



**STATE OF VERMONT**  
JOINT FISCAL OFFICE

**MEMORANDUM**

To: James Reardon, Commissioner of Finance & Management  
From: Nathan Lavery, Fiscal Analyst  
Date: December 9, 2009  
Subject: JFO #2408, #2409, #2410, #2411, #2412, #2413

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

**JFO #2408** — \$26,190 grant from the U.S. Health Resources and Services Administration to the Department of Health. These grant funds will be used to support the recruitment and retention of primary care providers via a subgrant to the Vermont State Primary Care Offices (PCO).  
[JFO received 11/09/09]

**JFO #2409** — \$217,504 grant from the U.S. Department of Justice to the Center for Crime Victim Services. These funds will be distributed to the Vermont Network Against Domestic and Sexual Violence for direct services to victims of sexual assault.  
[JFO received 11/09/09]

**JFO #2410** — \$695,147 grant from the U.S. Department of Justice to the Center for Crime Victim Services. These funds will be used to aid adult and child victims of domestic violence and sexual assault, etc., by expanding safety and support services in five of Vermont's rural.  
[JFO received 11/09/09]

**JFO #2411** — \$71,216 grant from the U.S. Department of Justice to the Center for Crime Victim Services. These funds will be used for outreach and education about services available to crime victims. The focus of this outreach will be underserved populations from diverse cultural backgrounds who may not speak English.  
[JFO received 11/09/09]

**JFO #2412** — \$1,000,000 grant from the U.S. Department of Justice to the Department of Public Safety. These funds will be used to support the work of the Vermont Drug Task Force to disrupt the flow of illegal drugs into Vermont.  
[JFO received 11/09/09]

**JFO #2413** — \$96,477 grant from the U.S. Department of Labor to the Vermont Department of Labor. These funds will be used to fund necessary IT upgrades and staff training for the transition to the new federal apprenticeship program mandates.

*[JFO received 11/09/09]*

In accordance with 32 V.S.A. §5, the requisite 30 days having elapsed since these items were submitted to the Joint Fiscal Committee, the Governor's approval may now be considered final. We ask that you inform the Secretary of Administration and your staff of this action.

cc: Wendy Davis, Commissioner  
Judy Rex, Executive Director  
Thomas Tremblay, Commissioner  
Patricia Moulton Powden, Commissioner



**STATE OF VERMONT**  
JOINT FISCAL OFFICE

**MEMORANDUM**

To: Joint Fiscal Committee Members  
From: Nathan Lavery, Fiscal Analyst  
Date: November 12, 2009  
Subject: Grant Requests

Enclosed please find seven (7) requests that the Joint Fiscal Office has received from the administration:

**JFO #2407** — \$612,000 grant from the U.S. Environmental Protection Agency (EPA) to the Agency of Commerce & Community Development. These grant funds will be used to establish a special revolving loan fund for brownfield projects that are “shovel-ready”. **This grant is a competitive award under the American Recovery and Reinvestment Act (ARRA) and expedited approval of this item has been requested.** The Joint Fiscal Committee members will be contacted within two weeks with a request to waive the statutory review period and accept this item.

*[JFO received 11/09/09]*

**JFO #2408** — \$26,190 grant from the U.S. Health Resources and Services Administration to the Department of Health. These grant funds will be used to support the recruitment and retention of primary care providers via a subgrant to the Vermont State Primary Care Offices (PCO). **This grant is a competitive award under the American Recovery and Reinvestment Act (ARRA) and expedited approval of this item has been requested.** The Joint Fiscal Committee members will be contacted within two weeks with a request to waive the statutory review period and accept this item.

*[JFO received 11/09/09]*

**JFO #2409** — \$217,504 grant from the U.S. Department of Justice to the Center for Crime Victim Services. These funds will be distributed to the Vermont Network Against Domestic and Sexual Violence for direct services to victims of sexual assault.

*[JFO received 11/09/09]*

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*[JFO received 11/09/09]*

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[JFO received 11/09/09]

**JFO #2413** — \$96,477 grant from the U.S. Department of Labor to the Vermont Department of Labor. These funds will be used to fund necessary IT upgrades and staff training for the transition to the new federal apprenticeship program mandates.  
[JFO received 11/09/09]

In accordance with the procedures for processing such requests, we ask you to review the enclosed and notify the Joint Fiscal Office (Nathan Lavery at (802) 828-1488; [nlavery@leg.state.vt.us](mailto:nlavery@leg.state.vt.us)) if you have questions or would like an item held for Joint Fiscal Committee review. Unless we hear from you to the contrary by November 26 we will assume that you agree to consider as final the Governor's acceptance of these requests.

cc: James Reardon, Commissioner  
Kevin Dorn, Secretary  
Joan Senecal, Commissioner  
Judy Rex, Executive Director  
Thomas Tremblay, Commissioner  
Patricia Moulton Powden, Commissioner



**STATE OF VERMONT**  
JOINT FISCAL OFFICE

**MEMORANDUM**

**To:** Representative Steven Maier  
Senator Douglas Racine

**From:** Nathan Lavery, Fiscal Analyst

**Date:** November 12, 2009

**Subject:** JFO #2408

In accordance with Sec. E.129 of Act 1 of the 2009 Special Session, Representative Michael Obuchowski asked that I forward to you a copy of the enclosed American Recovery and Reinvestment Act grant materials and cover memo (JFO #2408). He requests your observations regarding the enclosed item.

cc: Rep. Michael Obuchowski  
Stephen Klein



JFO 2408

**State of Vermont**  
**Agency of Administration**  
**Office of Economic Stimulus and Recovery**  
Pavilion Office Building  
109 State Street  
Montpelier, VT 05609-0201  
[www.vermont.recovery.gov](http://www.vermont.recovery.gov)

[phone] 802-828-1354  
[fax] 802-828-3320

*Tom Evslin, Chief Recovery Officer*

October 15, 2009

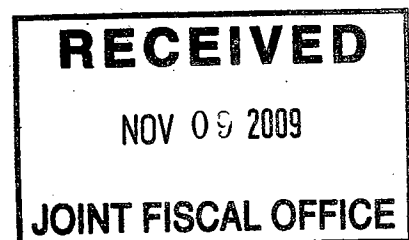
To: Joint Fiscal Office

From: Tom Evslin, Chief Recovery Officer

Subject: Request to Expedite ARRA Competitive Grant

In light of the ARRA goal and expressed intent of the Vermont legislature and the Governor that stimulus money be put to work as quickly as possible to help alleviate unemployment and stimulate the economy, I am requesting expedited consideration by the Joint Fiscal Committee of this competitive grant. Moreover, the sooner this grant is approved, the sooner Vermonters will benefit by the expansion of the National Health Services Corps which it funds.

Thank you for your consideration.



|  |  |  |
|--|--|--|
| <b>ARRA ACTIVITY ACCEPTANCE REQUEST:</b> | <input checked="" type="checkbox"/> <b>ARRA Competitive Grant</b><br>(Alternate Form AA-1) | <input type="checkbox"/> <b>Other ARRA Activity</b><br>(Not subject to AA-1 Process) |
| Revision? <input type="checkbox"/> Yes   | Revision Date:   |  |

**INSTRUCTIONS:** This form must be completed in its entirety and is required for:

- 1) acceptance of all ARRA Discretionary Grants, and
- 2) PRIOR to receipt of all ARRA Formula/Block Grants, and
- 3) PRIOR to receipts of all ARRA funding for Individual Entitlement Programs.

*GRTRKDB: 400*

**NOTE:** Incomplete forms will be returned to departments and will result in the delay of spending authority release.

**BASIC ARRA INFORMATION**

|                         |                                      |                                 |
|-------------------------|--------------------------------------|---------------------------------|
| 1. Agency (ARRA-F): AHS | 2. Department (ARRA-F): Health 03420 | 3. DUNS # (ARRA-C): 80-937-6155 |
|-------------------------|--------------------------------------|---------------------------------|

|                     |                       |                    |
|---------------------|-----------------------|--------------------|
| 4. Office Location: | City/town: Burlington | County: Chittenden |
|---------------------|-----------------------|--------------------|

|   |                              |
|---|------------------------------|
| 5. ARRA Activity (ARRA 1-01): ARRA Primary Care | 6. ARRA Code (ARRA 2-1): E09 |
|---|------------------------------|

|  |
|--|
| 7. Legal Title of Grant: ARRA - State Primary Care Offices |
|--|

|   |                            |
|---|----------------------------|
| 8. Federal Agency Award # (ARRA-B): 1 U6AHP16592-01 | 9. CFDA # (ARRA-E): 93.414 |
|---|----------------------------|

|  |   |
|--|---|
| 10. Federal Funding Agency's US Treasury Account Symbol (TAS): | (if provided by the federal funding agency) |
|--|---|

|  |  |                           |
|--|--|---------------------------|
| 11. Federal (or VT) Funding Agency (ARRA-A): | Health Resources and Services Administration | 12. Award Date: 9/11/2009 |
|--|--|---------------------------|

|                           |   |
|---------------------------|---|
| 13. Award Amount \$26,190 | 14. Check if this amount is an estimate: <input type="checkbox"/> |
|---------------------------|---|

|                                 |           |     |           |
|---------------------------------|-----------|-----|-----------|
| 15. Grant Period (ARRA-H) From: | 9/30/2009 | To: | 9/29/2012 |
|---------------------------------|-----------|-----|-----------|

|   |
|---|
| 16. Date by which ARRA funds must be: <input checked="" type="checkbox"/> Obligated by Date: 9/29/2010 and/or <input type="checkbox"/> Spent by Date: |
|---|

**17. Purpose of Grant/ARRA Narrative (ARRA 2-02):**  
 The Department of Health has received a grant award of \$26,190 from HRSA for the expansion of the National Health Services Corps in Vermont. These funds will be used to support a subgrant to the Bi-State Primary Care Association to carry out recruitment and retention activities. The consultant named in the grant application attached is an employee of Bi-State PCA and was specifically named because HRSA required a biographical sketch of the person who will undertake the work. (Please see grant application and award document attached.)

