expression of their subaward and supersedes and replaces any prior oral or written subaward. Any terms or conditions proposed by Subrecipient inconsistent with or in addition to terms and conditions herein contained shall be void and of no effect unless specifically agreed to by NNPHI in writing and signed by both parties.

IN WITNESS WHEREOF, the parties hereto have caused their authorized officials to execute this subaward as of the date(s) set forth below:

Yours in health


NATIONAL NETWORK OF PUBLIC HEALTH INSTITUTES



Vincent Latorza, Esq.
President and CEO

07.01.16
Date

SUBRECIPIENT— Burlington District Office - Vt Department Of Health

 Commissioner
Name Title

6/26/2016
Date

03 6000264
IRS Employer Identification Number

- Attachments:-
Attachment 1 - Scope of Work
Attachment 2 - Budget & Justification

ATTACHMENT 1

1. Describe where the CJS arrangement being considered or implemented falls within the *Cross-Jurisdictional Sharing Spectrum* (<http://phsharing.org/what-we-do/>). Describe service(s) to be shared, level of service integration, mechanism(s) to formalize the agreement, and governance over the shared service(s).

The sharing arrangement proposed overlays the CJS Spectrum at Service-Related Arrangements and Shared Functions with Joint Oversight. Initially, Burlington District Office (BDO) staff time will be covered by the grant during the capacity building period with the Saint Johnsbury District Office (SJDO). During this time (the grant period) BDO staff will, in a *Service-Related Arrangement*, provide education to SJDO staff. Essentially, the content will focus on the Health Impact Assessment (HIA) process with emphasis on the applicability of the process to community public health and the minimum elements required to conduct a robust HIA. A training of similar content will be delivered to a minimum of two community partners. Those currently identified are Northeastern Vermont Regional Hospital (NVRH) and Northeast Vermont Development Association (NVDA). The basis for these choices are two-fold: firstly, strong relationships between the SJDO and these entities are already established, secondly, the local medical center and regional planning office are likely partners in an HIA and may be able to help identify projects with a suitable timeline. After the SJDO's aptitude has been developed over the grant period the bulk of the association will fall more firmly into *Shared Functions* realm of the Spectrum. At this stage the cross-jurisdictional sharing will be invoked when the SJDO and partners identify a project or plan for which an HIA is necessary and suitable. A mentorship/joint execution of the HIA will be the primary result of the sharing. This will allow all steps of the HIA, already covered from the theoretical perspective, to be actualized and performed in a real, locally pertinent scenario. This agreement will be considered formalized upon acceptance of this proposal by CSPHS. The team, established initially to determine which jurisdictions were suitable to this proposal, will move forward as the principal project management entity (steering committee).

2. Describe how the CJS work to date and the project plan embody the Center's identified Success Factors, outlining the Prerequisites, Facilitating Factors, and Project Characteristics.

The BDO's capacity in the field of HIA has been developing over the last few years. The employee identified as the lead in this CJS plan is a member of the NACCHO HIA Community of Practice, a member of the Society for Practitioners of Health Impact Assessment (SOPHIA), a recent attendee of the HIA Practitioner's workshop with three HIA's completed to date. At this point the BDO is well-positioned to enter into a sharing arrangement with a sister office, but to date no formal sharing has occurred. The project plan embodies the CSPHS Success Factors as such: Our objectives are *clear* and measurable taking a *balanced* approach by beginning with didactic content and building to relevant, hands on skill-building. Cross-Jurisdictional Sharing Agreements Collaborative Trust Scale results indicate a high level of trust between the key staff identified and, more broadly, between jurisdictions. Facilitating factors that will contribute to our overall success include a sense of pride and regional identity. The

