



STATE OF VERMONT
JOINT FISCAL OFFICE

MEMORANDUM

To: Joint Fiscal Committee members
From: Sorsha Anderson, Senior Staff Associate
Date: May 1, 2023
Subject: Grant Request – JFO #3148

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

JFO #3148: \$7,797,240.00 to the VT Department of Health from the Centers for Disease Control and Prevention. The majority of funds, \$7,346,379.00, will be used to reinforce the public health workforce and the remainder, \$450,861.00, will support strengthening of systems, policies and processes.

[Note: A supplemental award to this grant for data modernization is expected, but not yet funded.] [Received April 18, 2023]

Please review the enclosed materials and notify the Joint Fiscal Office (Sorsha Anderson: sanderson@leg.state.vt.us) if you have questions or would like this item held for legislative review. Unless we hear from you to the contrary by May 12, 2023, we will assume that you agree to consider as final the Governor's acceptance of this request.

**State of Vermont**

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

Agency of Administration

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

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

Grant Summary:						Five year award with three areas of focus: 1) Reinforce public health workforce through retention, support, and training efforts. 2) Strengthen systems, policies, and processes. 3) Data modernization to support public health services (anticipated but not yet awarded).							
Date:						4/6/2023							
Department:						Department of Health							
Legal Title of Grant:						Strengthening VT Public Health Infrastructure, Workforce, and Data Systems							
Federal Catalog #:						93.967							
Grant/Donor Name and Address:						Centers for Disease Control and Prevention 1600 Clifton Road / Atlanta GA 30329							
Grant Period:						From:		12/1/2022		To:		11/30/2027	
Grant/Donation						\$7,797,240							
		SFY 1		SFY 2		SFY 3		Total		Comments			
Grant Amount:		\$545,490		\$583,875		\$1,167,750		\$7,797,240		SFYs 4-5: \$5,500,125			
Position Information:			# Positions			Explanation/Comments							
			0										
Additional Comments:						Budget information includes public health workforce award (\$7,346,379) and year one of systems funding (\$450,861, anticipated five years). Does not include anticipated data modernization award.							
Department of Finance & Management						Adam Greshin Digitally signed by Adam Greshin DN: cn=Adam Greshin, o=State of Vermont		Signed by: Adam Greshin 41948B1C0A36415...		(Initial)			
Secretary of Administration						Douglas Farnham 41948B1C0A36415...		Signed by: Douglas Farnham 41948B1C0A36415...		(Initial)			
Sent To Joint Fiscal Office										Date			






Department of Health
Office of the Commissioner
108 Cherry Street – PO Box 70
Burlington, VT 05402-0070
healthvermont.gov

[phone] 802-863-7280
[fax] 802-951-1275
[tdd] 800-464-4343

Agency of Human Services

MEMORANDUM

To: Jenney Samuelson, Secretary of Human Services

From: Mark Levine, MD, Commissioner of Health 

Re: Request for Grant Acceptance of Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems

Date: 3/24/23

I am pleased to report that the Department of Health has received a grant entitled *Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems* from the Centers for Disease Control and Prevention (CDC). The award totals \$7,797,240 with a performance period from December 1, 2022 – November 30, 2027.

The funding has been awarded for two components. Most of the funding in this award, \$7,346,379, is intended to reinforce the public health workforce by retaining, supporting, and training the workforce and by strengthening relevant workforce planning, systems, processes, and policies. The full five-year funding is included in this initial award.

The second component of the award, \$450,861, is the first of an expected five annual awards of this amount. This funding must be used to strengthen the public health agency's overall systems, processes, and policies to ensure a strong core infrastructure needed to protect health and provide fair opportunities for all.

The award also includes a third component that is approved but unfunded. We expect to receive a supplemental annual award in the amount of \$225,977 to support the development and deployment of scalable, flexible, and sustainable technologies, policies, and methods to implement improved data and analytical capabilities to support essential public health services.

Please find enclosed a Grant Acceptance Request (AA-1) for your review and approval.

