



Mailing Address:
1 Baldwin Street
Drawer 33
Montpelier, Vermont 05633-5701

Tel.: (802) 828-2295
Fax: (802) 828-2483

STATE OF VERMONT
JOINT FISCAL COMMITTEE
1 Baldwin Street
Montpelier, Vermont 05633-5701

MEMORANDUM

To: James Reardon, Commissioner of Finance & Management

From: Rebecca Buck, Staff Associate *RB*

Date: April 12, 2006

Subject: Status of Grant and Position Requests

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

JFO #2252 – \$5,000 grant from the National Alcohol Beverage Control Association to the Department of Liquor Control. These grant funds will be used print updated training manuals to be used at alcohol server/seller education seminars.
[JFO received 03/13/06]

JFO #2253 – Request from the Department of Health to establish one (1) new limited service position: Systems Developer II. This sponsored position is 100% federally funded and associated with a continuing Epidemiology and Laboratory Capacity grant from the Centers for Disease Control and Prevention. The Department has been assured that the CDC is committed to providing support for this project through 03/31/09.
[JFO received 03/13/06]

JFO #2254 – Request from the Department of Health to establish two (2) new limited service positions: one (1) Administrative Assistant B and one (1) Health Systems Training and Technical Assistance Specialist. These sponsored positions are 100% federally funded and associated with a continuing Immunization Program grant from the Centers for Disease Control and Prevention.
[JFO received 03/13/06]

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 these actions.

cc: Linda Morse
Michael Hogan
Cynthia LaWare
Paul Jarris
Molly Paulger
Laurie Grimm



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STATE OF VERMONT
JOINT FISCAL COMMITTEE
1 Baldwin Street
Montpelier, Vermont 05633-5701

MEMORANDUM

To: Joint Fiscal Committee Members

From: Rebecca Buck, Staff Associate *RB*

Date: March 16, 2006

Subject: Grant and Positions Requests

Enclosed please find three (3) requests which the Joint Fiscal Office recently received from the Administration:

JFO #2252 – \$5,000 grant from the National Alcohol Beverage Control Association to the Department of Liquor Control. These grant funds will be used print updated training manuals to be used at alcohol server/seller education seminars.
[JFO received 03/13/06]

JFO #2253 – Request from the Department of Health to establish one (1) new limited service position: Systems Developer II. This sponsored position is 100% federally funded and associated with a continuing Epidemiology and Laboratory Capacity grant from the Centers for Disease Control and Prevention. The Department has been assured that the CDC is committed to providing support for this project through 03/31/09. (Due to the size of the background information package regarding this long-standing grant, I have not included the entire submission in this mailing. I would be pleased to provide the entire package upon request.)
[JFO received 03/13/06]

JFO #2254 – Request from the Department of Health to establish two (2) new limited service positions: one (1) Administrative Assistant B and one (1) Health Systems Training and Technical Assistance Specialist. These sponsored positions are 100% federally funded and associated with a continuing Immunization Program grant from the Centers for Disease Control and Prevention. (Due to the size of the background information package regarding this long-standing grant, I have not included the entire submission in this mailing. I would be pleased to provide the entire package upon request.)

[JFO received 03/13/06]

The Joint Fiscal Office has reviewed these submissions and determined that all appropriate forms bearing the necessary approvals are in order.

In accordance with the procedures for processing such requests, we ask you to review the enclosed and notify the Joint Fiscal Office (Rebecca Buck at 802/828-5969; rbuck@leg.state.vt.us or Stephen Klein at 802/828-5769; sklein@leg.state.vt.us) if you would like any item(s) held for legislative review. Unless we hear from you to the contrary by March 30 we will assume that you agree to consider as final the Governor's acceptance of these requests.

cc: Michael Smith, Secretary
James Reardon, Commissioner
Linda Morse, Administrative Assistant
Michael Hogan, Commissioner
Cynthia LaWare, Secretary
Paul Jarris, Commissioner
Molly Paulger, Classification Manager
Laurie Grimm, Human Resources Specialist

INFORMATION NOTICE

The following items were recently received by the Joint Fiscal Committee:

JFO #2252 – \$5,000 grant from the National Alcohol Beverage Control Association to the Department of Liquor Control. These grant funds will be used print updated training manuals to be used at alcohol server/seller education seminars.

[JFO received 03/13/06]

JFO #2253 – Request from the Department of Health to establish one (1) new limited service position: Systems Developer II. This sponsored position is 100% federally funded and associated with a continuing Epidemiology and Laboratory Capacity grant from the Centers for Disease Control and Prevention. The Department has been assured that the CDC is committed to providing support for this project through 03/31/09.

[JFO received 03/13/06]

JFO #2254 – Request from the Department of Health to establish two (2) new limited service positions: one (1) Administrative Assistant B and one (1) Health Systems Training and Technical Assistance Specialist. These sponsored positions are 100% federally funded and associated with a continuing Immunization Program grant from the Centers for Disease Control and Prevention.

[JFO received 03/13/06]

STATE OF VERMONT
POSITION ACCEPTANCE FORM

JFO#
2254

GRANT SUMMARY: Support of the state's immunization program
DATE: March 3, 2006
DEPARTMENT: AHS / Health
GRANT AMOUNT: \$2,014,854
GRANT PERIOD: 1/1/06 - 12/31/06
GRANT/DONOR: Centers for Disease Control & Prevention

POSITIONS REQUESTED (LIMITED SERVICE):

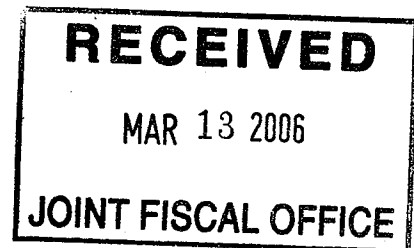
- 1 FTE - Administrative Assistant B
- 1 FTE - Health Systems Training & Technical Assistance Specialist

LONG-TERM COSTS TO STATE: None

COMMENTS: This is an ongoing federal grant program to all states to provide immunization of the population.

DEPT. OF FINANCE & MANAGEMENT: (INITIAL)
SECRETARY OF ADMINISTRATION: (INITIAL)
SENT TO JOINT FISCAL OFFICE: (DATE)

MSB
3/9/06



**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: AHS/Health Date: 1/25/06

Name and Phone (of the person completing this request): Gary Leach 863-7384

Request is for:

Positions funded and attached to a new grant.

XX Positions funded and attached to an existing grant approved by JFO #

The Health Department has held this grant from CDC since as long as anyone can remember – at least 20 years – and we have no record of the original Legislative approval to receive these funds.

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

Centers for Disease Control and Prevention
Immunization and Vaccines for Children, Grant No. H23/CCH122529
A copy of the current grant award document is 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>
Administrative Assistant B	1	Surveillance/Immunization	current project period ends 12/31/07
Health Services Training and Technical Assistance Specialist	1	Surveillance/Immunization	but we expect grant will be renewed indefinitely

*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:

Please see the attached memorandum from the project manager and the attached narrative summary.

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] [Signature] ^{2/8/06}
Signature of Agency or Department Head Date 2/23/06

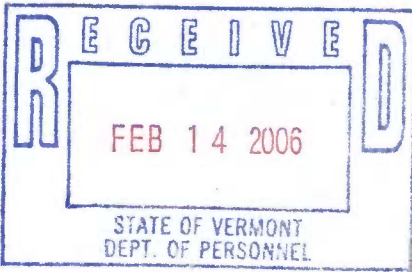
[Signature]
Approved/Denied by Department of Human Resources Date 2/14/06

[Signature]
Approved/Denied by Finance and Management Date 2/27/06

[Signature]
Approved/Denied by Secretary of Administration Date 2.28.06

Comments:

REC'D FEB 16 2006





State of Vermont

Agency of Human Services
Office of the Secretary

103 South Main Street
Waterbury, Vermont 05676
(802) 241-2220

**To: Molly Paulger, Department of Human Resources
Jan Westervelt, Department of Finance and Management**

From: Kevin O'Connell, Analyst

A handwritten signature in blue ink, appearing to read 'Kevin', written over the printed name 'Kevin O'Connell, Analyst'.

Date: February 7, 2006

Re: Health Department Positions – Immunization Grant

The Health Department is requesting two new, sponsored, limited service positions: Administrative Assistant A and Health Services Training and Technical Assistance Specialist, to be funded from the ongoing Immunization Grant, funded by the Centers for Disease Control and Prevention. The grant funding for the previous federal fiscal year was \$2,041,854. According to the Department, the expectation is for approximately the same in the current federal FY. The first allotment of \$967,400 has been awarded, form attached.

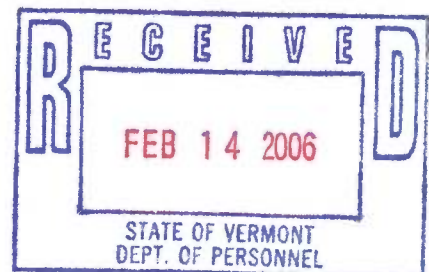
Attached is the grant detail and materials for the current fiscal year and the following forms:

- AA-1, Grant Acceptance Form
- Joint Fiscal Committee Review, Limited Service – Grant Funded Position Request Form – DHR 11/7/05 (this form now replaces the form used by DHR previously)
- Department of Human Resources – Request for Classification Action, Position Description, Form C

As always, please call should you have any questions.

Thank you.

Cc: Allan Merritt



RECEIVED
FEB 14 2009
DIST. OF PERSONNEL
STATE OF ARKANSAS

*Vermont Department of Finance & Management
Office of Budget & Management*

POSITION REVIEW

To: Sue Zeller
From: Jan Westervelt
Date: February 27, 2006

State Agency: AHS / Health

Request: The approval of a limited-service positions in connection with an ongoing federal grant-funded program.

Administrative Assistant B	-	\$31,970
Health Systems Training & Technical Assistance Spec.	-	\$35,610

Background: The Centers for Disease Control & Prevention has funded state and city immunization programs for many years. CDC organizes the funding by project periods, and approves the actual budgets in shorter periods of a year. The current project period is from 2003 through 2007, and the budget period is 1/1/06 – 12/31/06. Given this funding framework, the Health Department has developed and continues to develop its programs on the assumption that funding will continue with the same assurance it has of ongoing state appropriations.

Recommendation:

Approval


Jan Westervelt, Budget Analyst

2-27-06

Date

VERMONT DEPARTMENT OF HEALTH
MEMORANDUM

To: Kevin O'Connell, AHS
From: Gary Leach, Department of Health
Re: Request for Positions under Immunization Grant
Date: 1/25/06

I'm enclosing our request to establish two new sponsored, limited service positions under our continued funding from CDC for the Immunization program. I wasn't sure we needed both an AA-1 and a position request form, but I've included both, as only the AA-1 provides the signed approval from AHS. In this instance we are not requesting additional spending authority since the necessary funds are already included in the Department's budget and will be used to cover personnel rather than contractual costs. The Administrative Assistant B position would be a pay grade 19, at a starting hourly rate of \$15.02 and an estimated first year salary of \$31,970. The Health Services Training and Technical Assistance Specialist position would be a pay grade 21, at a starting hourly rate of \$16.73 and an estimated first year salary of \$35,610.

Would you please let me know when this request leaves AHS on its way to Montpelier? If you have questions or need further information, please give me a call (863-7384).

Thanks.

Request to Establish Positions

Summary

Immunization Program Grant #H23/CCH122529-04

1/25/06

The Department of Health has received its annual grant from the Centers for Disease Control and Prevention to continue the Department's longstanding Immunization Program. The Immunization Program supports childhood immunizations and the distribution of vaccines statewide. We have been assured by CDC that this year's grant award, for calendar year 2006, will be approximately level with last year's, when we received \$2,041,854 in Federal funds. It is CDC's practice to issue this funding in a series of four "rounds", the final round being awarded in late summer. We have attached a copy of the grant award providing the first round of 2006 funding, \$967,400.

The development of an Immunization Registry, an electronic statewide database for childhood immunization records, has been a priority of the CDC for the last several years. The CDC states that "one of the national health objectives for 2010 is to increase to at least 95% the proportion of children aged <6 years who participate in fully operational, population-based immunization registries." Vermont's Immunization Registry became fully operational in July 2004. Registry usage among VT health care providers has increased exponentially in the past year, and in 2006, we will begin providing access to school nurses across the state as well. During the development phase of the registry, our focus was on provider recruitment and needs assessment and we used a portion of our CDC funding to accomplish this via contract. In response to the growing need for user training and support, not to mention the growing need for quality assurance activities, we now need to shift these funds to support two proposed positions in the Health Department.

The two positions we have proposed, and CDC has agreed to fund, are a Health Services Training and Technical Assistant and an Administrative Assistant B. The Training Assistant would, under the supervision of the registry manager, recruit and train registry users across the state, conduct user support groups, track user feedback, respond to user communications, and generally provide "help" to Registry users. The Administrative Assistant B would follow detailed protocols for editing records in the Immunization Registry for quality assurance, transfer technical data into user-friendly reports in response to user requests, and provide additional support by staffing our user helpline and email users list when the Health Services Trainer is training users.

The Health Department is, therefore, requesting the establishment of two sponsored, limited-service positions. We are including a "Limited Service – Grant Funded Position Request Form" for approval by the Department of Human Resources. We are also including a copy of our application to CDC as well as a copy of the first round grant award document. As explained above, funds to support these positions are already included in the Department's 2006 budget. We expect that funding for these positions will be continued in the annual CDC grant for the Immunization program.

Request for Classification Review Position Description Form A

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. _____ 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: _____	

Incumbent Information:

Employee Name: Employee Number:

Position Number: Current Job/Class Title:

Agency/Department/Unit: Work Station: Zip Code:

Supervisor's Name, Title, and Phone Number:

How should the notification to the employee be sent: employee's work location or other address, please provide mailing address:

New Position/Vacant Position Information:

New Position Authorization: Request Job/Class Title: Administrative Assistant B

Position Type: Permanent or Limited / Funding Source: Core, Partnership, or Sponsored

Vacant Position Number: Current Job/Class Title:

Agency/Department/Unit: AHS/VDH Health Surveillance Work Station: Burlington Zip Code: 05402

Supervisor's Name, Title and Phone Number: Bridget Ahrens, Immunization Registry Manager, 951-4094.

Type of Request:

Management: A management request to review the classification of an existing position, class, or create a new job class.

Employee: An employee's request to review the classification of his/her current position.

1. Job Duties

This is the **most critical** part of the form. Describe the activities and duties required in your job, **noting changes (new duties, duties no longer required, etc.) since the last review**. Place them in order of importance, beginning with the single most important activity or responsibility required in your job. The importance of the duties and expected end results should be clear, including the tolerance that may be permitted for error. Describe each job duty or activity as follows:

- **What it is:** The nature of the activity.
- **How you do it:** The steps you go through to perform the activity. Be specific so the reader can understand the steps.
- **Why it is done:** What you are attempting to accomplish and the end result of the activity.

For example a Tax Examiner might respond as follows: **(What)** *Audits tax returns and/or taxpayer records.* **(How)** *By developing investigation strategy; reviewing materials submitted; when appropriate interviewing people, other than the taxpayer, who have information about the taxpayer's business or residency.* **(Why)** *To determine actual tax liabilities.*

DUTIES AND ACTIVITIES

This is a new position funded through the CY 2006 Vermont Immunization Program grant. This non-competing, continuation grant (#H23/CCH122529) is provided by the Centers for Disease control and Prevention. In CY 2004 and 2005, the duties associated with this position were subcontracted to a third party vendor.

This position will entail a variety of administrative tasks related to data management, user support, and many general and high level administrative tasks, like survey coordination.

A. Data management tasks

What:

With minimal supervision, the person in this position will follow detailed protocols for editing records in the Immunization Registry, and review lists of potential duplicate records prior to data import (again, following detailed protocols). They may be asked to transfer technical data into a user-friendly report, and to run some basic reports from the Immunization Registry on a regular basis.

How:

Learn and understand all aspects of the Immunization Registry. Coordinate with other programs (like Vital Records or Information Technology Services) as needed for the purpose of obtaining reports needed to conduct reviews or edits.

Why:

The Immunization Registry improves health care delivery to children in Vermont by providing immunization data to providers, and VT state law requires health care providers to report childhood immunizations to the Immunization Registry. To make this work, however, we have to continually refresh the registry with data imports from other electronic sources -- and doing that requires significant record review (to assure that duplicate records are not entered) and data editing tasks (to correct problems identified, such as entering adoption records data from vital records, deleting inadvertent duplicates, or archiving deaths.)

B. User Support (50%)

What:

Responsibilities include providing secondary staffing to the User Support center (which involves both toll free telephone and email) when the Health Services Training and Technical Specialist is training users at provider offices across the state. This involves providing answers to user questions, reproducing and reporting any database bugs, providing customer support around obtaining and refreshing passwords, and serving as the "first line" of technical support. In addition, the person in this position would be asked to conduct "customer care calls," to follow up with practices who show inadequate registry useage.

How:

Learn and understand all aspects of the Immunization Registry application. Provide the first point of technical contact for users (via telephone and email). Coach users through user issues. Collect and paraphrase information about potential defects, and report to VDH ITS. Obtain signed copies of the legal confidentiality agreement required of all users. Track and manage user questions, and work with Registry manager to develop tools to address questions that continually surface. Record user suggestions for improving the registry, and submit them to VDH ITS for incorporation into new iteration of the registry.

Why: VT state law requires health care providers to report childhood immunizations to the Immunization Registry -- but in order for providers to comply with this law, they need to know how to use the Registry tool. We are requesting a Health Services Training and Technical Assitance Specialist position which would manage 50% of this user support, we also know that this trainer will be conducting off-site trainings, and will need the backup of this administrative assistant during that time. With over 400 current registry users, there are passwords that get forgotten, new employees who need access to the system, technical changes at user sites that affect the Registry connection, and sometimes -- bugs within the Registry itself that need to be addressed. Users at individual practices often have questions about whether the Registry can help them with a specific problem, and the support line is the connection that makes this possible.

C. Administrative tasks

What: Coordination of user readiness surveys. Contacting practices with "user care calls." Arranging conferences and meetings, writing and distributing minutes, doing copyediting of promotional material.

How: This position requires excellent organizational skills and a willingness to take on challenging tasks that involve everything from editing to mail distribution of support materials to arranging meetings/conferences to writing detailed minutes.

Why: The Immunization Registry, now in use in over 50 VT practices, anticipates even more growth in the upcoming years. Currently, administrative tasks are managed by a subcontractor -- and we are hoping that bringing more of these tasks in house will both reduce our operating expenses, and make management of the team more efficient.

2. Key Contacts

This question deals with the personal contacts and interactions that occur in this job. Provide brief typical examples indicating your primary contacts (**not** an exhaustive or all-inclusive list of contacts) other than those persons to whom you report or who report to you. If you work as part of a team, or if your primary contacts are with other agencies or groups outside State government describe those interactions, and what your role is. For example: you may *collaborate, monitor, guide, or facilitate change*.

Physician office staff, including pediatricians, family practitioners, nurses, office managers and clerks. Contact related to Registry user support.

School administrators, school nurses, data entry clerks. Contact related to user support.
This position will primarily be providing technical assistance to users, and contacting users to administer utilization surveys.

3. Are there licensing, registration, or certification requirements; or special or unusual skills necessary to perform this job?

Include any special licenses, registrations, certifications, skills; (such as counseling, engineering, computer programming, graphic design, strategic planning, keyboarding) including skills with specific equipment, tools, technology, etc. (such as mainframe computers, power tools, trucks, road equipment, specific software packages). Be specific, if you must be able to drive a commercial vehicle, or must know Visual Basic, indicate so.

Strong computer skills are required. Spreadsheets, web tools, and email software are a must.