|   |
|---|
| 18. Area that will Benefit (name the state, county, city or school district): Vermont |
|---|

|  |
|--|
| 19. Impact on existing program if grant is not Accepted:<br>None |
|--|

**20. BUDGET INFORMATION** (Note the total of columns A+B+C must equal the total of columns D+E+F)

| Column Reference                | ←-----State Fiscal Year-----→ |          |                   | ←-----Federal Fiscal Year-----→ |          |                   |
|---------------------------------|-------------------------------|----------|-------------------|---------------------------------|----------|-------------------|
|                                 | A                             | B        | C                 | D                               | E        | F                 |
| Fiscal Year                     | SFY 2009                      | SFY 2010 | SFY 2011 & Beyond | FFY 2009                        | FFY 2010 | SFY 2011 & Beyond |
| <b>Expenditures:</b>            |                               |          |                   |                                 |          |                   |
| Personnel Costs                 | \$                            | \$       | \$                | \$                              | \$       | \$                |
| 3 <sup>rd</sup> Party Contracts | \$                            | \$       | \$                | \$                              | \$       | \$                |
| Operating Expenses              | \$                            | \$       | \$                | \$                              | \$       | \$                |
| Grants/Sub-Awards               | \$                            | \$26,190 | \$                | \$26,190                        | \$       | \$                |
| <b>Total Expenditures</b>       | \$                            | \$26,190 | \$                | \$26,190                        | \$       | \$                |
| <b>Revenues:</b>                |                               |          |                   |                                 |          |                   |
| State Funds:                    | \$                            | \$       | \$                | \$                              | \$       | \$                |
| Cash                            | \$                            | \$       | \$                | \$                              | \$       | \$                |
| In-Kind                         | \$                            | \$       | \$                | \$                              | \$       | \$                |
| ARRA Federal Funds:             | \$                            | \$       | \$                | \$                              | \$       | \$                |
| (Direct Costs)                  | \$                            | \$26,190 | \$                | \$26,190                        | \$       | \$                |
| (Statewide Indirect)            | \$                            | \$       | \$                | \$                              | \$       | \$                |
| (Dept'l Indirect)               | \$                            | \$       | \$                | \$                              | \$       | \$                |
| <b>Sub-total ARRA Funds</b>     | \$                            | \$26,190 | \$                | \$26,190                        | \$       | \$                |
| Other Funds:                    | \$                            | \$       | \$                | \$                              | \$       | \$                |

|                       |    |          |    |          |    |    |
|-----------------------|----|----------|----|----------|----|----|
| (Other Federal)       | \$ | \$       | \$ | \$       | \$ | \$ |
| (list source)         | \$ | \$       | \$ | \$       | \$ | \$ |
| <b>Total Revenues</b> | \$ | \$26,190 | \$ | \$26,190 | \$ | \$ |

Comments about expenditures or revenues may be made in the space provided below:

**21. VISION Tracking Information:**

| DeptID/Appropriation: | Other VISION Chartfield<br>(funds, programs or projects) | Total Amount<br>(all FYs) | Comments   |
|-----------------------|--|---------------------------|--|
| 3420010000            | VISION Program Code 39530                                | \$26,190                  | Expenditures will be identified by VDH grant number.                 |
|                       |  | \$                        |  |
|                       |  | \$                        |  |
|                       |  | \$                        |  |
|                       |  | \$                        |  |
| <b>Total</b>          |  | \$26,190                  | This Total MUST agree with the total of item 10, columns A+B+C above |

**PERSONAL SERVICE INFORMATION**

22. 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)

| 23. State Position Information and Title(s): | # Existing Positions Retained | Est. Annual Regular Hours | # Positions Created (New) | Est. Annual Regular Hours |
|--|-------------------------------|---------------------------|---------------------------|---------------------------|
| None   |                               |                           |                           |                           |
|  |                               |                           |                           |                           |
|  |                               |                           |                           |                           |
|  |                               |                           |                           |                           |
| <b>Total Positions</b>                       |                               |                           |                           |                           |

24. Is the appropriate Position Request Form attached for new position(s) listed in Line 12 above?  
 YES - Form attached or  No new positions created

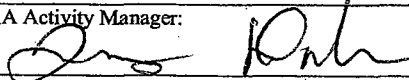
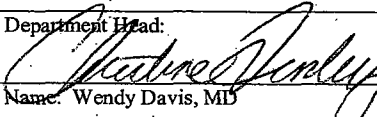
25. Equipment and space for these positions:  Is presently available.  Can be obtained w/available funds.

26. Does this qualify as "Infrastructure"?  Yes  No If Yes complete next line:

**27. Infrastructure Rationale (select one) (ARRA 2-06):**

1.  To Preserve & create jobs & promote economic recovery.
2.  To assist those most impacted by the recession.
3.  To provide investment needed to increase economic efficiency by spurring technological advances in science & health.
4.  To invest in transportation, environmental protection, & other infrastructure that will provide long-term economic benefits.
5.  To stabilize State & local government budgets, in order to minimize & avoid reductions in essential services & counterproductive state & local tax increases.

**28. AUTHORIZATION AGENCY/DEPARTMENT SIGNATURES**

|   |   |   |             |
|---|---|---|-------------|
| 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). I/we further certify that these funds will be used only in | ARRA Activity Manager:  |   | Date:       |
|   |  |   | Sept. 24/09 |
|   | Name: Tracy Dolan   | Title: Director of Public Health Planning |             |
|   | Department Head:  |   | Date:       |
|    |   | 9/24/09                                   |             |
| Name: Wendy Davis, MD   | Title: Commissioner, Department of Health   |   |             |



accordance with the federal America Recovery & Reinvestment Act and all federal and state rules and regulations pertaining thereto:

Agency Secretary (if required):

*Patrick Flood*

Date:

*9/30/09*

Name:

*PATRICK FLOOD*

Title:

*DEPUTY SECRETARY*

**29. REVIEW BY FINANCE & MANAGEMENT** (continue on separate sheet if necessary)

**To Release Spending Authority in VISION:**

FY 20 *10* \$ *26,190*

Citation(s):

*ARRA (ESR2) Competitive grant*

Analyst (initial):

*JH*

Date:

*10/21/09*

Commissioner Finance & Management initial:

*J*

Date:

*10/21/09*

For ESR Use Only:

Assigned ESR Director's Signature:

*John Seewant*

Date:

*10/15/09*

**\*\*\* Section 30 through 33 are required ONLY when Form ESR-2 is used in lieu of Form AA-1 \*\*\***

**30. SECRETARY OF ADMINISTRATION**

Check One Box: Accepted

(Secretary's signature or designee)

*Tom Bell*

Date:

*10/21/09*

Rejected

Date:

**31. ACTION BY GOVERNOR**

Check One Box: Request to JFO

(Governor's signature or designee)

*Annunzio*

Date:

*11/3/09*

Rejected

Date:

**32. SENT TO JFO**

Sent to JFO

Date:


**\*\*\* Section 33 is a required section \*\*\***

**33. ARRA FORM ESR-2 DOCUMENTATION CHECK LIST** (check all that apply):

- Notice of Award or Proof of Award (REQUIRED)
- Request Memo
- Grant Agreement

- Dept. project approval (if applicable)
- Governor's Certification (if applicable)
- Notice of Donation (if any)
- Position Request Form(s)

- Grant (Project) Timeline (if applicable)
- Request for Extension (if applicable)
- Form AA-1PN attached (if applicable)