Cc: Rich Donahey, AHS Chief Financial Officer



Grant Summary - *Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems*

Supported in part by the American Rescue Plan Act, the grant is an investment that supports critical public health infrastructure needs of jurisdictions across the United States. Funding from this grant will help ensure that every U.S. community has the people, services, and systems needed to promote and protect health. The grant creates a foundation for CDC's public health infrastructure work and provides maximum flexibility so jurisdictions can address their most pressing needs.


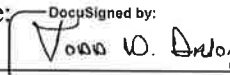
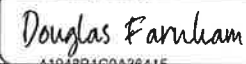
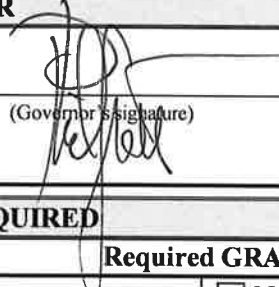
The three strategies of this grant program are Workforce, Foundational Capabilities, and Data Modernization. Recipients are expected to achieve several key outcomes by the end of the 5-year period of performance. Ultimately, this grant program will lead to accelerated prevention, preparedness, and response to emerging health threats, and improved outcomes for other public health areas.

This initial grant award includes funding for two components. Most of the funding in this award, \$7,346,379, is intended to reinforce the public health workforce by hiring, retaining, supporting, and training the workforce and by strengthening relevant workforce planning, systems, processes, and policies. The full five-year funding is included in this initial award.

The second component of the award, \$450,861, is the first of an expected five annual awards of this amount. This funding must be used to strengthen the public health agency's overall systems, processes, and policies to ensure a strong core infrastructure needed to protect health and provide fair opportunities for all.

The award also includes a third component that is approved but unfunded. We expect to receive a supplemental annual award in the amount of \$225,977 to support the development and deployment of scalable, flexible, and sustainable technologies, policies, and methods to implement improved data and analytical capabilities to support essential public health services.

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

11. Will monies from this grant be used to fund one or more Personal Service Contracts? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <u>ML</u> (initial)		
12. Limited Service Position Information:	# Positions	Title
	Not Applicable	Not Applicable
Total Positions		
12a. Equipment and space for these positions: <input type="checkbox"/> Is presently available. <input type="checkbox"/> 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: 3/24/23
	Title: Commissioner	
	Signature: 	Date: 3/31/2023
	Title: <small>8496AED85AC04E5...</small> Agency of Human Services Deputy Secretary	
14. SECRETARY OF ADMINISTRATION		
<input checked="" type="checkbox"/> Approved:	(Secretary or designee signature)	Date: 3/27/2023
		<small>41948B1C0A36415...</small>
15. ACTION BY GOVERNOR		
<input checked="" type="checkbox"/> Accepted		Date: 4/14/23
<input type="checkbox"/> Rejected		
16. DOCUMENTATION REQUIRED		
Required GRANT Documentation		
<input checked="" type="checkbox"/> Request Memo <input type="checkbox"/> Dept. project approval (if applicable) <input checked="" type="checkbox"/> Notice of Award <input type="checkbox"/> Grant Agreement <input checked="" 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).		