Strong organizational skills, ability to use a tracking system to manage recruitment records and support calls are required.

Understanding of confidentiality requirements regarding protected health information is preferred.

4. Do you supervise?

In this question "supervise" means if you direct the work of others where you are held **directly** responsible for assigning work; performance ratings; training; reward and discipline or effectively recommend such action; and other personnel matters. List the names, titles, and position numbers of the classified employees reporting to you:

No.

5. In what way does your supervisor provide you with work assignments and review your work?

This question deals with how you are supervised. Explain how you receive work assignments, how priorities are determined, and how your work is reviewed. There are a wide variety of ways a job can be supervised, so there may not be just one answer to this question. For example, some aspects of your work may be reviewed on a regular basis and in others you may operate within general guidelines with much independence in determining how you accomplish tasks.

Work is assigned and reviewed in weekly meetings with the Immunization Registry Manager. Work will flow from a pre-established protocol/strategy, but changes to that protocol can occur once approved by the Manager.

User support calls may be observed for the purpose of developing a more effective model.

This position is expected to be part of a larger Registry team, and will coordinate with others on that team.

6. Mental Effort

This section addresses the mental demands associated with this job. Describe the most mentally challenging part of your job or the most difficult typical problems you are expected to solve. Be sure to give a specific response and describe the situation(s) by example.

- For example, a purchasing clerk might respond: *In pricing purchase orders, I frequently must find the cost of materials not listed in the pricing guides. This involves locating vendors or other sources of pricing information for a great variety of materials.*
- Or, a systems developer might say: *Understanding the ways in which a database or program will be used, and what the users must accomplish and then developing a system to meet their needs, often with limited time and resources.*

7. Accountability

This section evaluates the job's expected results. In weighing the importance of results, consideration should be given to responsibility for the safety and well-being of people, protection of confidential information and protection of resources.

What is needed here is information not already presented about the job's scope of responsibility. What is the job's most significant influence upon the organization, or in what way does the job contribute to the organization's mission?

Provide annualized dollar figures if it makes sense to do so, explaining what the amount(s) represent.

For example:

- A social worker might respond: *To promote permanence for children through coordination and delivery of services;*
- A financial officer might state: *Overseeing preparation and ongoing management of division budget: \$2M Operating/Personal Services, \$1.5M Federal Grants.*

Attention to detail and attention to protocol is critical, since errors in data management can not only undermine the integrity of the Immunization Registry, they can also impact on children's health care deliver.

Since this person will have access to protected health information and must maintain the highest standards for protecting individual privacy.

8. Working Conditions

The intent of this question is to describe any adverse conditions that are routine and expected in your job. It is not to identify special situations such as overcrowded conditions or understaffing.

- a) What significant mental stress are you exposed to? All jobs contain some amount of stress. If your job stands out as having a significant degree of mental or emotional pressure or tension associated with it, this should be described.

Type	How Much of the Time?
Data management	15 hours a week
Providing phone and email support to users	20 hours a week
Coordinating surveys, editing documents, attending	5 hours a week

meetings and writing meeting minutes, other activities.	
---	--

- b) What hazards, special conditions or discomfort are you exposed to? (Clarification of terms: **hazards** include such things as potential accidents, illness, chronic health conditions or other harm. Typical examples might involve exposure to dangerous persons, including potentially violent customers and clients, fumes, toxic waste, contaminated materials, vehicle accident, disease, cuts, falls, etc.; and **discomfort** includes exposure to such things as cold, dirt, dust, rain or snow, heat, etc.)

Type	How Much of the Time?
none	

- c) What weights do you lift; how much do they weigh and how much time per day/week do you spend lifting?

Type	How Heavy?	How Much of the Time?
none		

- d) What working positions (sitting, standing, bending, reaching) or types of effort (hiking, walking, driving) are required?

Type	How Much of the Time?
sitting	35-40 hours a week

Additional Information:

Carefully review your job description responses so far. If there is anything that you feel is important in understanding your job that you haven't clearly described, use this space for that purpose. Perhaps your job has some unique aspects or characteristics that weren't brought out by your answers to the previous questions. In this space, add any additional comments that you feel will add to a clear understanding of the requirements of your job.

--

Employee's Signature (required): _____ Date: _____

Supervisor's Section:

Carefully review this completed job description, but **do not** alter or eliminate any portion of the original response. Please answer the questions listed below.

1. What do you consider the most important duties of this job and why?

Data management. The Immunization Registry is a great tool, but it is only as good as the data within it. I see this position as critical to the Registry's success because the person who fills it will follow established procedures for maintaining accurate data in the REgistry.

2. What do you consider the most important knowledge, skills, and abilities of an employee in this job (not necessarily the qualifications of the present employee) and why?

Attention to detail is critical to many of the tasks this position would be involved in: a keen editing eye, a comfort level with rather unformatted data, and a methodical nature in attacking large tasks would all be very helpful.

Patience, and a positive attitude is tremendously helpful in providing support to users who may not be technically saavy. Most of the user contact with this position will be via telephone, so these attitudes must "play well" over the phone.

3. Comment on the accuracy and completeness of the responses by the employee. List below any missing items and/or differences where appropriate.

4. Suggested Title and/or Pay Grade:

Admin. A or B.

Supervisor's Signature (required): Bridget Andrews (MB) Date: 12/23/05

Personnel Administrator's Section:

Please complete any missing information on the front page of this form before submitting it for review.

Are there other changes to this position, for example: Change of supervisor, GUC, work station?

Yes No If yes, please provide detailed information.

Attachments:

- Organizational charts are **required** and must indicate where the position reports.
- Draft job specification is **required** for proposed new job classes.

Will this change affect other positions within the organization? If so, describe how, (for example, have duties been shifted within the unit requiring review of other positions; or are there other issues relevant to the classification review process).

This is a new position funded through the CY 2006 Vermont Immunization Program grant. This non-competing, continuation grant (#H23/CCH122529) is provided by the Centers for Disease control and Prevention. In CY 2004 and 2005, the duties associated with this position were subcontractor to an outside vendor.

B. User Support

The duties of this position are more representative of those of Admin A.

Suggested Title and/or Pay Grade:

~~Health Services Training and Technical Assistance Specialist~~

Admin. Asst. (A)

Personnel Administrator's Signature (required):

Ann S. Paine

Date: *12/23/0*

Appointing Authority's Section:

Please review this completed job description but **do not alter** or eliminate any of the entries. Add any clarifying information and/or additional comments (if necessary) in the space below.

[Empty box for clarifying information and/or additional comments]

Suggested Title and/or Pay Grade:

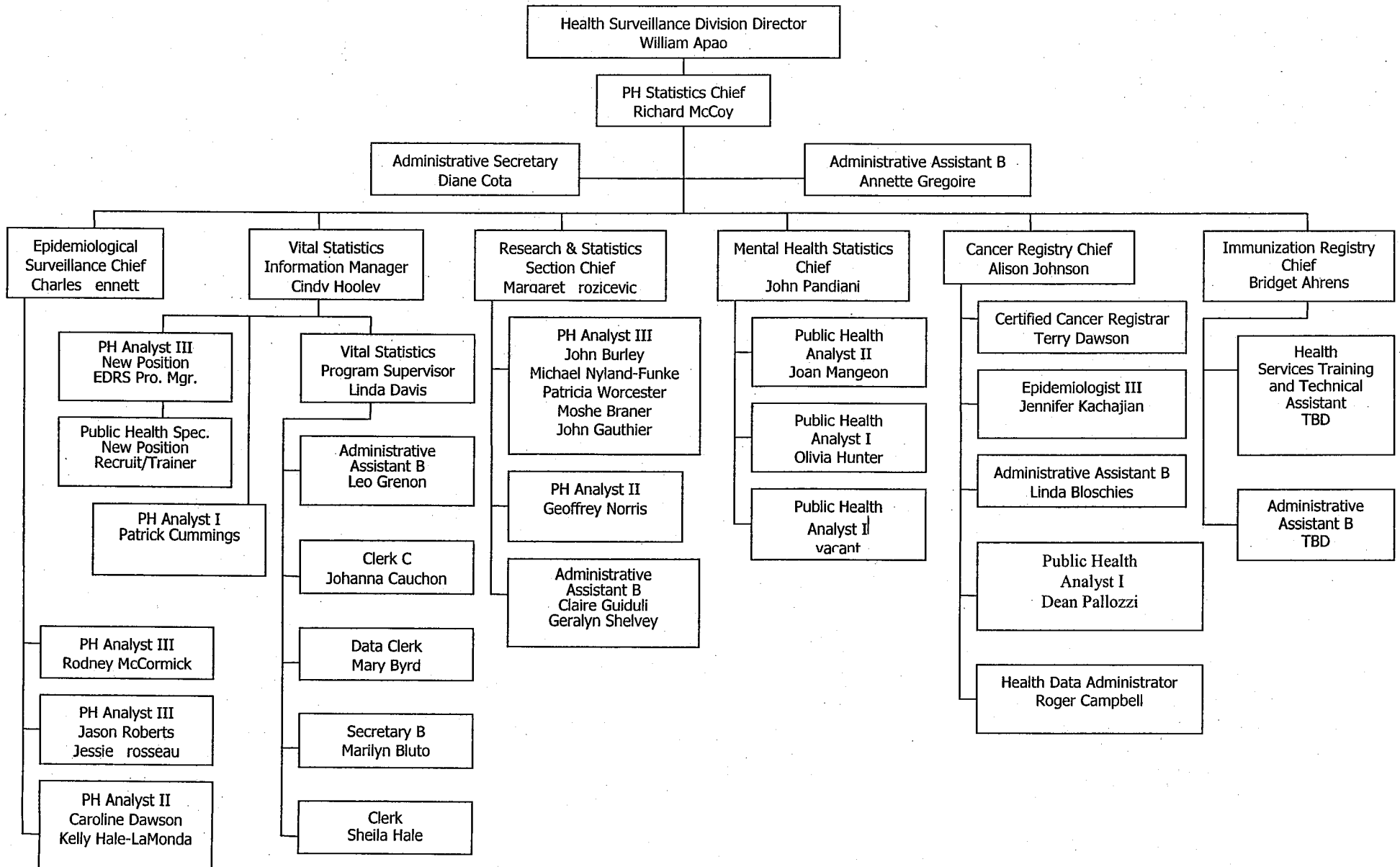
Support above recommendation

* *[Signature]*
Appointing Authority or Authorized Representative Signature (required)

12/21/05
Date

**Vermont Department of Health
Organizational Charts**

HEALTH SURVEILLANCE – PUBLIC HEALTH STATISTICS



Request for Classification Review Position Description Form A

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

Incumbent Information:

Employee Name: Employee Number:
Position Number: Current Job/Class Title:
Agency/Department/Unit: Work Station: Zip Code:
Supervisor's Name, Title, and Phone Number:
How should the notification to the employee be sent: employee's work location or other address, please provide mailing address:

New Position/Vacant Position Information:

New Position Authorization: Request Job/Class Title: Health Services Training and Technical Assist Specialist
Position Type: Permanent or Limited / Funding Source: Core, Partnership, or Sponsored
Vacant Position Number: Current Job/Class Title:
Agency/Department/Unit: AHS/VDH Health Surveillance Work Station: Burlington Zip Code: 05402
Supervisor's Name, Title and Phone Number: Bridget Ahrens, Immunization Registry Manager, 951-4094.

Type of Request:

- Management:** A management request to review the classification of an existing position, class, or create a new job class.
- Employee:** An employee's request to review the classification of his/her current position.

1. Job Duties

This is the **most critical** part of the form. Describe the activities and duties required in your job, **noting changes (new duties, duties no longer required, etc.) since the last review**. Place them in order of importance, beginning with the single most important activity or responsibility required in your job. The importance of the duties and expected end results should be clear, including the tolerance that may be permitted for error. Describe each job duty or activity as follows:

- **What it is:** The nature of the activity.
- **How you do it:** The steps you go through to perform the activity. Be specific so the reader can understand the steps.
- **Why it is done:** What you are attempting to accomplish and the end result of the activity.

For example a Tax Examiner might respond as follows: **(What)** Audits tax returns and/or taxpayer records. **(How)** By developing investigation strategy; reviewing materials submitted; when appropriate interviewing people, other than the taxpayer, who have information about the taxpayer's business or residency. **(Why)** To determine actual tax liabilities.

DUTIES AND ACTIVITIES

This is a new position funded through the CY 2006 Vermont Immunization Program grant. This non-competing, continuation grant (#H23/CCH122529) is provided by the Centers for Disease control and Prevention. In CY 2004 and 2005, the duties associated with this position were subcontracted to a third party vendor.

This position will focus on two areas: recruitment/training of registry users, and ongoing user support.

A. Recruitment and training

What:

Responsibilities would include Recruiting users for the Immunization Registry. The task is to successfully recruit all health care providers in Vermont who provide vaccines to children; all school nurses; and other specific user groups (like hospitals) to be identified.

It would also include conducting user training for new users, and re-trainings upon each new release of the Registry, which occurs about every two years.

How:

Approach over 400 individual organizations over the next several years through telephone/mail recruitment.

Develop user-specific training materials.

Develop and manage a tool for tracking recruitment efforts, and user contact information.

Meet with new users and conduct trainings, including both one-on-one trainings, and group trainings. Best practices indicate that in-person trainings are preferable to other options, but trainer may also conduct telephone/web-based trainings as well.

Why:

The Immunization Registry improves health care delivery to children in Vermont by providing quick, accurate immunization information. VT state law requires health care providers to report childhood immunizations to the Immunization Registry -- but in order for providers to comply with this law, they need to know how to use the Registry tool. Providing access to school nurses will reduce the paperwork demands on health care

providers and their office staff, who often hand-copy immunization information from medical charts for patients who are required -- again by state law -- to have this information each year for school entrance.

B. User Support

What:

Responsibilities include providing answers to user questions, collecting user suggestions for improving the system, communicating directly with users about system upgrades and improvements, and serving as the "first line" of technical support.

How:

Learn and understand all aspects of the Immunization Registry application. Provide the first point of technical contact for users (via telephone and email). Coach users through user issues. Collect and paraphrase information about potential defects, and report to VDH ITS. Track and manage user questions, and work with Registry manager to develop tools to address questions that continually surface. Communicate with users via newsletter and interface to keep them informed about changes to the registry, and user tips, Solicit user suggestions for improving the registry, and submit them to VDH ITS for incorporation into new iteration of the registry.

Why: Using the Registry is not simply a matter of acquiring a piece of software -- it is a system that needs to be incorporated into office work flow. Different offices have different problems, and different types of users (like school nurses) have different needs and challenges. The Immunization Registry is not a static tool, but an evolving system. Users themselves suggest modifications that will improve the system. Immunization requirements change. While we work to make the Registry trouble-free, users do need access to support, and regular updates about new vaccines added, or other changes to the interface.

2. Key Contacts

This question deals with the personal contacts and interactions that occur in this job. Provide brief typical examples indicating your primary contacts (**not** an exhaustive or all-inclusive list of contacts) other than those persons to whom you report or who report to you. If you work as part of a team, or if your primary contacts are with other agencies or groups outside State government describe those interactions, and what your role is. For example: you may *collaborate, monitor, guide, or facilitate change*.

Physician office staff, including pediatricians, family practitioners, nurses, office managers and clerks.

School administrators, school nurses, data entry clerks.

This position requires interaction with these groups on two levels. First, they need to successfully recruit new user groups. Second, they need to train these users to use a web-based tool, and answer questions.

3. Are there licensing, registration, or certification requirements; or special or unusual skills necessary to perform this job?

Include any special licenses, registrations, certifications, skills; (such as counseling, engineering, computer programming, graphic design, strategic planning, keyboarding) including skills with specific equipment, tools, technology, etc. (such as mainframe computers, power tools, trucks, road equipment, specific software packages). Be specific, if you must be able to drive a commercial vehicle, or must know Visual Basic, indicate so.

Strong computer skills are required. Spreadsheets, web tools, and email software are a must.

Strong organizational skills, ability to develop tracking system to manage recruitment records and support calls is required.

Familiarity with medical office practice is strongly preferred.

Understanding of confidentiality requirements regarding protected health information is preferred.

4. Do you supervise?

In this question "supervise" means if you direct the work of others where you are held **directly** responsible for assigning work; performance ratings; training; reward and discipline or effectively recommend such action; and other personnel matters. List the names, titles, and position numbers of the classified employees reporting to you:

No.

5. In what way does your supervisor provide you with work assignments and review your work?

This question deals with how you are supervised. Explain how you receive work assignments, how priorities are determined, and how your work is reviewed. There are a wide variety of ways a job can be supervised, so there may not be just one answer to this question. For example, some aspects of your work may be reviewed on a regular basis and in others you may operate within general guidelines with much independence in determining how you accomplish tasks.

Work is assigned and reviewed in weekly meetings with the Immunization Registry Manager. Work will flow from a pre-established protocol/strategy, but changes to that protocol can occur once approved by the Manager.

Trainings and recruitment efforts may be observed for the purpose of developing a more effective model.

This position is expected to be part of a larger Registry team, and will coordinate with others on that team.

6. Mental Effort

This section addresses the mental demands associated with this job. Describe the most mentally challenging part of your job or the most difficult typical problems you are expected to solve. Be sure to give a specific response and describe the situation(s) by example.

- For example, a purchasing clerk might respond: *In pricing purchase orders, I frequently must find the cost of materials not listed in the pricing guides. This involves locating vendors or other sources of pricing information for a great variety of materials.*
- Or, a systems developer might say: *Understanding the ways in which a database or program will be used, and what the users must accomplish and then developing a system to meet their needs, often with limited time and resources.*

Communicating clearly with a broad spectrum of users about the Registry.
Identifying and understanding users needs and concerns. In some cases, this might be regarding the registry tool itself; in other cases, it might involve office processes that may be making Registry usage difficult.
Identifying and reproducing registry "bugs," and communicating the details of these clearly to VDH ITS.

7. Accountability

This section evaluates the job's expected results. In weighing the importance of results, consideration should be given to responsibility for the safety and well-being of people, protection of confidential information and protection of resources.

What is needed here is information not already presented about the job's scope of responsibility. What is the job's most significant influence upon the organization, or in what way does the job contribute to the organization's mission?

Provide annualized dollar figures if it makes sense to do so, explaining what the amount(s) represent.

For example:

- A social worker might respond: *To promote permanence for children through coordination and delivery of services;*
- A financial officer might state: *Overseeing preparation and ongoing management of division budget: \$2M Operating/Personal Services, \$1.5M Federal Grants.*

This position, and the professional demeanor of the person who fills it, will reflect directly on the Immunization Registry and the Vermont Department of Health.

In addition, this person will have access to protected health information and must maintain the highest standards for protecting individual privacy.

8. Working Conditions

The intent of this question is to describe any adverse conditions that are routine and expected in your job. It is not to identify special situations such as overcrowded conditions or understaffing.

- a) What significant mental stress are you exposed to? All jobs contain some amount of stress. If your job stands out as having a significant degree of mental or emotional pressure or tension associated with it, this should be described.

Type	How Much of the Time?
Recruiting and training sites for the Imm Registry	24 hours a week
Providing phone and email support to users	10 hours a week
Preparing documents, attending meetings, other activities.	6 hours a week

- b) What hazards, special conditions or discomfort are you exposed to? (Clarification of terms: **hazards** include such things as potential accidents, illness, chronic health conditions or other harm. Typical examples might involve exposure to dangerous persons, including potentially

violent customers and clients, fumes, toxic waste, contaminated materials, vehicle accident, disease, cuts, falls, etc.; and **discomfort** includes exposure to such things as cold, dirt, dust, rain or snow, heat, etc.)