| 1. DATE ISSUED:<br>09/11/2009.   |              | 2. PROGRAM CFDA: 93.414      |   | DEPARTMENT OF HEALTH AND HUMAN SERVICES<br>HEALTH RESOURCES AND SERVICES ADMINISTRATION<br><br>NOTICE OF GRANT AWARD<br>AUTHORIZATION (Legislation/Regulation)<br>American Recovery and Reinvestment Act of 2009 |                 |      |             |    |              |    |              |
|--|--------------|------------------------------|---|--|-----------------|------|-------------|----|--------------|----|--------------|
| 3. SUPERCEDES AWARD NOTICE dated:<br>except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.  |              |                              |   |  |                 |      |             |    |              |    |              |
| 4a. AWARD NO.:<br>1 U6AHP16592-01-00   |              | 4b. GRANT NO.:<br>U6AHP16592 | 5. FORMER GRANT NO.:  |  |                 |      |             |    |              |    |              |
| 6. PROJECT PERIOD:<br>FROM: 09/30/2009 THROUGH: 09/29/2012   |              |                              |   |  |                 |      |             |    |              |    |              |
| 7. BUDGET PERIOD:<br>FROM: 09/30/2009 THROUGH: 09/29/2010  |              |                              |   |  |                 |      |             |    |              |    |              |
| 8. TITLE OF PROJECT (OR PROGRAM): ARRA - State Primary Care Offices  |              |                              |   |  |                 |      |             |    |              |    |              |
| 9. GRANTEE NAME AND ADDRESS:<br>VERMONT STATE DEPARTMENT OF HEALTH<br>108 Cherry St<br>Burlington, VT 05401-4295   |              |                              | 10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR)<br>Tracy Dolan<br>VERMONT STATE DEPARTMENT OF HEALTH<br>108 Cherry Street<br>Burlington, VT 05401-4295  |  |                 |      |             |    |              |    |              |
| 11. APPROVED BUDGET: (Excludes Direct Assistance)  |              |                              | 12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE  |  |                 |      |             |    |              |    |              |
| <input checked="" type="checkbox"/> Grant Funds Only<br><input type="checkbox"/> Total project costs including grant funds and all other financial participation   |              |                              | a. Authorized Financial Assistance This Period \$ 26,190.00<br>b. Less Unobligated Balance from Prior Budget Periods<br>i. Additional Authority \$ 0.00<br>ii. Offset \$ 0.00<br>c. Unawarded Balance of Current Year's Funds \$ 0.00<br>d. Less Cumulative Prior Award(s) This Budget Period \$ 0.00<br>e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION \$ 26,190.00 |  |                 |      |             |    |              |    |              |
| a. Salaries and Wages: \$ 0.00<br>b. Fringe Benefits: \$ 0.00<br>c. Total Personnel Costs: \$ 0.00<br>d. Consultant Costs: \$ 0.00<br>e. Equipment: \$ 0.00<br>f. Supplies: \$ 0.00<br>g. Travel: \$ 0.00<br>h. Construction/Alteration and Renovation: \$ 0.00<br>i. Other: \$ 26,190.00<br>j. Consortium/Contractual Costs: \$ 0.00<br>k. Trainee Related Expenses: \$ 0.00<br>l. Trainee Stipends: \$ 0.00<br>m. Trainee Tuition and Fees: \$ 0.00<br>n. Trainee Travel: \$ 0.00<br>o. TOTAL DIRECT COSTS: \$ 26,190.00<br>p. INDIRECT COSTS: (Rate: % of S&W/TADC) \$ 0.00<br>q. TOTAL APPROVED BUDGET: \$ 26,190.00<br>i. Less Non-Federal Resources: \$ 0.00<br>ii. Federal Share: \$ 26,190.00  |              |                              | 13. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project) <table border="1"> <thead> <tr> <th>YEAR</th> <th>TOTAL COSTS</th> </tr> </thead> <tbody> <tr> <td>02</td> <td>\$ 26,190.00</td> </tr> <tr> <td>03</td> <td>\$ 26,190.00</td> </tr> </tbody> </table>   |  |                 | YEAR | TOTAL COSTS | 02 | \$ 26,190.00 | 03 | \$ 26,190.00 |
| YEAR   | TOTAL COSTS  |                              |   |  |                 |      |             |    |              |    |              |
| 02   | \$ 26,190.00 |                              |   |  |                 |      |             |    |              |    |              |
| 03   | \$ 26,190.00 |                              |   |  |                 |      |             |    |              |    |              |
| 14. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash).<br>a. Amount of Direct Assistance \$ 0.00<br>b. Less Unawarded Balance of Current Year's Funds \$ 0.00<br>c. Less Cumulative Prior Awards(s) This Budget Period \$ 0.00<br>d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION \$ 0.00  |              |                              |   |  |                 |      |             |    |              |    |              |
| 15. PROGRAM INCOME SUBJECT TO 45 CFR Part 74.24 OR 45 CFR 92.25 SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:<br>A=Addition B=Deduction C=Cost Sharing or Matching D=Other. [A]<br>Estimated Program Income: \$ 0.00   |              |                              |   |  |                 |      |             |    |              |    |              |
| 16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY HRSA, IS ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:<br>a. The grant program legislation cited above. b. The grant program regulation cited above. c. This award notice including terms and conditions, if any, noted below under REMARKS. d. 45 CFR Part 74 or 45 CFR Part 92 as applicable. In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system. |              |                              |   |  |                 |      |             |    |              |    |              |
| REMARKS: (Other Terms and Conditions Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No)<br>Tracy Dolan, Project Manager, will oversee the project and will be donating 5% of in-kind support towards the accomplishments of the proposed goals and objectives of the grant.   |              |                              |   |  |                 |      |             |    |              |    |              |
| Electronically signed by Theda Duval, Grants Management Officer on: 09/11/2009   |              |                              |   |  |                 |      |             |    |              |    |              |
| 17. OBJ. CLASS: 41.45  |              | 18. CRS-EIN: 103600274A8     |   | 19. FUTURE RECOMMENDED FUNDING:  |                 |      |             |    |              |    |              |
| FCYCAN   | CFDA         | DOCUMENT NO.                 | AMT. FIN. ASST.   | AMT. DIR. ASST.  | SUBPROGRAM CODE |      |             |    |              |    |              |
| 09-3766990   | 93.414       | U6AHP16592RP                 | \$ 26,190.00  | \$ 0.00  | N/A             |      |             |    |              |    |              |

Primary Care

**BUDGET INFORMATION - Non-Construction Programs**

OMB Approval No. 4040-0006  
Expiration Date 07/30/2010

**SECTION A - BUDGET SUMMARY**

| Grant Program Function or Activity<br>(a) | Catalog of Federal Domestic Assistance Number<br>(b) | Estimated Unobligated Funds |                    | New or Revised Budget |                    |              |
|---|--|-----------------------------|--------------------|-----------------------|--------------------|--------------|
|   |  | Federal<br>(c)              | Non-Federal<br>(d) | Federal<br>(e)        | Non-Federal<br>(f) | Total<br>(g) |
| 1. Supporting NHSC Expansion              | 93.414   | \$ 0.00                     | \$ 0.00            | \$ 26,190.00          | \$ 0.00            | \$ 26,190.00 |
| 2.  |  |                             |                    |                       |                    |              |
| 3.  |  |                             |                    |                       |                    |              |
| 4.  |  |                             |                    |                       |                    |              |
| 5. Totals                                 |  | \$                          | \$                 | \$ 26,190.00          | \$                 | \$ 26,190.00 |

**SECTION B - BUDGET CATEGORIES**

| 6. Object Class Categories             | GRANT PROGRAM, FUNCTION OR ACTIVITY |                                   |                         |                         | Total<br>(5)                      |
|--|-------------------------------------|-----------------------------------|-------------------------|-------------------------|-----------------------------------|
|  | (1)                                 | (2)                               | (3)                     | (4)                     |                                   |
|  | Supporting NHSC<br>Expansion        | N/A                               |                         |                         |                                   |
| a. Personnel                           | \$ <input type="text"/>             | \$ <input type="text"/>           | \$ <input type="text"/> | \$ <input type="text"/> | \$ <input type="text"/>           |
| b. Fringe Benefits                     | <input type="text"/>                | <input type="text"/>              | <input type="text"/>    | <input type="text"/>    | <input type="text"/>              |
| c. Travel                              | <input type="text"/>                | <input type="text"/>              | <input type="text"/>    | <input type="text"/>    | <input type="text"/>              |
| d. Equipment                           | <input type="text"/>                | <input type="text"/>              | <input type="text"/>    | <input type="text"/>    | <input type="text"/>              |
| e. Supplies                            | <input type="text"/>                | <input type="text"/>              | <input type="text"/>    | <input type="text"/>    | <input type="text"/>              |
| f. Contractual                         | <input type="text"/>                | <input type="text"/>              | <input type="text"/>    | <input type="text"/>    | <input type="text"/>              |
| g. Construction                        | <input type="text"/>                | <input type="text"/>              | <input type="text"/>    | <input type="text"/>    | <input type="text"/>              |
| h. Other                               | <input type="text"/>                | 26,190.00                         | <input type="text"/>    | <input type="text"/>    | 26,190.00                         |
| i. Total Direct Charges (sum of 6a-6h) | <input type="text"/>                | 26,190.00                         | <input type="text"/>    | <input type="text"/>    | \$ <input type="text"/> 26,190.00 |
| j. Indirect Charges                    | <input type="text"/>                | <input type="text"/>              | <input type="text"/>    | <input type="text"/>    | \$ <input type="text"/>           |
| k. TOTALS (sum of 6i and 6j)           | \$ <input type="text"/>             | \$ <input type="text"/> 26,190.00 | \$ <input type="text"/> | \$ <input type="text"/> | \$ <input type="text"/> 26,190.00 |
| 7. Program Income                      | \$ <input type="text"/>             | \$ <input type="text"/>           | \$ <input type="text"/> | \$ <input type="text"/> | \$ <input type="text"/>           |

Authorized for Local Reproduction

**SECTION C - NON-FEDERAL RESOURCES**

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

**SECTION D - FORECASTED CASH NEEDS**

|                                    | Total for 1st Year | 1st Quarter  | 2nd Quarter | 3rd Quarter | 4th Quarter |
|------------------------------------|--------------------|--------------|-------------|-------------|-------------|
| 13. Federal                        | \$ 26,190.00       | \$ 26,190.00 | \$ 0.00     | \$ 0.00     | \$ 0.00     |
| 14. Non-Federal                    | \$                 | 0.00         | 0.00        | 0.00        | 0.00        |
| 15. TOTAL (sum of lines 13 and 14) | \$ 26,190.00       | \$ 26,190.00 | \$ 0.00     | \$ 0.00     | \$ 0.00     |

**SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT**

|                                  | (a) Grant Program         | FUTURE FUNDING PERIODS (YEARS) |              |              |            |
|----------------------------------|---------------------------|--------------------------------|--------------|--------------|------------|
|                                  |                           | (b) First                      | (c) Second   | (d) Third    | (e) Fourth |
| 16.                              | Supporting NHSC Expansion | \$ 26,190.00                   | \$ 26,190.00 | \$ 26,190.00 | \$ 0.00    |
| 17.                              |                           |                                |              |              |            |
| 18.                              |                           |                                |              |              |            |
| 19.                              |                           |                                |              |              |            |
| 20. TOTAL (sum of lines 16 - 19) |                           | \$ 26,190.00                   | \$ 26,190.00 | \$ 26,190.00 | \$         |

**SECTION F - OTHER BUDGET INFORMATION**

21. Direct Charges:  22. Indirect Charges:

23. Remarks:

**Workforce Development for the NHSC and Safety Net/Health Center Community**

**PROGRAM NARRATIVE**

***INTRODUCTION***

The purpose of this funding initiative is to assist the Vermont State Primary Care Offices (PCO) in the coordination of activities as it relates to the delivery of primary care services and the recruitment and retention of critical health care providers as a result of the National Health Services Corp (NHSC) initiative under the American Recovery & Reinvestment Act. The funds will be used to strengthen the primary care workforce administered through the NHSC to support activities in order to meet the demand to recruit new clinicians into the NHSC program and facility and matching them to eligible sites.