BDO serves the largest metropolitan area (population: 160,000) in the state in addition to suburban and small, rural communities. The SJDO serves primarily small rural towns and villages in Caledonia and Southern Essex counties. The population of the largest municipality is approximately 8000 people. The varied nature of the BDO both geographically and from the perspective of HIA practice, make it well suited to partner with other jurisdictions. The small dimensions of our state underscore a sense of community that is often not a feature of larger geographic areas. Similar management structures and staffing in both offices will enable the initial educational sharing to be focused and to dovetail with current work. A positive interpersonal relationship between the districts sets the stage for CJS that is collaborative and mutually beneficial. With regard to project characteristics, senior level support is evident. Beyond the minimal inclusion of commitment letters we have the support of a District Director who gave the nod to conduct the first HIA in the state. Her support and vision have not only developed the capacity of the BDO but helped nudge HIA practice forward so that it is recognized as an essential tool that expands our range as a public health organization. Alternatively, the SJDO has a new District Director who seeks to build the capacity of the office. The project, beyond being a cross jurisdictional sharing agreement between the BDO and the SJDO, will be monitored by a small group of partners from other regions who also wish to expand capacity around the HIA. This allows for project management input from observers as well as the participating agencies helping to round out the vision, identify missteps and foster sharing amongst jurisdictions not taking an active role in this sharing agreement.

3. Detail the goal(s) and objectives of the project, including which "Areas" of the Roadmap will be addressed. In doing this, clearly identify one or more steps in the Roadmap that this initiative will target.

Our exploration began over two months prior to posting our application. During this time representatives from a group of public health jurisdictions assembled to discuss a pairing that would be most beneficial and feasible. A statewide training in Fall 2015 helped raise awareness about HIA process and its applicability to our work. The BDO which has conducted HIAs since early 2014 will act as lead jurisdiction. The SJDO has yet to explore HIA and has the capacity and willingness to do so. All sharing is an instructive exchange prior to identification of a potential HIA and mentoring when the SJDO has an opportunity to do an HIA (not likely to be in the grant period). Sustainability of the relationship has little or no financial constraint, but depends only on the continued support of leadership. In marrying the benchmarks documented in the first phase to a series of tangible, achievable activities in Phase Two we crafted a brief timeline (attached). In short, we propose bi-monthly education/coordination sessions with identified key staff, moving to broader staff inclusion, eventual engagement with key community partners, ending with a forum for all to promote HIA as a tool for community health. Learning will be assessed at close of Months 2 and 4. Finally, all participants from all agencies will be surveyed with regard to clarity of information presented, utility of information presented and likelihood of engaging in HIA as either a lead or co-lead. The two assessments (Months 2 and 4) to be conducted will check satisfaction with communication, the educational process and implementation of tasks.

4. Explain why the arrangement was selected and any aspects of the arrangement that support local and state public health goals.

The broad goal of our State Health Improvement Plan is to implement interventions that make it easier for people to make the healthy choice, emphasizing the importance of prioritizing community and policy/system levels strategies. To guide our work we employ Vermont's Prevention Model, based on a five-level Social-Ecological Model. This model recognizes that, although individuals are ultimately responsible for making healthy choices, behavior change is more likely and more sustainable when the environment supports individual efforts. To ensure that all residents have equal opportunities to make choices that lead to good health, advances are needed not only in health care, but also in areas such as education, child care, housing, law, community planning, transportation and agriculture. These social, political and economic determinants of health are often the focal points of the HIA process. Therefore, we selected this arrangement because HIA can help communities address these determinants of health. It is a valuable tool for use at the Community, Policy and Systems levels. The BDO has completed three HIAs and the SJDO needs to build capacity to perform a HIA, so this arrangement helps advance the Vermont *State Health Improvement Plan*. The cultivation of multi-sectoral relationships and promotion of HIA serves to broaden community conversations, encourage collaboration, lends transparency to decision-making and promotes sustainable change.

5. Explain whether and if so how the proposal connects to overall public health system improvement work within your state.