DocuSigned by: **3/29/2023**

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

BASIC GRANT INFORMATION				
1. Agency:	Agency of Human Services			
2. Department:	Department of Health			
3. Program:	Public Health Infrastructure			
4. Legal Title of Grant:	Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems			
5. Federal Catalog #:	93.967			
6. Grant/Donor Name and Address:	Centers for Disease Control and Prevention 1600 Clifton Road Atlanta, GA 30329			
7. Grant Period:	From:	12/01/2022	To:	11/30/2027
8. Purpose of Grant:	Supported in part by the American Rescue Plan Act, the grant is an investment that supports critical public health infrastructure needs of jurisdictions across the United States. Funding from this grant will help ensure that every U.S. community has the people, services, and systems needed to promote and protect health. The grant creates a foundation for CDC's public health infrastructure work and provides maximum flexibility so jurisdictions can address their most pressing needs.			
9. Impact on existing program if grant is not Accepted:	None			
10. BUDGET INFORMATION				
	SFY 23	SFY 24	SFY 25	Comments (Remainder)
Expenditures:				
Personal Services	\$393,213	\$583,875	\$1,167,750	\$5,500,125
Operating Expenses	\$152,277			
Grants				
Total	\$545,490	\$583,875	\$1,167,750	\$5,500,125
Revenues:				
State Funds:				
Cash				
In-Kind				
Federal Funds:				
(Direct Costs)	\$513,737	\$450,000	\$900,000	\$3,398,444
(Indirect Costs)	\$31,753	\$133,875	\$267,750	\$2,101,681
Other Funds:				
Total	\$545,490	\$583,875	\$1,167,750	\$5,500,125
Appropriation Number:				
3420010000 - Administration	\$3,175	\$233,550	\$467,100	\$2,200,050
3420021000 - Public Health	\$542,315	\$350,325	\$700,650	\$3,300,075
Total	\$545,490	\$583,875	\$1,167,750	\$5,500,125
PERSONAL SERVICE INFORMATION				



DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention

Notice of Award

Award# 1 NE11OE000086-01-00

FAIN# NE11OE000086

Federal Award Date: 11/29/2022

Recipient Information**1. Recipient Name**

HUMAN SERVICES VERMONT AGENCY OF
PO BOX 70
Burlington, VT 05402-0070
[NO DATA]

2. Congressional District of Recipient
00**3. Payment System Identifier (ID)**
1036000264E7**4. Employer Identification Number (EIN)**
036000264**5. Data Universal Numbering System (DUNS)**
809376155**6. Recipient's Unique Entity Identifier (UEI)**
YLQARK22FMQ1**7. Project Director or Principal Investigator**

Ms. Julie Arel
Division Director of Health Promotion/Disease
Prevention
julie.arel@vermont.gov

8. Authorized Official

Ms. Megan Hoke
Financial Director
ahs.vdhfedgrantoperations@vermont.gov
802-651-1670

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Lakita Reid
wtl9@cdc.gov
770-488-2742

10. Program Official Contact Information

Katherine Nerses
Program Officer
pug3@cdc.gov
1111111111

Federal Award Information**11. Award Number**

1 NE11OE000086-01-00

12. Unique Federal Award Identification Number (FAIN)

NE11OE000086

13. Statutory Authority

317(K)(2) OF PHSA 42USC 247B(K)(2)

14. Federal Award Project Title

Strengthening Vermont Public Health Infrastructure, Workforce and Data Systems

15. Assistance Listing Number

93.967

16. Assistance Listing Program Title

CDC's Collaboration with Academia to Strengthen Public Health

17. Award Action Type

New

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date	12/01/2022	- End Date	11/30/2023
20. Total Amount of Federal Funds Obligated by this Action			\$7,797,240.00
20a. Direct Cost Amount			\$5,667,145.00
20b. Indirect Cost Amount			\$2,130,095.00
21. Authorized Carryover			\$0.00
22. Offset			\$0.00
23. Total Amount of Federal Funds Obligated this budget period			\$0.00
24. Total Approved Cost Sharing or Matching, where applicable			\$0.00
25. Total Federal and Non-Federal Approved this Budget Period			\$7,797,240.00
26. Period of Performance Start Date	12/01/2022	- End Date	11/30/2027
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance			\$7,797,240.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Mrs. Rhonda Latimer
Grants Management Officer

30. Remarks

BUDGET NARRATIVE – COMPONENT A – STRATEGY 1 – WORKFORCE

Vermont Department of Health
Center for Surveillance, Epidemiology, and Laboratory Services
Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems
CDC-RFA-OE22-2203
Budget Narrative – Component A - Strategy 1 – Workforce

SUMMARY, YEARS 1-5 (November 1, 2022 – October 31, 2027):