Currently, there are more than 50 existing primary care provider vacancies statewide, representing provider shortages for an estimated 82,000 Vermonters. There is need for the Primary Care Office to assist health centers in understanding the NHSC recruitment and retention application processes as new opportunities arising for loan repayment, and for the Recruitment Center to supply health centers with Health Professional Shortage Area information and other relevant data to ease the burden of this application submission.

***WORK PLAN***

| <b>Activity</b>   | <b>Outcome</b>  | <b>Target Due Date(s)</b> | <b>Person Responsible</b> | <b>Evaluation Plan</b>             |
|---|---|---------------------------|---------------------------|------------------------------------|
| <b>1. Objective: Increase number of NHSC site recruitment and retention applications reviewed by the PCO</b>                  |   |                           |                           |                                    |
| Review, analyze, and comment on NHSC applications that are submitted to both the PCA and PCO office by eligible sites.        | Provided feedback to sites on any missing or incomplete data submitted. | 9/29/10                   | Consultant                | NHSC applications approved by PCO. |
| Schedule monthly meetings with the PCO  | Reviewed new applications and sites.                                    | On-going                  | Consultant                | Meeting notes.                     |
| <b>2. Objective: Increase number of organizations/communities who received technical or community development assistance.</b> |   |                           |                           |                                    |
| Facilitate the development and posting of site and NHSC job opportunities.  | Eight eligible site vacancies posted.                                   | 9/29/10                   | Consultant                | Vacancy log captured data.         |
| Provide technical assistance to health centers including  | Linked ten practice sites with NHSC                                     | 9/29/10                   | Consultant                | Five of these ten sites completed  |

New Limited Competition Award Announcement Number: HRSA-09-277  
Submitted by Vermont Department of Health

| <b>Activity</b>  | <b>Outcome</b>   | <b>Target Due Date(s)</b> | <b>Person Responsible</b> | <b>Evaluation Plan</b>  |
|--|--|---------------------------|---------------------------|---|
| mental and oral health practices to help them interpret and understand NHSC program requirements.  | information to support their ability to attract and retain qualified clinicians.               |                           |                           | NHSC recruitment and retention assistance applications and were approved for NHSC assistance. |
| Assist undesignated Rural Health Clinics with obtaining "facility HPSA" designation in order to become eligible for NHSC recruitment and retention assistance.                                       | Three Rural Health Clinics obtained "facility HPSA" status.                                    | 9/29/10                   | Consultant                | Sites listed on HPSA website as "facility HPSAs".   |
| Maintain communication with NHSC Recruitment and Retention Assistance Branch to keep current on issues affecting NHSC programs.  | Participated in ten Bureau of Clinician Recruitment and Retention Services conference calls.   | 9/29/10                   | Consultant                | Meeting notes/minutes.  |
| Develop and maintain a spreadsheet listing NHSC site approval dates, renewal dates, HPSA scores and number of clinicians requiring NHSC loan repayment at respective health center.                  | Maintain spreadsheet.  | On-going                  | Consultant                | Information entered on spreadsheet.   |
| Participation in the Rural Recruitment & Retention Network Annual meeting.   | Enhanced knowledge of NHSC program through networking with other states.                       | Fall 2012                 | Consultant                | Summary of outcomes of meeting.   |
| <b>3. Objective: Increase outreach activities/tasks performed in relation to recruitment and retention as it relates to NHSC</b>   |  |                           |                           |   |
| Provide technical assistance to prospective clinicians include minority and underserved populations (i.e. Migrant Farm Worker and Refugee Settlement Programs) to help them interpret and understand | Linked ten clinicians with NHSC information to assist them in finding NHSC eligible positions. | 9/29/10                   | Consultant                | Five of these ten clinicians completed NHSC applications.                                     |

New Limited Competition Award Announcement Number: HRSA-09-277  
Submitted by Vermont Department of Health

| Activity  | Outcome  | Target Due Date(s) | Person Responsible | Evaluation Plan                                      |
|---|--|--------------------|--------------------|--|
| NHSC program requirements and complete NHSC applications.   |  |                    |                    |  |
| Consult with health centers via site visit to identify NHSC needs for recruitment and retention assistance and to provide updates on NHSC programs. | Visited five health centers.                                       | 9/29/10            | Consultant         | Health center visits logged.                         |
| Post health center clinical vacancies on the National Health Service Corps and Rural Recruitment & Retention Network website.                       | Posted ten vacancies eligible for NHSC assistance on websites.     | 9/29/10            | Consultant         | Vacancies entered on websites.                       |
| Prepare and maintain information documents on NHSC programs to distribute to prospective clinicians.  | Sent 20 NHSC information packets to prospective candidates.        | 9/29/10            | Consultant         | Logged in Practice Sites database.                   |
| Create and place ad in regional magazine to promote NHSC program.   | Placed advertisement in the New England Journal of Medicine.       | Fall 2009          | Consultant         | Advertisement reviewed.                              |
| Developed and maintain social networking website to promote NHSC program.   | WebPages completed and posted on Face book and Linked-In websites. | Winter 2010        | Consultant         | Review of websites.                                  |
|   |  |                    |                    |  |
| Facilitate the VT Clinician & Recruitment Symposium to include behavioral health sites.   | Increased behavioral health site knowledge of NHSC.                | Fall 2011          | Consultant         | Participant registration.                            |
|   |  |                    |                    |  |
| <b>4. Monitor and evaluate work conducted under the PCO Supplemental Grant Award</b>  |  |                    |                    |  |
| Develop quarterly reports as per HRSA and ARRA requirements.  | Reports are submitted on quarterly basis.                          | Quarterly          | Consultant         | Confirmation of receipt of quarterly reports by PCO. |



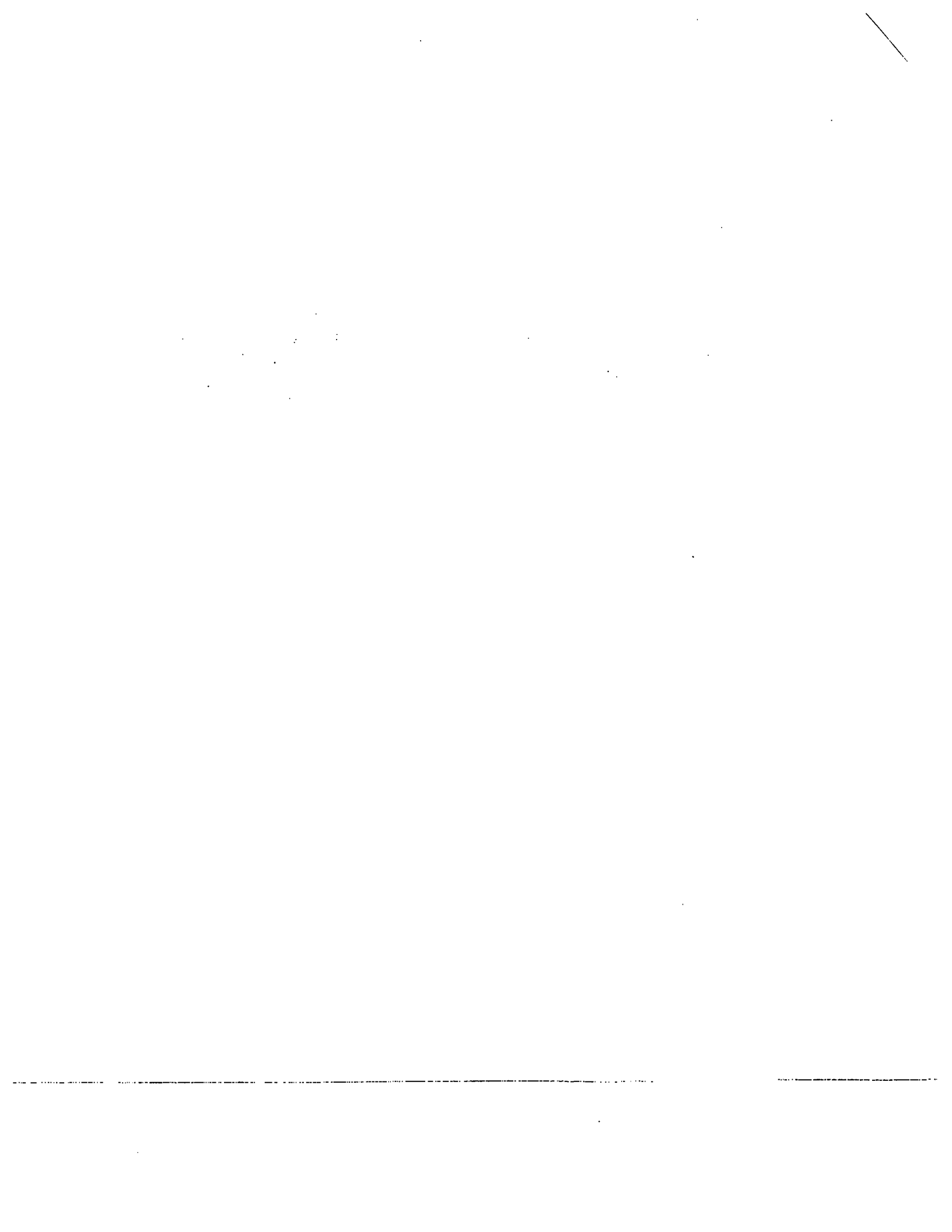
New Limited Competition Award Announcement Number: HRSA-09-277  
Submitted by Vermont Department of Health

***STAFFING PLAN AND PERSONNEL REQUIREMENTS***

Consultant time (0.30 FTE) is being requested to increase the number of National Health Service Corp (NHSC) site recruitment and retention applications reviewed by the PCO; increase number of organizations/communities who received technical or community development assistance and to increase outreach activities/tasks performed in relation to recruitment and retention as it relates to NHSC. A prospective consultant has been identified and is described in the biographical sketch attached. The consultant will report to Tracy Dolan, acting Director for the Primary Care Office.