Our *State Health Improvement Plan* is organized around three goals that were chosen based on data reflecting the health status of Vermonters. As a result, the focus of Vermont's plan is on conditions that are preventable and can be addressed by the public health system and will have a positive impact on multiple health outcomes in the future. But beyond those relatively few impacts the health department can influence on its own lay broad, crosscutting issues that cannot be addressed by a single entity with any measure of success. This recognition that many societal issues that affect health such as access to healthy food, walkable/bikeable communities, housing, a sound economy etc. fall in the traditional domains of other sectors and cannot be addressed unilaterally by local health departments emphasizes the need for common ground. The inclusive approach of the HIA is a well-suited tool for change which underscores features of a healthy community, makes unlikely connections and promotes the community infrastructure and local policy development.

6. If applicable, explain how the project may generate information to be added to the body of knowledge for priority areas identified by the Center.

Cross Jurisdictional Sharing as proposed in this application develops capacity and expands the repertoire of one local health district through partnership with another local health district with experience conducting HIAs. The rapid expansion of HIA in the United States over the last decade and the recognition that local public health is a

critical partner, if not the de facto lead, in the process of conducting an HIA puts the onus on local health departments to develop their capacity. This expansion of foundational public health activities will change the conversation about health and bring the focus to bear on the determinants of health, most of which fall outside the traditional public health realm. The CJS arrangement proposed is *a tool to promote the implementation of foundational public health capabilities and services.*

7. Detail the goal(s) and corresponding activities as well as the Roadmap steps that will be completed.

The BDO and the SJDO will engage in cross-jurisdictional sharing arrangement to increase capacity for using HIA by a local health department. The goal, simply stated, is to bring the local health district at St. Johnsbury to a baseline level of proficiency around HIA so that it is in position to lead a locally pertinent HIA as necessary. The cross jurisdictional collaboration between the two entities and community partners mirrors the collaboration necessary to embark upon and complete a robust HIA process. The activities that will propel us to this goal consist of bi-monthly education/coordination sessions with identified staff eventually expanding this to the Director of Marketing and Community Outreach at NVRH and the planning staff, at NVDA. The establishment of our goals, their achievement and any necessary refinement touch upon all phases of the CSPHS Roadmap. To illustrate, the steering committee systematically vetted suitability of jurisdictions and commitment levels to be ensure meaningful engagement and likelihood of achieving the level of capacity building necessary for success. The clear objective, balanced approach and trust level underpinned the choice for the pairing. We are fortunate that the identical organizational structures and similar sets of duties facilitate the collaboration with little justification or deviation from the work the individuals involve currently accomplish. Senior level support is in place. Support of the two community partners will be cultivated as SJDO staff become proficient in the details of HIA and begin to introduce it (Month 4 of grant period) as a tool that can be shared and employed by the larger community on issues that impact population health.

8. Describe how you will measure success, including the Roadmap steps that will be completed.

We will measure success through assessments conducted at close of Months 2 and 4. With an overall evaluation at the close of the grant period, in which all participants from all agencies will be surveyed with regard to clarity of information presented, utility of information presented and likelihood of engaging in HIA as either a lead or co-lead. This series of evaluations will allow us to adjust the process throughout implementation and ultimately, to improve it since the model created will likely be employed between other jurisdictions.

9. Describe potential challenges that may be faced during the grant period and strategies to address and overcome them.

Challenges to any capacity building enterprise are most always the engagement of new partners. Granted, a health perspective, may not be easily cultivated but engagement with regional planning is more likely to yield a receptive audience. Hence the choice to begin a conversation with NVDA. Utilizing existing connections with planners in the BDO area may provide an inroad to NVDA staff that are receptive to this newer perspective in community planning.

The local medical center, NVRH, has always been a proponent of community health and is a strong partner.

Addressing the Health Impact Assessment as a tool for promoting community health while at the same introducing the health department as a community partner is an easier sell in established community meetings where the local health department already has a presence. In this way the partnership is in place already and the selling point is a tool (HIA) with far-reaching applicability.

10. Provide a list of CJS team members, to include: name, title, organizational affiliation, and brief description of role in project.