Type	How Much of the Time?
weather-related dangerous driving	5%

c) What weights do you lift; how much do they weigh and how much time per day/week do you spend lifting?

Type	How Heavy?	How Much of the Time?
none		

d) What working positions (sitting, standing, bending, reaching) or types of effort (hiking, walking, driving) are required?

Type	How Much of the Time?
sitting	25 hours a week
driving	15 hours a week

Additional Information:

Carefully review your job description responses so far. If there is anything that you feel is important in understanding your job that you haven't clearly described, use this space for that purpose. Perhaps your job has some unique aspects or characteristics that weren't brought out by your answers to the previous questions. In this space, add any additional comments that you feel will add to a clear understanding of the requirements of your job.

Travel is an expected requirement of this position.

Employee's Signature (required): _____ Date: _____

Supervisor's Section:

Carefully review this completed job description, but **do not** alter or eliminate any portion of the original response. Please answer the questions listed below.

1. What do you consider the most important duties of this job and why?

The "Care and Feeding" of Users. The Immunization Registry is a great tool, but it is only a tool. I see this position as critical to the Registry's success because the person who fills it will show people how to use it, talk them through difficulties, identify and describe problems for ITS, and gather user feedback about features that could be improved.

2. What do you consider the most important knowledge, skills, and abilities of an employee in this job (not necessarily the qualifications of the present employee) and why?

Strong communication skills, organization, patience and persistence.

Communication skills are critical at every phase of the job.

Organization skills (tracking recruitment efforts, support requests) are important because they will help the person in this position demonstrate to the Registry team where improvements are needed.

Patience, and a positive attitude is tremendously helpful in training users who may not be technically saavy.

Persistence and belief in the value of the Immunization Registry are absolute requirements for successful recruitment of new users.

3. Comment on the accuracy and completeness of the responses by the employee. List below any missing items and/or differences where appropriate.

4. Suggested Title and/or Pay Grade:

closest role at VDH for scope of work described is HS Technical Training Assistant Specialist

Supervisor's Signature (required): Bryck Owens (M) Date: _____

Personnel Administrator's Section:

Please complete any missing information on the front page of this form before submitting it for review.

Are there other changes to this position, for example: Change of supervisor, GUC, work station?

Yes No If yes, please provide detailed information.

Attachments:

- Organizational charts are **required** and must indicate where the position reports.
- Draft job specification is **required** for proposed new job classes.

Will this change affect other positions within the organization? If so, describe how, (for example, have duties been shifted within the unit requiring review of other positions; or are there other issues relevant to the classification review process).

This is a new position funded through the CY 2006 Vermont Immunization Program grant. This non-competing, continuation grant (#H23/CCH122529) is provided by the Centers for Disease control and Prevention. In CY 2004 and 2005, the duties associated with this position were subcontractor to an outside vendor.

B. User Support

This classification is the most relevant, within role. Others may be more appropriate.
Suggested Title and/or Pay Grade: *in other divisions of state government.*

Health Services Training and Technical Assistance Specialist

Personnel Administrator's Signature (required): *Miss S. Perrin* Date: *12/22/05*

Appointing Authority's Section:

Please review this completed job description but **do not alter** or eliminate any of the entries. Add any clarifying information and/or additional comments (if necessary) in the space below.

Suggested Title and/or Pay Grade:

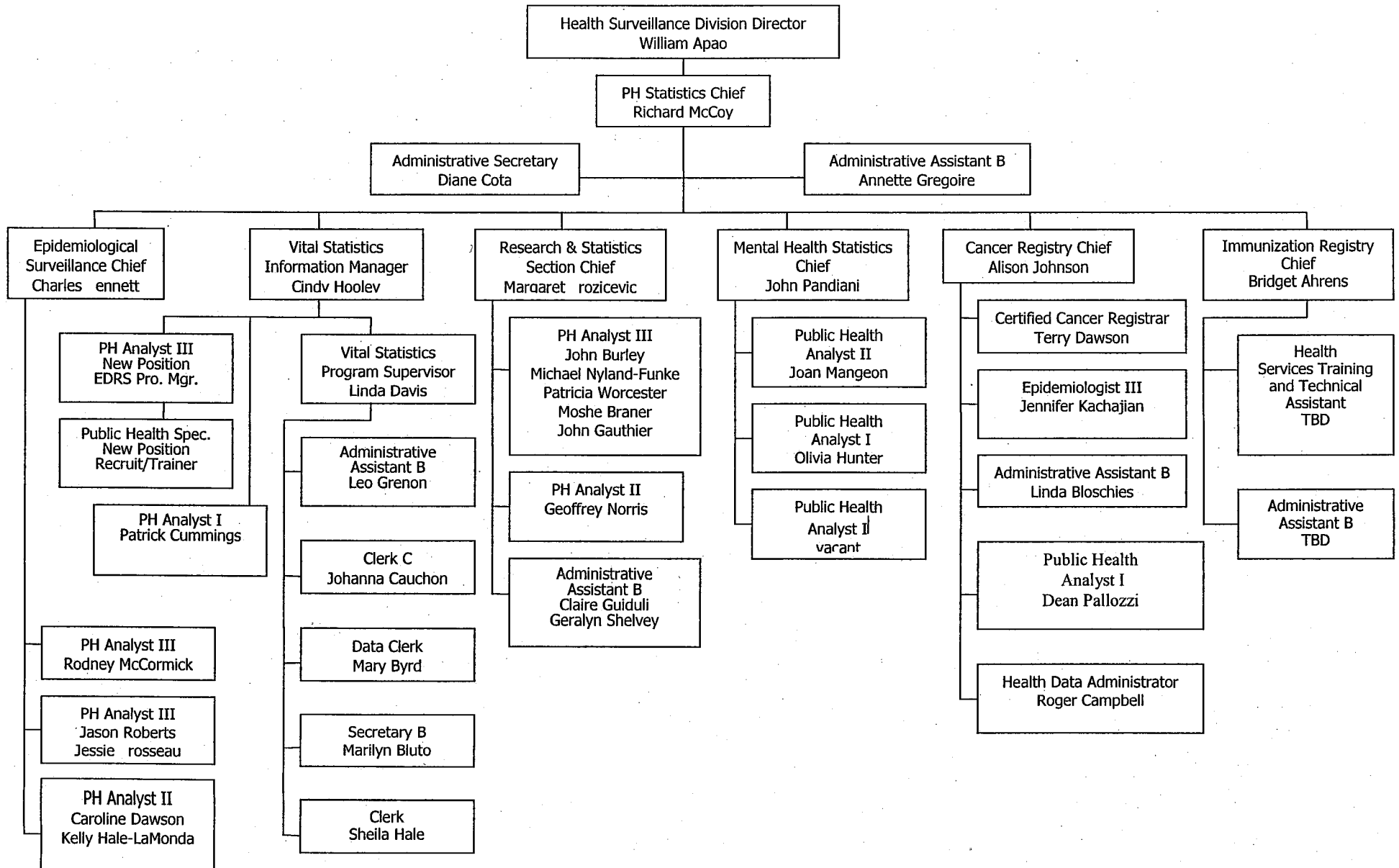
OK with above recommendation

[Signature]
Appointing Authority or Authorized Representative Signature (required)

12/21/05
Date

**Vermont Department of Health
Organizational Charts**

HEALTH SURVEILLANCE – PUBLIC HEALTH STATISTICS



**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: AHS/Health Date: 1/25/06

Name and Phone (of the person completing this request): Gary Leach 863-7384

Request is for:

Positions funded and attached to a new grant.

Positions funded and attached to an existing grant approved by JFO #

The Health Department has held this grant from CDC since as long as anyone can remember – at least 20 years – and we have no record of the original Legislative approval to receive these funds.

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

Centers for Disease Control and Prevention
Immunization and Vaccines for Children, Grant No. H23/CCH122529
A copy of the current grant award document is 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:

Title* of Position(s) Requested	# of Positions	Division/Program	Grant Funding Period/Anticipated End Date
Administrative Assistant B	1	Surveillance/Immunization	current project period ends 12/31/07
Health Services Training and Technical Assistance Specialist	1	Surveillance/Immunization	but we expect grant will be renewed indefinitely

*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:

Please see the attached memorandum from the project manager and the attached narrative summary.

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] 2/8/06
Signature of Agency or Department Head Date

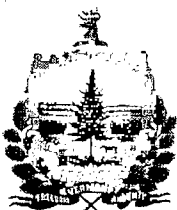
[Signature] 2/14/06
Approved/Denied by Department of Human Resources Date

[Signature] 2/27/06
Approved/Denied by Finance and Management Date

[Signature] 2-28-06
Approved/Denied by Secretary of Administration Date

Comments:

REC'D FEB 16 2006



State of Vermont Agency of Human Services
Office of the Secretary

103 South Main Street
Waterbury, Vermont 05676
(802) 241-2220

To: Molly Paulger, Department of Human Resources
Jan Westervelt, Department of Finance and Management

From: Kevin O'Connell, Analyst *Kevin*

Date: February 7, 2006

Re: Health Department Positions – Immunization Grant

The Health Department is requesting two new, sponsored, limited service positions: Administrative Assistant A and Health Services Training and Technical Assistance Specialist, to be funded from the ongoing Immunization Grant, funded by the Centers for Disease Control and Prevention. The grant funding for the previous federal fiscal year was \$2,041,854. According to the Department, the expectation is for approximately the same in the current federal FY. The first allotment of \$967,400 has been awarded, form attached.

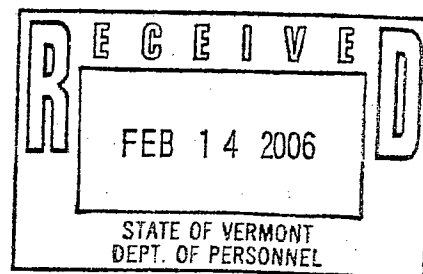
Attached is the grant detail and materials for the current fiscal year and the following forms:

- AA-1, Grant Acceptance Form
- Joint Fiscal Committee Review, Limited Service – Grant Funded Position Request Form – DHR 11/7/05 (this form now replaces the form used by DHR previously)
- Department of Human Resources – Request for Classification Action, Position Description, Form C

As always, please call should you have any questions.

Thank you.

Cc: Allan Merritt



INTEROFFICE MEMORANDUM

TO: GARY LEACH
FROM: BRIDGET AHRENS, IMMUNIZATION REGISTRY MANAGER
SUBJECT: JUSTIFICATION FOR TWO NEW POSITIONS
DATE: 1/20/2006
CC: WILLIAM APAO, RICHARD MCCOY, CHARON GOLDWYN

VT IMMUNIZATION REGISTRY

One of the national health objectives for 2010 is to increase to at least 95% the proportion of children aged <6 years who participate in fully operational, population-based immunization registries. Immunization registries are confidential, computerized information systems that collect and consolidate vaccination data from multiple health-care providers, generate reminder and recall notifications, and assess vaccination coverage.

-Morbidity and Mortality Weekly Report, CDC, July 29, 2005

The Vermont Immunization Registry has become a critical tool for health care practices that provide immunizations to children. It provides essential services to the Immunization Program, and will eventually replace several of the manual tracking and quality assurance programs. It provides needed information to many other Vermont Department of Health programs, including the WIC program, which depends on the registry for immunization data it used to need to obtain by contacting provider offices. Basically, it is a tool that provides accountability without the expense and paperwork of the old manual methods.

Most other states have Immunization Registries. Ours has been in operation since July of 2004, and use of the Registry is growing exponentially. We've received approval from the VDH legal office to extend read-only registry access to school nurses, and would like to begin training them immediately. State law passed in 1997 requires Vermont providers to report all childhood immunizations to the Registry, so within the next few years, we expect to have literally thousands of users.

- In July 2004, five pediatric practices were using the Vermont Immunization Registry.
- By January 2006, 59 practices – with an average of 6 users per practice -- use the Registry. Including district office staff, we currently have over 400 users.

- In September 2004, there were immunization records for 2,197 VT children in the Registry.
- By January 2006, there were records for 20,460 children in the Registry.

There are two critical areas of focus for moving forward with the Registry. One is user training and support; the other is quality assurance. These two positions will address these needs. Creating these new positions is essential to meeting the established CDC standards for Immunization Registries and to providing the necessary support to Registry users throughout Vermont.



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service
Centers for Disease Control
and Prevention (CDC)

DEC 28 2003

Susan Barry
Vermont Department of Health
108 Cherry Street
Burlington, VT 05402-0070

Reference: H23/CCH122529-04 Immunization and Vaccines for Children Grants

Dear Ms. Barry:

Enclosed is your non-competing continuation award of the referenced grant providing the first round of recommended funding for the Immunization and Vaccines for Children Grants under Program Announcement 03006. See Terms and Conditions on pages 2 through 6 and refer to the attached spreadsheet for funding details. 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.

The Grants Management Specialist, listed on the contact list has been assigned the business management responsibilities for your award. The Project Officer, also listed, will be responsible for the review and programmatic monitoring of your project.

An annual Financial Status Report (FSR) must be submitted within 90 days after the end of the budget period. This report should be submitted by your business office and should include only those funds authorized and expended during the budget period for which the report is being submitted. Any FSR submitted on a cumulative basis will be returned.

An original and two copies of all reports and correspondence should be addressed to the Grants Management Officer, Attention: Constance J. Palmer. All correspondence should include the grant number that appears on the award document.

If you have any questions, you may contact Constance J. Palmer, Grants Management Specialist, at (770)488-2859; fax (770) 488-2670, or email abq3@cdc.gov.

Sincerely,

Sharron P. Orum
Team Leader/Grants Management Officer
Acquisition and Assistance Branch II
Procurement and Grants Office

Enclosure

cc: Grantee Business Office
Ellen Cooper, NIP, E-05

12/22/2005

93.268

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
CENTERS FOR DISEASE CONTROL AND PREVENTION

NOTICE OF GRANT AWARD

AUTHORIZATION (LEGISLATION/REGULATION)

PHS 317, 42 USC, SEC. 247B

3. SUPERSEDES AWARD NOTICE DATED _____
EXCEPT THAT ANY ADDITIONS OR RESTRICTIONS _____
PREVIOUSLY IMPOSED REMAIN IN EFFECT UNLESS SPECIFICALLY RESCINDED.

4. GRANT NO. H23/CCH122529-04

5. ADMINISTRATIVE CODES CCH23

6. PROJECT PERIOD
FROM 01/01/2003 THROUGH 12/31/2007

7. BUDGET PERIOD
FROM 01/01/2006 THROUGH 12/31/2006

8. TITLE OF PROJECT (OR PROGRAM)
IMMUNIZATION AND VACCINES FOR CHILDREN GRANTS

9. GRANTEE NAME AND ADDRESS
VERMONT DEPARTMENT OF HEALTH
BUSINESS OFFICE
108 CHERRY STREET
BURLINGTON, VT 05402-0070

10. DIRECTOR OF PROJECT (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR)
SUSAN A. BARRY, IMMUN. PROGRAM MANAGER
VERMONT DEPARTMENT OF HEALTH
108 CHERRY STREET
BURLINGTON, VT 05402-0070

11. APPROVED BUDGET (EXCLUDES PHS DIRECT ASSISTANCE)

PHS GRANT FUNDS ONLY
I TOTAL PROJECT COSTS INCLUDING GRANT FUNDS AND ALL OTHER FINANCIAL PARTICIPATION
(PLACE NUMERAL ON LINE) I

SALARIES AND WAGES.....	\$	391,105
FRINGE BENEFITS.....	\$	117,336
TOTAL PERSONNEL COSTS.....	\$	508,441
CONSULTANT COSTS.....		0
EQUIPMENT.....		6,327
SUPPLIES.....		28,259
TRAVEL.....		13,243
PATIENT CARE-IMPATIENT.....		0
PATIENT CARE-OUTPATIENT.....		0
ALTERATIONS AND RENOVATIONS.....		0
OTHER.....		9,743
CONSORTIUM/CONTRACTUAL COSTS.....		186,272
TRAINEE RELATED EXPENSES.....		0
TRAINEE STIPENDS.....		0
TRAINEE TUITION AND FEES.....		0
TRAINEE TRAVEL.....		0
TOTAL DIRECT COSTS.....	\$	752,285
INDIRECT COSTS (0.00 X OF S&M/TADC).....	\$	215,115
TOTAL APPROVED BUDGET.....	\$	967,400
SBIR FEE.....	\$	0
FEDERAL SHARE.....	\$	967,400
NON-FEDERAL SHARE.....	\$	0

12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE

A. AMOUNT OF PHS FINANCIAL ASSISTANCE (FROM 11.U).....	\$	967,400
B. LESS UNOBLIGATED BALANCE FROM PRIOR BUDGET PERIODS..	\$	0
C. LESS CUMULATIVE PRIOR AWARD(S) THIS BUDGET PERIOD...	\$	0
D. AMOUNT OF FINANCIAL ASSIST. THIS ACTION	\$	967,400

13. RECOMMENDED FUTURE SUPPORT (SUBJECT TO THE AVAILABILITY OF FUNDS AND SATISFACTORY PROGRESS OF THE PROJECT)

BUDGET YEAR	TOTAL DIRECT COSTS	BUDGET YEAR	TOTAL DIRECT COSTS
A. 5	0	D. 0	0
B. 0	0	E. 0	0
C. 0	0	F. 0	0

14. APPROVED DIRECT ASSISTANCE BUDGET (IN LIEU OF CASH)

A. AMOUNT OF PHS DIRECT ASSISTANCE.....	\$	0
B. LESS UNOBLIGATED BALANCE FROM PRIOR BUDGET PERIODS..	\$	0
C. LESS CUMULATIVE PRIOR AWARDS FROM THIS BUDGET PERIOD	\$	0
D. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	\$	0

15. PROGRAM INCOME SUBJECT TO 45 CFR PART 74, SUBPART F, OR 45 CFR 92.25, SHALL BE USED IN ACCORDANCE WITH ONE OF THE FOLLOWING ALTERNATIVES: (SELECT ONE AND PUT LETTER IN BOX.)

A. DEDUCTION

B. ADDITIONAL COSTS

C. MATCHING B

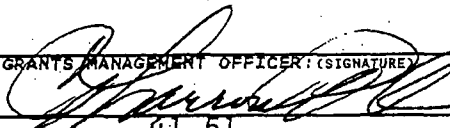
D. OTHER RESEARCH (ADD/DEDUCT OPTION)

E. OTHER (SEE REMARKS)

THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY, THE PHS 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 CITED ABOVE. B. THE GRANT PROGRAM REGULATION CITED ABOVE. C. THIS AWARD NOTICE INCLUDING TERMS AND CONDITIONS, IF ANY, NOTED BELOW UNDER REMARKS. D. PHS GRANTS POLICY STATEMENT INCLUDING ADDENDA IN EFFECT AS OF THE BEGINNING DATE OF THE BUDGET PERIOD. E. 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) - YES NO

SPONSOR:
*IDC RATE BASE: SEE ATTACHED

PHS GRANTS MANAGEMENT OFFICER: (SIGNATURE)  (NAME-TYPED/PRINT) SHARRON P. ORUM (TITLE) GRANTS MANAGEMENT OFFICER

7. OBJ. CLASS. 41.51

18. CRS. E.I.N: I-036000274-A7

19. LIST NO.: CD-013-U06

FY-CAN	DOCUMENT NO.	ADMINISTRATIVE CODE	AMT. ACTION FIN. ASST	AMT. ACTION DIR. ASST
0.A06-191B9 06-9217506	B. CCH122529	C. CCH23	D. 222,000	E. 0
1.A06-191A9 06-921NN58	B. CCH122529	C. CCH23	D. 400	E. 0
2.A06-62119 06-9216146	B. CCH122529	C. CCH23	D. 88,667	E. 0

PHS-5152-1 (CONTINUED)

DATE ISSUED.....: 12/22/2005
GRANT NO.....: H23/CCH122529-04
APPROVAL LIST NO: C0-013-U06

FY CAN	DOCUMENT NO.	ADM.CODE	FIN.ASST	DIR.ASST
-----	-----	-----	-----	-----
06-62119 06-9216216	CCH122529	CCH23	509,698	0
06-62119 06-9216276	CCH122529	CCH23	54,635	0
06-63119 06-921NI55	CCH122529	CCH23	92,000	0

DIRECT ASSISTANCE BUDGET:
=====

PERSONAL SERVICE: 0
TRAVEL.....: 0
VACCINE.....: 0
OTHER SERVICE...: 0

NOTICE OF GRANT AWARD

(Continuation Sheet)

Page 1 of 5

DATE ISSUED

GRANT NO.

