



STATE OF VERMONT
JOINT FISCAL OFFICE

MEMORANDUM

To: Joint Fiscal Committee members
From: Daniel Dickerson, Fiscal Analyst
Date: November 20, 2015
Subject: Grant Request #2797, #2798, #2800

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

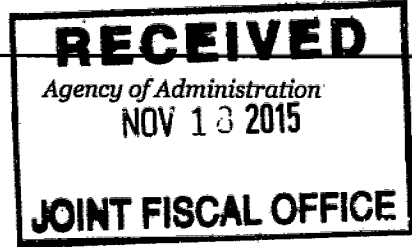
JFO #2797 – \$30,000 grant from Alzheimer’s Association to the Vermont Department of Health. The grant funds will be used to incorporate a cognitive module as an optional module as part of the 2016 Vermont Behavioral Risk Factor Surveillance System survey (BRFSS).
[JFO received 11/18/15]

JFO #2798 – \$167,137 grant from the U.S. Department of Justice to the Vermont Department of Public Safety. The grant funds will be used for two separate projects. The first is a Special Emphasis project to boost the sharing of law enforcement administrative records for research purposes with a focus on law enforcement data accessibility and dissemination. The second is a Core Capacity project to assist in building law enforcement data capacity for evidence-based policing and to improve the quality of criminal history data for evidence-based policy analysis.
[JFO received 11/18/15]

JFO #2800 – \$386,325 grant from the U.S. Department of Defense (DOD) to the Vermont Department of Economic Development. The grant funds will be used over two State fiscal years to conduct an assessment of the impact of decreasing federal defense budgets on businesses in Vermont that deal directly and/or indirectly with the DOD and to help those businesses diversify, innovate and train employees in order to overcome adverse impacts.
[JFO received 11/19/15]

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 December 4, 2015 we will assume that you agree to consider as final the Governor’s acceptance of these requests.

JFO 2797



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:		The Alzheimer's Association has given a grant to VDH of \$30,000 to incorporate a cognitive module as an optional module in the Behavioral Risk Factor Surveillance System survey for 2016. The MOU provides six additional questions to the survey.			
Date:		November 12, 2015			
Department:		Department of Health			
Legal Title of Grant:		Incorporation of the Cognitive Module as an Optional Module in the VT 2016 Behavioral Risk Factor System survey			
Federal Catalog #:		N/A			
Grant/Donor Name and Address:		Alzheimer's Association, public Policy Division, 1212 New York Ave, NW Suite 800 Washington DC.			
Grant Period:	From:	1/1/2016	To:	12/31/2016	
Grant/Donation		\$30,000			
	SFY 1	SFY 2	SFY 3	Total	Comments
Grant Amount:	\$30,000	\$0	\$0	\$30,000	
Position Information:	# Positions	Explanation/Comments			
	0				
Additional Comments:					
Department of Finance & Management			BZF		(Initial)
Secretary of Administration			HC		(Initial)
Sent To Joint Fiscal Office			WT		Date 11/16/15






State of Vermont
Department of Health
108 Cherry Street, PO Box 70
Burlington, VT 05402

[phone] 802-863-7200
[fax] 802-865-7754

MEMORANDUM

To: Sarah Clark, AHS CFO
From: Paul Daley, Financial Director 
Re: Request to Receive New Grant Funding
Date: 10/22/15

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The Department of Health has received a grant from the Alzheimer's Association, Public Policy Division, Washington, D.C. providing \$30,000 in SFY16 to incorporate the Cognitive Module as an Optional Module in the Vermont 2016 Behavioral Risk Factor Surveillance System (BRFSS) survey.

We are requesting approval to receive these funds and are enclosing: the Grant Acceptance Request (AA-1) and a copy of the grant award document.

After review by your office and approval from the Secretary of Human Services, this package should be forwarded in its entirety to Budget & Management.