Heather Danis, MS, RD Burlington Health District Office District Director Role: advisory	Ed DeMott, MS Burlington Health District Office Public Health Specialist Role: Principal HIA educator
Debra Bach, RN, MSN St. Johnsbury Health District Office District Director Role: Community partner liaison	Beth Hetzelt, RN St. Johnsbury Health District Office Public Health Specialist Role: HIA trainee
Moira Cook MS Middlebury Health District Office District Director Role: Steering Committee/Project Management	Valerie Valcour XXXX Morrisville Health District Office Role: Steering Committee/ Project Management
Melissa Richards, RN Rutland Health District Office Public Health Nurse Supervisor Role: Steering Committee/ Project Management	Janet Wiatrowski, RN Burlington Health District Office Public Health Nurse Supervisor Role: Steering Committee/ Project Management

11. Provide a staffing plan for the project, including any consultants who may be used.

Ed DeMott will travel to SJDO twice monthly. This means an allocation of 16 hours staff time in addition to Beth Hetzelt's time which would likely total 4-6 hours per visit. Some of this staff time is accounted for in the budget and accompanying narrative, any remaining will be *in kind*.

CJS ARRANGEMENT - BDO/SJDO

PROJECT/EVENT **CROSS JURISDICTIONAL SHARING - HIA**

PROJECT TIMELINE	CONTENT	EVENTS (IF APPLICABLE)	EVALUATION
MONTH 1	SCREENING & SCOPING		NUMBER 1
MONTH 2	ASSESSMENT, RECOMMENDATIONS, REPORTING & MONITORING/EVALUATION		
MONTH 3	OVERVIEW FOR ENTIRE STAFF	PRESENTATION AT EXPANDED STAFF MEETING/RETREAT	NUMBER 2
MONTH 4	ENGAGE NVRH - BEGIN PLANNING FORUM		
MONTH 5	ENGAGE NVBA - INVITATIONS TO FORUM		FINAL
MONTH 6	FORUM COORDINATION - FINALIZE AGENDA/CONTENT	FORUM - APPLYING HIA IN OUR COMMUNITY	

JULY (MONTH 1)					AUGUST (MONTH 2)					SEPTEMBER (MONTH 3)					OCTOBER (MONTH 4)					NOVEMBER (MONTH 5)					DECEMBER (MONTH 6)															
M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S						
				1	2	3	1	2	3	4	5	6	7					1	2	3	4					1	2					1	2	3	4	5	6			
4	5	6	7	8	9	10	8	9	10	11	12	13	14	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
11	12	13	14	15	16	17	15	16	17	18	19	20	21	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31							
18	19	20	21	22	23	24	22	23	24	25	26	27	28	19	20	21	22	23	24	25	26	27	28	29	30	31	24	25	26	27	28	29	30							
25	26	27	28	29	30	31	29	30	31					26	27	28	29	30									26	27	28	29	30									

* Selected dates are arbitrary - represents contact between BDO and SJDO - 2x monthly. Exact dates TBD.

During our discussion we agreed to provide a clearer description of how the CJS agreement facilitated by the grant would amplify HIA application between jurisdictions in Vermont and how the cross-jurisdictional relationships might become sustainable.

As Heather indicated during the call, we have, at the district and state level, struggled to institutionalize HIA. As a district, we've been successful in completing three HIAs and will soon begin a fourth. Having said that, moving other districts with less developed capacity to recognize how HIA fits into their work has proven to be a challenge. Many districts are smaller, with less staff capacity – this means the same programmatic goals are in play in each district and staff must undertake multiple roles as a matter of course. The reticence to undertake another, potentially extensive, task is daunting. And even when there is recognition of the benefits of using HIA as an approach to accomplish our strategic goals and improve health outcomes, developing and maintaining the necessary skill set among staff in all 12 district offices remains a challenge.