H23/CCHI22529-04

TERMS AND CONDITIONS OF THIS AWARD

Program Announcement Number 03006, entitled "Immunization and Vaccines for Children Grants", the continuation application dated August 8, 2005, additional information dated December 13, 2005, the attached spreadsheets, and all applicable statutes and regulations are made part of this award by reference. This award reflects the first round of funding for Calendar Year 2006. The attached spreadsheet provides a detail breakdown of funding by budget category.

1. INDIRECT COSTS

The HHS approved cost allocation plan for Vermont Department of Health applies to this grant.

2. 317 FINANCIAL ASSISTANCE (FA) VACCINE

Funds awarded for 317 FA Vaccine must be used to purchase those vaccines not available through government contract. These funds may not be redirected without written, prior approval from the Grants Management Officer.

3. DIRECT ASSISTANCE (DA) VACCINE FUNDS

The anticipated apportionment for VFC and 317 DA vaccine funding for budget period 04, beginning January 1, 2006 and ending December 31, 2006, is \$3,834,116 (VFC) and \$1,717,323 (317). The stated amount is subject to change as a result of provider usage and unforeseen threats to public health.

4. DIRECT ASSISTANCE OTHER

Direct Assistance Other funding to support registry activities will expire September 30, 2006, and cannot be utilized for any other purpose. Funds may not be redirected without written, prior approval from the Grants Management Officer.

5. PRIOR APPROVAL

All requests that require the prior approval of the Grants Management Officer must bear the signature of an authorized official of the grantee business office as well as that of the principal investigator or program director and must be received no later than 120 days prior to the end of the current budget period. Any request received without two signatures will be returned.

Prior approval is required, but not limited to the following request: (1) use unobligated funds from a prior budget period; (2) lift a restriction; (3) re-budget funds among the object class categories; (4) change in contractor/consultant; (5) supplemental funds; or (6) change in key personnel.

6. REPORTING REQUIREMENTS

a) Semiannual Progress Reports are required.

Interim progress report is due on or before September 15 of each year. The interim progress report will serve as your non-competing continuation application, and must contain the following elements: (1) current budget period activities objectives, (2) current budget period financial

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progress, (3) new budget period program proposed activity objectives, (4) detailed line-item budget and justification, and (5) additional requested information.

The second progress report is due 30 days after the end of the budget period (January 31) and must summarize the following: (1) a comparison of actual accomplishments to the goal established for the period, (2) the reasons for failure, if established goals were not met, and (3) other pertinent information including, when appropriate, analysis and explanation of performance costs significantly higher than expected.

The final progress report is required no later than 90 days after the end of the project period.

An original and two (2) copies of each report must be identified with the award number shown at the top right of this document and must be submitted to the CDC Grants Office at the following address:

Sharron P. Orum, Grants Management Officer
Attn: Constance J. Palmer, Grants Management Specialist
Procurement and Grants Office
Centers for Disease Control and Prevention
2920 Brandywine Road, NE, Suite 3618, MS - E15
Atlanta, Georgia 30341

b) Ad hoc reports, i.e. VPD case reports and ongoing purchase and inventory reports for all vaccines purchased with public funds, via forms, templates, and computer-based systems developed by CDC should be submitted as information is collected or as requested by CDC.

c) Financial Status Report (SF-269), with an attachment that delineates separate VFC and 317 expenditures and obligations by object class category, is due no more than 90 days after the end of the budget period.

7. AUDIT REQUIREMENT

You must comply with the audit requirements of OMB Circular A-133, Audits of State, Local Governments and Non-Profit Organizations, revised June 24, 1997, which rescinded OMB Circular A-128 "Audits of State and Local Governments".

It is very helpful to CDC managers if you choose to send a courtesy copy of the audit and management letter on a voluntary basis to the following address.

Centers for Disease Control and Prevention (CDC)
ATTN.: Audit Resolution, Mail Stop E-15
2920 Brandywine Road, Room 3000, MS E-15
Atlanta, Georgia 30341-5539

You are required to ensure that subrecipients receiving CDC funds also meet the requirements of A-133 (total Federal grant or cooperative agreement funds received exceed \$300,000).

Additionally, you must also ensure that appropriate corrective action is taken within six months after receipt of the subrecipient audit report in instances of non-compliance with Federal laws and regulations. You are to consider whether subrecipient audits necessitate adjustment of your own records. If a subrecipient is not required to have an OMB A-133 audit, to perform adequate

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monitoring of subrecipient activities. You should require each subrecipient to permit independent auditors to have access to the subrecipient's records and financial statements. **THESE REQUIREMENTS SHOULD BE INCLUDED IN SUBRECIPIENT CONTRACTS.**

For technical assistance with audits, you or your auditor may call the DHHS Office of Audit Services at (800) 732-0679 ext.108, or (816) 374-6714 ext 108.

8. CORRESPONDENCE

All correspondence and formal reports regarding this award must be identified with the grant number that appears on the award document. An original and two copies must be addressed to the Grants Management Officer, Attn: Grants Management Specialist.

9. PUBLICATIONS

Publications, journal articles, etc. produced under a CDC grant support project must bear an acknowledgment and disclaimer, as appropriate, such as: This publication (journal article, etc.) was supported by Grant Number H23/CCH122529 from The Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of CDC.

10. INVENTIONS

Acceptance of grant funds obligates recipients to comply with the "standard patent rights" clauses in 37 CFR 401.14.

11. PURCHASING AMERICAN-MADE EQUIPMENT AND PRODUCTS

To the greatest extent practicable, all equipment and products purchased with CDC funds should be American-made.

12. ACKNOWLEDGING FEDERAL SUPPORT

When issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with Federal money, all awardees receiving Federal funds, including and not limited to State and local governments and recipients of Federal research grants, shall clearly state (1) the percentage of the total costs of the program or project which will be financed with Federal money, (2) the dollar amount of Federal funds for the project or program, and (3) percentage and dollar amount of the total costs of the project or program that will be financed by non- governmental sources.

13. **TECHNICAL REVIEW:** The awardee is required to respond, in writing, to the weaknesses and/or follow up items listed in the Technical Review of the application. The response is due to the Grants Management Office by February 28, 2006.

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H23/CCH122529-04**14. FRAUD, WASTE, OR ABUSE HOTLINE NOTICE**

The United States Department of Health and Human Services (HHS) Office of the Inspector General (OIG) maintains a toll-free telephone 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 Htips@os.dhhs.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 kept confidential and submitters may decline to give their names if they choose to remain anonymous.

15. PAYMENT INFORMATION

Payment under this award will be made available through the Department of Health and Human Services (HHS) Payment Management System (PMS). PMS is administered by the Division of Payment Management, Program Support Center, HHS. PMS will forward instructions for obtaining payments. Online information can be found via the Internet at <http://www.dpm.psc.gov/>. Mailed through the U.S. Postal Service inquiries regarding payment should be directed to:

Payment Management System
Division of Payment Management
FMS/PSC/HHS
P.O. Box 6021
Rockville, MD 20852
Telephone Numbers:
Governments: 301-443-9193
All Others: 301-443-9183

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

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H23/CCH122529-04**CONTACT LIST****GRANTS MANAGEMENT SPECIALIST**

Constance J. Palmer
Procurement and Grants Office
Centers for Disease Control and Prevention (CDC)
2920 Brandywine Road, Room 3618, MS-E14
Atlanta, GA 30341-4146
Email address: abq3@cdc.gov
Telephone: 770-488-2859
Fax: 770-488-2670

GRANTS MANAGEMENT OFFICER

Sharron P. Orum
Procurement and Grants Office
Centers for Disease Control and Prevention (CDC)
2920 Brandywine Road, Room 3000, Ms-E15
Atlanta, GA 30341-4146
Telephone: 770-488-2716

PROGRAM OFFICER/CONSULTANT

Gayle Daniels
Program Operations Branch, ISD
National Immunization Program, E52
Centers for Disease Control and Prevention (CDC)
1600 Clifton Road
Atlanta, GA 30333
Telephone: 404-639-6357
Email Address: gzs4@cdc.gov

Grant Year 2006 Round One

Vermont - 122529		Total Award	VFC Ops	VFC Ordering	VFC Distribution	VFC AFIX	VFC Total	317 Funds	Comments
PROGRAM OPERATIONS	FINANCIAL ASSISTANCE (FA)								
	Personnel	\$391,105	\$195,622	\$28,839	\$42,538	\$31,828	\$298,827	\$92,278	
	Fringe	\$117,336	\$58,689	\$8,652	\$12,762	\$9,549	\$89,652	\$27,684	
	Equipment	\$6,327	\$2,242	\$0	\$2,851	\$0	\$5,093	\$1,234	
	Supplies	\$28,259	\$14,440	\$835	\$329	\$8,262	\$23,866	\$4,393	
	Travel	\$13,243	\$7,690	\$447	\$103	\$3,690	\$11,930	\$1,313	
	Other	\$9,343	\$0	\$0	\$6,688	\$0	\$6,688	\$2,655	
	Contracts	\$186,272	\$123,419	\$0	\$0	\$21,165	\$144,584	\$41,688	
	Indirect Costs	\$215,115	\$107,596	\$15,862	\$23,396	\$17,506	\$164,360	\$50,755	
	FA OPERATIONS TOTAL	\$967,000	\$509,698	\$54,635	\$88,667	\$92,000	\$745,000	\$222,000	
	DIRECT ASSISTANCE (DA)								
	DA Other (GSA Contracts)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
	Program Operations Subtotal	\$967,000	\$509,698	\$54,635	\$88,667	\$92,000	\$745,000	\$222,000	
	DA Salary(s)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
	DA Travel	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
DA OPERATIONS TOTAL	\$0	\$0	\$0	\$0	\$0	\$0	\$0		
PROGRAM OPERATIONS TOTAL	\$967,000	\$509,698	\$54,635	\$88,667	\$92,000	\$745,000	\$222,000		
	FA Vaccine (317)	\$400	\$0	\$0	\$0	\$0	\$0	\$400	FA Vaccine to be used only for HBIG, DT, PPV23, IG, and MPSV4
	VACCINE TOTAL	\$400	\$0	\$0	\$0	\$0	\$0	\$0	
TOTALS	FA TOTAL	\$967,400	\$509,698	\$54,635	\$88,667	\$92,000	\$745,000	\$222,400	
	DA TOTAL	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
	TOTAL	\$967,400	\$509,698	\$54,635	\$88,667	\$92,000	\$745,000	\$222,400	

Listing of Personnel Line Items

Vermont

Personnel Line Items	Line Item	Job Title
	Susan Barry	Program Chief
Contract Line Items	Line Item	
	VCHIP:AFIX	
	PDI Creative	
	TBD: Immunization Registry	



August 8, 2005

Acquisition and Assistance Branch A
Procurement and Grant Office Centers for Disease Control and Prevention
2920 Brandywine Road, Room 3000
Atlanta, GA 30341-4146

Reference: Immunization and Vaccines for Children Grants: Non-Competing Continuation
Application, Grant Number H23/CCH122529

Dear Ms. Peaches Brown;

Enclosed is the Vermont Department of Health's Immunization and Vaccines for Children Non-Competing Continuing Process Application for a 12 month period of January 1, 2006 through December 31, 2006. The application has been prepared in accordance with the "CY2006 Immunization Non-Competing, Continuation Grant Application Guidance for 317 and Vaccines for Children (VFC) Program."

We believe the funding of this project will ensure the continuation of our capacity to obtain and administer appropriate vaccines to Vermont children, assist in public education, develop and continue to implement the Vermont Immunization Registry, fully implement all requirements of the VFC and AFIX programs, and provide technical and consultation experience at the local level.

If you should have questions regarding this application, please contact Susan a. Barry at 802-652-4185. Thank you.

Sincerely,

Susan A. Barry MSA, CPNP
Immunization Program Chief

Gary Leach
Business Office Official

Enclosures
C: Gayle Daniels, NIP

**CY2006 Immunization Non-Competing, Continuation Grant Application
For Section 317 and Vaccines for Children (VFC) Program**

Grant Number H23/CCH122529

Vermont Immunization Program

January 1, 2006 through December 31, 2006

**Vermont Department of Health
Agency of Human Services
108 Cherry Street
Burlington, Vermont 05402-0070
802-863-7638**

Immunization Non-Competing, Continuation Grant Application

for Section 317 and Vaccines for Children (VFC) Program

For January 1, 2006 through December 31, 2006

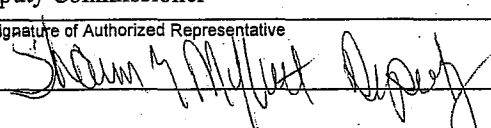
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APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:
 Application
 Construction
 Non-Construction
 Preapplication
 Construction
 Non-Construction

2. DATE SUBMITTED 8/5/06	Applicant Identifier
3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION	
Legal Name: Vermont Department of Health	Organizational Unit: Department: Department of Health: Immunization Program
Organizational DUNS: 80-937-6155	Division: Health Surveillance
Address: Street: POB 70, 108 Cherry Street	Name and telephone number of the person to be contacted on matters involving this application (give area code):
City: Burlington	Prefix: Ms.
County: Chittenden	First Name: Susan
State: VT	Middle Name: A.
ZIP: 05402-0070	Last Name: Barry
Country: USA	Suffix: MSA, CPNP, Immunization Program Chief
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 03 - 60000274	Phone Number (give area code): 802-652-4185
	FAX Number (give area code): 802-865-7701
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): (See back of form for description of letters)	7. TYPE OF APPLICANT: (See back of form for Application Types): A. State Other (Specify):
Other (specify):	9. NAME OF FEDERAL AGENCY: Public Health Service: CDC
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 93 - 268 TITLE: (Name of Program): Vermont Immunization Program	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Vermont Immunization Program Grant Number H23/CCH122529
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Vermont statewide	
13. PROPOSED PROJECT: Start Date: 1/1/06 Ending Date: 12/31/06	14. CONGRESSIONAL DISTRICTS OF: a. Applicant: Vermont at large b. Project: Vermont at large
15. ESTIMATED FUNDING: a. Federal: \$ 9,918,835.45 b. Applicant: \$ c. State: \$ 980,102.00 d. Local: \$ e. Other: \$ f. Program Income: \$ g. TOTAL: \$ 10,898,937.45	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. <input type="checkbox"/> YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE b. <input checked="" type="checkbox"/> NO. PROGRAM IS NOT COVERED BY E.O. 12372 OR PROGRAM HAS NOT BEEN SELECTED STATE FOR REVIEW
17. IS APPLICATION DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
a. Authorized Representative Prefix: Ms. First Name: Sharon Middle Name: Last Name: Moffat Suffix: MSA b. Title: Deputy Commissioner c. Telephone Number (give area code): 802863-7281 d. Signature of Authorized Representative:  e. Date Signed: August, 2005 8/9/05	

BUDGET INFORMATION - Non-Construction Programs

Grant Budget Summary Information For 2006 Working Draft of Initial Grant Request, (Original) For Vermont - 122529

SECTION A - BUDGET SUMMARY						
Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. Immunization	93.268					
2.						
3.						
4.						
5. TOTALS:						
SECTION B - BUDGET CATEGORIES						
6. Object Class Categories		Grant Program, Function or Activity				Totals
		317 FA	317 DA	VFC FA	VFC DA	
Personnel		\$647,179.40	\$0.00	\$533,057.60	\$0.00	\$1,180,237.00
Fringe Benefits		\$194,153.82	\$0.00	\$159,917.28	\$0.00	\$354,071.10
Travel		\$9,211.30	\$0.00	\$23,149.70	\$0.00	\$32,361.00
Equipment		\$8,653.60	\$0.00	\$8,666.40	\$0.00	\$17,320.00
Supplies		\$30,810.00	\$0.00	\$46,990.00	\$0.00	\$77,800.00
Contractual		\$292,360.50	\$0.00	\$262,360.50	\$0.00	\$554,721.00
Vaccine		\$3,305.00	\$2,650,508.00	\$0.00	\$4,369,382.00	\$7,023,195.00
Other		\$18,620.00	\$0.00	\$11,380.00	\$0.00	\$30,000.00
Total Direct Charges		\$1,204,293.62	\$2,650,508.00	\$1,045,521.48	\$4,369,382.00	\$9,269,705.10
Indirect Charges		\$355,948.67	\$0.00	\$293,181.68	\$0.00	\$649,130.35
TOTALS		\$1,560,242.29	\$2,650,508.00	\$1,338,703.16	\$4,369,382.00	\$9,918,835.45
7. Program Income						

SECTION C - NON-FEDERAL RESOURCES

	(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
8.					
9.					
10.					
11.					
12. TOTALS (sum of lines 8 and 11)					

SECTION D - FORECASTED CASH NEEDS

	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal					
14. Non-Federal					
15. TOTAL (sum of lines 13 and 14)					

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.				
17.				
18.				
19.				
20. TOTALS: (sum of lines 16 - 19)				

SECTION F - OTHER BUDGET INFORMATION

21. Direct Charges:	\$9,269,705.10	22. Indirect Charges:	\$649,130.35
23. Remarks:			

ASSURANCES - NON-CONSTRUCTION PROGRAMS

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

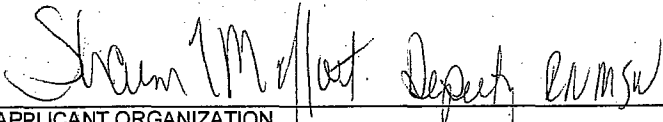
**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET.
SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.**

Note: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant I certify that the applicant:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685- 1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §§794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age;
- (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to non-discrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply with the provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327- 333), regarding labor standards for federally assisted construction subagreements.

10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetland pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clear Air) Implementation Plans under Section 176(c) of the Clear Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§ 469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL 	TITLE Deputy Commissioner	
APPLICANT ORGANIZATION Vermont Department of Health	DATE SUBMITTED 8/1/05	

CERTIFICATIONS

1. CERTIFICATION REGARDING DEBARMENT AND SUSPENSION

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief, that the applicant, defined as the primary participant in accordance with 45 CFR Part 76, and its principals:

- (a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal Department or agency;
- (b) have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (c) are not presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and
- (d) have not within a 3-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

Should the applicant not be able to provide this certification, an explanation as to why should be placed after the assurances page in the application package.

The applicant agrees by submitting this proposal that it will include, without modification, the clause titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion--Lower Tier Covered Transactions" in all lower tier covered transactions (i.e., transactions with sub-grantees and/or contractors) and in all solicitations for lower tier covered transactions in accordance with 45 CFR Part 76.

2. CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free workplace in accordance with 45 CFR Part 76 by:

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) Establishing an ongoing drug-free awareness program to inform employees about--
 - (1) The dangers of drug abuse in the workplace;
 - (2) The grantee's policy of maintaining a drug-free workplace;
 - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
 - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;
- (d) Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will--
 - (1) Abide by the terms of the statement; and
 - (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- (e) Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central

point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

- (f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (2), with respect to any employee who is so convicted--
- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

For purposes of paragraph (e) regarding agency notification of criminal drug convictions, the DHHS has designated the following central point for receipt of such notices:

Office of Grants and Acquisition Management
 Office of Grants Management
 Office of the Assistant Secretary for Management and Budget
 Department of Health and Human Services
 200 Independence Avenue, S.W., Room 517-D
 Washington, D.C. 20201

3. CERTIFICATION REGARDING LOBBYING

Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non-appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs (45 CFR Part 93).

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the under-

signed, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

- (2) If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)
- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

4. CERTIFICATION REGARDING PROGRAM FRAUD CIVIL REMEDIES ACT (PFCRA)

The undersigned (authorized official signing for the applicant organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the applicant organization will comply with the Public Health Service terms and conditions of award if a grant is awarded as a result of this application.

5. CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

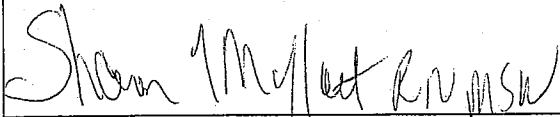
Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing the certification, the undersigned certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The applicant organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

The Public Health Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL 	TITLE Deputy Commissioner	
APPLICANT ORGANIZATION Vermont Department of Health		DATE SUBMITTED 8/10/05

CHECKLIST

Public Burden Statement: Public reporting burden of this collection of information is estimated to average 4 - 50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC,

Clearance Officer, 1600 Clifton Road, MS D-24, Atlanta, GA 30333, ATTN: PRA (0920-0428). Do not send the completed form to this address.

NOTE TO APPLICANT: This form must be completed and submitted with the original of your application. Be sure to complete both sides of this form. Check the appropriate boxes and provide the information requested. This form should be attached as the last page of the signed original of the application. This page is reserved for PHS staff use only.

Type of Application: NEW Noncompeting Continuation Competing Continuation Supplemental

PART A: The following checklist is provided to assure that proper signatures, assurances, and certifications have been submitted.

- 1. Proper Signature and Date for Item 18 on SF 424 (FACE PAGE) Included [X] NOT Applicable
2. Proper Signature and Date on PHS-5161-1 "Certifications" page Included [X] NOT Applicable
3. Proper Signature and Date on appropriate "Assurances" page, i.e., SF-424B (Non-Construction Programs) or SF-424D (Construction Programs) Included [X] NOT Applicable
4. If your organization currently has on file with DHHS the following assurances, please identify which have been filed by indicating the date of such filing on the line provided. (All four have been consolidated into a single form, HHS Form 690)
- Civil Rights Assurance (45 CFR 80) []
- Assurance Concerning the Handicapped (45 CFR 84) []
- Assurance Concerning Sex Discrimination (45 CFR 86) []
- Assurance Concerning Age Discrimination (45 CFR 90 & 45 CFR 91) []
5. Human Subjects Certification, when applicable (45 CFR 46) [] []

PART B: This part is provided to assure that pertinent information has been addressed and included in the application.

- 1. Has a Public Health System Impact Statement for the proposed program/project been completed and distributed as required? YES [] NOT Applicable [X]
2. Has the appropriate box been checked for item # 16 on the SF-424 (FACE PAGE) regarding intergovernmental review under E.O. 12372 ? (45 CFR Part 100)..... YES [X] NOT Applicable []
3. Has the entire proposed project period been identified in item # 13 of the FACE PAGE? YES [X] NOT Applicable []
4. Have biographical sketch(es) with job description(s) been attached, when required YES [] NOT Applicable [X]
5. Has the "Budget Information" page, SF-424A (Non-Construction Programs) or SF-424C (Construction Programs), been completed and included? YES [X] NOT Applicable []
6. Has the 12 month detailed budget been provided? YES [X] NOT Applicable []
7. Has the budget for the entire proposed project period with sufficient detail been provided? YES [X] NOT Applicable []
8. For a Supplemental application, does the detailed budget address only the additional funds requested? YES [] NOT Applicable [X]
9. For Competing Continuation and Supplemental applications, has a progress report been included? YES [X] NOT Applicable []

PART C: In the spaces provided below, please provide the requested information.

Business Official to be notified if an award is to be made.

Program Director/Project Director/Principal Investigator designated to direct the proposed project or program.

Name Gary Leach
Title Business Office Official
Organization Vermont Department of Health
Address 108 Cherry Street, Burlington, VT 05402
E-mail Address gleach@vdh.state.vt.us
Telephone Number 802-863-7384
Fax Number 802-865-7701
APPLICANT ORGANIZATION'S 12-DIGIT DHHS EIN (if already assigned)

Name Susan A. Barry
Title Immunization Program Manager
Organization Vermont Department of Health
Address 108 Cherry Street, Burlington, VT 05402-0070
E-mail Address sbarry@vdh.state.vt.us
Telephone Number 802-652-4185 or 802-863-7638
Fax Number 802-865-7701
SOCIAL SECURITY NUMBER
HIGHEST DEGREE EARNED

1036000274A7

[]

(OVER)



DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the
Regional Director

Region I
John F. Kennedy Federal
Government Center
Boston, MA 02203

March 2, 1989

Ms. Nancy Clermont
Agency Financial Management Specialist
State of Vermont
Agency of Human Services
103 South Main Street
Waterbury, Vermont 05676

Dear Ms. Clermont:

This is to inform you of the approval of the enclosed Administrative Cost Allocation Plan originally submitted on December 30, 1987 and revised May 9, 1988 and September 26, 1988. The approval is effective October 1, 1987 and will remain in effect until such time as the allocation methods contained therein are outdated or otherwise determined to be inappropriate. Responsibility for monitoring the continued accuracy of the plan rests solely with the State.

Approval of this plan is predicated upon conditions that (1) no costs, other than those incurred pursuant to the approved State Plan, are included in claims to HHS and that such costs are legal obligations, (2) the same costs treated as indirect costs have not been claimed as direct costs, and (3) similar types of costs have been accorded consistent treatment.

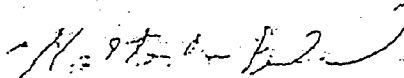
This approval also presumes the existence of an accounting system with internal controls adequate to protect the interests of both the State and Federal governments. Approval of the cost allocation plan does not constitute the approval of the estimated costs submitted with the plan. The approval relates only to the accounting treatment accorded the costs of your programs, and nothing herein should be construed to approve activities or costs not otherwise authorized by program plans, Federal legislation or regulations.

Page 2

The operation of the plan may, from time to time, be reviewed by authorized Federal staff, including DCA, OPDIV, HHS Audit and General Accounting Office personnel. The disclosure of inequities during such reviews may necessitate changes to the plan and could result in the disallowance of improperly allocated costs.

Thank you for your cooperation in maintaining an accurate and current cost allocation plan.

Sincerely yours,



Walter M. Boland, Director
Division of Cost Allocation

Enclosure

cc:

Alfred Fuoroli, HCFA
Peter Shanley, USDA

**Immunization Non-Competing, Continuation Grant Application
for Section 317 and Vaccines for Children (VFC) Program**

For January 1, 2006 through December 31, 2006

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2006 Grant Application Template: Instructions

- Please use the attached template to complete both the 2005 Semi-Annual Progress Report and the 2006 Grant objectives.
- Please do not copy and paste your previous grant application text into the boxes. Summarize and use bullets and phrases to describe activities. Be concise but complete in describing your objectives, activities, and evaluation measures.
- You may modify the column widths to meet your needs, but keep the column widths appropriate to the amount of text required for each box.
- You may add additional rows as needed depending on the number of objectives that you have for each Program Component.
- The VFC/AFIX Tables are on the last page of this document. Please complete them and submit with your application.
- Please include a copy of the Self-Assessment Worksheet from the Level 1 AFIX Standards with your completed application.

January 1-June 30, 2005, Semi-annual Progress Report

Grantee: 122529 Vermont Program Component: Program Management

Objective	Status of Objective	Description of Barriers to Meeting Objectives
<p>By December 31, 2005, develop a comprehensive immunization plan that outlines priority areas and placement of resources.</p>	<p>Met & Ongoing Areas of increased focus identified in CY 2005 grant year included:</p> <ul style="list-style-type: none"> • Develop relationships with Vermont's insurance carriers to streamline communications & deliver consistent messages • Work with insurers on QI projects to increase immunization coverage rates in VT children • Explore tactics to pinpoint pockets-of-need for both children & adults: work to correct them • Explore options for media campaigns to heighten consumer awareness for influenza & pneumococcal vaccines for adults • Extend contract with VCHIP to continue work conducting AFIX audits in private provider sites. • Continue pandemic flu planning 	<p>See details in appropriate areas that follow.</p>
<p>1.1.1 One hundred percent of parents of children attending public immunization clinics sponsored by VDH will be asked why they are attending a public immunization clinic.</p>	<p>Met & Ongoing</p>	<p>Done whenever they attend a VDH clinic. Referred to medical home whenever possible.</p>
<p>1.1.2 Program need will be identified using CDC approved methods including Population estimates and Vaccine Forecasting Tools supplied by CDC.</p>	<p>Met</p>	<p>Barriers: Funding doesn't currently meet identified needs since licensing of meningococcal vaccine and limited allocation. VT needed 30,000 doses to serve the 3 identified cohorts but was limited to 3,670 doses through March 2006. All allocated doses will be used by September 2005.</p>

Objective	Status of Objective	Description of Barriers to Meeting Objectives
1.1.3 >95% of children attending public or private school in Vermont will be in compliance with 2 dose measles requirement of will have valid exemption on file	Met & Re-occurring each year	Media sensationalism promoting anti-vaccine beliefs increases delays in vaccinations especially MMR immunization and increases exemptions. School nurses then spend more time trying to update records & assure compliance.
1.1.5 A comprehensive, multi-agency pandemic influenza plan will be developed and tested during 2005, meeting the elements described in CDC documents.	Partially met	Document exists, elements have been tested in various table top formats, and plan has been submitted to CDC for approval by State of VT.

Grantee: 122529 Vermont Program Component: Vaccine Management

Objective	Status of Objective	Description of Barriers to Meeting Objectives
2.1.1 Maintain an efficient system to distribute public vaccine	Met & Ongoing	Vermont's vaccine distribution is efficient & timely however full optimization is limited due to inadequate funding for new vaccines.
2.1.2 Vaccines are ordered based upon annual vaccine spending plan and population projections for each antigen. Performance measure: Concordance within 5% margin of error.	Met & Ongoing	Due to economies of scale and our small size, vaccine orders must be allocated to either VFC or 317 based upon quarterly need rather than monthly since otherwise Vermont may not reach the minimum order size. Overall it balances reasonably closely.
2.1.3 Provider vaccine orders are processed in a timely, efficient and accurate manner	Met & Ongoing	Vaccines are processed the same day they are received. Often the provider practice takes receipt of the vaccine within one hour of request.
2.1.4-5 Supply all ACIP-recommended vaccines to VFC providers in public and private provider sites in accordance with VFC-ACIP resolutions	Partially Met	As a universal state, all ACIP recommended vaccines are available to all VFC-enrolled providers up to June 30, 2005 with the exception of very limited availability of Menactra...cannot assure vaccine for VFC-eligible children today. Barriers: Not sustainable unless funding & supply increase.

Objective	Status of Objective	Description of Barriers to Meeting Objectives
<p>2.1.6 Standard operating procedures (SOPs) for vaccine ordering, receiving, storage, handling, shipping, tracking and disposal, including emergency contingencies are in place.</p>	<p>Partially Met</p>	<p>All DO sites have met all criteria. Private provider sites do not have fully operational emergency plans in place despite being advised to develop them. Actions: A template with fill-in blanks is given to each practice to complete name of vaccine manager, home telephone, and place vaccine to be moved to during crisis.</p>
<p>2.1.7 Ensure vaccines within the program's distribution system are handled, stored, shipped in accordance with CDC guidelines.</p>	<p>Met & Ongoing</p>	<p>DO depots distribute vaccines only in insulated coolers using the CDC guidelines for proper packaging & distribution. One hundred percent of DO sites receive annual VFC site visits to evaluate storage, handling, etc.</p>
<p>2.1.8 Safeguard public vaccine supply: Vaccine loss due to equipment failure at the central office will be maintained at less than 5%.</p>	<p>Objective met & Ongoing</p>	<p>Vaccine security is maintained by triple locks in a secure facility with temperature alarms monitored by an alarm company. VDH staff respond to alarms when needed. Generator back-up is tested weekly.</p>
<p>2.1.9 Annual waste of vaccine due to rotation of stock will be maintained at < 5%.</p>	<p>Met & Ongoing</p>	<p>Carefully review of vaccines remaining in the state prompt the vaccine manager to contact providers 3 months before vaccines expire to reclaim them and move them to a higher-use site for administration prior to outdating.</p>
<p>2.1.11 One hundred percent of DO sites will have been trained & evaluated for compliance with recommendations for vaccine management, storage, and handling by December 31, 2005</p>	<p>Met</p>	<p>None. All vaccine-handling staff trained & many attended Immunization Conference where further training was held.</p>
<p>2.21 VACMAN software is used for vaccine ordering, distribution, and doses administered data.</p>	<p>Met</p>	<p>VACMAN reports are monitored weekly or more often for accuracy of data, & for monitoring vaccine distribution and administration trends, and for placing and tracking vaccine purchases.</p>
<p>2.2.2 One hundred percent of known instances of fraud & abuse of vaccine purchased with federal funds will be reported both to CDC and VDH legal counsel within 5 days of detection.</p>	<p>Met</p>	<p>No cases detected in 2005.</p>
<p>2.2.4 One hundred percent of providers will re-enroll in VFC program in 2005.</p>	<p>Met</p>	<p>All previously enrolled providers who use VDH-supplied vaccines re-enrolled and several newly created practices joined. (A small number retired from practice).</p>

Objective	Status of Objective	Description of Barriers to Meeting Objectives
2.25-6 Provider's usage of publicly-purchased vaccines on doses administered reports will be compared to data provided on provider profiles to assure relative concordance.	Met	At 100% of VFC-site visits, the data is compared and corrective actions are taken if needed.
2.2.7 A Provider satisfaction survey was conducted and completed.	Met	Results of survey demonstrated that >77% found VFC visits to be useful to their practice.
2.2.8 Vaccine wastage from mishandled and expired doses will remain at less than 5%.	Met & Ongoing	Vaccine wastage due to mishandled or expired vaccine prior to June 30, 2005 was less than 2%.

Grantee: 122529 Vermont Program Component: Registries

Objective	Status of Objective	Description of Barriers to Meeting Objectives
3.1.1 By December 31, 2005, the Vermont Immunization Registry will have successfully tested the ability to exchange information with other immunization registries, and be able to conduct electronic data exchange.	Unmet.	<ul style="list-style-type: none"> The VT Immunization Registry development team is working on implementing HL7 messaging and expected completion of this task is Spring 2006. The registry team made a decision to prioritize developing a third party import function that does not use HL7 (objective 3.1.2). We had access to data sets we could import right away without HL7 and add several thousand historical records to the registry. We also had a completed use case for our development team on this functionality, so implementation would be much quicker than waiting for HL7. Our target to meet this objective is Spring 2006.
3.1.2 The Vermont Immunization Registry will have the capacity to import historical immunization data from insurers (including Medicaid), billing systems used by physician offices, and electronic medical records (EMRs) by December 31, 2005.	Partially Met.	<ul style="list-style-type: none"> We have met with insurers and billing companies, prepared documents describing data requirements, and addressed legal issues. We are currently reviewing a dataset from Medicaid and conducting some quality assessment using chart reviews. IT Development is working on developing and testing the import feature for batch data. Our target dates for importing are as follows: Medicaid data (October 1, 2005); billing systems (December 1, 2005);

Objective	Status of Objective	Description of Barriers to Meeting Objectives
		insurers (December 30, 2005).
<p>3.1.3 The Vermont Immunization Registry will have the capacity to import real-time immunization data from billing systems used by physician offices and electronic medical records (EMRs) by December 31, 2005.</p>	Unmet.	<ul style="list-style-type: none"> • The registry team made a decision to prioritize developing a third party import function that does not use HL7 (objective 3.1.2). • We have met with insurers and billing companies, prepared documents describing data requirements, and addressed legal issues. HL7 capability will not be ready until Spring 2006.
<p>3.1.4 By December 31, 2005, the Vermont Immunization Registry will be fully integrated with the Vital Record Deaths system.</p>	Unmet.	<ul style="list-style-type: none"> • The Division of Health Surveillance is currently applying for SSA funds to develop and implement an Electronic Death Registration System (EDRS) to replace the current paper-driven Vital Records processes. The EDRS application will be linked to the Registry when it is completed and implemented. However, this is not expected to occur until Summer 2007. • Currently, when the Vital Records Office receives a death certificate for a child, the Registry is notified and that child is manually archived so it will not be accessed by either the search function or reports. However, such notification can take anywhere between 15-35 days since Vital Records is not notified until after a town clerk has processed the death certificate.
<p>3.1.5 By December 31, 2005, the Vermont Immunization Registry will have the capacity to obtain information about the birth dose of Hepatitis B vaccine from the ObNet perinatal information system.</p>	Partially Met.	<ul style="list-style-type: none"> • Birth dose HepB data from OBNet system is being received as part of birth registration. OBNet accounts for approximately two-thirds of Vermont's births. The data is stored in SPHINX (our central database), but is not currently loaded into the Immunization Registry. • Importing the HepB data into the Registry is a future enhancement for Spring 2006. The Registry team shifted priorities and decided to focus on importing batch data from other sources before addressing this enhancement.
<p>3.2.1 By December 31, 2005, increase the number of private provider sites to 65% of VFC enrolled providers.</p>	Partially Met.	<ul style="list-style-type: none"> • As of July 1, 2005, 29% of VFC enrolled providers have been recruited and trained to use the Immunization Registry. • The primary recruitment barrier is the data entry burden – which is why we've shifted priorities to develop data import capability. • We expect recruitment to continue, (and to increase more

Objective	Status of Objective	Description of Barriers to Meeting Objectives
		<p>rapidly once we have batch data entry and more historical data in the registry), but estimate that by the end of 2005 we will have recruited 40-50% of VFC enrolled providers.</p>
<p>3.2.2 By December 31, 2005, implement the Vermont Immunization Registry with all Rural Health Care Centers and Federally Qualified Health Care Centers.</p>	Partially Met.	<ul style="list-style-type: none"> • As of July 1, 2005, 54% (6/11) of FQHC's and 44% (7/16) of RHC's have been recruited and trained to use the Immunization Registry. • Our recruitment strategy is based a Readiness survey of providers that identified specific barriers to recruitment. Several practices on this list noted an impending move, lack of internet access, or dial-up access only as reasons for postponing recruitment. • We expect to recruit 75% of RHC's and 75% of FQHC's by December 31, 2005
<p>3.2.3 By December 31, 2005, implement the Vermont Immunization Registry with school nurses at 20% of Vermont schools.</p>	Not Met.	<ul style="list-style-type: none"> • We obtained written guidance from the Department of Education around school nurse access to the Registry. • We made several presentations to school nurse groups to introduce them to the registry, and gain their support. • Instead of a direct rollout, we planned for a pilot test of school nurse registry access at 5-10 schools. • With the advent of data import feature, and the need for data mapping and cleaning, we negotiated some changes with our subcontractor. We agreed to postpone the school nurse pilot until 2006. • We do plan to conduct a readiness assessment with school nurses during the Fall of 2005.
<p>3.3.1 Increase the number of children, birth to 6 years of age, in enrolled provider sites, with two or more immunizations recorded in the Vermont Immunization Registry to 90% by December 31, 2005.</p>	Partially Met.	<ul style="list-style-type: none"> • This objective needs some reworking. We do not have a measure of how many clients between birth and age 6 a provider has, so this measure is not calculable. • Of the 46 providers currently enrolled in the registry, 14 (30%) have more than 100 clients with 2+ immunizations recorded, 22 (48%) have more than 50 clients with 2+ immunizations recorded, and 35 (76%) have more than 10.
<p>3.4.1 To increase Vermont Immunization Registry utilization by practices who have been enrolled and trained in the registry. By December 31, 2005, 60% of enrolled practices will record immunizations in the registry at least twice a</p>	Partially Met.	<ul style="list-style-type: none"> • Currently available registry reports do not include measure for number of immunizations recorded. • We do have a report we print each month that indicates # of children by practice, and # of children with 2+ immunizations recorded by practice. • Of the 46 practices enrolled, 22 saw an increase of 5 or more in the number of patients with 2+ immunizations recorded

Objective	Status of Objective	Description of Barriers to Meeting Objectives
month.		<p>between Apr-July 2005. Another 9 practices did not see an increase, but had more than 50 records with 2+ immunizations already recorded.</p> <ul style="list-style-type: none"> Based on these rough estimates, 67% of enrolled registries appear to be active registry users.