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

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

BASIC GRANT INFORMATION			
1. Agency:	Agency of Human Services		
2. Department:	Health		
3. Program:	Health Surveillance		
4. Legal Title of Grant:	Incorporation of the Cognitive Module as an Optional Module in the VT 2016 Behavioral Risk Factor Surveillance System (BRFSS) survey		
5. Federal Catalog #:	N/A		
6. Grant/Donor Name and Address: Alzheimer's Association, Public Policy Division, 1212 New York Ave. NW, Suite 800, Washington, D.C.			
7. Grant Period:	From:	1/1/2016	To: 12/31/2016
8. Purpose of Grant: The Department of Health has received \$30,000 in a grant from the Alzheimer's Association to incorporate the Cognitive Module as an Optional Module in the VT 2016 Behavioral Risk Factor Surveillance System (BRFSS) survey in 2016. Funds will be expended in SFY16.			
9. Impact on existing program if grant is not Accepted: None			

10. BUDGET INFORMATION				
	SFY 1	SFY 2	SFY 3	Comments
	FY 16	FY 17	FY	
Expenditures:				
Personal Services	\$30,000	\$0	\$0	
Operating Expenses	\$0	\$0	\$0	
Grants	\$0	\$0	\$0	
Total	\$30,000	\$0	\$0	
Revenues:				
State Funds:	\$0	\$0	\$0	
Cash	\$0	\$0	\$0	
In-Kind	\$0	\$0	\$0	
Federal Funds:	\$0	\$0	\$0	
(Direct Costs)	\$30,000	\$0	\$0	
(Statewide Indirect)	\$0	\$0	\$0	
(Departmental Indirect)	\$0	\$0	\$0	
Other Funds:	\$0	\$0	\$0	
Grant (source)	\$0	\$0	\$0	
Total	\$30,000	\$0	\$0	

Appropriation No:	Amount:	\$
3420021206		\$30,000
		\$
		\$
		\$
		\$
		\$

NOV 10 2015

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

	Total \$30,000
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Has current fiscal year budget detail been entered into Vantage? Yes No

PERSONAL SERVICE INFORMATION

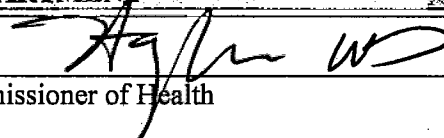
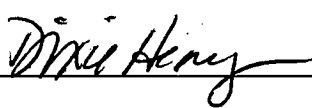
11. Will monies from this grant be used to fund one or more Personal Service Contracts? Yes No
 If "Yes", appointing authority must initial here to indicate intent to follow current competitive bidding process/policy.

Appointing Authority Name: Harry Chen, M.D., Commissioner of Health Agreed by: HC (initial)

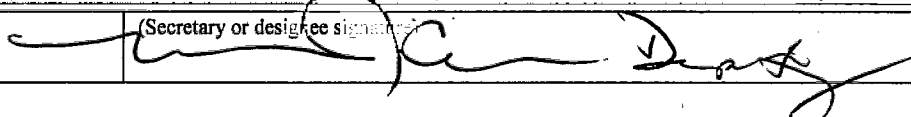
12. Limited Service Position Information:	# Positions	Title
	None	
Total Positions		

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: 10/20/15
	Title: Commissioner of Health	
	Signature: 	Date: 11/5/15
	Title: Deputy Secretary, AHS	

14. SECRETARY OF ADMINISTRATION

<input type="checkbox"/>	Approved:	(Secretary or designee signature) 	Date: 11/13/15
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15. ACTION BY GOVERNOR

<input checked="" type="checkbox"/>	Check One Box: Accepted	(Governor's signature) 	Date: 11/16/15
<input type="checkbox"/>	Rejected		Date:

16. DOCUMENTATION REQUIRED

- Required GRANT Documentation**
- | | |
|---|--|
| <input type="checkbox"/> Request Memo
<input type="checkbox"/> Dept. project approval (if applicable)
<input type="checkbox"/> Notice of Award
<input type="checkbox"/> Grant Agreement
<input type="checkbox"/> Grant Budget | <input type="checkbox"/> Notice of Donation (if any)
<input type="checkbox"/> Grant (Project) Timeline (if applicable)
<input type="checkbox"/> Request for Extension (if applicable)
<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).

**Memorandum of Understanding
By and Between
Alzheimer's Association
And
State of Vermont Department of Health**

The Alzheimer's Association and the Vermont Department of Health (VT DOH) have agreed to cooperate on a project to incorporate the Cognitive Module as an Optional Module in the Vermont 2016 Behavioral Risk Factor Surveillance System (BRFSS) survey. This Memorandum of Understanding ("MOU") describes the duties, obligations, responsibilities and expectations of both parties.

