



**STATE OF VERMONT**  
LEGISLATIVE JOINT FISCAL OFFICE

MEMORANDUM

TO: Members, Joint Fiscal Committee

FROM: Maria Belliveau, Associate Fiscal Officer

Handwritten initials 'MB' in black ink, positioned to the right of the 'FROM' line.

DATE: June 25, 2015

SUBJECT: JFO #2765 Request for Three Limited Service Positions

The Joint Fiscal Committee received a request from the Vermont Department of Health to authorize the establishment of three new limited service positions. Each of these requested positions are supported by an existing federal grant previously approved by the Joint Fiscal Committee.

Two of the positions will be funded by a grant from the Centers for Disease Control and Prevention. The positions will oversee design and approval of response plans and coordination with surveillance for pandemic and disaster response. The Department of Health is the only department within the Agency of Human Services that has a disaster and pandemic plan. Other departments including Mental Health, DDAIL, Corrections, DCF and VDHA lack plans and training for responding to infectious disease and other emergencies. Other agencies associated with Vermont State Government may also receive assistance in developing plans and training exercises. The annual cost of salaries and benefits for these two positions is estimated at \$199,618.

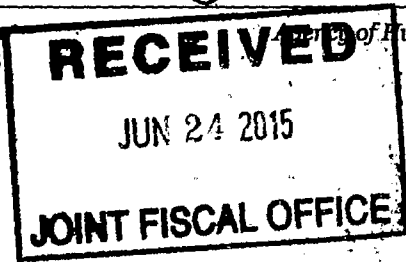
The third position request is for a Health Data Administrator to replace existing temporary positions. The department has determined that the need for the services provided by the temporary positions is on-going and that, due to the number of hours temporary positions are permitted to work, a limited service position would be more appropriate. The annual cost of this position is estimated to be \$117,598 and will be supported by an on-going federal grant from the U.S. Department of Health and Human Services. This position will work as part of an evidenced based nurse home visiting program for at risk children. The program was started in 2012 and has grown steadily. This position will be responsible for collecting, analyzing, and reporting data regarding the program.



JFO # 2765

State of Vermont  
Department of Health  
Commissioner's Office  
108 Cherry Street, Suite 301  
Burlington, VT 05402-0070  
HealthVermont.gov

[phone] 802-863-7288  
[fax] 802-951-1275



Department of Human Services

MEMORANDUM

10 June 2015

TO: Molly Paulger, Director  
HR Services & Operations

FR: Harry Chen, MD, Commissioner

RE: Limited Service Position Requests

Please find enclosed the required documentation for three limited service position requests. Each is associated with an existing federal grant already approved by JFO. RFRs and Limited Service Grant Funded Position requests are included.

One position request is for a Health Data Administrator for a grant received in 2011. This grant has relied on a temporary position to perform this work, requiring in 2014 a waiver of the temporary hour limit. We have determined that there is an ongoing need for these services, and intend to replace the use of a temporary position with this limited service position.

The other request is for two positions associated with a supplemental award to our Public Health Preparedness Program grant. The \$1.1 million in additional funding supports accelerated state and local public health preparedness planning and operational readiness for responding to Ebola Virus Disease. The new positions will assist other AHS departments and community human services providers to develop or update disaster and pandemic response plans.

CC: Aditeei Lagu, HR Manager



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

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

Agency/Department: Agency of Human Services/Health Department Date: 6/5/15

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

Request is for:

- Positions funded and attached to a new grant.  
 Positions funded and attached to an existing grant approved by JFO # 2022

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

Health and Human Services, Centers for Disease Control and Prevention  
 Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP) Aligned Cooperative  
 Agreements (grant award document attached)

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

<u>Title* of Position(s) Requested</u>	<u># of Positions</u>	<u>Division/Program</u>	<u>Grant Funding Period/Anticipated End Date</u>
Public Health Programs Admin	2	Emergency Preparedness	9/30/16

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

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

These positions are necessary to execute the project approved and funded by the Centers for Disease Control to support accelerated state and local public health preparedness planning and operational readiness for responding to Ebola. (see summary attached)

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

[Signature] \_\_\_\_\_ Date 6/4/2015  
 Signature of Agency or Department Head

[Signature: Molly Paul] \_\_\_\_\_ Date 6.12.15  
 Approved/Denied by Department of Human Resources

[Signature] \_\_\_\_\_ Date 6/17/15  
 Approved/Denied by Finance and Management

[Signature] \_\_\_\_\_ Date 6/16/15  
 Approved/Denied by Secretary of Administration

Comments:

**JUN 16 2015**

Request to Establish Positions  
Public Health Emergency Preparedness Ebola Supplement  
Summary 6/5/2015

The Department of Health has received a supplementary award under the ongoing Public Health Emergency Preparedness grant from the Centers for Disease Control and Prevention. This supplement supports accelerated state and local public health preparedness planning and operational readiness for responding to Ebola. The award provides an additional \$1,147,838 in Federal funding for the period 4/1/15 thru 9/30/16. Copies of the grant award and the project budget narrative are attached.

One of the key activities under this project is to improve community preparedness. To that end, the Department proposes to hire two Public Health Programs Administrators to oversee design and approval of response plans and coordination with surveillance for pandemic and disaster response. The Ebola crisis, Tropical Storm Irene, and other exercises and emergencies have shown that state and local human services agencies require significant investments in emergency and disaster planning and response. The Department of Health is the only department within the Agency of Human Services that has disaster and pandemic plans. The Departments of Mental Health; Disabilities, Aging, & Independent Living; Corrections; Children & Families; and Vermont Health Access lack plans, training, and practice at responding to infectious disease and all-hazards emergencies. Designated mental health agencies, skilled nursing & assisted living facilities, and childcare agencies & centers may also require assistance in developing plans, training, and exercising.

The Department of Health is hereby requesting the establishment of two limited service positions to carry out this project.



**Grant Number:** 3U90TP000556-03S2  
**FAIN:** U90TP000556

**Principal Investigator(s):**  
CHRIS BELL, MPH

**Project Title:** TP12-1201 HPP AND PHEP COOPERATIVE AGREEMENTS

GARY LEACH  
VERMONT DEPARTMENT OF HEALTH  
108 CHERRY STREET  
BURLINGTON, VT 05402

**Award e-mailed to:** gary.leach@state.vt.us

**Budget Period:** 04/01/2015 – 09/30/2016  
**Project Period:** 04/01/2015 – 09/30/2016

Dear Business Official:

The Centers for Disease Control and Prevention hereby awards a grant in the amount of \$1,147,838 (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to VERMONT DEPT OF HEALTH in support of the above referenced project. This award is pursuant to the authority of SEC391(A)317(K)OFPHS42U.S.C.SEC241A 247B and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

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

If you have any questions about this award, please contact the individual(s) referenced in Section IV.

Sincerely yours,

Shicann Phillips  
Grants Management Officer  
Centers for Disease Control and Prevention

Additional information follows

**SECTION I – AWARD DATA – 3U90TP000556-03S2**

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

Salaries and Wages	\$142,584
Fringe Benefits	\$57,034
Personnel Costs (Subtotal)	\$199,618
Equipment	\$140,000
Supplies	\$74,382
Travel Costs	\$27,500
Other Costs	\$134,988
Consortium/Contractual Cost	\$485,800

Federal Direct Costs	\$1,062,288
Federal F&A Costs	\$85,550
Approved Budget	\$1,147,838
Federal Share	\$1,147,838
<b>TOTAL FEDERAL AWARD AMOUNT</b>	<b>\$1,147,838</b>

**AMOUNT OF THIS ACTION (FEDERAL SHARE) \$1,147,838**

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

04 \$0  
05 \$0

**Fiscal Information:**

CFDA Number: 93.074  
EIN: 1036000274B8  
Document Number: TP00055615

IC	CAN	2015
TP	93902YK	\$1,147,838

SUMMARY TOTAL FEDERAL AWARD AMOUNT YEAR ( 3 )		
GRANT NUMBER	TOTAL FEDERAL AWARD AMOUNT	
3U90TP000556-03S2	\$1,147,838	
5U90TP000556-03	\$4,923,418	
3U90TP000556-03S1	\$52,808	
<b>TOTAL</b>	<b>\$6,124,064</b>	
SUMMARY TOTALS FOR ALL YEARS		
YR	THIS AWARD	CUMULATIVE TOTALS
3	\$1,147,838	\$6,124,064
4	\$0	\$3,803,085
5	\$0	\$3,803,085

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

**CDC Administrative Data:**

PCC: N / OC: 4151 / Processed: PHILLIPSS0 03/30/2015

**SECTION II – PAYMENT/HOTLINE INFORMATION – 3U90TP000556-03S2**

For payment information see Payment Information section in Additional Terms and Conditions.