Category	Component A Years 1-5 Budget Amount
Salary	\$ 2,982,424
Fringe Benefits	\$ 1,826,859
Supplies	\$ -
Equipment	\$ -
Travel	\$ 2,037
Other	\$ -
Contractual/Grants	\$ -
Total Direct Costs	\$ 4,811,320
Total Indirect Costs	\$ 2,535,059
TOTAL REQUESTED FEDERAL AWARD AMOUNT	\$ 7,346,379

DETAILED, YEAR 1 (November 1, 2022 – October 31, 2023):

A. Salaries and Wages**\$37,357**

Position Title	Annual Salary	Time	Months	Amount Requested
PH Program Evaluator	\$74,714	100%	6	\$37,357
			Total	\$37,357

- Data Modernization Director

The Data Modernization Director role will be filled by the VDH Informatics Director. This position is currently under recruitment and is expected to be filled by the start of Year 1. The person in this role leads the Infectious Disease Data Systems Team (e.g., NBS), Immunization Registry, and Cancer Registry. They also work closely with Vital Records and the Public Health Laboratory, and act to coordinate and facilitate modernization activities between the programs and IT. They also work with the Vermont Health Information Exchange on integration and other activities. Much of their work overlaps with the goals of the data modernization strategy within

BUDGET NARRATIVE – COMPONENT A – STRATEGY 1 – WORKFORCE

Component A, making them the ideal candidate to lead the effort. Additional support as needed will come from the Division of Health Statistics and Informatics Director. Funding for this position will come from other funding sources.

- **PH Program Evaluator**

The PH Program Evaluator is responsible for developing and updating the evaluation plan associated with this funding opportunity. They will be the lead on developing and implementing evaluation projects, working closely with others as needed to gather information, analyze results, and produce reports as appropriate. She will provide training, technical assistance, and other support as needed to staff involved in evaluation activities.

- **Workforce Development Director**

The Workforce Development Director is responsible for supporting training initiatives and providing technical assistance to build internal capacity among Health Department staff and programs, including recruitment, hiring, and retention, in addition to supporting equity-related technical assistance needs across the Health Department's external partners. We anticipate funding this position from other funding sources for the first year and a half.

B. Fringe Benefits

\$23,482

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, retirement, and a portion 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 working in this program, we are estimating the cost of these fringe benefits at about 63% of salary.

C. Equipment

\$0

D. Supplies

\$0

E. Travel

\$2,037

The Vermont Department of Health requests funds from this opportunity for one staff member, the Data Modernization Director, to the annual Data Modernization Workshop.

1 trip x \$800 round-trip airfare x 1 person =	\$800
6 days per diem x \$32/day x 1 person =	\$192
5 night's lodging x \$199/night x 1 person =	\$995
Ground transportation x 1 person =	\$50

BUDGET NARRATIVE – COMPONENT A – STRATEGY 1 – WORKFORCE

F. Other	\$0
G. Contractual/Grant Costs	\$0
H. Total Direct Costs	\$62,876

I. Total Indirect Costs	\$31,753
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The Vermont Department of Health uses a Cost Allocation Plan, not an indirect rate. The Vermont 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 85% of the direct salary line item.

J. Total Year 1	\$94,629
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BUDGET NARRATIVE – COMPONENT A – STRATEGY 1 – WORKFORCE

DETAILED, YEARS 2-5 (November 1, 2023 – October 31, 2027):**A. Salaries and Wages \$2,945,067**

Position Title	Annual Salary	Time	Months	Amount Requested
Workforce Development Director	\$71,599	100%	43	\$256,563
PH Program Evaluator	\$74,714	100%	48	\$298,856
			Total	\$555,419

- **Data Modernization Director**

The Data Modernization Director role will be filled by the VDH Informatics Director. This position is currently under recruitment and is expected to be filled by the start of Year 1. The person in this role leads the Infectious Disease Data Systems Team (e.g., NBS), Immunization Registry, and Cancer Registry. They also work closely with Vital Records and the Public Health Laboratory, and act to coordinate and facilitate modernization activities between the programs and IT. They also work with the Vermont Health Information Exchange on integration and other activities. Much of their work overlaps with the goals of the data modernization strategy within Component A, making them the ideal candidate to lead the effort. Additional support as needed will come from the Division of Health Statistics and Informatics Director. Funding for this position will come from other funding sources.