January 1-June 30, 2005, Semi-annual Progress Report

Grantee: 122529 Vermont Program Component: Provider Quality Assurance

Objective	Status of Objective	Description of Barriers to Meeting Objectives
<p>4.1.1-8 An efficient communication plan to disseminate immunization messages & information to providers exists.</p>	Met & Ongoing	Mailings to all VFC-enrolled providers are conducted regularly & as needed in emergency situations. A blast-FAX capability exists to communicate with various groups as needed (e.g. during the rapidly changing flu crisis.)
<p>4.1.9 A workshop for public & private providers will provide instruction on vaccine handling and management.</p>	Met	A conference in December 2004 educated 157 attendees in proper storage and handling.
<p>4.2.1 One hundred percent of enrolled VFC providers will be educated by December 31, 2005 on proper vaccine storage and handling practices, etc.</p>	Partially met.	As of June 30, 2005, 122 of 177 provider sites have received at least one VFC visit since August 2002. The remaining will be visited in 2005.
<p>4.2.2 One hundred percent of VT providers will have certified, calibrated thermometers & personnel trained in vaccine storage and handling by December 31, 2005.</p>	Partially met.	Identifying District Office staff to participate in training to be able to complete storage & handling visits.
<p>4.2.3 By December 31, 2005, at least 25% of public and private provider sites will receive an AFIX assessment annually.</p>	Partially met	On target to exceed goal by end of year.

Objective	Status of Objective	Description of Barriers to Meeting Objectives
4.3.1-4 All HBsaG+ pregnant women will be screened during their prenatal care. All HBsaG+ tests in pregnant women will be reported to VDH.	Partially met	State law enacted in 1991 requiring reporting of pregnant HBsaG+ women. Immunization Program in active contact with birthing hospitals to increase awareness, reporting, follow-up.

January 1-June 30, 2005, Semi-annual Progress Report

Grantee: 122529 Vermont Program Component: Service Delivery

Objective	Status of Objective	Description of Barriers to Meeting Objectives
5.1.1 Access to immunization services is available in 100% of District Offices for children needing access to immunizations.	Met & Ongoing	Successes: Vermont enjoys the highest immunization coverage rates for WIC-enrolled children nationwide due to the level of review of immunizations conducted in WIC clinics by VDH nurses.
5.1.6 School immunization survey results will demonstrate >95% compliance with school entrance laws regarding immunization rates.	Met & Ongoing	Every grade level at every school is assessed every year. Barriers: In late 2005 or early 2006, Vermont plans to update archaic immunization laws for school entry, which inadvertently will make them more difficult to meet.
5.1.7 Licensed childcare survey rates will be complete and on time.	Met & Ongoing	See annual results.
5.1.8 One hundred percent of Immunization records of WIC clients are screened for up-to-date status and entered into the Vermont Immunization Registry	Met & Ongoing	Vermont children attending WIC clinics have a 93% coverage rate for 4: 3:1:3...the highest coverage rate in the US.
5.1.9 By June 30, 2005, 100% of providers who administer vaccines to children will be enrolled in VFC program.	Met & ongoing	All providers re-enrolled and all newly established practices enrolled & had a VFC site visit <2weeks after opening their offices.
5.1.14 Providers are encouraged to use a reminder/recall system to improve immunization coverage rates.	Ongoing	At 100% of VFC & AFIX site visits, all providers are encouraged to use a reminder/recall system

Objective	Status of Objective	Description of Barriers to Meeting Objectives
5.2.3 More than 97% of children are immunized in their medical home & the medical home will maintain that level of immunization.	Met & ongoing	Children who present to public clinics are connected to a medical home if they do not already have one.

January 1-June 30, 2005, Semi-annual Progress Report

Grantee: 122529 Vermont Program Component: Consumer Information

Objective	Status of Objective	Description of Barriers to Meeting Objectives
6.1.1 Inform consumers about vaccine-preventable diseases and vaccines to prevent them, through direct communication.	Met & ongoing	The Immunization Program telephone line answers consumer & provider questions daily. PSAs and press releases are carefully designed to promote strong positive messages. Newspaper, radio, TV are used periodically to promote immunizations especially flu vaccine.
6.2.1 One hundred percent of providers who use state-supplied vaccine will receive information regarding VICP & VAERS in writing annually.	Met & ongoing	Information sent in mailings, at enrollment in VFC Program and during site visits.
6.2.3 New Vaccine Information Sheets are made available to providers < one week after receipt from CDC	Met & Ongoing	VIS are copied at central Program & distributed through depots to providers.

Grantee Name: 122529 Vermont Program Component: Surveillance

Objective	Status of Objective	Description of Barriers to Meeting Objectives
7.1.1-37.1.2, 7.1.3, 7.13-20, 23-26, One hundred percent of potential Vaccine preventable diseases (VPDs) are evaluated promptly using VDH protocols and reported appropriately. Protocols are reviewed & updated annually. Compliance with protocols is reviewed. Outbreaks are investigated when they occur.	Met & Ongoing	At times providers order inappropriate tests which increases need for EFU to educate provider, client ,etc,

Objective	Status of Objective	Description of Barriers to Meeting Objectives
<p>7.1.22 Influenza surveillance, vaccine, vaccine clinic information is readily available to partners, public & providers</p>	<p>Met & about to begin again!</p>	<p>Vermont participates in sentinel provider program, has a health dept website listing all flu clinics in state, designs and airs advertisements on TV, radio, and in newspapers advertising flu information. Education is offered to nursing home & LTCF staff, etc. In 2004, extensive activities were undertaken at considerable expense to deal with extreme influenza vaccine shortage & unequal distribution. The ICS system was utilized to add an information line for the public, vaccine was reclaimed from private providers for redistribution to nursing homes, LTCF, medically high-risk patients, etc.</p>
<p>7.1.26 >75% of suspected cases of pertussis will have clinical specimens obtained. >90% of children <10 years of age with probable or confirmed pertussis will have a completed vaccination history obtained.</p>	<p>Met & ongoing</p>	<p>Many cases of pertussis are investigated every week.</p>
<p>7.1.34 Varicella data concerning number and case severity data will be collected by school nurse reporting to District Office to VDH Epi Program weekly.</p>	<p>Met & Ongoing</p>	<p>From August 2004 to June 30, 2005, data has been collected on over 800 cases statewide. Varicella immunization status is being collected on the majority of cases.</p>
<p>7.2.2 VPD reporting: All confirmed VPDs are reported using NETSS &/or NEDSS and included in Department's Disease Control Bulletin 6 times per year.</p>	<p>Met & Ongoing</p>	<p>See MMWR reports & <i>Disease Control Bulletin</i> for data</p>
<p>7.3.1 & 2, 4.3.1 Assure prenatal care providers, delivery hospitals, and laboratories report HBsAG+ pregnant women to VDH</p>	<p>Ongoing</p>	<p>Since August 2001, under the Communicable Disease Regulations for the state of Vermont, a HBsAG+ test result in a pregnant woman is a reportable condition. Immunization Program has conducted surveys, education, and sent letters to educate providers and delivery hospitals of the importance of reporting prior to delivery.</p>
<p>7.4.1 Vaccine Safety: A fully operational Vaccine Adverse Events Reporting System is in place. Providers can report by telephone, FAX, on line</p>	<p>Met & Ongoing</p>	<p>Incidence of true events meeting VAERS criteria remain very low although less severe medical problems are reported if the provider wants to report them. Also, providers notify VDH IMZ if they think they are seeing an increased number of mild local reactions in a population of patients (e.g. DTaP in 5 year olds).</p>

January 1-June 30, 2005, Semi-annual Progress Report

Grantee: 122529 Vermont Program Component: Population Assessment

Objective	Status of Objective	Description of Barriers to Meeting Objectives
<p>8.1.1 & 8.1.2</p> <ul style="list-style-type: none"> One hundred percent of public & private schools (& licensed child cares) are required to report school coverage rates annually for all grades by December 1st. >95% of school enterers will be in compliance with Vermont School Entry Requirements. 	<p>Met and ongoing</p> <p>Met & ongoing</p>	<p>Some require numerous reminders and coaching to report correctly however by late January data is available for data entry & analysis for the CDC Annual School Report. Vermont far exceeds the CDC requirement by collecting data from all grades K-12 statewide.</p>
<p>8.1.4 & 8.2.5</p> <ul style="list-style-type: none"> BRFSS data is used annually to estimate state-specific coverage rates for influenza and pneumococcal coverage rates in adults >65 years of age, 18-64 with high-risk medical conditions, and in children In nursing homes vaccine is offered to 100% of residents With expected outcomes of > 90% coverage for influenza vaccine among residents > 80% for ever having received pneumococcal vaccine 	<p>Continuing</p>	<p>The past two years have been so atypical that the results are probably skewed.</p> <p>From extensive work done with nursing homes & LTCF in Fall2004-Winter 2005, rates appear to have been exceeded for residents.</p>
<p>8.2.1</p> <p>Monitoring of trends in the WIC population, as a pocket of need, demonstrate increase of coverage rates over baseline.</p>	<p>Met & Ongoing</p>	<p>Due to the emphasis placed upon this population by the Immunization program through the work done by the DO public health nurses: Vermont enjoys the highest WIC coverage rates in the US #1 for 4:3:1:3 at 93%.</p>
<p>8.2.8</p> <p>By December 31, 2005, a survey will be conducted of all post-secondary schools to determine the number of colleges and universities requiring:</p> <ul style="list-style-type: none"> 2 doses measles-containing vaccine hepatitis b series, 	<p>Not done yet</p>	<p>Barriers: too much work for too few staff given flu crisis of 2004-5 and VFC training, AFIX evaluations. May occur in last half of 2005.</p>

Objective	Status of Objective	Description of Barriers to Meeting Objectives
<ul style="list-style-type: none">• Td booster,• varicella vaccination or proof of disease.		

**2006 Immunization Grant Application
Proposed New Objectives & Activities for the New Budget Period**

Grantee: 122529 Vermont Program Component: Program Management

Program Priorities	IPOM Activities
<p>Identify areas where immunization coverage is low (Pockets of Need) and implement strategies to ensure that under-immunized individuals in these areas are identified and receive ACIP-recommended vaccines.</p> <p>Develop and exercise a pandemic influenza preparedness plan. The process of developing, writing, and implementing the plan should include the following elements: assemble an executive planning committee; identify and meet with partners and stakeholders; establish command, control and management procedures; establish operational procedures for essential functions including surveillance, vaccine delivery, delivery of antiviral agents, emergency response, and communications; and conduct an exercise to test the plan.</p>	<p>1.1.1-1.1.3, and 1.1.9, 1.2.4 thru 1.2.7, 4.2</p> <p>1.1.5 (specific to Pandemic Flu Planning)</p>

Objective	New or Ongoing	Baseline Data	Activities to Reach Objective	Evaluation Measures	Time Line
The Program management plan is based upon data generated by Gratis output for management planning & budget begins on page 52. The vaccine doses needed, financing required, etc. data output begins on page	New	See output	As noted above and below.	Funding levels and doses of vaccine distributed	Ongoing starting with grant request and ending after final awards in 2006.
by December 31, 2006, review and evaluate the existing Pandemic Influenza Plan.	Ongoing	Draft Plan submitted to CDC on July 13, 2005	<ol style="list-style-type: none"> 1) Distribute draft plan to partners and stakeholders and request comments 2) Conduct plan briefings to partners and stakeholders 3) Facilitate tabletop exercises among partners and stakeholders 4) Revise plan to incorporate stakeholder comments 5) Conduct full-scale exercise to assess whether the written plan 	<ol style="list-style-type: none"> 1) Plan distributed 2) Briefings completed 3) Tabletop exercises completed and evaluated 4) Plan revised and submitted to commissioner, partners and stakeholders 5) Exercise completed 6) After action report completed 	<ol style="list-style-type: none"> 1) Sept 2005 2) Dec 2005 3) Feb 2006 4) Mar 2006 5) May 2006 6) Aug 2006 7) Oct 2006

Objective	New or Ongoing	Baseline Data	Activities to Reach Objective	Evaluation Measures	Time Line
			works in practice 6) Evaluate exercise; prepare after-action report 7) Revise plan to incorporate lessons learned	7) Plan revised.	

Grantee: 122529 Vermont Program Component: Vaccine Management

Program Priorities	IPOM Activities
<p>Establish a cost-effective system for distributing federally-purchased vaccine to private and public health care providers.</p> <p>Estimate 317 and VFC vaccine needs, based on ACIP recommendations, populations to be served, anticipated vaccine uptake and wastage rates, state/local vaccine supply policies and existing vaccine inventories.</p> <p>Follow a CDC-approved purchasing plan for VFC vaccine to ensure that total annual VFC vaccine purchases do not exceed the amount needed for VFC-eligible children and are consistent with the number of VFC-eligible children reported to and certified by CDC.</p> <p>Provide vaccines to VFC enrolled providers in sufficient quantities to immunize VFC-eligible children in accordance with ACIP resolutions.</p> <p>Update (annually) and maintain VFC program records on all participating providers.</p> <p>Establish and implement a system to document wasted and unaccounted for vaccine doses purchased with 317 and VFC funds.</p> <p>Submit timely claims for rebate of excise tax for vaccines that cannot be administered because of shelf-life expiration or improper storage and handling.</p> <p>Maintain a system for detecting, responding to, and reporting suspected cases of fraud and abuse involving Federally-purchased vaccine.</p>	<p>1.2.1 1.2.2-1.2.3; 1.2.12</p> <p>1.2.2-3; 1.2.11</p> <p>2.1.1-2; 2.1.4-5</p> <p>2.2.3-4 2.1.6; 2.1.12; 2.2.8 2.2.2; 4.2.3</p>

Objective	New or Ongoing	Baseline Data	Activities to Reach Objectives	Evaluation Measures	Time Line
The Vaccine management plan is based upon data generated by VOFA output for vaccine doses needed, financing required, etc. The data output beginning on page	New	See output	As noted above and below.	Funding levels and doses of vaccine distributed	Ongoing starting with grant request and ending after final awards in 2006.

Objective	New or Ongoing	Baseline Data	Activities to Reach Objectives	Evaluation Measures	Time Line
By December 31, 2006, the Vermont Immunization Program will establish a new system for the distribution of short-dated vaccine that is compatible with the VMBIP system to maintain wastage rates at < 5%, as resources permit.	New	Wastage rates are <5% routinely	A small group of key personnel will develop a plan and share it with stakeholders to assess possible implementation. When greater knowledge of the VMBIP processes are available, compatibility will be ascertained. Assuming resource funding, plan will be implemented. (VT has a number of small VFC sites which will not use a minimum order of vaccine prior to expiration dates. To avoid waste, they will require relocation.)	Wastage rates will remain <5% in 2006.	By December 31, 2006.
The Program will hold meetings with major insurers to interest them in insuring all children receive recommended immunizations by the ACIP.	New	NA	The Vermont Immunization Program will work with insurers to explore the possibility of increasing their financial contribution or support of immunizations. The desired outcome will be funding to the Immunization Program to purchase additional vaccines.	Financial support for the cost of immunizations.	Discussions to begin fall 2005. Details to be identified during 2006 with contribution by Summer/Fall 2006.
By the end of 2006, 100% of VFC-enrolled practices will have been re-trained in proper vaccine storage and handling techniques including thermometer installation, reading and recording of in range temperatures.	Partially new	Errors are made frequently by using un-calibrated thermometers or by staff who can't read regular thermometers correctly.	By the end of 2006, 100% of VFC-enrolled practices will have received digital replacement thermometers and training in proper installation and use to minimize errors in thermometer readings.	# of site visits and # of new digital thermometers installed	No later than December 31, 2006 for proper installation of thermometers and training to read & record in range temperatures in 100% of VFC-enrolled provider sites.

Grantee: 122529 Vermont
Program Component: Registries

Objective	New or Ongoing	Baseline Data	Activities to Reach Objectives	Evaluation Measures	Time Line
<p>1.1 By December 31, 2006, we will develop an NIP approved two year strategic plan for the Immunization Registry.</p>	New		<ul style="list-style-type: none"> • Using existing vision document and other internal planning documents as building blocks, and NVAC minimum functional standards and PROW standards for guidance, draft strategic plan for immunization registry. • Submit draft to stakeholders for review and comment. • Submit plan to NIP for approval. 	Document approval	<ul style="list-style-type: none"> • Draft complete 6/06 • Stakeholder review complete 9/06 • Submit to NIP 10/06
<p>1.2 By December 31, 2006, we will advance development of the Vermont Immunization Registry to meet at least 11/12 of NVAC Minimum Functional Standards.</p>	New	As of 7/1/05, our registry meets 9 of the 12 standards.	<ul style="list-style-type: none"> • Replace CDC supplied forecasting module, no longer supported • Expand reporting capabilities of registry by increasing # of coverage reports available to users, and developing data warehouse for program use. • Develop and implement reminder/recall system 	Percent of NVAC functional standards attained.	<ul style="list-style-type: none"> • Forecasting module integrated 3/06. • Coverage reports available by 3/06. • Data warehouse functional by 6/06. • Reminder recall implemented by 12/06.
<p>1.3 By December 31, 2006, we will have developed a written data quality plan.</p>	New		<ul style="list-style-type: none"> • Meet with stakeholders to assess data quality concerns, consider approaches. • Develop data warehouse to allow easy access to registry data. • Develop protocol for identifying duplicate records in registry. • Refine de-duplication software to minimize 	Document complete	<ul style="list-style-type: none"> • Data warehouse functional by 6/06.