INSPECTOR GENERAL: The HHS Office Inspector General (OIG) maintains a toll-free number (1-800-HHS-TIPS [1-800-447-8477]) for receiving information concerning fraud, waste or abuse under grants and cooperative agreements. Information also may be submitted by e-mail to

hhstips@oig.hhs.gov or by mail to Office of the Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington DC 20201. Such reports are treated as sensitive material and submitters may decline to give their names if they choose to remain anonymous. This note replaces the Inspector General contact information cited in previous notice of award.

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**SECTION III – TERMS AND CONDITIONS – 3U90TP000556-03S2**

This award is based on the application submitted to, and as approved by, CDC on the above-titled project and is subject to the terms and conditions incorporated either directly or by reference in the following:

- a. The grant program legislation and program regulation cited in this Notice of Award.
- b. The restrictions on the expenditure of federal funds in appropriations acts to the extent those restrictions are pertinent to the award.
- c. 45 CFR Part 74 or 45 CFR Part 92 as applicable.
- d. The HS Grants Policy Statement, including addenda in effect as of the beginning date of the budget period.
- e. This award notice, INCLUDING THE TERMS AND CONDITIONS CITED BELOW.

This award has been assigned the Federal Award Identification Number (FAIN) U90TP000556. Recipients must document the assigned FAIN on each consortium/subaward issued under this award.

**Treatment of Program Income:**  
Additional Costs

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**SECTION IV – TP Special Terms and Conditions – 3U90TP000556-03S2**

**Funding Opportunity Announcement (FOA) Number: TP12-12010302SUPP15**  
**Award Number: 3 U90/TP000556-03S2**  
**Award Type: Cooperative Agreement**  
**Applicable Cost Principles: 2 CFR Part 225 Cost Principles for State, Local, and Indian Tribal Governments (OMB Circular A-87)**

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**AWARD INFORMATION**

REMARKS

**Statutory Authority:**  
**Contingent Emergency Response Funding (PHEP ONLY)**  
**317(a) and 317(d) of the PHS Act**

**Incorporation:** The Centers for Disease Control and Prevention (CDC) hereby incorporates Funding Opportunity Announcement number TP12-12010302SUPP15, entitled Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP) Cooperative Agreements/PHEP Supplemental for Ebola Preparedness and Response Activities, and application dated 2/19/2015, as may be amended, which are hereby made a part of this Non-Research award hereinafter referred to as the Notice of Award (NoA). The Department of Health and Human Services (HHS) grant recipients must comply with all terms and conditions outlined in the NoA, including grants policy terms and conditions contained in applicable HHS Grants Policy Statements, and requirements imposed by program statutes and regulations and HHS grant administration regulations, as applicable; as well as any requirements or limitations in any applicable appropriations acts. The term grant is used throughout this notice and includes cooperative agreements.

**\* Note 2 CFR 200 will supersede the administrative requirements (A-110 & A-102), cost principles (A-21, A-87 & A-122 and audit requirements (A-50, A-89 & A-133).**

\* Note 45 CFR 75 will supersede the administrative requirements in 45 CFR Part 74 or Part 92.

For additional information or guidance, see CDC Grants website resources at [CDC Grants Application Resources](#).

**Approved Ebola Supplemental Funding (PHEP ONLY):** Supplemental funding in the amount of \$1,147,838 is approved for Year 3, Ebola Supplement Number 2.

Note: Refer to the Payment Information section for draw down and Payment Management System (PMS) subaccount information.

**RESTRICTED FUNDS:** Funds in the amount of \$140,000, requested for the purchase of the required LRN-Approved RT-PCR Instruments as stated in the FOA are hereby restricted and cannot be drawn down from the Payment Management System (PMS) until further guidance is given by CDC.

**ADDITIONAL ADMINISTRATIVE RESTRICTIONS:** Funds in the amount of \$243,800 (Travel = \$3,000, Other = \$27,500 and Contractual = \$215,800) is restricted from use pending submission and approval of a revised budget and detailed justification.

**RESTRICTED FUNDS SHALL NOT BE DRAWN DOWN UNTIL OFFICIAL RELEASED BY A REVISED NOTICE OF AWARD SIGNED BY THE GRANTS MANAGEMENT OFFICER.**

**DISAPPROVED COSTS: ALL PROPOSED COSTS AND ACTIVITIES ASSOCIATED WITH HOSPITAL PREPAREDNESS PROGRAM (HPP) ARE NOT SUPPORTED BY PHEP EBOLA SUPPLEMENTAL FUNDS.**

**PRIOR APPROVAL:** Overtime and compensatory time must be submitted to your GMS prior to applying the proposed cost. Requests should clearly state the following: Name of staff; percentage of effort on current award; current salary; number of hours/percent of effort; estimated total cost; assigned duties during overtime hours; justification for work performance outside of normal working hours.

**Period of Performance: April 1, 2015 – September 30, 2016**

**Carryover and No Cost Extensions are NOT applicable for performance of supplemental activities and expenditure of supplemental funds. All activities must be completed by September 30, 2016.**

**Cost Sharing or Matching: Is NOT required for this supplemental program.**

**Direct Assistance: Is NOT applicable to this supplemental program.**

**Maintenance of Effort: Is NOT required for this supplemental program.**

**NOTE: DETAILS FOR REQUESTING REIMBURSEMENT OF PREVIOUSLY INCURRED COST FOR INITIAL EBOLA ACTIVITIES/EXPENDITURES ARE FORTHCOMING.**

#### **REPORTING REQUIREMENTS**

**Annual Federal Financial Report (FFR, SF-425):** The Annual Federal Financial Report (FFR) SF-425 is required and must be submitted through eRA Commons no later than 90 days after the end of the calendar quarter in which the budget period ends. The FFR for this budget period is due to the GMS/GMO by December 31, 2016. Reporting timeframe is April 1, 2015 through September 30, 2016.

The FFR should only include those funds authorized and disbursed during the timeframe covered by the report. The final FFR must indicate the exact balance of unobligated funds and may not reflect any unliquidated obligations. There must be no discrepancies between the final FFR expenditure data and the Payment Management System's (PMS) cash transaction data. All Federal reporting in PMS is unchanged.



Failure to submit the required information in a timely manner may adversely affect the future funding of this project. If the information cannot be provided by the due date, the grantee is required to contact the Grants Officer listed in the contacts section of this notice before the due date.

FFR (SF-425) instructions for CDC Grantees are available at <http://grants.nih.gov/grants/forms.htm>. For further information, contact [GrantsInfo@nih.gov](mailto:GrantsInfo@nih.gov). Additional resources concerning the eFSR/FFR system, including a User Guide and an on-line demonstration, can be found on the eRA Commons Support Page: <http://www.cdc.gov/od/pgo/funding/grants/eramain.shtm>.