- **PH Program Evaluator**

The PH Program Evaluator is responsible for developing and updating the evaluation plan associated with this funding opportunity. They will be the lead on developing and implementing evaluation projects, working closely with others as needed to gather information, analyze results, and produce reports as appropriate. She will provide training, technical assistance, and other support as needed to staff involved in evaluation activities.

- **Workforce Development Director**

The Workforce Development Director is responsible for supporting training initiatives and providing technical assistance to build internal capacity among Health Department staff and programs, including recruitment, hiring, and retention, in addition to supporting equity-related technical assistance needs across the Health Department's external partners.

BUDGET NARRATIVE – COMPONENT A – STRATEGY 1 – WORKFORCE

- Retention of workforce added during the COVID-19 pandemic:

Position Title	Annual Salary	Time	Months	Amount Requested
Workforce Development Program Administrator	\$ 61,068	1	42	\$ 213,738
Public Health Analyst II	\$ 61,068	1	43	\$ 218,827
Health Data Administrator	\$ 47,433	1	48	\$ 189,732
Disease Intervention Specialist	\$ 50,132	1	48	\$ 200,528
Disease Intervention Specialist	\$ 50,132	1	48	\$ 200,528
PH Laboratory Technician I	\$ 38,762	1	31	\$ 99,415
PH Laboratory Technician I	\$ 38,762	1	31	\$ 99,328
PH Preparedness Coordinator	\$ 64,221	1	42	\$ 224,774
PH - EP Specialist	\$ 50,791	1	42	\$ 177,769
Health Equity Team Leader	\$ 71,885	1	43	\$ 257,587
Health Equity Team Leader	\$ 67,350	1	43	\$ 241,339
Health Equity Team Leader	\$ 74,256	1	43	\$ 266,084
			Total	\$2,389,648

The Vermont Department of Health used CDC and SAMHSA COVID-19 supplemental awards to increase public health staffing. These awards support 102 new positions. The department is using funds from the National Initiative to Address COVID-19 Health Disparities to support an additional 19 new positions. This is a 23% increase in overall public health agency staffing, focused on epidemiology, laboratory services, immunization, public health preparedness and community efforts to promote health equity. About 30% of these new staff are based in local health offices.

The Vermont Department of Health will use this award to provide continued funding for these new public health positions when their current source of funding ends in 2024 and 2025. We estimate that this award will be sufficient to support 14 positions through the end of the project period in 2027, just 11% of the staff added since August 2020. Without continued federal awards at higher levels for Epidemiology & Laboratory Capacity, Immunization, Public Health Preparedness, and Health Equity, nearly 90% of the gains in public health capacity will be lost over the next three years.

B. Fringe Benefits

\$1,803,377

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, retirement, and a portion 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

BUDGET NARRATIVE – COMPONENT A – STRATEGY 1 – WORKFORCE

benefits for employees working in this program, we are estimating the cost of these fringe benefits at 61% of salary.

C.	Equipment	\$0
D.	Supplies	\$0
E.	Travel	\$0
F.	Other	\$0
G.	Contractual/Grant Costs	\$0
H.	Total Direct Costs	\$4,748,444
I.	Total Indirect Costs	\$2,503,306

The Vermont Department of Health uses a Cost Allocation Plan, not an indirect rate. The Vermont 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 85% of the direct salary line item.

J.	Total Years 2-5	\$7,251,749
K.	Total Years 1-5	\$7,346,379

BUDGET NARRATIVE – COMPONENT A – STRATEGY 2 – FOUNDATIONAL CAPABIL.