Objective	New or Ongoing	Baseline Data	Activities to Reach Objectives	Evaluation Measures	Time Line
			<p>potential duplicates, streamline record review.</p>		
<p>1.4 By December 31, 2006, the Vermont Immunization Registry will have successfully tested the ability to exchange information with other immunization registries, and be able to conduct electronic data exchange.</p>	Ongoing		<ul style="list-style-type: none"> • Development and implementation of HL7 messaging capability. • Implementation and testing of de-duplication software. • Discuss possibility of data exchange with neighboring states with mature registries. • Address legal requirements for data exchange. • Assess data quality prior to import. • Complete data mapping. 	Import record count report.	<p>De-duplication testing complete January 2006.</p> <p>HL7 messaging capacity testing complete July 2006.</p>
<p>1.5 By December 31, 2007, the Vermont Immunization Registry will be fully integrated with the Vital Record Deaths system.</p>	Ongoing		<ul style="list-style-type: none"> • The Division of Health Surveillance is currently applying for funds to develop and implement an Electronic Death Registration System (EDRS) to replace the current paper-driven Vital Records processes. • The EDRS application will be linked to the Registry when it is completed and implemented. 	Task completion, successful testing	Assuming funding is secured, linking EDRS and the Immunization Registry expected Summer 2007.
<p>1.6 By June 2006, the Vermont Immunization Registry will have the capacity to obtain</p>	Ongoing		<ul style="list-style-type: none"> • Birth dose HepB data from OBNet system is being received as part of birth registration. The data is 	Task completion, successful testing	Importing the HepB data into the Registry is an enhancement scheduled for Spring

Objective	New or Ongoing	Baseline Data	Activities to Reach Objectives	Evaluation Measures	Time Line
<p>information about the birth date of Hepatitis B vaccine from the ObNet perinatal information system.</p>			<p>stored in SPHINX (our central database), but is not currently loaded into the Immunization Registry.</p> <ul style="list-style-type: none"> • Develop system to import HepB data stored in SPHINX into the Registry. 		<p>2006.</p>
<p>2.1 By December 31, 2006, 75% of VFC enrolled providers will be enrolled and trained in Immunization Registry use.</p>	<p>Ongoing</p>	<p>As of July 1, 2005, 46 of VT's 159 VFC enrolled providers (29%) were Registry users.</p>	<ul style="list-style-type: none"> • Continue recruitment efforts, focusing on practices that have indicated readiness. • Continue efforts to backfill registry with historical data – e.g. completing Batch data import and real-time import features. 	<p>Monthly report (# practices recruited/trained)</p>	<p>To be on track to meet this goal, we'd need to recruit and train an average of 6 new practices a month.</p>
<p>2.2 To increase utilization of registry by enrolled practices. By December 31, 2006, 75% of enrolled practices will record immunizations in the registry at least twice a month.</p>	<p>Ongoing</p>	<p>As of July 1, 67% of enrolled practices recorded immunizations at least once a month.</p>	<ul style="list-style-type: none"> • Keep users informed about registry via quarterly newsletter, and user bulletin board. • Develop and implement report to capture registry usage. • Conduct brief user assessment calls to participating practices twice yearly. • Address participation barriers where possible. • Collect, track, and evaluate user enhancement suggestions via Change Control Board. • Implement user enhancements in registry where feasible. 	<p>Vaccines administered report. (tbd)</p>	<p>Vaccines administered report by 1/06.</p> <p>Quarterly newsletter.</p> <p>Semi-annual user assessment.</p> <p>Monthly meetings Change Control Board.</p>

Objective	New or Ongoing	Baseline Data	Activities to Reach Objectives	Evaluation Measures	Time Line
<p>3.2.3 By December 31, 2006, implement the Vermont Immunization Registry with all Rural Health Care Centers (RHC) and Federally Qualified Health Care Centers (FQHC).</p>	Ongoing	As of July 1, 2005, 54% (6/11) of FQHC's and 44% (7/16) of RHC's were Registry users.	<ul style="list-style-type: none"> • Continue recruitment efforts with RHC and FQHC practices. • Where possible, address barriers to participation among these practices. (This could include things like offering technical support to rural practices who do not have their own tech support.) 	Monthly report	To be on track to meet this goal, we'd need to recruit and train at least one FQHC or RHC practice per month.
<p>3.2.4 By December 31, 2005, pilot access to the Vermont Immunization Registry with school nurses at 5-10 Vermont schools.</p>	New (revised)		<ul style="list-style-type: none"> • Using results of school nurse needs assessment conducted fall 2005, identify 5-10 candidate schools for pilot. • Train users, and establish regular meetings to identify special needs or difficulties. • Assess feasibility of importing school immunization data. • Address legal requirements for importing school data [informed consent.] 	Written report on school nurse pilot participation, including interface needs and barriers identified	Participant recruitment complete 6/06. Participant training complete 8/06/06. Participant access begins 9/06. Final report 12/06.
<p>3.3.1 Increase the number of children between birth and age 6 with two or more immunizations recorded in the Vermont Immunization Registry to 60% of population by December 31, 2006.</p>	Ongoing	22% of the population in this age group had 2+ immunizations recorded in the registry as of 7/1/05.	<ul style="list-style-type: none"> • Continue practice recruitment based on readiness assessment. • Complete batch data import feature development. • Import batch data as available to populate registry and encourage provider participation by reducing the need for historical data entry. 	Monthly report (# children with 2+ immunizations)	To be on track to meet this goal, we'd need to increase the number of children with 2+ immunizations in the registry by 1667 per month.

Objective	New or Ongoing	Baseline Data	Activities to Reach Objectives	Evaluation Measures	Time Line
3.2 The Vermont Immunization Registry will import 5,000 historical immunization records from external sources by March 1, 2006.	Ongoing		<ul style="list-style-type: none"> • Implementation and testing of de-duplication software. • Implementation and testing of third party batch import process. • Identification of potential data sources. • Address legal requirements for exchange. • Assess data quality prior to import. • Complete data mapping. 	Import record count report	<p>De-duplication testing complete January 2006.</p> <p>Third party batch import testing complete January 2006.</p>
3.3 The Vermont Immunization Registry will have the capacity to import real-time immunization data from existing systems used by physician offices and electronic health records (EHRs) by December 31, 2006.	Ongoing		<ul style="list-style-type: none"> • Implementation and testing of de-duplication software. • Development and implementation of HL7 messaging capability • Identify sources of real-time data. • Address legal requirements for exchange. • Assess data quality prior to import. • Complete data mapping. • Develop tracking system for identifying data source and date received. 	Data tracking system	<p>De-duplication testing complete January 2006.</p> <p>HL7 messaging capacity testing complete July 2006.</p>

Grantee: 12252 Vermont Program Component: Provider Quality Assurance

Program Priorities	IPOM Activities
Conduct site visits to at least 25% of VFC provider offices to evaluate vaccine management, ensure compliance with VFC	4.2.1-2; 4.2.4-5; 4.2.20-

program requirements, assess immunization practices, and make recommendations for improvement. Develop, update, and/or implement a plan to conduct AFIX provider visits in at least 25% of all enrolled VFC provider sites (both public and private) to assess immunization coverage status and assist providers in developing quality improvement plans to increase immunization coverage levels. Demonstrate achievement toward, at minimum, the Level 1 AFIX Standards within a timeframe to be determined by grantee. Use the AFIX Standards Self Assessment Worksheet to determine the components of the Level 1 Standards that have been achieved to date and identify other areas that will be addressed in 2006 within the context of their immunization programs. **Grantees should include the Self Assessment Worksheet with their grant application.** AFIX Level 1 Standards are available on the NIP website at <http://www.cdc.gov/nip/afix/default.htm>. Provide educational opportunities for public and private providers that include the *Standards for Child and Adolescent Immunization Practices* and the *Standards for Adult Immunizations Practices*, reporting of suspected vaccine-preventable diseases (VPDs), and provider responsibilities under the National Childhood Vaccine Injury Act (sections 2125 and 2126 of the Public Health Service Act, 42 U.S.C. sections 300aa-25 and 300aa-26); including recordkeeping, reporting and use of Vaccine Information Statements (VIS). Develop and maintain a written protocol for perinatal hepatitis B prevention that includes information about the program and the procedures for reporting HBsAg-positive women and their infants to the health department. This protocol should clearly outline the responsibilities of laboratories, prenatal care providers, delivery hospitals, and pediatric providers in ensuring timely identification, vaccination, and post-vaccination serological testing.

21
4.2.12-15; 4.2.18-19

4.2.20-21; 6.2.1-3;
7.1.1

4.3.1; 4.3.4; 5.1.10

IOTE: The VFC/AFIX Tables 1-4 must be completed. These tables can be found at the end of this document.

Objective	New or Ongoing	Baseline Data	Activities to Reach Objectives	Evaluation Measures	Time Line
By December 31, 2006, 100% of enrolled VFC providers will be educated with initial VFC evaluation, 90% of visited sites will demonstrate compliance with handling, storage, allocation screening for VFC eligibility, and management upon revisit.	Ongoing		If funding permits, District Office staff in all 12 Districts will be trained to conduct VFC site visits in their local areas to enhance the number of complete VFC site visits that can be done in geographically distant, isolated areas.	One or more staff in each of the 12 District Office sites will be trained & begin conducting VFC site visits in their local area.	By June 30, 2006 100% of all 12 District Offices will have completed VFC training
By December 31, 2006 75% or up to 50 of the VFC provider sites will receive an AFIX assessment visit.	ongoing	179 VFC sites	Contract with Vermont Child Health Improvement Program (VCHIP) to conduct assessment visits, develop a training module, and conduct training for each of the District Offices.	Monitor number of VFC provider sites vs. sites that have received an AFIX assessment visits.	January 1, 2006 – December 31, 2006

Objective	New or Ongoing	Baseline Data	Activities to Reach Objectives	Evaluation Measures	Time Line
			<p>Early 2006 AFIX coordinator to train VFC coordinator and Regional coordinators in AFIX Program assessment, follow-up and feedback to better integrate the VFC and AFIX Programs and support the District Offices.</p> <p>In summer or fall of 2006 Train at least one person in each 12 Vermont Department of Health (VDH) District Offices to conduct AFIX assessment visits.</p> <p>AFIX assessment visits will be targeted to sites based on size and previous AFIX assessment results, with larger practices with lower rates being the highest priority.</p>		<p>January – March 2006</p> <p>August – November 2006</p> <p>January 1, 2006- December 31, 2006</p>
<p>By December 31, 2006 all VFC provider sites that received an AFIX assessment visit and had rates of less than 80% for 3:1:3:3 at 24 months will be offered a feedback visit.</p>	<p>ongoing</p>	<p>44--50 VFC provider sites</p>	<p>Partner with VCHIP to conduct feedback sessions at eligible sites.</p> <p>Continue to Work with the Vermont Immunization Registry Manager to develop tools and reports to support provider sites in their efforts to increase rates (i.e. Reminder/Recall system, coverage reports by practice, etc.)</p> <p>Continue to assess need of VFC provider sites and work to develop tools to support them in increasing coverage rates. (i.e. systems to track children MOGE, manual Reminder/Recall system for provider sites not participating in</p>	<p>Monitor coverage rates for AFIX assessment visits.</p> <p>Track number of provider sites eligible for a feedback session vs. those that accepted a feedback visit.</p>	<p>January 1, 2006 – December 31, 2006 January 1, 2006 – December 31, 2006</p> <p>Reminder/Recall system by June 30, 2006.</p>

Objective	New or Ongoing	Baseline Data	Activities to Reach Objectives	Evaluation Measures	Time Line
			<p>the Registry)</p> <p>Continue to work with the VFC Program to coordinate efforts and education for VFC provider sites.</p>		
<p>By December 31, 2006 the Vermont AFIX Program will have met or exceeded AFIX level I standards</p>	<p>Ongoing</p>	<p>See AFIX self assessment</p>	<p>Develop written job descriptions for all staff involved with the AFIX Program.</p> <p>Develop a training module for training all staff involved with the AFIX Program.</p> <p>Develop clearly defined methods for monitoring staff involved in AFIX activities.</p> <p>Continue to work with Immunization Registry Manager to develop a written plan that explores the possibility of abstracting Registry data in place of chart data for the assessment of immunization practices.</p> <p>Develop a clearly defined process for follow-up with the provider and his/her staff to ensure the agreed upon commitments are complete by the proposed date as outlined in the quality improvement plan.</p> <p>Develop guidelines specifying that two informal incentives will be offered during the feedback session.</p>	<p>By using the AFIX Self Assessment to monitor progress towards reaching AFIX Level I standards</p>	<p>By June 30, 2006</p> <p>By March 31, 2006</p> <p>By September 1, 2006</p> <p>By December 31, 2006</p> <p>By December 31, 2006</p> <p>By June 31, 2006</p> <p>By February 1, 2006</p> <p>By February 1, 2006</p> <p>By June 31, 2006</p>

Objective	New or Ongoing	Baseline Data	Activities to Reach Objectives	Evaluation Measures	Time Line
			<p>Develop a protocol identifying who is eligible to receive an award and/or recognition.</p> <p>Develop a certificate to be signed by the Governor and/or the Commissioner of Health for those practices that meet or exceed the Healthy People 2010 goals for 4:3:1:3:3 and/or varicella at 24 months.</p> <p>Work to strengthen partnerships with Vermont Chapters of the AAP, AAFP, Vermont Medical Society, and other appropriate partners to improve immunization coverage rates in children 24-35 months.</p> <p>Develop a protocol for utilizing CoCASA to monitor AFIX site visit activities.</p> <p>Develop</p>		By March 31, 2006

Grantee: **122529 Vermont**

Program Component: **Service Delivery**

Program Priorities	IPOM Activities
<p>Coordinate with local public health agencies and clinics to make immunization services and ACIP-recommended vaccines available for underserved populations of all age groups in every county and major city.</p> <p>Enroll health care providers who serve children in the VFC program in accordance with Section §1902 (a)(62) of the Social Security Act and Section §1928 (42 U.S.C. 1396s) (a) of the Social Security Act.</p>	<p>5.1.1; 5.1.4; 5.1.11-12</p> <p>5.1.9; 5.1.17; 5.2-6</p>

Assess completeness of prenatal hepatitis B surface antigen (HBsAg) screening and appropriate vaccination of infants at high risk of perinatally-acquired hepatitis B infection. Conduct and coordinate case management of infants at high risk of perinatally-acquired hepatitis B infection to ensure completion of the hepatitis B vaccination series.	4.3.5 – 4.3.9; 5.1.10
Work with child care facilities, schools, state, and local agencies (the Supplemental Nutrition Program for Women, Infants and Children for example), to identify and provide appropriate vaccinations to under-immunized infants and children entering day care and school.	5.1.1; 5.1.5-8; 5.1.14

Objective	New or Ongoing	Baseline Data	Activities to Reach Objectives	Evaluation Measures	Time Line
By 2006, varicella vaccine coverage rates will increase by 5% or more over NIS baseline.	New	72.8% coverage reported by NIS survey.	Promote varicella immunization by: Assuring reliable freezer temperatures in District Office sites to serve children who cannot receive varicella vaccine from their medical home by: Reliable thermometers in Reliable freezers capable of maintaining -15C temperatures. Assuring providers & parents know the vaccine can be obtained at the DO immunization clinics. Encouraging providers to purchase adequate freezers and teaching them the ins and outs of proper freezer storage of vaccines. Introducing legislation to require varicella vaccination for licensed childcare and school entry of eligible children.	Vaccine will be stored properly as demonstrated by temperature logs. Vaccine will be readily available in the DO immunization clinics and an increased number of provider offices statewide. Coverage rates will increase. The licensed childcare and school laws will reflect varicella vaccination requirement for entry of age appropriate children.	By January 30, 2006 a reassessment of need for new freezer capacity will be completed in each DO. By April 30, those who need new freezers will have ordered them. By June 30, 2006 legislative rules change will have been accepted or rejected. By September 30, 2006, rule will have begun to change resistant provider behavior if passed. By July 2007, entry requirement will be phased-in to include daycare, licensed childcare, K, and 6 th grade entry.
Underserved Adults at high-risk for contracting Hepatitis A &/or B will receive education and either Hepatitis A or B or combination vaccine, if indicated. If supplemental funds	Somewhat new & ongoing	Program began in 2005 with the purchase of Hep A Hep B Twinrix by the Immunization	In 2006, a small grant from the Hepatitis Program will purchase \$10,000 of Hep A, Hep B, and combination vaccine to immunize high-risk folks identified through STD clinics (mostly PPNE in VT). Educational efforts will continue with Dept of Corrections to	Fewer new cases of hepatitis A & B will be diagnosed in persons with specific risk factors.	December 31, 2006 as compared to 2005 data.

Objective	New or Ongoing	Baseline Data	Activities to Reach Objectives	Evaluation Measures	Time Line
available, Hep A & B vaccine will be offered to corrections inmates.		<p>Program using 317 Funds</p> <p>Also, Hepatitis program has purchased some doses for corrections in 2006.</p>	<p>encourage them to immunize their inmates using their funds.</p> <p>In 2005, adult hep B vaccine that was going to outdate soon was distributed to inmates after an educational session teaching them about their risk factors. Current Immunization Program funding will not permit additional doses to be purchased for this population. (Funds are being sought from external sources).</p> <p>Adolescent inmates are eligible for all ACIP recommended vaccines if needed.</p>	<p>The number of immunized high-risk adults will increase.</p> <p>Corrections officials have been notified of adolescent eligibility for vaccines indicated by their age. The request for additional doses will increase by >10% in 2006.</p>	<p>Notified in June 2005.</p>
ee objective c	Birthing hospital survey	N/A	Survey mailed June 2005 to assess % of women screened prenatally for Hepatitis B	Compilation of survey results and creation of database of hospital responses will demonstrate >98% of women who seek prenatal care will be screened.	November 2005
ee Objective c	Database creation	N/A	Create database to follow infants of high risk women to assure appropriate vaccination and post-vaccination serology are done and reported to Perinatal Hep B Coordinator.	> 98% concordance between doses administered and database	Met and ongoing

Grantee: Vermont Program Component: Consumer Information

Program Priorities	IPOM Activities
Undertake appropriate efforts to inform and motivate the public about the importance and safety of immunizations. Distribute Vaccine Information Statements (VIS) and CDC's instructions for their use to ensure proper use of VIS in accordance with the National Childhood Vaccine Injury Act (section 2126 of the Public Health Service Act, 42 U.S.C. section 300aa-26).	6.1.2; 6.1.13; 6.2.3 6.1.2; 6.1.13; 6.2.3

Objective	New or Ongoing	Baseline Data	Activities to Reach Objectives	Evaluation Measures	Time Line
Develop parent information about vaccines and vaccine safety that promotes simple messages early and is produced by various minds with evidence-based information dependent of "the government".	New	Anti-vaccine groups promote negative views of "the government". Second year medical students are perceived as bright, curious adults who can assemble evidence-based information in a way acceptable to most adults.	The Vermont Immunization Program will be working with 8 second year medical students from the University of Vermont School of Medicine as part of a community-based public health project to Assess parental concerns about vaccines in a WIC clinic Research CDC, IOM, and other valid sources of immunization information as well as read anti-vaccine propaganda to develop awareness of parental concerns about vaccines. Using this information they will develop written materials, or poster presentations, or a video for PSA use to educate parents about valid vaccine information.	A product will be produced that uses scientific evidence-based factual information to educate parents with simple, direct vaccine information	Begins August 2005-completed by January 30, 2006.

Grantee: Vermont Program Component: Surveillance

Program Priorities	IPOM Activities
Investigate and document suspected cases of vaccine-preventable disease (VPD) in accordance with CDC's "Manual for Surveillance of Vaccine Preventable Diseases." Submit timely case reports to CDC on cases of VPD designated as reportable by the Council of State and Territorial Epidemiologists. Coordinate and monitor the Vaccine Adverse Events Surveillance System mandated by the National Childhood Vaccine Injury	7.1.19-20; 7.2.7

Act of 1986. Follow up on all reports of serious adverse events (e.g., death, life-threatening illness, hospitalization and permanent disability) following immunization.
 Assure timely laboratory reporting of HBsAg-positive test results in pregnant women by collaborating with prenatal care providers, birthing hospitals, local health departments and laboratories.