## **PAYMENT INFORMATION**

**Automatic Drawdown (Direct/Advance Payments):** Payment under this award will be made available through the Department of Health and Human Services (HHS) Payment Management System (PMS). PMS will forward instructions for obtaining payments.

PMS correspondence, mailed through the U.S. Postal Service, should be addressed as follows:

Director, Payment Management Services  
P.O. Box 6021  
Rockville, MD 20852  
Phone Number: (877) 614-5533  
Email: [PMSSupport@psc.gov](mailto:PMSSupport@psc.gov)  
Website: <http://www.dpm.psc.gov/help/help.aspx>

**Note:** To obtain the contact information of PMS staff within respective Payment Branches refer to the links listed below:

- University and Non-Profit Payment Branch:  
[http://www.dpm.psc.gov/contacts/dpm\\_contact\\_list/univ\\_nonprofit.aspx?explorer.event=true](http://www.dpm.psc.gov/contacts/dpm_contact_list/univ_nonprofit.aspx?explorer.event=true)

- Governmental and Tribal Payment Branch:

[http://www.dpm.psc.gov/contacts/dpm\\_contact\\_list/gov\\_tribal.aspx?explorer.event=true](http://www.dpm.psc.gov/contacts/dpm_contact_list/gov_tribal.aspx?explorer.event=true)

- Cross Servicing Payment Branch:

[http://www.dpm.psc.gov/contacts/dpm\\_contact\\_list/cross\\_servicing.aspx](http://www.dpm.psc.gov/contacts/dpm_contact_list/cross_servicing.aspx)

- International Payment Branch:

Bhavin Patel (301) 443-9188

If a carrier other than the U.S. Postal Service is used, such as United Parcel Service, Federal Express, or other commercial service, the correspondence should be addressed as follows:

U.S. Department of Health and Human Services  
Division of Payment Management  
7700 Wisconsin Avenue, Suite 920  
Bethesda, MD 20814

To expedite your first payment from this award, attach a copy of the Notice of Grant/Cooperative Agreement to your payment request form.

For additional information and/or to obtain your agency point of contact at the PMS, see, [http://www.dpm.psc.gov/contacts/dpm\\_contact\\_list/dpm\\_contact\\_list.aspx?explorer.event=true](http://www.dpm.psc.gov/contacts/dpm_contact_list/dpm_contact_list.aspx?explorer.event=true)

Subaccount Title: TP121201EBOLASUPP215

Subaccount Number: TP00055615

**Payment Management System Subaccount:** Effective October 1, 2013, a new HHS policy on subaccounts requires the CDC setup payment subaccounts within the Payment Management System (PMS) for all grant awards. Funds awarded in support of approved activities have been obligated in a newly established subaccount in the PMS, herein identified as the "P Account". A P Account is a subaccount created specifically for the purpose of tracking designated types of funding in the PMS.

All award funds must be tracked and reported separately. Funds must be used in support of approved activities in the FOA and the approved application.

**Acceptance of the Terms of an Award:** By drawing or otherwise obtaining funds from the grant Payment Management Services, the grantee acknowledges acceptance of the terms and conditions of the award and is obligated to perform in accordance with the requirements of the award. If the recipient cannot accept the terms, the recipient should notify the Grants Management Officer within thirty (30) days of receipt of this award notice.

**Certification Statement:** By drawing down funds, the grantee certifies that proper financial management controls and accounting systems, to include personnel policies and procedures, have been established to adequately administer Federal awards and funds drawn down. Recipients must comply with all terms and conditions outlined in their NoA, including grant policy terms and conditions contained in applicable HHS Grant Policy Statements, and requirements imposed by program statutes and regulations and HHS grants administration regulations, as applicable; as well as any regulations or limitations in any applicable appropriations acts.

#### **CLOSEOUT REQUIREMENTS**

Grantees must submit closeout reports in a timely manner. Unless the Grants Management Specialist/Grants Management Officer (GMS/GMO) approves a deadline extension the grantee must submit all closeout reports within 90 days after the last day of the final budget period. Reporting timeframe is 04/01/2015 through 09/30/2016. Failure to submit timely and accurate final reports may affect future funding to the organization or awards under the direction of the same Project Director/Principal Investigator (PD/PI).

All manuscripts published as a result of the work supported in part or whole by the cooperative grant must be submitted with the progress reports.

An original plus two copies of the reports must be mailed to the GMS for approval by the GMO by the due date noted. Ensure the Award and Program Announcement numbers shown above are on the reports.

The final and other programmatic reports required by the terms and conditions of the NoA are the following.

**Final Performance Report:** An original and two copies are required. At a minimum, the report should include the following:

- Statement of progress made toward the achievement of originally stated aims.
- Description of results (positive or negative) considered significant.
- List of publications resulting from the project, with plans, if any, for further publication.

**Final Federal Financial Report (FFR, SF-425):** The FFR should only include those funds authorized and actually expended during the timeframe covered by the report. The Final FFR, SF-425 is required and must be submitted through eRA Commons no later than 90 days after the end of the project period. This report must indicate the exact balance of unobligated funds and may not reflect any unliquidated obligations. Should the amount not match with the final expenditures reported to the Department of Health and Human Services' Payment Management Services (PMS), you will be required to update your reports to PMS accordingly. Remaining unobligated funds will be de-obligated and returned to the U.S. Treasury.

If the final reports (FFR and Final Progress Report) cannot be submitted within 90 days after the end of the project period, in accordance with 2 CFR Parts 200.343 (Closeout), 225 and 230, the grantee must submit a letter requesting an extension that includes the justification for the delay and state the expected date the CDC Procurement and Grants Office will receive the reports. All required documents must be mailed to the business contact identified in Staff Contacts.

**Equipment Inventory Report:** An original and two copies of a complete inventory must be submitted for all major equipment acquired or furnished under this project with a unit acquisition cost of \$5,000 or more. The inventory list must include the description of the item, manufacturer serial and/or identification number, acquisition date and cost, percentage of Federal funds used in the acquisition of the item. The grantee should also identify each item of equipment that it wishes to retain for continued use in accordance with 2 CFR Parts 200, 215.37 or 2 CFR Part 215.71. These requirements do apply to equipment purchased with non-federal funds for this program. The awarding agency may exercise its rights to require the transfer of equipment purchased under the assistance award referenced in the cover letter. CDC will notify the grantee if transfer to title will be required and provide disposition instruction on all major equipment. Equipment with a unit acquisition cost of less than \$5,000 that is no longer to be used in projects or programs currently or previously sponsored by the Federal Government may be retained, sold, or otherwise disposed of, with no further obligation to the Federal Government. If no equipment was acquired under this award, a negative report is required.

**Final Invention Statement:** An original and two copies of a Final Invention Statement are required. Electronic versions of the form can be downloaded by visiting <http://www.hhs.gov/forms/hhs568.pdf>. If no inventions were conceived under this assistance award, a negative report is required. This statement may be included in a cover letter.

## **CDC ROLES AND RESPONSIBILITIES**

**Roles and Responsibilities:** Grants Management Specialists/Officers (GMO/GMS) and Program/Project Officers (PO) work together to award and manage CDC grants and cooperative agreements. From the pre-planning stage to closeout of an award, grants management and program staff have specific roles and responsibilities for each phase of the grant cycle. The GMS/GMO is responsible for the business management and administrative functions. The PO is responsible for the programmatic, scientific, and/or technical aspects. The purpose of this factsheet is to distinguish between the roles and responsibilities of the GMO/GMS and the PO to provide a description of their respective duties.