Vermont Department of Health
Center for Surveillance, Epidemiology, and Laboratory Services
Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems
CDC-RFA-OE22-2203
Budget Narrative – Component A - Strategy 2 – Foundational Capabilities

SUMMARY, YEAR 1 (November 1, 2022 – October 31, 2023):

Category	Component A2 Year 1 Budget Amount
Salary	\$ -
Fringe Benefits	\$ -
Supplies	\$ -
Equipment	\$ -
Travel	\$ -
Other	\$ 150,240
Contractual/Grants	\$ 300,621
Total Direct Costs	\$ 450,861
Total Indirect Costs	\$ -
TOTAL REQUESTED FEDERAL AWARD AMOUNT	\$ 450,861

DETAILED, YEAR 1 (November 1, 2022 – October 31, 2023)

A. Salaries and Wages	\$0
B. Fringe Benefits	\$0
C. Equipment	\$0
D. Supplies	\$0
E. Travel	\$0
F. Other	\$150,240

- *Staff training & licenses – 100,240*

Purchase of learning and application licenses to support staff growth generally, but also specifically with an eye towards process automation, data analysis, and timely reporting.

BUDGET NARRATIVE – COMPONENT A – STRATEGY 2 – FOUNDATIONAL CAPABIL.

The Department currently provides time each month to these staff, as well as access to LinkedIn Learning for them to engage in professional development activities. We also held a series of trainings in the use of Power BI, Vermont’s primary platform for data dashboards.

- *LinkedIn Learning Licenses - \$25,000*
 - *\$125 per license x 200 licenses*
- *Power BI & Training R, etc. - \$50,000*
 - *Per unit cost will depend on the training required and may vary by vendor platform*
- *SAS Licenses - \$25,240*
 - *\$1,500 per license x 17 licenses*
- *Process automation software – \$50,000*

Purchase of process data analysis and atomization software to increase the ability of VDH staff to automate their work, improving staff efficiency and making the data analysis process more systematized and timelier. This purchase of process atomization software will also support our use of data dashboards, which are of great interest to programs across the department of health. Note: a portion of the cost for this software is also included in the budget for A3 - Data Modernization. FME Server is the intended vendor to be utilized by the Vermont Agency of Digital Services. 1 Server license bundle includes several components and 1 desktop license bundle. \$35,000 is dedicated for the server bundle and \$15,000 is dedicated for the desktop bundle.

G. Contractual/Grant Costs \$300,621

- *Data Governance Contract: Vendor – TBD: \$200,621*

VDH will engage with a contractor to work with the department to provide recommendations for a comprehensive data governance structure as well as template policies and procedures and develop a comprehensive strategy to address the department’s changing and increasing needs around health informatics.

 - **Vendor Name:** TBD
 - **Method of Selection:** Competitive Bid

BUDGET NARRATIVE – COMPONENT A – STRATEGY 2 – FOUNDATIONAL CAPABIL.

- o **Period of Performance:** Approximately 9 months. RFP is in development official start date is TBD.
- o **Scope of work:** VDH will engage with a contractor to work with the department to provide recommendations for a comprehensive department-wide data governance structure. This will address growing needs around data sharing generally as well as the growing needs of health informatics. They will also be required to provide template policies/procedures to support this work.
- o **Method of accountability:** SMART objectives built into the contract. Jessie Hammond will manage the contract.
- o **Itemized Budget and Justification:** TBD; RFP currently in development. Will not include indirect costs.

- *Translation of Survey Tools: Vendor – TBD: \$100,000*

Engage with a contractor to increase the availability of population-based survey and other tools in other languages.

 - o **Vendor Name:** Propio (previously known as Telanguage)
 - o **Method of Selection:** Competitive Bid
 - o **Period of Performance:** TBD - Approximately one year.
 - o **Scope of work:** Population-based surveys in Vermont are currently only available in English and VDH recognizes the need to expand the breadth of languages such tools are available in. We will utilize existing state relationships around translation services to begin this process. Translating the Youth Risk Behavior Survey will be the first survey translated. This work will include identification of languages to translate into, implementation of translation of current survey, and development of process for translating and documenting changes to future iterations, which generally change a small amount each year. As funds allow, we will initiate similar activities with a second survey such as the Behavioral Risk Factor Surveillance System.
 - o **Method of accountability:** SMART objectives as built into the contract. Jessie Hammond will manage the work for this project, the VT Agency of Buildings and General Services (BGS) holds the contract itself.