The CJS relationship we've proposed between the Burlington District Office (BDO) and the St. Johnsbury District Office (SJDO) would be the catalyst for change. The intent is for the BDO to work alongside SJDO staff when an opportunity to conduct an HIA arises. We would actively participate in the process, with the SJDO staff as the experts on their community and the BDO as the experts on HIA. This is the linchpin for supporting HIA capacity among districts. After completing their first HIA, both districts will be able to guide and actively support the ten others located across the state, with the BDO serving as the lead and statewide resource for assistance in conducting HIA. If HIA-worthy projects are identified that cross district lines, future CJS might involve multiple districts simultaneously. This amplification of the first sharing arrangement will ultimately lead to an enhanced statewide capacity, more integration of HIA into our body of work and a greater level of connection between districts.

These questions taken selectively from the Roadmap Document should also help clarify the logistics of future work and partnerships resulting from the CJS agreement between BDO and SJDO.

What are possible strengths-weaknesses-opportunities-threats (SWOT) to consider in the development of the new initiative's action plan?

The primary strength of the initiative is the enhanced capacity for conducting Health Impact Assessments. The initial CJS lays the groundwork for future sharing arrangements. While there is no substantive weakness, opportunities for conducting an HIA are not consistent, therefore the timeline of this progress is variable. Additionally, working outside of our jurisdiction draws our attention from our local work. The opportunities are vast – to be able to incorporate HIA into our public health tool belt increases the prospect that we can work cross-sectorally on public health issues that cannot be addressed by a single player. The state administration change this November might mean that a new commissioner will be appointed to lead the Vermont Department of Health. This is not specifically a threat, but more an uncertainty with regard to the face of public health in VT.

Will public health essential services be provided in a manner that meets or exceeds current levels of performance? An increased capability to conduct HIAs impacts the following essential services: Monitor health status to identify and solve community health problems – By assessing current conditions and examining the health impact of a project or plan on the micro-community and the community at large the HIA strengthens our efforts with regard to health equity. Inform, educate, and empower people about health issues – Our CJS arrangement will educate and empower our colleagues to add a new facet to their work. Additionally, the democracy inherent in the HIA process will help us to engage communities with which we've had little previous contact. This will increase our impact while

simultaneously building partnerships and good will. *Mobilize community partnerships and action to identify and solve health problems* – Collaboration around cross-cutting health issues, being the crux of HIA will help us forward this essential service. *Develop policies and plans that support individual and community health efforts* - HIA can help direct policy by providing recommendations to decision-makers thereby shifting the policy or development plan to consider health. An HIA can also impact development of policies and project design in other geographies by acting as part of the evidence base around a particular issue. *Research for new insights and innovative solutions to health problems* – Once again, expanding the evidence base of innovative strategies that address health in the context of project planning and policy development will help us foster connection to community partners and to other districts.

How will the parties communicate?

Within the grant period the communication plan is prescriptive requiring bi-weekly visits between offices. Beyond that, communication will likely occur informally as questions and or opportunity arise. However, avenues to formalize communication do exist. These include – statewide program designee meetings, statewide leadership meetings where district office directors and supervisors meet monthly, monthly district office prevention-focused sharing calls, and the nascent health department HIA workgroup. As capacity expands, district by district, all of these meetings will allow screening discussions, planning and all steps necessary to ensure coordination. As projects are identified, steering committees will be formed which will include staff from districts that are involved in the HIA and staff from at least one other district seeking to expand capacity.

What changes will occur as a result of the CJS arrangements? Who will be affected? How will changes be managed?

Currently, district office operations occur in parallel with programmatic direction from Central Office. Opportunities for inter-district collaboration are not common. Typical interactions are regularly scheduled meetings with colleagues who share a particular role, but these are often moments to share rather than avenues toward frank collaboration. Inter-district collaboration, typified by a lead district participating in the process with a less experienced district, will increase as a result of CJS. Those most likely affected are Chronic Disease Designees and District Directors. We do realize that with the multi-disciplinary nature of HIA that other staff may be needed depending on the nature of the HIA. Changes will likely be managed through statewide designee meetings, district director and supervisor meetings, team sharing calls, the central HIA workgroup.