**Grants Management Officer:** The GMO is the federal official responsible for the business and other non-programmatic aspects of grant awards including:

- Determining the appropriate award instrument, i.e.; grant or cooperative agreement
- Determining if an application meets the requirements of the FOA
- Ensuring objective reviews are conducted in an above-the-board manner and according to guidelines set forth in grants policy
- Ensuring grantee compliance with applicable laws, regulations, and policies
- Negotiating awards, including budgets
- Responding to grantee inquiries regarding the business and administrative aspects of an award
- Providing grantees with guidance on the closeout process and administering the closeout of grants
- Receiving and processing reports and prior approval requests such as changes in funding, carryover, budget redirection, or changes to the terms and conditions of an award
- Maintaining the official grant file and program book

The GMO is the only official authorized to obligate federal funds and is responsible for signing the NoA, including revisions to the NoA that change the terms and conditions. The GMO serves as the counterpart to the business officer of the recipient organization.

**GMO Contact:** See Staff Contacts below for the assigned GMO

**Grants Management Specialist:** The GMS is the federal staff member responsible for the day-to-day management of grants and cooperative agreements. The GMS is the primary contact of

recipients for business and administrative matters pertinent to grant awards. Many of the functions described above are performed by the GMS on behalf of the GMO.

**GMS Contact:** See Staff Contacts below for the assigned GMS

**Program/Project Officer:** The PO is the federal official responsible for the programmatic, scientific, and/or technical aspects of grants and cooperative agreements including:

- The development of programs and FOAs to meet the CDC's mission
- Providing technical assistance to applicants in developing their applications e.g. explanation of programmatic requirements, regulations, evaluation criteria, and guidance to applicants on possible linkages with other resources
- Providing technical assistance to grantees in the performance of their project
- Post-award monitoring of grantee performance such as review of progress reports, review of prior approval requests, conducting site visits, and other activities complementary to those of the GMO/GMS

**Programmatic Contact:**

**Cynthia Wheeler, Project Officer**  
**Centers for Disease Control**  
**Public Health Emergency Preparedness Program**  
**Telephone: 404-639-2186**  
**Email: [VTN0@CDC.GOV](mailto:VTN0@CDC.GOV)**

**STAFF CONTACTS**

**Grants Management Specialist:** Laquanda Lewis  
 Center for Disease Control and Prevention  
 CDC / ATSDR  
 2960 Brandywine Road MS.K98  
 Atlanta, GA 30341  
**Email: [HRF6@cdc.gov](mailto:HRF6@cdc.gov) Phone: 770-488-2969 Fax: 770-488-8350**

**Grants Management Officer:** Shicann Phillips  
 Center for Disease Control and Prevention  
 ONDIEH  
 1825 Century Center Blvd MS E-85  
 Atlanta, GA 30345  
**Email: [IBQ7@CDC.GOV](mailto:IBQ7@CDC.GOV) Phone: 404.498.3013**

**SPREADSHEET SUMMARY**

**GRANT NUMBER: 3U90TP000556-03S2**

**INSTITUTION: VERMONT STATE AGENCY OF HUMAN SERVICES**

Budget	Year 3	Year 4	Year 5
Salaries and Wages	\$142,584		
Fringe Benefits	\$57,034		
Personnel Costs (Subtotal)	\$199,618		
Equipment	\$140,000		
Supplies	\$74,382		
Travel Costs	\$27,500		
Other Costs	\$134,988		
Consortium/Contractual Cost	\$485,800		
<b>TOTAL FEDERAL DC</b>	<b>\$1,062,288</b>		
<b>TOTAL FEDERAL F&amp;A</b>	<b>\$85,550</b>		
<b>TOTAL COST</b>	<b>\$1,147,838</b>	<b>\$0</b>	<b>\$0</b>

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

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

**Position Information:**

Incumbent: Vacant or New Position

Position Number:  Current Job/Class Title: Public Health Programs Administrator AC: General

Agency/Department/Unit: AHS/VDH/OPHP & EMS GUC: 74201

Pay Group: 24 Work Station: Burlington Zip Code: 05401

Position Type:  Permanent  Limited Service (end date ) 6/30/17

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

Supervisor's Name, Title and Phone Number: Chris Bell, DEPRIP Division Director, 802-863-7230

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

**New Position(s):**

a. **REQUIRED:** Allocation requested: Existing Class Code 444900 Existing Job/Class Title: Public Health Programs Administrator AC: General

b. Position authorized by:

VERMONT DEPARTMENT OF PERSONNEL  
Request for Classification Action  
New or Vacant Positions  
Existing Job Class/Titles ONLY  
Position Description Form C

- **This form is to be used by management to request the allocation of a new position, or reallocation of a vacant position, to an EXISTING class title.**
- Employee requests must be submitted on the separate "Position Description Form A."
- Requests for full classification, to determine the appropriate pay grade for any job class must be submitted on "Position Description Form A."
- This form was designed in Microsoft Word to download and complete on your computer. This is a form-protected document, so information can only be entered in the shaded  areas of the form.
- To move from field to field use your mouse, the arrow keys or press Tab. Each form field has a limited number of characters. Use your mouse or the spacebar to mark and unmark a checkbox.
- Where additional space is needed to respond to a question, you will need to attach a separate page, and number the responses to correspond with the numbers of the questions on the form. Please contact your Personnel Officer if you have difficulty completing the form.
- All sections of this form are required to be completed unless otherwise stated.
- The form must be complete, including required attachments and signatures or it will be returned to the department's personnel office.

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

**Vacant Position:**

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

**For All Requests:**

1. List the anticipated job duties and expectations; include all major job duties: Planning, administrative, grants management and policy development work at a professional level for the Department of Health (VDH) involving programs for emergency, hospital and general health care preparedness. Duties include administering federal grants; planning and implementation with internal and external partners; and participating in large scale emergency response scenarios. Extensive interaction is required with Federal officials, VDH leadership and program staff, community partners and other state agencies. Develops, writes, and administers grants from the Centers for Disease Control and Prevention or other Federal agencies to fund a wide array of preparedness efforts and resources, including for VDH programs, hospitals, nursing homes, residential care homes, home health agencies, child care centers, mental health designated agencies, municipalities, and others. Coordinates cooperative agreements and oversees deliverables with partner agencies and sub-grant recipients. Ensures compliance with Federal and State contract/grant requirements. Prepares for and participates in audits and programmatic reviews. Prepares financial budgets, reports, analysis and recommendations for funds associated with the assigned grants and contracts. Coordinates use of data from multiple sources for program review, monitoring and evaluation. Represents VDH on statewide, regional and federal councils and advisory groups. Participates in emergency response operations. This position will focus on healthcare organization preparedness and response. Performs other related duties as assigned.

2. Provide a brief justification/explanation of this request: New funding from CDC and ASPR along with increased workload for emergency planning, training, and exercising departmental, agency, and community partners.

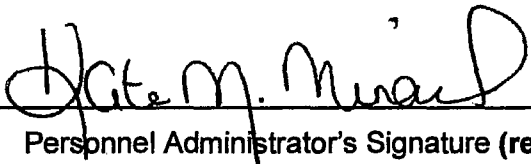
3. If the position will be supervisory, please list the names and titles of all classified employees reporting to this position (this information should be identified on the organizational chart as well). None

**Personnel Administrator's Section:**

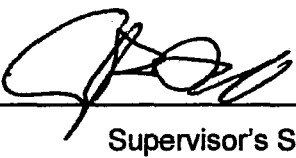
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**Attachments:**

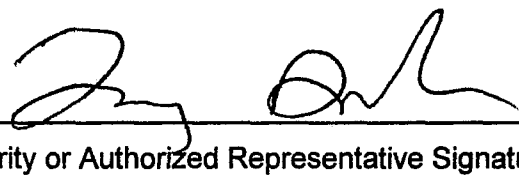
- Organizational charts are **required** and must indicate where the position reports.
- Class specification (optional).
- For new positions, include copies of the language authorizing the position, or any other information that would help us better understand the program, the need for the position,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