BUDGET NARRATIVE – COMPONENT A – STRATEGY 2 – FOUNDATIONAL CAPABIL.

- o **Itemized Budget and Justification:** TBD; scope of work has been developed and beginning engagement with BGS; Will not include indirect costs.

H.	Total Direct Costs	\$450,861
I.	Total Indirect Costs	\$0
J.	Total Year 1	\$450,861

BUDGET NARRATIVE – COMPONENT A – STRATEGY 3 – DATA MODERNIZATION

Vermont Department of Health
Center for Surveillance, Epidemiology, and Laboratory Services
Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems
CDC-RFA-OE22-2203
Budget Narrative – Component A - Strategy 3 – Data Modernization

SUMMARY, YEAR 1 (November 1, 2022 – October 31, 2023):

Category	Component A3 Year 1 Budget Amount
Salary	\$ -
Fringe Benefits	\$ -
Supplies	\$ -
Equipment	\$ -
Travel	\$ -
Other	\$ 41,929
Contractual/Grants	\$ 184,048
Total Direct Costs	\$ 225,977
Total Indirect Costs	\$ -
TOTAL REQUESTED FEDERAL AWARD AMOUNT	\$ 225,977

DETAILED YEAR 1 (November 1, 2022 – October 31, 2023):

A. Salaries and Wages	\$0
B. Fringe Benefits	\$0
C. Equipment	\$0
D. Supplies	\$0
E. Travel	\$0
F. Other	\$41,929

Purchase of process data analysis and automization software to increase the ability of VDH staff to automate their work, improving staff efficiency and making the data analysis process more systematized and timelier. This purchase of process automization software will also support our

BUDGET NARRATIVE – COMPONENT A – STRATEGY 3 – DATA MODERNIZATION

use of data dashboards, which are of great interest to programs across the department of health.

Note: a portion of the cost for this software is also included in the budget for A2 – Foundational Capabilities. ESRI is the intended vendor to be used by the VT Agency of Digital Services.

Cost includes:

- o 25 desktop licenses - \$939 per unit = \$23,480 total
- o 1 ArcGIS Online license - \$11,740
- o 2 extension bundles - \$3,354 per unit = \$6,709 total

VDH is also exploring the addition of additional licenses in this realm.

G. Contractual/Grant Costs \$184,048

- *Data Integration and Collection Support: Vendor – TBD: \$184,048*

VDH will engage with a vendor to support data integration efforts and to strengthen data collection efforts for underserved populations, such as people of color. Activities may include further development of our laboratory information management system, implementation of ELR and eCR interfaces, either directly to VDH or via our state Health Information Exchange, as well as to health care providers directly, and generally to support department interoperability initiatives (e.g., public health laboratory and infectious disease integration). We also consider improving our sample size for people of color on population-based surveys to better enable analysis and reporting among individual populations, which is often a challenge in Vermont. We will identify additional ways to improve accessibility of population-based surveys within the setting they are administered (e.g., online, in-person), as well as the reporting of results for varied audiences.

- o **Vendor Name:** TBD
- o **Method of Selection:** Competitive Bid
- o **Period of Performance:** Approximately 9 months. Currently there are not funds awarded under section so cannot determine a start date.
- o **Scope of work:** Engage with vendor to develop or implement data integration efforts and further support department interoperability initiatives. Exact scope will be determined when RFP is written, upon awarding of funds.

BUDGET NARRATIVE – COMPONENT A – STRATEGY 3 – DATA MODERNIZATION

- o **Method of accountability:** SMART objectives built into the contract. Amanda Jones will manage the contract.
- o **Itemized Budget and Justification:** TBD; RFP to be developed. Will not include indirect costs.

H.	Total Direct Costs	\$225,977
I.	Total Indirect Costs	\$0
J.	Total Year 1 Costs	\$225,977