The Alzheimer's Association will:

1. Assign Martha Richardson to serve as a project liaison.
2. Pay the sum of \$30,000 to the VT DOH to include the Cognitive Module as an Optional Module in the BRFSS survey in 2016. Payment will be made no later than December 31, 2015. The Cognitive Module to be included as an Optional Module in the BRFSS survey is attached hereto and incorporated herein as an Exhibit.

The Vermont Department of Health will:

1. Assign Jessie Hammond, Division of Health Surveillance, to serve as project liaison.
2. Include as an Optional Module the Cognitive Module developed by the Centers for Disease Control and Prevention (CDC) in the Vermont 2016 BRFSS survey.
3. Survey residents of Vermont in accordance with standard BRFSS survey processes, and use the Optional Module in accordance with the policies and practices of the CDC for Optional Modules.
4. Provide the data from the BRFSS Optional Module referred to above in accordance with the policies of the CDC for uploading data from Optional Modules.
5. Accept the sum of \$30,000 from the Alzheimer's Association as restricted or earmarked funds designated specifically for the use of the Cognitive Module as an Optional Module in the 2016 BRFSS survey. Should the Vermont Department of Health not use the module as specified above, not add it as an Optional Module in the BRFSS survey, or not upload the data in accordance with CDC policy, the Vermont Department of Health agrees that it will immediately refund the sum of \$30,000 to the Alzheimer's Association and have no right to such funds.

Any notice or other communication to be given shall be in writing and may be personally served, sent by a recognized overnight courier or sent by United States mail, and shall be deemed to have been delivered or, if delivery is refused, when tendered for delivery properly addressed as directed below or to such other address later designated by a party in writing to the other party.

To Alzheimer's Association:
Alzheimer's Association
Public Policy Division
1212 New York Avenue NW
Suite 800
Washington, D.C. 20005

To Vermont Department of Health
Jessie Hammond
Vermont Department of Health
Division of Health Surveillance
108 Cherry Street, Room 304
Burlington, Vermont 05402
Phone: 802-863-7663
Fax: 802-865-7701

This MOU shall be governed and construed in accordance with the laws of the State of Vermont, without regard to the principles of conflict of laws. No delay or failure by either party to enforce any right under this MOU will be deemed a waiver of that or any other right. This MOU, including all exhibits, constitutes the entire agreement between the parties with respect to the subject matter hereof, and supersedes and replaces all prior or contemporaneous understandings or agreements, written or oral, regarding such subject matter. No amendment or modification of this MOU will be binding unless in writing and signed by a duly authorized representative of both parties.

IN WITNESS WHEREOF, the duly authorized representative of each of the parties hereto has set their hands and seals below as of the day set forth next to their signature.

(INSERT NAME)
Vermont Department of Health

Date

Robert Egge, Chief Public Policy Officer
Alzheimer's Association, Public Policy Division

Date

EXHIBIT – COGNITIVE MODULE

(NOTE: Asked only of respondents aged 45 and older)

The next few questions ask about difficulties in thinking or remembering that can make a big difference in everyday activities. This does not refer to occasionally forgetting your keys or the name of someone you recently met, which is normal. This refers to confusion or memory loss that is happening more often or getting worse, such as forgetting how to do things you've always done or forgetting things that you would normally know. We want to know how these difficulties impact you.

1. During the past 12 months, have you experienced confusion or memory loss that is happening more often or is getting worse?

- 1 Yes
- 2 No [Go to next module]

- 7 Don't know [Go to Q2]
- 9 Refused [Go to next module]

2. During the past 12 months, as a result of confusion or memory loss, how often have you given up day-to-day household activities or chores you used to do, such as cooking, cleaning, taking medications, driving, or paying bills?

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never

- 7 Don't know
- 9 Refused

3. As a result of confusion or memory loss, how often do you need assistance with these day-to-day activities?

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely [Go to Q6]
- 5 Never [Go to Q6]

- 7 Don't know
- 9 Refused

CATI note: If Q3 = 1, 2, or 3, continue. If Q3 = 4 or 5, go to Q5.

4. When you need help with these day-to-day activities, how often are you able to get the help that you need?

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never

- 7 Don't know
- 9 Refused

5. During the past 12 months, how often has confusion or memory loss interfered with your ability to work, volunteer, or engage in social activities outside the home?

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never

- 7 Don't know
- 9 Refused

6. Have you or anyone else discussed your confusion or memory loss with a health care professional?

- 1 Yes
- 2 No

- 7 Don't know
- 9 Refused