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

4/3/15  
Date

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

4/3/15  
Date

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

APR 06 2015  
Date

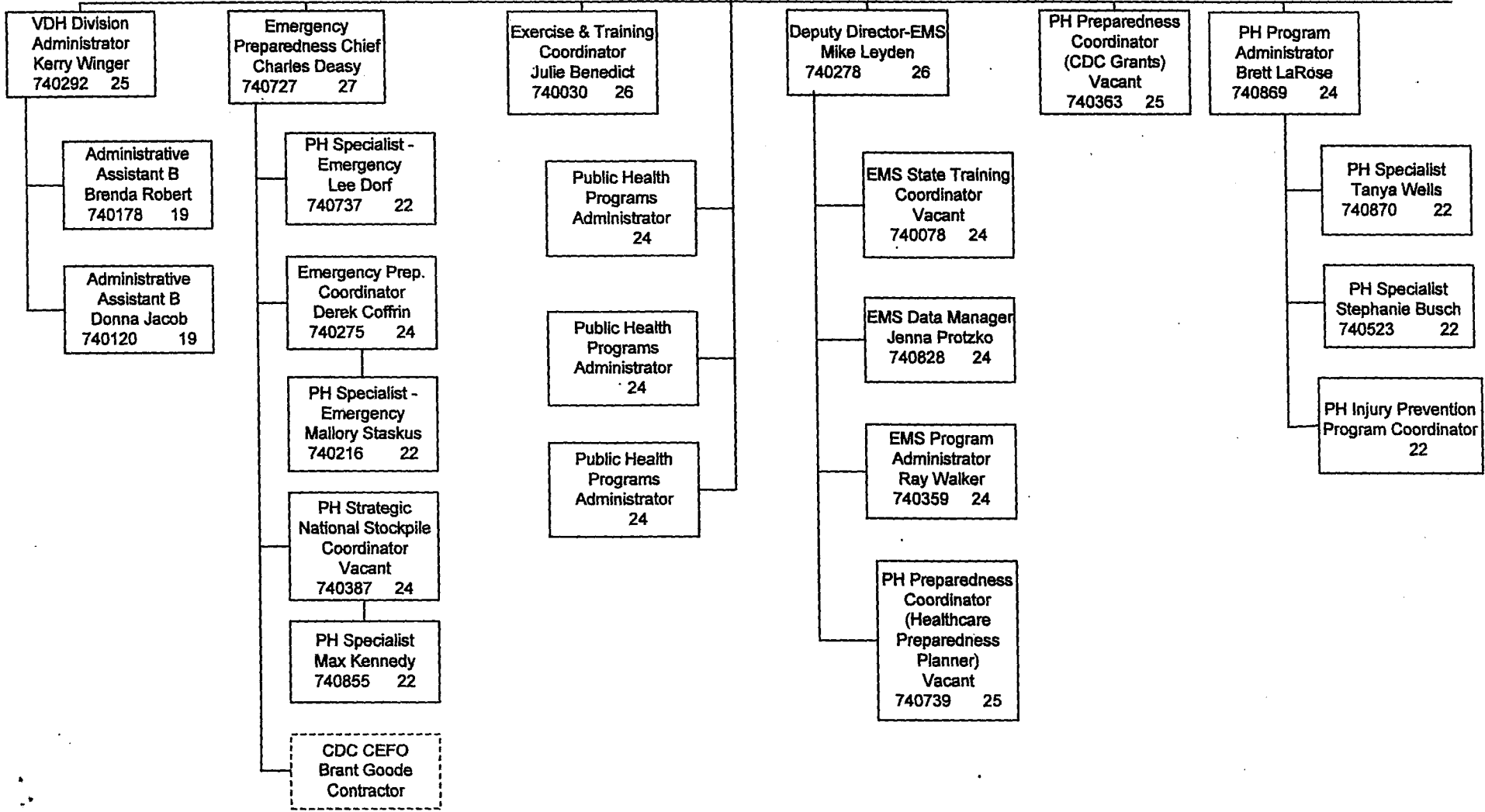
\* Note: Attach additional information or comments if appropriate.



Deputy Commissioner of  
Public Health  
Tracy Dolan  
747002 97

**Division of Emergency  
Preparedness, Response and Injury  
Prevention  
April 3, 2015**

Office of PH Preparedness/  
EMS Director  
Chris Bell  
740229 29



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

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

**Position Information:**

Incumbent: **Vacant or New Position**

Position Number:  Current Job/Class Title: Public Health Programs Administrator AC: General

Agency/Department/Unit: AHS/VDH/OPHP & EMS GUC: 74201

Pay Group: 24 Work Station: Burlington Zip Code: 05401

Position Type:  Permanent  Limited Service (end date ) 6/30/17

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

Supervisor's Name, Title and Phone Number: Chris Bell, DEPRIP Division Director, 802-863-7230

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

**New Position(s):**

a. **REQUIRED:** Allocation requested: Existing Class Code 444900 Existing Job/Class Title: Public Health Programs Administrator AC: General

b. Position authorized by:

VERMONT DEPARTMENT OF PERSONNEL  
Request for Classification Action  
New or Vacant Positions  
Existing Job Class/Titles ONLY  
Position Description Form C

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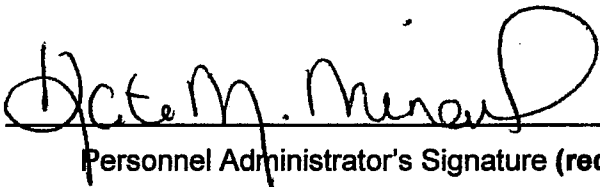
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Personnel Administrator's Signature (required)\*

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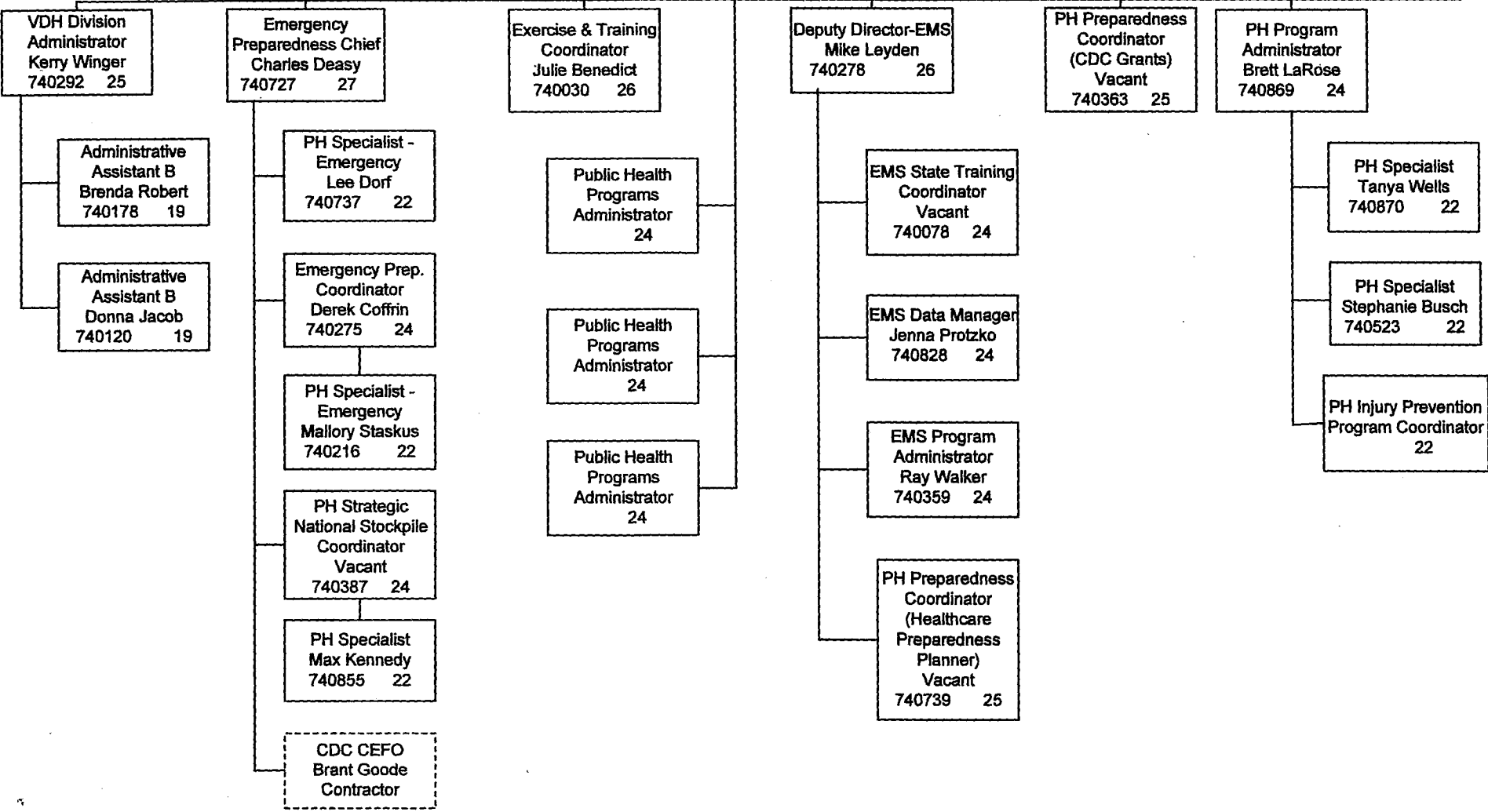
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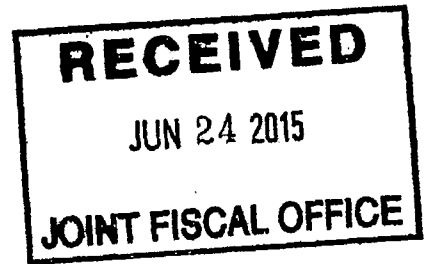
Deputy Commissioner of  
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**Division of Emergency  
Preparedness, Response and Injury  
Prevention  
April 3, 2015**