### **Biographical Sketch**

The prospective consultant, Tammy McKenzie, spends time establishing and maintaining relationships with Vermont organizations to support the development and implementation of strategies to address health professional workforce shortages in the state. In addition to a B.S. in Human Services from Springfield College in Wilmington, DE, Ms. McKenzie's qualifications include more than ten years of prior experience in workforce and human resources experience including nurse recruitment in both for-profit and non-profit settings as well as prior experience collaborating with all levels of management to assess, plan, evaluate and implement comprehensive and competitive recruitment and retention programs. Additionally, Ms. McKenzie serves as a NHSC Community-based Ambassador to provide support for clinicians with an interest or dedication to improving the health of the Nation's underserved.



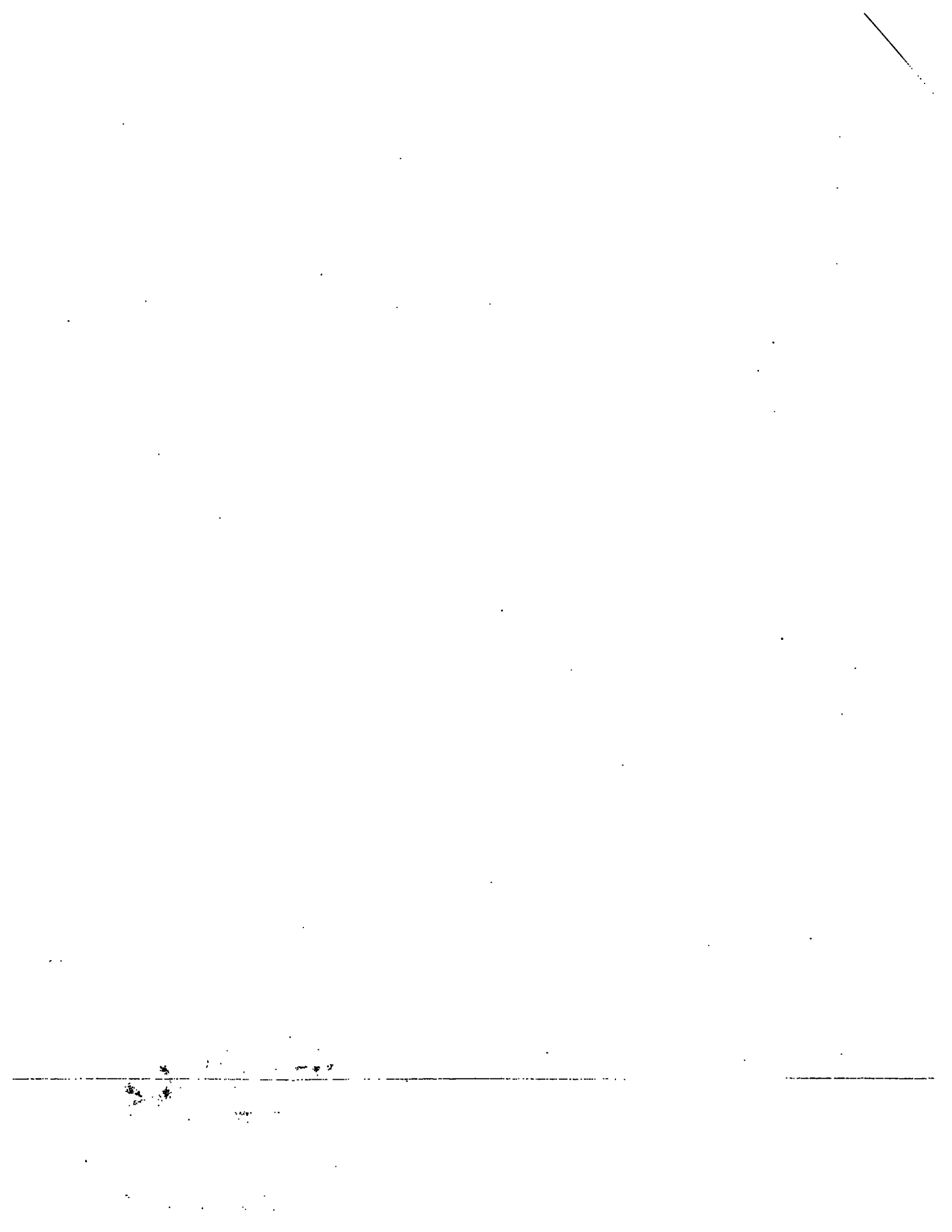
HRSA-09-277 - Budget Narrative

*Workforce Development for the NHSC and Safety Net/Health Center Community*

|                           |                    |
|---------------------------|--------------------|
| <b>a. Personnel</b>       | <b>0.00</b>        |
| <b>b. Fringe Benefits</b> | <b>\$0.00</b>      |
| <b>c. Travel</b>          | <b>\$0.00</b>      |
| <b>d. Equipment</b>       | <b>\$0.00</b>      |
| <b>e. Supplies</b>        | <b>\$0.00</b>      |
| <b>f. Contractual</b>     | <b>\$0.00</b>      |
| <b>g. Construction</b>    | <b>\$0.00</b>      |
| <b>h. Other</b>           | <b>\$26,190.00</b> |

*A consultant will provide services to support NHSC expansion through recruitment and retention activities including extensive site support, marketing NHSC opportunities at conferences, and developing materials to promote the program within and outside of Vermont.*

|                                |                    |
|--------------------------------|--------------------|
| <b>i. Total Direct Charges</b> | <b>\$26,190.00</b> |
| <b>j. Indirect Charges</b>     | <b>\$ 0.00</b>     |
| <b>k. Totals</b>               | <b>\$26,190.00</b> |





JFO 2408

**State of Vermont**  
**Agency of Administration**  
**Office of Economic Stimulus and Recovery**  
Pavilion Office Building  
109 State Street  
Montpelier, VT 05609-0201  
[www.vermont.recovery.gov](http://www.vermont.recovery.gov)

[phone] 802-828-1354  
[fax] 802-828-3320

*Tom Evslin, Chief Recovery Officer*

October 15, 2009

To: Joint Fiscal Office

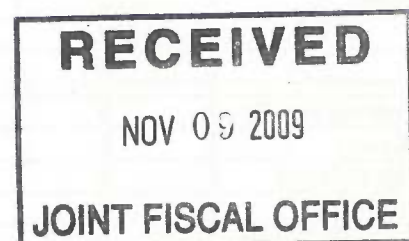
From: Tom Evslin, Chief Recovery Officer

Subject: Request to Expedite ARRA Competitive Grant

In light of the ARRA goal and expressed intent of the Vermont legislature and the Governor that stimulus money be put to work as quickly as possible to help alleviate unemployment and stimulate the economy, I am requesting expedited consideration by the Joint Fiscal Committee of this competitive grant. Moreover, the sooner this grant is approved, the sooner Vermonters will benefit by the expansion of the National Health Services Corps which it funds.

Thank you for your consideration.

2-2  
stapled  
17 copies



|  |  |  |
|--|--|--|
| <b>ARRA ACTIVITY ACCEPTANCE REQUEST:</b> | <input checked="" type="checkbox"/> <b>ARRA Competitive Grant</b><br>(Alternate Form AA-1) | <input type="checkbox"/> <b>Other ARRA Activity</b><br>(Not subject to AA-1 Process) |
| Revision? <input type="checkbox"/> Yes   | Revision Date:   |  |

**INSTRUCTIONS:** This form must be completed in its entirety and is required for:

- 1) acceptance of all ARRA Discretionary Grants, and
- 2) PRIOR to receipt of all ARRA Formula/Block Grants, and
- 3) PRIOR to receipts of all ARRA funding for Individual Entitlement Programs.

*CL TEL DB: 4/00*

**NOTE:** Incomplete forms will be returned to departments and will result in the delay of spending authority release.

**BASIC ARRA INFORMATION**

|   |                                      |   |
|---|--------------------------------------|---|
| 1. Agency (ARRA-F): AHS   | 2. Department (ARRA-F): Health 03420 | 3. DUNS # (ARRA-C): 80-937-6155                                   |
| 4. Office Location:   | City/town: Burlington                | County: Chittenden  |
| 5. ARRA Activity (ARRA 1-01): ARRA Primary Care   | 6. ARRA Code (ARRA 2-1): E09         |   |
| 7. Legal Title of Grant: ARRA - State Primary Care Offices  |                                      |   |
| 8. Federal Agency Award # (ARRA-B): 1 U6AHP16592-01   |                                      | 9. CFDA # (ARRA-E): 93.414  |
| 10. Federal Funding Agency's US Treasury Account Symbol (TAS):<br><small>(if provided by the federal funding agency)</small>                          |                                      |   |
| 11. Federal (or VT) Funding Agency (ARRA-A):<br>Health Resources and Services Administration  |                                      | 12. Award Date: 9/11/2009   |
| 13. Award Amount \$26,190   |                                      | 14. Check if this amount is an estimate: <input type="checkbox"/> |
| 15. Grant Period (ARRA-H) From:   | 9/30/2009                            | To: 9/29/2012   |
| 16. Date by which ARRA funds must be: <input checked="" type="checkbox"/> Obligated by Date: 9/29/2010 and/or <input type="checkbox"/> Spent by Date: |                                      |   |

**17. Purpose of Grant/ARRA Narrative (ARRA 2-02):**  
 The Department of Health has received a grant award of \$26,190 from HRSA for the expansion of the National Health Services Corps in Vermont. These funds will be used to support a subgrant to the Bi-State Primary Care Association to carry out recruitment and retention activities. The consultant named in the grant application attached is an employee of Bi-State PCA and was specifically named because HRSA required a biographical sketch of the person who will undertake the work. (Please see grant application and award document attached.)