Attachment 2

Application Form – Cross Jurisdictional Sharing Mini-Grant Program

Opened until June 10, 2016

Cross Jurisdictional Sharing Mini-Grant Program: Application Form

Proposal Narrative

Proposal narratives must be no more than five pages (with minimum 12-point font and one-inch margins). Letters of commitment, project timeline, budget, and supporting documents do NOT count toward the page limit.

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Budget

Applicants must provide a detailed breakdown of the budget that outlines how the requested funds will be spent. Funds can be used for project activities leading to the establishment or implementation of a CJS arrangement, including project staff salaries, meetings, supplies, project-related travel, and other direct project expenses. Equipment purchases and indirect costs will not be allowable for this funding opportunity. Funds cannot be used to pay for the cost of delivering the services that are being shared among the jurisdictions.

Please provide a budget narrative that details the items included in each line item. Budget should be broken down into the following categories:

Budget Category	Amount Requested
Personnel	
Salary and wages	5666.88
Fringe benefits	2266.80
Other Direct Costs	
Office operations	
Travel	1,036.8
Meeting expenses	750
Project space	250
Other	
Purchased Services	
Consultants	
Contracts	
TOTAL	9970.48

Budget Narrative

Category	Narrative
Personnel	Note: You <i>must</i> include base annual salary and full time equivalent (FTE) information for each person/role where funds are being requested in this

Attachment 2

Application Form – Cross Jurisdictional Sharing Mini-Grant Program

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Category category.	Narrative
Project Staff	<p>\$5666.88 is requested to support one staff from BDO (\$29.07/hour) and one staff from SJDO (\$29.96/hour) for eight hours every other week for six months, for a total of 96 hours, to support the work of the sharing project. The FTE for the six months is 0.046.</p> <p>$(29.07 + 29.96)(96) = 5666.88$</p>
Fringe Benefits	<p>\$2266.80 is requested for fringe benefits at 40% of wages</p> <p>“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 approximately 7% of salary, and retirement and health insurance, each at about 16% of salary. 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, average cost of fringe benefits for employees, we are estimating the cost of fringe benefits at 40% of salary.”</p> <p>$(5666.68)(0.40) = 2266.80$</p>
Other Direct Costs	
Office Operations	
Travel	<p>\$1036.8 is requested to cover bi-weekly round-trip auto travel of 160 miles between BDO and SJDO at the IRS Business Travel rate of 0.54/mile.</p> <p>$(160)(0.54) = 1036.80$</p>
Meeting Expenses	<p>\$750.00 is requested to cover meeting costs that include postage and printing for community forum marketing; markers, flip charts and refreshments for the community meetings and forum</p>
Project Space	<p>\$250 is requested for rental cost of meeting site</p>
Other	
Purchased Services	
Consultants	
Contracts *	

Attachment 2

Application Form – Cross Jurisdictional Sharing Mini-Grant Program

Opened until June 10, 2016

Category	Narrative
In-kind Support	Any additional staff time

*If contracts are a part of your proposed budget, you *must* complete one Contract Budget and Fact Chart for each contract. Copy and paste the chart below if there are multiple contracts. Enter "TBD" when information is not yet known. See Glossary & Instructions, Contracts and Deliverables sections for additional information. If there are no contracts, delete these instructions and chart shown below.

Contract Budget and Fact Chart

Contractor Name	
Contract Start Date	
Contract End Date	
Scope of Work	
Deliverables	
Total Cost	
Cost Justification	

Questions and Submission

Applications will be accepted on a rolling basis. Proposals can be submitted via email to the Center for Sharing Public Health Services at PHSharing@khi.org any time starting on February 15, 2016 and no later than 5:00 p.m. CDT on June 10, 2016. You may also email the Center with inquiries.