Office of PH Preparedness/  
EMS Director  
Chris Bell  
740229 29



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



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

Agency/Department: Agency of Human Services/Health Department Date: 6/5/15

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

Request is for:

- Positions funded and attached to a new grant.
- Positions funded and attached to an existing grant approved by JFO # 2484

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

Department of Health and Human Services, Human Resources and Services Administration  
Affordable Care Act Maternal, Infant and Early Childhood Home Visiting Program  
(grant award document attached)

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

<u>Title* of Position(s) Requested</u>	<u># of Positions</u>	<u>Division/Program</u>	<u>Grant Funding Period/Anticipated End Date</u>
Health Data Administrator	1	Maternal Child Health	9/30/17

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

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

This position is necessary to meet the substantial and rigorous data collection and reporting requirements imposed by the Health Resources and Services Administration under the terms of the grant for the Maternal, Infant and Early Childhood Home Visiting Program. (see summary attached)

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

[Signature] \_\_\_\_\_ Date 6/4/2015

Approved/Denied by Department of Human Resources [Signature] \_\_\_\_\_ Date 6/12/15

Approved/Denied by Finance and Management [Signature] \_\_\_\_\_ Date 6/12/15

Approved/Denied by Secretary of Administration [Signature] \_\_\_\_\_ Date 6/15/15

Comments:

JUN 16 2015

Request to Establish Position  
Maternal, Infant and Early Childhood Home Visiting Program  
Summary 6/5/2015


The Department of Health continues to receive annual funding of \$1,000,000 from the Health Resources and Services Administration for the Maternal, Infant and Early Childhood Home Visiting Program. This is an evidence-based nurse home visiting program for Vermont families with young children who are identified to be "at risk". A copy of the current grant award document is attached.

The program has grown steadily since its beginning in 2012. And the demand for collecting, analyzing, managing and reporting the data pertinent to the program has grown commensurately. The Department has met this demand through temporary assignments of staff from other programs and the hiring of temporary employees. The Department is now proposing to replace these temporary employees with a new Health Data Administrator. This new position is included in the current program budget and has been approved by the grantor agency. A copy of the current program budget is attached.

The Department of Health is hereby requesting the establishment of a limited service position for a Health Data Administrator.



Ⓢ EHBs will be undergoing scheduled monthly maintenance and will be unavailable from Wednesday, February 18th @ 8:00pm ET to Thursday, February 19th @ 3:00AM ET.

1. DATE ISSUED: 02/18/2015		2. PROGRAM CFDA: 93.505		 <b>HRSA</b> Health Resources and Services Administration <b>NOTICE OF AWARD</b> AUTHORIZATION (Legislation/Regulation) Patient Protection and Affordable Care Act, P.L. 111-148 Social Security Act, Title V, Section 511(b)(42 U.S.C. 701), as amended by the Patient Protection and Affordable Care Act of 2010 Affordable Care Act, P.L. 111-148 Social Security Act, Title V, Section 511 (42 U.S.C. §701), as amended by Section 2951 of the Patient Protection and Affordable Care Act of 2010 (Public Law 111-148) Social Security Act, Title V, Section 511 (42 U.S.C. §711), as amended by Section 2951 of the Patient Protection and Affordable Care Act of 2010 (P.L. 111-148). Social Security Act, Title V, § 511(c) (42 U.S.C. § 711(c)), as added by § 2951 of the Patient Protection and Affordable Care Act (P.L. 111-148)																																																			
3. SUPERSEDES AWARD NOTICE dated: <small>except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.</small>																																																							
4a. AWARD NO.:		4b. GRANT NO.:																																																					
1 X02MC28251-01-00		X02MC28251																																																					
5. FORMER GRANT NO.:																																																							
6. PROJECT PERIOD: FROM: 03/01/2015 THROUGH: 09/30/2017																																																							
7. BUDGET PERIOD: FROM: 03/01/2015 THROUGH: 09/30/2017																																																							
8. TITLE OF PROJECT (OR PROGRAM): Affordable Care Act (ACA) Maternal, Infant and Early Childhood Home Visiting Program																																																							
9. GRANTEE NAME AND ADDRESS: HUMAN SERVICES, VERMONT AGENCY OF 108 Cherry St Burlington, VT 05401 DUNS NUMBER: 809376155		10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR) Breena Holmes HUMAN SERVICES, VERMONT AGENCY OF 108 Cherry St Burlington, VT 05401-2069																																																					
11. APPROVED BUDGET: (Excludes Direct Assistance) <input checked="" type="checkbox"/> Grant Funds Only <input type="checkbox"/> Total project costs including grant funds and all other financial participation		12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:																																																					
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15. PROGRAM INCOME SUBJECT TO 45 CFR 75.307 SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES: A=Addition B=Deduction C=Cost Sharing or Matching D=Other <span style="float: right;">[A]</span> 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: <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 75 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)																																																							
Electronically signed by Shonda Gosnell , Grants Management Officer on : 02/18/2015																																																							
17. OBJ. CLASS: 41.45		18. CRS-EIN: 1036000274B8																																																					
19. FUTURE RECOMMENDED FUNDING: \$0.00																																																							

FY-CAN	CFDA	DOCUMENT NO.	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
15 - 3895612	93.505	15X02MC28251AC	\$1,000,000.00	\$0.00		HV-15-FORM

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**EXISTING Job Class/Title ONLY**  
**Position Description Form C/Notice of Action**  
**For Department of Personnel Use Only**