**18. Area that will Benefit** (name the state, county, city or school district): Vermont

**19. Impact on existing program if grant is not Accepted:**  
None

**20. BUDGET INFORMATION** (Note the total of columns A+B+C must equal the total of columns D+E+F)

| Column Reference                | ←-----State Fiscal Year-----→ |          |                   | ←-----Federal Fiscal Year-----→ |          |                   |
|---------------------------------|-------------------------------|----------|-------------------|---------------------------------|----------|-------------------|
|                                 | A                             | B        | C                 | D                               | E        | F                 |
| Fiscal Year                     | SFY 2009                      | SFY 2010 | SFY 2011 & Beyond | FFY 2009                        | FFY 2010 | SFY 2011 & Beyond |
| <b>Expenditures:</b>            |                               |          |                   |                                 |          |                   |
| Personnel Costs                 | \$                            | \$       | \$                | \$                              | \$       | \$                |
| 3 <sup>rd</sup> Party Contracts | \$                            | \$       | \$                | \$                              | \$       | \$                |
| Operating Expenses              | \$                            | \$       | \$                | \$                              | \$       | \$                |
| Grants/Sub-Awards               | \$                            | \$26,190 | \$                | \$26,190                        | \$       | \$                |
| <b>Total Expenditures</b>       | \$                            | \$26,190 | \$                | \$26,190                        | \$       | \$                |
| <b>Revenues:</b>                |                               |          |                   |                                 |          |                   |
| State Funds:                    | \$                            | \$       | \$                | \$                              | \$       | \$                |
| Cash                            | \$                            | \$       | \$                | \$                              | \$       | \$                |
| In-Kind                         | \$                            | \$       | \$                | \$                              | \$       | \$                |
| ARRA Federal Funds:             | \$                            | \$       | \$                | \$                              | \$       | \$                |
| (Direct Costs)                  | \$                            | \$26,190 | \$                | \$26,190                        | \$       | \$                |
| (Statewide Indirect)            | \$                            | \$       | \$                | \$                              | \$       | \$                |
| (Dept'l Indirect)               | \$                            | \$       | \$                | \$                              | \$       | \$                |
| <b>Sub-total ARRA Funds</b>     | \$                            | \$26,190 | \$                | \$26,190                        | \$       | \$                |
| Other Funds:                    | \$                            | \$       | \$                | \$                              | \$       | \$                |

|                       |    |          |    |          |    |    |
|-----------------------|----|----------|----|----------|----|----|
| (Other Federal)       | \$ | \$       | \$ | \$       | \$ | \$ |
| (list source)         | \$ | \$       | \$ | \$       | \$ | \$ |
| <b>Total Revenues</b> | \$ | \$26,190 | \$ | \$26,190 | \$ | \$ |

Comments about expenditures or revenues may be made in the space provided below:

**21. VISION Tracking Information:**

| DeptID/Appropriation: | Other VISION Chartfield<br>(funds, programs or projects) | Total Amount<br>(all FYs) | Comments   |
|-----------------------|--|---------------------------|--|
| 3420010000            | VISION Program Code 39530                                | \$26,190                  | Expenditures will be identified by VDH grant number.                 |
|                       |  | \$                        |  |
|                       |  | \$                        |  |
|                       |  | \$                        |  |
|                       |  | \$                        |  |
| <b>Total</b>          |  | \$26,190                  | This Total MUST agree with the total of Item 10, columns A+B+C above |

**PERSONAL SERVICE INFORMATION**

22. 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)

| 23. State Position Information and Title(s): | # Existing Positions Retained | Est. Annual Regular Hours | # Positions Created (New) | Est. Annual Regular Hours |
|--|-------------------------------|---------------------------|---------------------------|---------------------------|
| None   |                               |                           |                           |                           |
|  |                               |                           |                           |                           |
|  |                               |                           |                           |                           |
|  |                               |                           |                           |                           |
| <b>Total Positions</b>                       |                               |                           |                           |                           |

24. Is the appropriate Position Request Form attached for new position(s) listed in Line 12 above?  
 YES - Form attached or  No new positions created

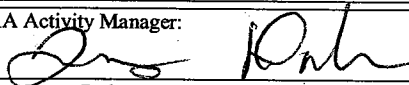
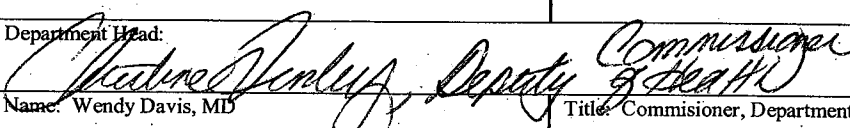
25. Equipment and space for these positions:  Is presently available.  Can be obtained w/available funds.

26. Does this qualify as "Infrastructure"?  Yes  No If Yes complete next line:

**27. Infrastructure Rationale (select one) (ARRA 2-06):**

1.  To Preserve & create jobs & promote economic recovery.
2.  To assist those most impacted by the recession.
3.  To provide investment needed to increase economic efficiency by spurring technological advances in science & health.
4.  To invest in transportation, environmental protection, & other infrastructure that will provide long-term economic benefits.
5.  To stabilize State & local government budgets, in order to minimize & avoid reductions in essential services & counterproductive state & local tax increases.

**28. AUTHORIZATION AGENCY/DEPARTMENT SIGNATURES**

|   |   |   |   |  |
|---|---|---|---|--|
| 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). I/we further certify that these funds will be used only in | ARRA Activity Manager:  |   | Date:                                     |  |
|   |  |   | Sept. 24/09                               |  |
|   | Name: Tracy Dolan   |   | Title: Director of Public Health Planning |  |
|   | Department Head:  |   | Date:                                     |  |
|   |   | 9/24/09                                   |   |  |
| Name: Wendy Davis, MD   |   | Title: Commissioner, Department of Health |   |  |



|  |   |                         |
|--|---|-------------------------|
| accordance with the federal America. Recovery & Reinvestment Act and all federal and state rules and regulations pertaining thereto: | Agency Secretary (if required):<br><i>Patrick Flood</i> | Date:<br>9/30/09        |
|  | Name: PATRICK FLOOD                                     | Title: DEPUTY SECRETARY |

**29. REVIEW BY FINANCE & MANAGEMENT** (continue on separate sheet if necessary)

|                                 |   |   |  |
|---------------------------------|---|---|--|
| <input type="checkbox"/>        | <input checked="" type="checkbox"/> <b>To Release Spending Authority in VISION:</b> | FY 20 <u>10</u> \$ <u>26,190</u>                        | Citation(s):<br><i>ARRA (ESR2)<br/>Competitive grant</i> |
| Analyst (initial):<br><i>JH</i> | Date:<br>10/21/09   | Commissioner Finance & Management initial:<br><i>JH</i> | Date:<br>10/21/09  |
| For ESR Use Only:               | Assigned ESR Director's Signature:<br><i>John Stewart</i>                           |   | Date:<br>10/15/09  |

\*\*\* Section 30 through 33 are required ONLY when Form ESR-2 is used in lieu of Form AA-1 \*\*\*

**30. SECRETARY OF ADMINISTRATION**

|                          |                         |  |                   |
|--------------------------|-------------------------|--|-------------------|
| <input type="checkbox"/> | Check One Box: Accepted | (Secretary's signature or designee)<br><i>Tom Bell</i> | Date:<br>10/21/09 |
| <input type="checkbox"/> | Rejected                |  | Date:             |

**31. ACTION BY GOVERNOR**

|                                     |                               |  |                  |
|-------------------------------------|-------------------------------|--|------------------|
| <input checked="" type="checkbox"/> | Check One Box: Request to JFO | (Governor's signature or designee)<br><i>Annex 2</i> | Date:<br>11/2/09 |
| <input type="checkbox"/>            | Rejected                      |  | Date:            |


**32. SENT TO JFO**

|                          |             |       |
|--------------------------|-------------|-------|
| <input type="checkbox"/> | Sent to JFO | Date: |
|--------------------------|-------------|-------|