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Current Class Code _____	New Class Code _____
Current Pay Grade _____	New Pay Grade _____
Current Mgt Level ____ B/U ____ OT Cat. ____ EEO Cat. ____ FLSA ____	
New Mgt Level ____ B/U ____ OT Cat. ____ EEO Cat. ____ FLSA ____	
Classification Analyst _____ Date _____	Effective Date: _____
Comments: _____	Date Processed: _____
Willis Rating/Components: Knowledge & Skills: _____ Mental Demands: _____ Accountability: _____	
Working Conditions: _____ Total: _____	

**Position Information:**

Incumbent: **Vacant or New Position**

Position Number:  Current Job/Class Title: Health Data Administrator

Agency/Department/Unit: AHS/VDH/MCH GUC:

Pay Group:  Work Station: Burlington Zip Code: 05402

Position Type:  Permanent  Limited Service (end date )

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

Supervisor's Name, Title and Phone Number: Laura Bernard, Early Childhood Services Coordinator, 802-652-2097

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

**New Position(s):**

- REQUIRED: Allocation requested: Existing Class Code 017100 Existing Job/Class Title: Health Data Administrator
- Position authorized by:

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

**Vacant Position:**

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

**For All Requests:**

1. List the anticipated job duties and expectations; include all major job duties:

**Class Definition:**

Responsible professional work involving data collection, analysis, and ensuring data quality of data management systems for specific programs within the Department of Health. Main areas of responsibility include establishing, maintaining and updating program specific data management systems and insuring common standards are met and maintained; monitoring, supporting and testing software development processes; reconciling conflicting efficiency needs; and acting as a liaison between Information Technology Services (ITS) and user personnel in the development, implementation, operation and maintenance of a integrated electronic and paper database systems. Duties are performed under the supervision of an administrative supervisor. All employees of the Agency of Human Services perform their respective functions adhering to four key practices: customer service, holistic service, strengths-based relationships and results orientation.

**Examples of Work:**

Establishes, maintains and updates program specific computer data management system. Responsible for data collection, analysis, data quality, dissemination of data, working with contributing agencies, training and education, development of documentation and maintaining expertise with database and reporting software. General administration of the data base; including oversight of data collection, validation and data entry; creating and maintaining data base documentation; coordinating data sources and data access; performing and documenting data manipulation processes; monitoring and ensuring data availability and data quality. Assists in data base management including acting as a resource to other program staff on related data management issues. Reviews and solves day-to-day administrative problems, and works with Information Technology Section to resolve larger technical issues as appropriate. Performs related work as required.

2. Provide a brief justification/explanation of this request:

The Nurse Family Partnership (NFP) program is evidence-based and is funded by HRSA/Maternal Infant Early Childhood Home Visiting. As such, VDH is required to meet substantial and rigorous data collection and reporting standards set by both the federal government (as a contingency of our funding) and by the national Nurse Family Partnership program (as a contingency of our license to operate the program). In addition, data is essential to assure fidelity to the model and quality performance by contract agencies, as well as demonstrate ongoing success (outcomes) of the program, which is a prerequisite to continued federal funding.

Since the start of the program we have had to piecemeal the data management, analysis, and quality assurance aspects together, with Health Surveillance staff and temporary workers. Yet, the number of families served, the number of home visits provided, and hence the data management burden, has increased ten-fold since the NFP program began. Since the future success of this program rests on our ability to expertly complete these tasks and can no longer be sustained with the funding staffing structure. Without this position, our ability to meet the requirements is compromised and this essential prevention program is threatened.

To be clear, this position would not require any new funds. Furthermore, the position will be 100% federally funded (already been approved by HRSA). Salaries which have in the past supported the Public Health Analyst and temp (contractual) will be reallocated to cover this new position. (The PH Analyst now provides in-kind support (0.2 FTE) through the Early Learning Challenge/Race to the Top grant.)

3. If the position will be supervisory, please list the names and titles of all classified employees reporting to this position (this information should be identified on the organizational chart as well).

#### Personnel Administrator's Section:

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

5. The name and title of the person who completed this form:

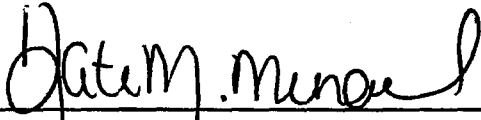
6. Who should be contacted if there are questions about this position (provide name and phone number):

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

8. Will this change (new position added/change to vacant position) affect other positions within the organization? (For example, will this have an impact on the supervisor's management level designation; will duties be shifted within the unit requiring review of other positions; or are there other issues relevant to the classification process.)

#### Attachments:

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

1  


Personnel Administrator's Signature (required)\*

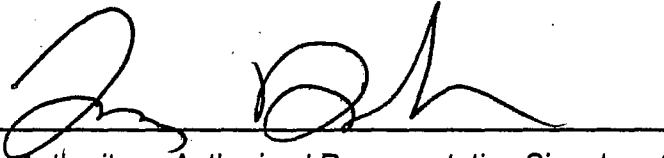
5/27/15  
Date



Lisa Stalberg  
NCH Deputy Director

Supervisor's Signature (required)\*

5/27/15  
Date



Appointing Authority or Authorized Representative Signature (required)\*

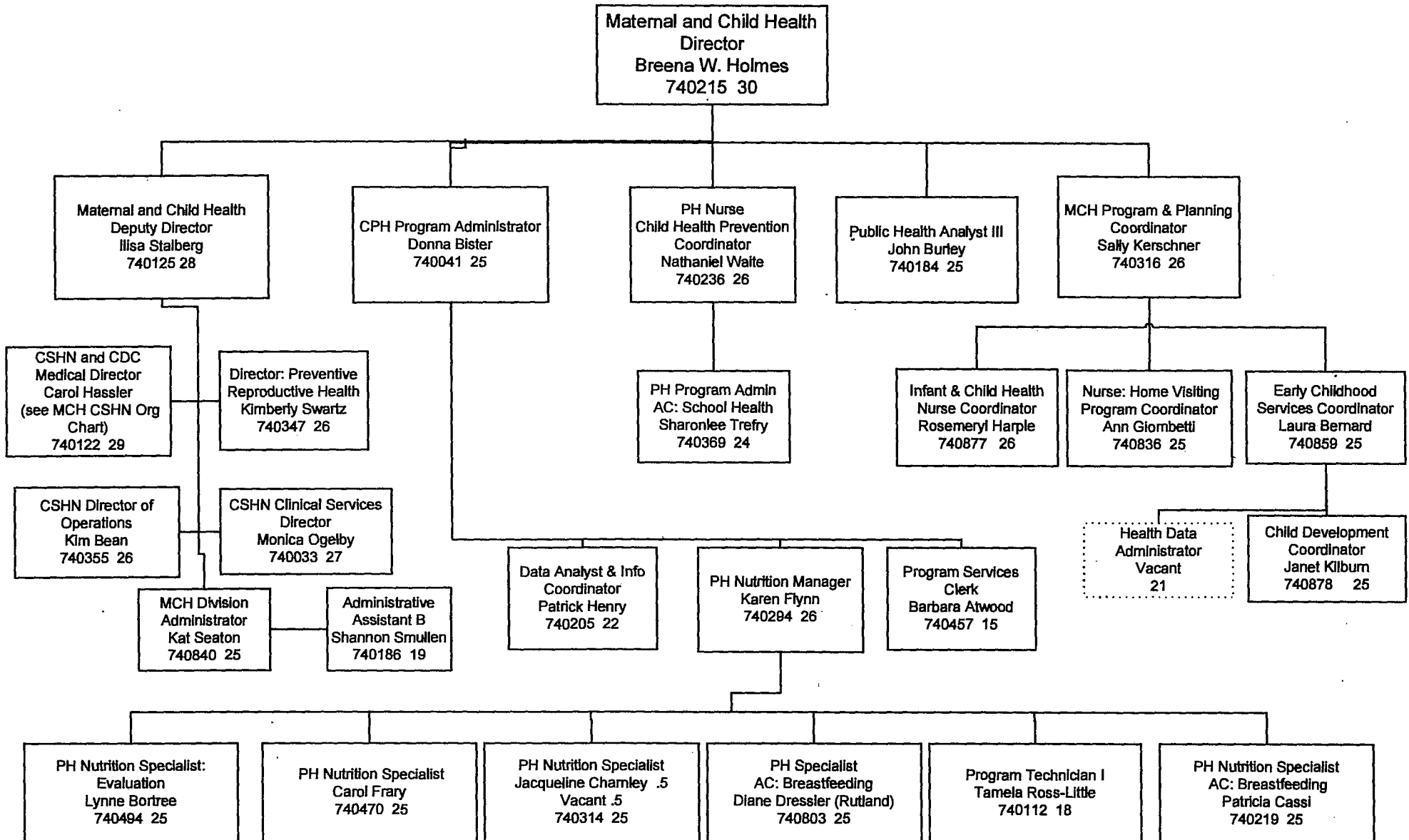
**MAY 29 2015**

Date

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

# Division of Maternal and Child Health

May 1, 2015



Vermont Department of Health  
Maternal, Infant and Early Childhood Home Visiting Program  
FOA: HRSA 15-101 Budget Justification for Project Period Beginning March 1, 2015

NOTE: This grant is managed by the Vermont Department of Health, one of the state departments under the “umbrella” Vermont Agency of Human Services. The project director is Dr. Breena Homes, Director of the VDH Division of Maternal and Child Health, who oversees the general operation of the project and whose time is in-kind from the Title V MCH Block Grant. The Public Health Data Analyst oversees the data manager and is responsible for preparing the federal benchmark and DGIS reports. The data analyst’s time is in-kind via Vermont’s Race to the Top – Early Learning Challenge grant. The MIECHV formula grant funds the salaries of the Project Coordinator and the Data Manager. The Project Coordinator is the Nurse Home Visiting Program Administrator, who coordinates with the VDH Project Director and is responsible for the project implementation and management and oversight of contracts and insuring completion of the deliverables from the Local Implementing Agencies (Vermont’s Home Health Agencies). The PH Data Manager performs the data management and oversight for program reporting and CQI. The majority of the MIECHV funds from this grant project will be contracted out to community home health agencies to employ nursing staff and to implement the Nurse Family Partnership model. The three agencies are as follows: 1) Franklin County Home Health Agency (Region 1), 2) Caledonia County Home Health Agency (Region 2), and 3) Rutland Visiting Nurse Association (Region 3). Oversight of the contracts will be performed by the VDH Project Coordinator by creating specific contractual deliverables and establishing that payment to the HHA will be contingent upon satisfactory completion of the deliverables.

<b>Object Categories</b>	<b>Total</b>
<b>a. Personnel</b> <b>Total (does not include in-kind)</b>	<b>90,460</b>
Project Director (Principal Investigator) Dr. Breena Homes, Director of the Division of Maternal and Child Health, Vermont Department of Health. Responsible for general oversight of the project, collaboration with other family service systems statewide, and supervision of the Project Coordinator. Salary in in-kind from the Title V MCH Block Grant.	5,000 in-kind 0.5% of FTE
Public Health Data Analyst: Responsible for coordination of data systems within Vermont’s home visiting programs and prepares the MIECHV federal benchmark and DGIS reports. Estimated salary and time is 20% FTE.	\$16,000 in-kind 20% of FTE
Project Coordinator: Nurse Home Visiting Program Administrator: Full time Position. Responsible for overall management of MIECHV program such as coordination of home visiting program within community CIS systems, creation of contracts with implementing agencies, coordination with NFP national service staff, and day to day coordination and management of the home visiting program.	50,378



Vermont Department of Health MIECHV Grant Application Budget Narrative November 3, 2014

Public Health Data Manager: Full time position is responsible for surveillance and statistical analyses of home visiting program data used for monitoring, evaluation, and QI.	40,082
<b>b. Fringe Benefits Total</b>	<b>27,138</b>
Fringe benefits are calculated at the standard percentage applied to all AHS departments; staff at 30% of salary. Fringe benefits cover health insurance, life insurance, retirement plan, taxes, and dental plan. These figures reflect fringe for Project Coordinator and PH Analyst.	
<b>c. Travel Total</b>	<b>4,700</b>
Travel for PC to attend national annual grantee meeting in DC once a year	1,500
Significant in-state travel for PC to state and community based meetings for program implementation duties @ \$0.55/mile and rental/fleet car usage	2,000
PC to attend annual 3 day NFP National Education Symposium in Denver, CO for supervisors and administrators. Covers 4 nights of lodging, meals and airfare	1,200
<b>d. Equipment:</b>	N/A
<b>e. Supplies</b>	N/A
<b>f. Contractual Total HHA Contractual Services:</b> Supports NFP nursing services as delivered from three home health agencies. These three HHA's (local implementing agencies) will implement the Nurse Family Partnership Program in the Vermont Regions 1, 2, and 3. Contractual funds will be used for payment to HHA for such expenditures as staffing, travel to families to provide the home visiting service, national and local trainings, purchase of computers and other supplies, and for NFP educational materials and service fees. Funds to be distributed to home health agencies by a contractual scope of work as outlined by the standard policies and procedures within the VDH grant and contracts system. Successful completion of contract deliverables will be determined by the Project Director and the Project Coordinator.	<b>815,426</b>
<b>TOTAL HHA SALARIES CONTRACTUAL</b>	<b>584,453</b>
Salaries for 6 FTE Nurse Home Visitors at \$26.00/hour	324,480
Fringe for 6 Nurse Home Visitors at a rate of 27%	87,609
Salaries for 3 Nursing Supervisors at .5 FTE at \$35.00 per hour	109,200
Fringe for 3 Nursing Supervisors .5 FTE at rate of 27%	29,484
Salaries for 3 data entry/administrative personnel .25 FTE at rate of \$17.00 per hour	26,520
Fringe for 3 data entry/administrative personnel .25 FTE at rate of 27%	7,160
<b>TOTAL HHA MILEAGE AND TRAVEL CONTRACTUAL</b>	<b>78,800</b>
Mileage reimbursement for travel by NHV to community meetings and to families served by NFP, calculated at 150 families per month, 20 trips per year per family, \$0.55/mile	75,500

Vermont Department of Health MIECHV Grant Application Budget Narrative November 3, 2014

Travel to required NFP trainings. Includes travel expenses for 3 Nurse Supervisors. Covers airfare, hotel for 4 nights and meals.	3,800
<b>TOTAL HHA SUPPLIES CONTRACTUAL</b>	<b>96,673</b>
HHA computer fees for 3 HHA @109.00 per month	3,924
HHA cell phone user fees for 3 HHA @ 2,095 per year	6,285
HHA office and medical supplies and administration fee for 3 HHA	86,464
<b>TOTAL OTHER CONTRACTUAL</b>	<b>55,500</b>
Other: NFP Family Education Material for 3 HHA	7,500
Other: NFP Service Fees for 3 HHA's	48,000
<b>g. construction</b>	<b>0</b>
<b>h. Other</b>	
<b>Other: NFP Service fee for State Support and Data transmission</b>	<b>8,000</b>
<b>i. Total Direct Charges</b>	<b>945,724</b>
<b>j. Indirect Charges:</b> State of Vermont applies the Cost Allocation formula to direct salary costs that is used across the Agency of Human Services, that is 60%, as described in a July 12, 2012 letter from Robert Aaronson, Director, Division of Cost Allocation, Department of Health & Human Services, to Doug Racine,, Secretary of the Vermont Agency of Human Services, authorizing the agency to use its cost allocation formula to determine indirect costs.	<b>54,276</b>
<b>k. Total Direct/Indirect (does not include in-kind time of Project Director or Data Analyst)</b>	<b>1,000,000</b>