\*\*\* Section 33 is a required section \*\*\*

**33. ARRA FORM ESR-2 DOCUMENTATION CHECK LIST** (check all that apply):

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

| 1. DATE ISSUED:<br>09/11/2009.  |              | 2. PROGRAM CFDA: 93.414      |              | DEPARTMENT OF HEALTH AND HUMAN SERVICES<br>HEALTH RESOURCES AND SERVICES ADMINISTRATION<br><br>NOTICE OF GRANT AWARD<br>AUTHORIZATION (Legislation/Regulation)<br>American Recovery and Reinvestment Act of 2009  |                 |      |                      |    |              |    |              |
|---|--------------|------------------------------|--------------|---|-----------------|------|----------------------|----|--------------|----|--------------|
| 3. SUPERCEDES AWARD NOTICE dated:<br><small>except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.</small>  |              |                              |              |   |                 |      |                      |    |              |    |              |
| 4a. AWARD NO.:<br>1 U6AHP16592-01-00  |              | 4b. GRANT NO.:<br>U6AHP16592 |              |   |                 |      | 5. FORMER GRANT NO.: |    |              |    |              |
| 6. PROJECT PERIOD:<br>FROM: 09/30/2009 THROUGH: 09/29/2012  |              |                              |              |   |                 |      |                      |    |              |    |              |
| 7. BUDGET PERIOD:<br>FROM: 09/30/2009 THROUGH: 09/29/2010   |              |                              |              |   |                 |      |                      |    |              |    |              |
| 8. TITLE OF PROJECT (OR PROGRAM): ARRA - State Primary Care Offices   |              |                              |              |   |                 |      |                      |    |              |    |              |
| 9. GRANTEE NAME AND ADDRESS:<br>VERMONT STATE DEPARTMENT OF HEALTH<br>108 Cherry St<br>Burlington, VT 05401-4295  |              |                              |              | 10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR)<br>Tracy Dolan<br>VERMONT STATE DEPARTMENT OF HEALTH<br>108 Cherry Street<br>Burlington, VT 05401-4295  |                 |      |                      |    |              |    |              |
| 11. APPROVED BUDGET: (Excludes Direct Assistance)   |              |                              |              | 12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE  |                 |      |                      |    |              |    |              |
| <input checked="" type="checkbox"/> Grant Funds Only<br><input type="checkbox"/> Total project costs including grant funds and all other financial participation  |              |                              |              | a. Authorized Financial Assistance This Period \$ 26,190.00<br>b. Less Unobligated Balance from Prior Budget Periods<br>i. Additional Authority \$ 0.00<br>ii. Offset \$ 0.00<br>c. Unawarded Balance of Current Year's Funds \$ 0.00<br>d. Less Cumulative Prior Award(s) This Budget Period \$ 0.00<br>e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION \$ 26,190.00 |                 |      |                      |    |              |    |              |
| a. Salaries and Wages: \$ 0.00<br>b. Fringe Benefits: \$ 0.00<br>c. Total Personnel Costs: \$ 0.00<br>d. Consultant Costs: \$ 0.00<br>e. Equipment: \$ 0.00<br>f. Supplies: \$ 0.00<br>g. Travel: \$ 0.00<br>h. Construction/Alteration and Renovation: \$ 0.00<br>i. Other: \$ 26,190.00<br>j. Consortium/Contractual Costs: \$ 0.00<br>k. Trainee Related Expenses: \$ 0.00<br>l. Trainee Stipends: \$ 0.00<br>m. Trainee Tuition and Fees: \$ 0.00<br>n. Trainee Travel: \$ 0.00<br>o. TOTAL DIRECT COSTS: \$ 26,190.00<br>p. INDIRECT COSTS: (Rate: % of S&WTADC) \$ 0.00<br>q. TOTAL APPROVED BUDGET: \$ 26,190.00<br>i. Less Non-Federal Resources: \$ 0.00<br>ii. Federal Share: \$ 26,190.00  |              |                              |              | 13. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project) <table border="1" data-bbox="792 955 1247 1054"> <thead> <tr> <th>YEAR</th> <th>TOTAL COSTS</th> </tr> </thead> <tbody> <tr> <td>02</td> <td>\$ 26,190.00</td> </tr> <tr> <td>03</td> <td>\$ 26,190.00</td> </tr> </tbody> </table>                     |                 | YEAR | TOTAL COSTS          | 02 | \$ 26,190.00 | 03 | \$ 26,190.00 |
| YEAR  | TOTAL COSTS  |                              |              |   |                 |      |                      |    |              |    |              |
| 02  | \$ 26,190.00 |                              |              |   |                 |      |                      |    |              |    |              |
| 03  | \$ 26,190.00 |                              |              |   |                 |      |                      |    |              |    |              |
| 15. PROGRAM INCOME SUBJECT TO 45 CFR Part 74.24 OR 45 CFR 92.25 SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:<br>A=Addition B=Deduction C=Cost Sharing or Matching D=Other. <span style="float: right;">[A]</span><br>Estimated Program Income: \$ 0.00   |              |                              |              | 14. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)<br>a. Amount of Direct Assistance \$ 0.00<br>b. Less Unawarded Balance of Current Year's Funds \$ 0.00<br>c. Less Cumulative Prior Awards(s) This Budget Period \$ 0.00<br>d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION \$ 0.00  |                 |      |                      |    |              |    |              |
| 16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY HRSA, IS ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:<br><small>a. The grant program legislation cited above. b. The grant program regulation cited above. c. This award notice including terms and conditions, if any, noted below under REMARKS. d. 45 CFR Part 74 or 45 CFR Part 92 as applicable. In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.</small> |              |                              |              |   |                 |      |                      |    |              |    |              |
| REMARKS: (Other Terms and Conditions Attached [X] Yes [ ] No )<br>Tracy Dolan, Project Manager, will oversee the project and will be donating 5% of in-kind support towards the accomplishments of the proposed goals and objectives of the grant.  |              |                              |              |   |                 |      |                      |    |              |    |              |
| Electronically signed by Theda Duvall, Grants Management Officer on: 09/11/2009   |              |                              |              |   |                 |      |                      |    |              |    |              |
| 17. OBJ. CLASS: 41.45   |              | 18. CRS-EIN: 1036000274A8    |              | 19. FUTURE RECOMMENDED FUNDING:   |                 |      |                      |    |              |    |              |
| FCGN  | CFDA         | DOCUMENT NO.                 | AMT-FIN-ASST | AMT-DIR-ASST  | SUBPROGRAM CODE |      |                      |    |              |    |              |
| 09-3766990  | 93.414       | U6AHP16592RP                 | \$ 26,190.00 | \$ 0.00   | N/A             |      |                      |    |              |    |              |

PRIMARY CARE

**BUDGET INFORMATION - Non-Construction Programs**

OMB Approval No. 4040-0006  
Expiration Date 07/30/2010

**SECTION A - BUDGET SUMMARY**

| Grant Program Function or Activity<br>(a) | Catalog of Federal Domestic Assistance Number<br>(b) | Estimated Unobligated Funds |                    | New or Revised Budget |                    |              |
|---|--|-----------------------------|--------------------|-----------------------|--------------------|--------------|
|   |  | Federal<br>(c)              | Non-Federal<br>(d) | Federal<br>(e)        | Non-Federal<br>(f) | Total<br>(g) |
| 1. Supporting NHSC Expansion              | 93.414   | \$ 0.00                     | \$ 0.00            | \$ 26,190.00          | \$ 0.00            | \$ 26,190.00 |
| 2.  |  |                             |                    |                       |                    |              |
| 3.  |  |                             |                    |                       |                    |              |
| 4.  |  |                             |                    |                       |                    |              |
| 5. Totals                                 |  | \$                          | \$                 | \$ 26,190.00          | \$                 | \$ 26,190.00 |

**SECTION B - BUDGET CATEGORIES**

| 6. Object Class Categories             | GRANT PROGRAM, FUNCTION OR ACTIVITY |                                   |                         |                         | Total<br>(5)                      |
|--|-------------------------------------|-----------------------------------|-------------------------|-------------------------|-----------------------------------|
|  | (1)                                 | (2)                               | (3)                     | (4)                     |                                   |
|  | Supporting NHSC<br>Expansion        | N/A                               |                         |                         |                                   |
| a. Personnel                           | \$ <input type="text"/>             | \$ <input type="text"/>           | \$ <input type="text"/> | \$ <input type="text"/> | \$ <input type="text"/>           |
| b. Fringe Benefits                     | <input type="text"/>                | <input type="text"/>              | <input type="text"/>    | <input type="text"/>    | <input type="text"/>              |
| c. Travel                              | <input type="text"/>                | <input type="text"/>              | <input type="text"/>    | <input type="text"/>    | <input type="text"/>              |
| d. Equipment                           | <input type="text"/>                | <input type="text"/>              | <input type="text"/>    | <input type="text"/>    | <input type="text"/>              |
| e. Supplies                            | <input type="text"/>                | <input type="text"/>              | <input type="text"/>    | <input type="text"/>    | <input type="text"/>              |
| f. Contractual                         | <input type="text"/>                | <input type="text"/>              | <input type="text"/>    | <input type="text"/>    | <input type="text"/>              |
| g. Construction                        | <input type="text"/>                | <input type="text"/>              | <input type="text"/>    | <input type="text"/>    | <input type="text"/>              |
| h. Other                               | <input type="text"/>                | 26,190.00                         | <input type="text"/>    | <input type="text"/>    | 26,190.00                         |
| i. Total Direct Charges (sum of 6a-6h) | <input type="text"/>                | 26,190.00                         | <input type="text"/>    | <input type="text"/>    | \$ <input type="text"/> 26,190.00 |
| j. Indirect Charges                    | <input type="text"/>                | <input type="text"/>              | <input type="text"/>    | <input type="text"/>    | \$ <input type="text"/>           |
| k. TOTALS (sum of 6i and 6j)           | \$ <input type="text"/>             | \$ <input type="text"/> 26,190.00 | \$ <input type="text"/> | \$ <input type="text"/> | \$ <input type="text"/> 26,190.00 |
| 7. Program Income                      | \$ <input type="text"/>             | \$ <input type="text"/>           | \$ <input type="text"/> | \$ <input type="text"/> | \$ <input type="text"/>           |

Authorized for Local Reproduction

**SECTION C - NON-FEDERAL RESOURCES**

| (a) Grant Program                    | (b) Applicant           | (c) State               | (d) Other Sources       | (e) TOTALS              |
|--------------------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| 8. <input type="text"/>              | \$ <input type="text"/> | \$ <input type="text"/> | \$ <input type="text"/> | \$ <input type="text"/> |
| 9. <input type="text"/>              | <input type="text"/>    | <input type="text"/>    | <input type="text"/>    | <input type="text"/>    |
| 10. <input type="text"/>             | <input type="text"/>    | <input type="text"/>    | <input type="text"/>    | <input type="text"/>    |
| 11. <input type="text"/>             | <input type="text"/>    | <input type="text"/>    | <input type="text"/>    | <input type="text"/>    |
| <b>12. TOTAL (sum of lines 8-11)</b> | \$ <input type="text"/> | \$ <input type="text"/> | \$ <input type="text"/> | \$ <input type="text"/> |

**SECTION D - FORECASTED CASH NEEDS**

|   | Total for 1st Year                        | 1st Quarter                               | 2nd Quarter                          | 3rd Quarter                          | 4th Quarter                          |
|---|---|---|--------------------------------------|--------------------------------------|--------------------------------------|
| 13. Federal                               | \$ <input type="text" value="26,190.00"/> | \$ <input type="text" value="26,190.00"/> | \$ <input type="text" value="0.00"/> | \$ <input type="text" value="0.00"/> | \$ <input type="text" value="0.00"/> |
| 14. Non-Federal                           | \$ <input type="text"/>                   | <input type="text" value="0.00"/>         | <input type="text" value="0.00"/>    | <input type="text" value="0.00"/>    | <input type="text" value="0.00"/>    |
| <b>15. TOTAL (sum of lines 13 and 14)</b> | \$ <input type="text" value="26,190.00"/> | \$ <input type="text" value="26,190.00"/> | \$ <input type="text" value="0.00"/> | \$ <input type="text" value="0.00"/> | \$ <input type="text" value="0.00"/> |

**SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT**

| (a) Grant Program                       | FUTURE FUNDING PERIODS (YEARS)            |   |   |                                      |
|---|---|---|---|--------------------------------------|
|   | (b) First                                 | (c) Second                                | (d) Third                                 | (e) Fourth                           |
| 16. Supporting NHSC Expansion           | \$ <input type="text" value="26,190.00"/> | \$ <input type="text" value="26,190.00"/> | \$ <input type="text" value="26,190.00"/> | \$ <input type="text" value="0.00"/> |
| 17. <input type="text"/>                | <input type="text"/>                      | <input type="text"/>                      | <input type="text"/>                      | <input type="text"/>                 |
| 18. <input type="text"/>                | <input type="text"/>                      | <input type="text"/>                      | <input type="text"/>                      | <input type="text"/>                 |
| 19. <input type="text"/>                | <input type="text"/>                      | <input type="text"/>                      | <input type="text"/>                      | <input type="text"/>                 |
| <b>20. TOTAL (sum of lines 16 - 19)</b> | \$ <input type="text" value="26,190.00"/> | \$ <input type="text" value="26,190.00"/> | \$ <input type="text" value="26,190.00"/> | \$ <input type="text"/>              |

**SECTION F - OTHER BUDGET INFORMATION**

|  |  |
|--|--|
| 21. Direct Charges: <input type="text"/> | 22. Indirect Charges: <input type="text"/> |
| 23. Remarks: <input type="text"/>        |  |

**Workforce Development for the NHSC and Safety Net/Health Center Community**

**PROGRAM NARRATIVE**

***INTRODUCTION***

The purpose of this funding initiative is to assist the Vermont State Primary Care Offices (PCO) in the coordination of activities as it relates to the delivery of primary care services and the recruitment and retention of critical health care providers as a result of the National Health Services Corp (NHSC) initiative under the American Recovery & Reinvestment Act. The funds will be used to strengthen the primary care workforce administered through the NHSC to support activities in order to meet the demand to recruit new clinicians into the NHSC program and facility and matching them to eligible sites.

Currently, there are more than 50 existing primary care provider vacancies statewide, representing provider shortages for an estimated 82,000 Vermonters. There is need for the Primary Care Office to assist health centers in understanding the NHSC recruitment and retention application processes as new opportunities arising for loan repayment, and for the Recruitment Center to supply health centers with Health Professional Shortage Area information and other relevant data to ease the burden of this application submission.

***WORK PLAN***

| <b>Activity</b>   | <b>Outcome</b>  | <b>Target Due Date(s)</b> | <b>Person Responsible</b> | <b>Evaluation Plan</b>             |
|---|---|---------------------------|---------------------------|------------------------------------|
| <b>1. Objective: Increase number of NHSC site recruitment and retention applications reviewed by the PCO</b>                  |   |                           |                           |                                    |
| Review, analyze, and comment on NHSC applications that are submitted to both the PCA and PCO office by eligible sites.        | Provided feedback to sites on any missing or incomplete data submitted. | 9/29/10                   | Consultant                | NHSC applications approved by PCO. |
| Schedule monthly meetings with the PCO  | Reviewed new applications and sites.                                    | On-going                  | Consultant                | Meeting notes.                     |
| <b>2. Objective: Increase number of organizations/communities who received technical or community development assistance.</b> |   |                           |                           |                                    |
| Facilitate the development and posting of site and NHSC job opportunities.  | Eight eligible site vacancies posted.                                   | 9/29/10                   | Consultant                | Vacancy log captured data.         |
| Provide technical assistance to health centers including  | Linked ten practice sites with NHSC                                     | 9/29/10                   | Consultant                | Five of these ten sites completed  |

New Limited Competition Award Announcement Number: HRSA-09-277  
Submitted by Vermont Department of Health

| Activity   | Outcome  | Target Due Date(s) | Person Responsible | Evaluation Plan   |
|--|--|--------------------|--------------------|---|
| mental and oral health practices to help them interpret and understand NHSC program requirements.  | information to support their ability to attract and retain qualified clinicians.               |                    |                    | NHSC recruitment and retention assistance applications and were approved for NHSC assistance. |
| Assist undesignated Rural Health Clinics with obtaining "facility HPSA" designation in order to become eligible for NHSC recruitment and retention assistance.                                       | Three Rural Health Clinics obtained "facility HPSA" status.                                    | 9/29/10            | Consultant         | Sites listed on HPSA website as "facility HPSAs".   |
| Maintain communication with NHSC Recruitment and Retention Assistance Branch to keep current on issues affecting NHSC programs.  | Participated in ten Bureau of Clinician Recruitment and Retention Services conference calls.   | 9/29/10            | Consultant         | Meeting notes/minutes.  |
| Develop and maintain a spreadsheet listing NHSC site approval dates, renewal dates, HPSA scores and number of clinicians requiring NHSC loan repayment at respective health center.                  | Maintain spreadsheet.  | On-going           | Consultant         | Information entered on spreadsheet.   |
| Participation in the Rural Recruitment & Retention Network Annual meeting.   | Enhanced knowledge of NHSC program through networking with other states.                       | Fall 2012          | Consultant         | Summary of outcomes of meeting.   |
| <b>3. Objective: Increase outreach activities/tasks performed in relation to recruitment and retention as it relates to NHSC</b>   |  |                    |                    |   |
| Provide technical assistance to prospective clinicians include minority and underserved populations (i.e. Migrant Farm Worker and Refugee Settlement Programs) to help them interpret and understand | Linked ten clinicians with NHSC information to assist them in finding NHSC eligible positions. | 9/29/10            | Consultant         | Five of these ten clinicians completed NHSC applications.                                     |

New Limited Competition Award Announcement Number: HRSA-09-277  
Submitted by Vermont Department of Health

| Activity  | Outcome  | Target Due Date(s) | Person Responsible | Evaluation Plan                                      |
|---|--|--------------------|--------------------|--|
| NHSC program requirements and complete NHSC applications.   |  |                    |                    |  |
| Consult with health centers via site visit to identify NHSC needs for recruitment and retention assistance and to provide updates on NHSC programs. | Visited five health centers.                                       | 9/29/10            | Consultant         | Health center visits logged.                         |
| Post health center clinical vacancies on the National Health Service Corps and Rural Recruitment & Retention Network website.                       | Posted ten vacancies eligible for NHSC assistance on websites.     | 9/29/10            | Consultant         | Vacancies entered on websites.                       |
| Prepare and maintain information documents on NHSC programs to distribute to prospective clinicians.  | Sent 20 NHSC information packets to prospective candidates.        | 9/29/10            | Consultant         | Logged in Practice Sites database.                   |
| Create and place ad in regional magazine to promote NHSC program.   | Placed advertisement in the New England Journal of Medicine.       | Fall 2009          | Consultant         | Advertisement reviewed.                              |
| Developed and maintain social networking website to promote NHSC program.   | WebPages completed and posted on Face book and Linked-In websites. | Winter 2010        | Consultant         | Review of websites.                                  |
| Facilitate the VT Clinician & Recruitment Symposium to include behavioral health sites.   | Increased behavioral health site knowledge of NHSC.                | Fall 2011          | Consultant         | Participant registration.                            |
| <b>4. Monitor and evaluate work conducted under the PCO Supplemental Grant Award</b>  |  |                    |                    |  |
| Develop quarterly reports as per HRSA and ARRA requirements.  | Reports are submitted on quarterly basis.                          | Quarterly          | Consultant         | Confirmation of receipt of quarterly reports by PCO. |



New Limited Competition Award Announcement Number: HRSA-09-277  
Submitted by Vermont Department of Health

***STAFFING PLAN AND PERSONNEL REQUIREMENTS***

Consultant time (0.30 FTE) is being requested to increase the number of National Health Service Corp (NHSC) site recruitment and retention applications reviewed by the PCO; increase number of organizations/communities who received technical or community development assistance and to increase outreach activities/tasks performed in relation to recruitment and retention as it relates to NHSC. A prospective consultant has been identified and is described in the biographical sketch attached. The consultant will report to Tracy Dolan, acting Director for the Primary Care Office.

### **Biographical Sketch**

The prospective consultant, Tammy McKenzie, spends time establishing and maintaining relationships with Vermont organizations to support the development and implementation of strategies to address health professional workforce shortages in the state. In addition to a B.S. in Human Services from Springfield College in Wilmington, DE, Ms. McKenzie's qualifications include more than ten years of prior experience in workforce and human resources experience including nurse recruitment in both for-profit and non-profit settings as well as prior experience collaborating with all levels of management to assess, plan, evaluate and implement comprehensive and competitive recruitment and retention programs. Additionally, Ms. McKenzie serves as a NHSC Community-based Ambassador to provide support for clinicians with an interest or dedication to improving the health of the Nation's underserved.

HRSA-09-277 - Budget Narrative

***Workforce Development for the NHSC and Safety Net/Health Center Community***

|                           |                    |
|---------------------------|--------------------|
| <b>a. Personnel</b>       | <b>0.00</b>        |
| <b>b. Fringe Benefits</b> | <b>\$0.00</b>      |
| <b>c. Travel</b>          | <b>\$0.00</b>      |
| <b>d. Equipment</b>       | <b>\$0.00</b>      |
| <b>e. Supplies</b>        | <b>\$0.00</b>      |
| <b>f. Contractual</b>     | <b>\$0.00</b>      |
| <b>g. Construction</b>    | <b>\$0.00</b>      |
| <b>h. Other</b>           | <b>\$26,190.00</b> |

*A consultant will provide services to support NHSC expansion through recruitment and retention activities including extensive site support, marketing NHSC opportunities at conferences, and developing materials to promote the program within and outside of Vermont.*

|                                |                    |
|--------------------------------|--------------------|
| <b>i. Total Direct Charges</b> | <b>\$26,190.00</b> |
| <b>j. Indirect Charges</b>     | <b>\$ 0.00</b>     |
| <b>k. Totals</b>               | <b>\$26,190.00</b> |