Objective	New or Ongoing	Baseline Data	Activities to Reach Objectives	Evaluation Measures	Time Line
Objective D: See Service delivery objectives related Objective C.	Ongoing	See Service delivery	As noted	As noted	All of 2006
Initiate individual case reporting of chicken pox cases for all ages, including vaccine status and severity of disease information on at least 75% of reported cases	New 9/1/05 & ongoing	<p>- 2004 calendar year: 15 cases reported in individuals 19 and older</p> <p>- 2004-05 school year: individual reports received for 307 school age children (subset of 800 aggregate cases reported by school nurses).</p>	<p>1) As of 9/1/05, chickenpox cases will be reportable by name for all ages (8/1/01-8/31/05, cases in individuals less than 19 could be reported as aggregate numbers)</p> <p>2) District public health nurses will actively encourage school nurse reporting by sending weekly reporting reminders to all school nurses who use email (approximately 80%).</p> <p>3) Physicians, physician assistants, and nurse practitioners will receive notification of new reporting requirements by mail. Each family practice and pediatric practice will receive at least two reminders during telephone contact with the districts.</p>	<p>1. New reporting requirements distributed as planned</p> <p>2) Number of cases reported by clinicians increases</p> <p>3) Document percent of cases with vaccination and disease severity information collected</p>	<p>1. Requirements distributed and reminders given by 3/1/06</p> <p>2. Documentation of reporting done by both calendar year (all ages) and school year to track school nurse reporting.</p>

Grantee: _____ Program Component: Population Assessment

Program Priorities	IPOM Activities
1. Identify and monitor pockets of under-immunized children and adults by using immunization coverage estimates (e.g., cluster surveys, immunization registries, Medicare billing data, retrospective analysis of school immunization surveys, provider coverage assessments and Behavioral Risk Factor Surveillance System data).	8.2.1
2. Estimate immunization coverage and exemption rates among children in day care and kindergarten.	8.1.1; 8.1.3-4

Objective	New or Ongoing	Baseline Data	Activities to Reach Objectives	Evaluation Measures	Time Line
By December 31, 2006, GIS mapping of areas with low vaccination rates will be mapped by antigen to indicate highest pockets of need.	New	Varicella coverage rates are at 72.8%. Some providers do not use PCV-7. Coverage rates in NIS survey drop off as more vaccines are added to series.	Data will be mapped from a variety of sources and may include Licensed Childcare data or AFIX data	Mapping will demonstrate areas with good coverage or poor coverage depending upon amount of data collected. Establishment of baseline data by Fall 2006. Lat 3 months of 2006, increased immunization messages will be targeted to areas with lowest coverage rates by antigen.	Start in summer 2006 if GIS person hired by Epi program. Completed by December 2006. Establishment of baseline data by Fall 2006. Lat 3 months of 2006, increased immunization messages will be targeted to areas with lowest coverage rates by antigen.
Maintain WIC immunization coverage rates above 90%	Ongoing	2005 rate almost 93%	Continue extensive reminder/recall and records verification of immunization data of all WIC clients statewide.	Billing data to immunization program will demonstrate time charged for the activity by WIC staff. Immunization coverage rates for WIC children will remain >93%.	All of 2006.
School survey data will continue to assess coverage rates of all grade levels in 99% of public and private schools statewide.	Ongoing	High immunization coverage rates will remain at all grade levels.	All grades are captured in all public and private schools. Records verification of samples will continue after a pilot done in 2005.	Immunization coverage rates will remain >95% at all grade levels or exemptions will be on file.	Surveys due to state on December 1, 2006. All schools with missing data receive follow-up by immunization program.

2006 VFC and AFIX Tables

Table 1 - Number of VFC Provider Sites and Proposed Number to be Visited

Provider Information	Health Dept.	Migrant/CHC	Other Public	Private
Total Number of Provider Sites Enrolled in the VFC Program	12	31	2	134
Proposed # of VFC-Enrolled provider sites to be visited*	12	31	2	75

* Multiple site visits to a single provider site, e.g., once for a VFC visit and once for an assessment visit, are counted only once.

Table 2 - Proposed Number of Site Visits by Provider Type

Type of Site Visit	Health Dept	Migrant/C HC	Other Public	Private	TOTAL
VFC Visits Only	12	0	2	30	44
AFIX Visits Only	0	0	0	30	30
Combined VFC and AFIX visits**	0	31	0	20	51
TOTAL	12	31	2	80	125

** Combined VFC and AFIX site visits are defined as conducting both VFC and AFIX activities during the same visit to a provider.

Table 3 - Proposed Number of Follow-up/Repeat AFIX Visits

Type of Site Visit	Health Dept.	Migrant/CHC	Other Public	Private
Number of Follow-up/Repeat AFIX Visits***	0	31	0	57

*** Follow-up/Repeat AFIX visits are AFIX visits to providers who have been assessed previously, with the first AFIX visit occurring after January 1, 2003.

IX Standards Self-Assessment Tool

The following worksheets are designed as self-assessment tools to assist grantees in identifying the level of each AFIX component currently functioning within their service areas. This self-assessment tool allows each grantee to determine what components of its AFIX program meet or exceed the standards for the different levels. The self-assessment tool can be used as part of a comprehensive strategic plan to build and improve the AFIX program at the local or state level.

If Assessment Operational Definitions

Level Levels I, II and III represent the different levels of AFIX program activities that can occur within each component. A Level I AFIX Program is a program that is systematically implementing the basic grant requirements of the AFIX program. Standards for a Level I Program focus primarily on the development and initial implementation of written protocols and procedures. A Level II AFIX Program is a program that is actively implementing the written protocols and procedures designed for its AFIX activities. Standards for a Level II Program focus on improving existing protocols and increasing activity, as well as developing plans for increasing objectives. A Level III AFIX Program is an advanced program that has been conducting AFIX activities for some time and is starting to develop and implement innovative strategies for improving the AFIX process. Standards for a Level III Program focus on achieving and maintaining program objectives and conducting evaluation activities to further improve the AFIX process.

Component and Standards Addresses each of the 6 components: Program Operations, Assessment, Feedback, Incentive, eXchange of information and Evaluation. Lists each standard for each level under the appropriate component.

Fully Met The AFIX Program has fully implemented and possibly exceeded the standard.

Partially Met The standard is in the process of being implemented or is implemented in part.

Could Meet The standard could be implemented with low to moderate resource investment, such as changes in policies and procedures, and could be accomplished within the next 6 – 12 months.

Cannot Meet This standard would take a resource investment beyond what is currently available to the program. Implementation of this standard is not planned for at least 24 months in the future.

Next Steps Action items or activities to strengthen or meet the standard.

Self-Assessment Worksheet for AFIX Standards

The AFIX Standards of Operation Workgroup has developed a self-assessment worksheet that Immunization Programs can use to determine the level at which each component of their AFIX program is currently functioning. It allows grantees to determine the components and standards their AFIX Programs meet or exceed at each level. The self-assessment tool can be used to develop a strategic plan for individual AFIX programs.

Level	Component & Standard	Self-Assessment (✓ appropriate status)				Next Steps
		Fully Met	Partially Met	Could Meet	Cannot Meet	
I	Program Operations					
	early defined measurable short and long-term objectives for the AFIX program	x				Continued program development Increasing program resources and time to meet goals. Increase staff time and resources in district offices to meet program goals
	early defined methods for evaluating progress at achieving short and long-term objectives. Methods may include: definition key indicators; frequency of evaluating progress; and time frame for achieving objectives	x				Continue to meet with grantee monthly to evaluate progress towards goals and objectives. VFC/AFIX team to meet weekly to review numbers of visits made and troubleshoot areas of concern Key indicators are numbers of visits achieved, time line in place for achieving visits
	early defined methods for annually selecting at least 25% of enrolled VFC providers to receive an AFIX site visit. Methods should include how providers are prioritized (e.g. high-volume practice, never received an AFIX visit, etc) as well as define criteria for selecting providers in need of annual assessments.	x				High volume practices (based on Hib Vaccine doses administered data) 2004 coverage rates for 4:3:1:3:3 at 24 months under 70% were targeted in 2005 for AFIX assessments Using 2004 data look at practices where rates did not improve between 24-35 months Public sites visited at 100% Sites with no previous assessment visit Next steps: decide when DO's get involved in VFC/AFIX what they will use for criteria to target AFIX assessment visits
	early defined methods for identifying and recruiting providers to participate in AFIX	x				The majority of pediatric and family practice providers are enrolled in VFC

Level	Component & Standard	Self-Assessment (✓ appropriate status)				Next Steps
		Fully Met	Partially Met	Could Meet	Cannot Meet	
						<p>program. Invite VFC providers to participate in assessment visits and data.</p> <p>Written script available for recruiting provider site to participate in AFIX assessments</p> <p>Invite providers with rates of less than 80% for 4:3:1:3 at 24 months to participate in feedback session</p> <p>Next steps: With input from appropriate partners evaluate current feedback sessions and make changes as needed</p> <p>Will decide how to use data to recognize practices achieving goals.</p> <p>decide how to use effective incentives</p>
	Written job descriptions for all staff involved with the AFIX program.			x		<p>Formalize job descriptions of all program staff involved in AFIX activities Will be written by March 2006</p>
	Clearly defined procedures for AFIX staff members to follow when issues beyond the scope of AFIX have been discovered. These procedures should include which staff member should be informed of which issue. For example, during an AFIX visit, the field rep. identifies a possible case of fraud in the office and follows procedures to notify an appropriate person for follow-up.	x				<p>The AFIX Program Coordinator reviews concerns and refers areas out of area of expertise to the VFC Coordinator and/or Immunization Program Manager.</p> <p>Much discussion has been held with respect to Regional Coordinators to oversee the immunization designees in the VDH District Offices.</p>
	Clearly defined plan for training AFIX staff members. Plan should include a curriculum or training new employees as well as		x			<p>See VCHIP written curriculum for training.</p> <p>Next steps: Include way to update existing employees</p>

Level	Component & Standard	Self-Assessment (✓ appropriate status)				Next Steps
		Fully Met	Partially Met	Could Meet	Cannot Meet	
	Periodic training updates for existing employees.					
	Clearly defined methods for supervising and monitoring AFIX staff members' progress at conducting the annual AFIX site visits. Methods may include: definition of key indicators for assessing progress and frequency of assessing progress.		x			Meet with VCHIP monthly Colored coded list of sites visited is reviewed monthly 20% of sites, up to 100 sites will have data quality check. After 100 sites 10% will have data quality checks. Next steps: Define how we will do that once DO are involved in this activity
	Clearly defined methods for contacting outside agencies and exploring the possibility of collaborating on quality improvement activities and/or marketing AFIX.		x			Grantee relationship with VCHIP Next steps: Talk with Patricia about joining AAP and AAFP in monthly meetings to collaborate on VFC/AFIX activities 2006 begin to explore relationships with insurers around VFC and AFIX activities

Level	Component & Standard	Self-Assessment (✓ appropriate status)				Next Steps
		Fully Met	Partially Met	Could Meet	Cannot Meet	
II	Program Operations					
	Annually review all AFIX related protocols and job descriptions and update as needed.			x		Continue to develop job descriptions
	Evaluate the feasibility of conducting VFC/AFIX combined visits. If they are found to be effective create a written plan for making VFC/AFIX combined visits part of your	x				Continue combined VFC/AFIX visits with VCHIP during this year when feasible. Continue to review AFIX results during all VFC provider visits

Level	Component & Standard	Self-Assessment (✓ appropriate status)				Next Steps
		Fully Met	Partially Met	Could Meet	Cannot Meet	
	<p>Standard protocol. Measurable objective (e.g. Increase combined visits in CY2005 by 15%) Action steps for achieving objective Methods for reviewing progress towards achieving objective Time line for achieving objectives OR</p> <p>If the program does not think combined visits are appropriate for their area, then a written statement should be included in their material explaining why combined visits are not appropriate.</p>					Continue to discuss plans to have the district offices involved in VFC/AFIX provider assessments.
	Develop an agreed upon action plan with outside agency(s) to establish collaboration in Quality Improvement activities and/or marketing AFIX		X			Continue to work with VCHIP to market AFIX assessments to those providers that are not receptive to assessments. Continue quality improvement with VCHIP by utilizing provider feedback

Level	Component & Standard	Self-Assessment (✓ appropriate status)				Next Steps
		Fully Met	Partially Met	Could Meet	Cannot Meet	
III	Program Operations					
	Develop and implement a written plan to increase the percent of VFC enrolled providers receiving an annual AFIX visit to achieve the Healthy People 2010 assessment goal.	X				
	Expand collaboration with other health care organizations, such as managed care organizations, to develop methods to reduce provider burden related to multiple record reviews on preventive health services			X		Continue to coordinate with VCHIP to do VFC/AFIX visits Continue to coordinate with the registry to work toward obtaining AFIX assessment data from the registry

Level	Component & Standard	Self-Assessment (✓ appropriate status)				Next Steps
		Fully Met	Partially Met	Could Meet	Cannot Meet	
	Assist providers who wish to conduct their own assessments with strategies related to methodology, data collection, analysis, and presentation with practice staff and the immunization program				X	
	Initiate collaboration with other programs within the department of health to expand assessment activities beyond immunization. For example, in addition to collecting immunization histories during the chart review, the field staff also collects information on other health services such as lead screening, tuberculosis screening, and/or dental screening. The purpose of this standard is to expand the AFIX process to improve the utilization of other health care services provided to children.				X	With the planned involvement of the district offices in doing VFC/AFIX visits we will see more integration of Public Health Programs and initiatives.

Level	Component & Standard	Self-Assessment (✓ appropriate status)				Next Steps
		Fully Met	Partially Met	Could Meet	Cannot Meet	
I	Assessment					
	Clearly defined procedures for contacting providers, scheduling site visits, and documenting communication with providers.	X				See manual. Revise as program evolves Clarify next steps if provider refuses AFIX assessment
	Clearly defined assessment parameters: assessment methodology (hybrid, standard)	X				
	of records to be included in the sample	X				
	Age range of children to be assessed	X				
	Inclusion Criteria/Active Patient (it is recommended that the same definition be used for all AFIX activities)	X				
		X				

Level	Component & Standard	Self-Assessment (✓ appropriate status)				Next Steps
		Fully Met	Partially Met	Could Meet	Cannot Meet	
	immunization series to be assessed	X				
	demographic data fields to be collected					
	removed or gone elsewhere (MOGE)	X				
	Clearly defined methods for selecting a sample, including the persons responsible for pulling charts. Methods <u>may</u> include procedures for the following scenarios:	X				
	practice has fewer patients than the target sample size	X				
	practice can provide an electronic list of pts. R practice cannot provide an electronic list of pts.	X				

Level	Component & Standard	Self-Assessment (✓ appropriate status)				Next Steps
		Fully Met	Partially Met	Could Meet	Cannot Meet	
I (cont.)	Assessment					
	Separate protocols for assessment procedures (e.g. Hybrid Assessment vs. Standard Assessment) exist if assessment methods differ among provider types (e.g. private vs. public). If different assessment procedures are used for different situations, each situation should be described and included in the Assessment Protocol.	X				
	Clearly defined methods for supervising and monitoring AFIX staff members' implementation of the Assessment Protocol.		X			Monthly meetings with VCHIP Combined visits and feedback with monthly meetings Clarify supervision process at VCHIP, for

Level	Component & Standard	Self-Assessment (✓ appropriate status)				Next Steps
		Fully Met	Partially Met	Could Meet	Cannot Meet	
						VCHIP staff, and who is responsible for what. As the DO offices get involved, monitoring of the assessors will be developed. (by 3 rd quarter 2006)

Level	Component & Standard	Self-Assessment (✓ appropriate status)				Next Steps
		Full Met	Partially Met	Could Meet	Cannot Meet	
II	Assessment					
	Annually review assessment policies and staff activities to ensure quality assessments are conducted.		x			
	Coordinate with immunization registry staff. Establish a working relationship with the registry team to ensure the registry can meet assessment needs. Develop a written plan that explores the possibility of abstracting registry data in place of chart data for the assessment of immunization practices.		x			Use cases have been developed to generate coverage reports for children enrolled in the registry. Functionality has not been established yet. Continued weekly meetings with registry manager. Assess viability of doing AFIX assessments from registry and establish a timeline.

Level	Component & Standard	Self-Assessment (✓ appropriate status)				Next Steps
		Fully Met	Partially Met	Could Meet	Cannot Meet	
III	Assessment					
	Expand activities to include adolescents and adults with written assessment policies for each age group.				x	

Level	Component & Standard	Self-Assessment (✓ appropriate status)				Next Steps
		Fully Met	Partially Met	Could Meet	Cannot Meet	
	Implement the use of registry data for assessment in public and private provider offices.					
	1. Develop and implement written protocols on which provider sites will be assessed using registry data.				X	
	2. Develop and implement written protocols for continuous monitoring of quality of registry data used for assessments.				X	

Level	Component & Standard	Self-Assessment (✓ appropriate status)				Next Steps
		Fully Met	Partially Met	Could Meet	Cannot Meet	
	Feedback					<p>Explore possibility of a more intensive feedback session with provider sites that have lower than 60% coverage rates for 4:3:1:3:3 at 24 months.</p> <p>In 2007 the plan is that five of the 12 district offices will begin to do feedback sessions for the providers in their area</p>
	Clearly defined process for coordinating a feedback session which includes the following items:					
	Timing: Feedback sessions should occur at the convenience of the provider, preferably within 10 working days of the assessment.	X				
	Logistics: Feedback sessions should be a face-to-face meeting with provider staff members unless there is a documented justification for not conducting the session in person.	X				
	Participants: Feedback sessions must include at least one key staff member who has the ability to authorize practice changes and ensure that agreed upon changes take place. Sessions should also include as many additional staff as possible.	X				
	Specific details regarding the presentation, documentation and discussion of the following items during the Feedback session:					
	Prioritize issues and identify at least 2 opportunities for improvement	X				
	Identify areas of strength related to the delivery of	X				

Level	Component & Standard	Self-Assessment (✓ appropriate status)				Next Steps
		Fully Met	Partially Met	Could Meet	Cannot Meet	
Standardization	Average levels for specific vaccination series and individual antigens	X				
	Observations of office practices	X				
	Whether or not the provider staff agrees with your assessment of their practice	X				
	Are improvement strategies the provider staff believes are feasible and relevant for the office to implement	X				
	Clearly defined process for developing a simple, written quality improvement plan for the opportunities for improvement that the provider agrees to implement. A signed copy of the plan is to be kept by the provider and a copy kept by the AFIX staff member. At a minimum, the plan should include the following key items:			X		Work with VCHIP to develop checklist that they will leave with the provider site
	Opportunity for improvement on which to focus			X		
	Defined action steps for implementing the intervention			X		
	Responsible party for implementation			X		
	Willingness to implement intervention			X		
	Clearly defined list of items to leave with the provider such as resource materials or formal incentives.			X		Using Pink Book, ACIP schedules, videos, catch-up schedules, educational articles Work with VCHIP to develop fine-tune and standardize the list.
	Clearly defined process for follow-up with the provider and his/her staff to ensure the agreed upon commitments are completed by the proposed date as outlined in the quality improvement plan.				X	We will need additional resources to follow up with post feedback visit. Explore more intensive feedback visits for providers with less than 60% coverage rates for 4:3:1:3:3
		X				In the year 2004.

Level	Component & Standard	Self-Assessment (✓ appropriate status)				Next Steps
		Fully Met	Partially Met	Could Meet	Cannot Meet	
	early defined method for evaluation of feedback sessions, which include having a supervisor attend a specified proportion of each employee's feedback visits.					<p>AFIX coordinator attended over 50% of the feedback sessions. Changes were made to the feedback visit content as a result of those visits. 100% of the feedback content is reviewed by the AFIX coordinator.</p> <p>All providers with coverage rates of less than 80% of 4:3:1:3:3 are offered a feedback visit</p> <p>Provider survey done in 2004. Will be repeated in 2006.</p>

Level	Component & Standard	Self-Assessment (✓ appropriate status)				Next Steps
		Fully Met	Partially Met	Could Meet	Cannot Meet	
II	Feedback					
	develop and implement clearly defined procedures for AFIX field staff to promote continuous quality improvement with providers and staff. For example, once providers have demonstrated improvement in previously identified areas, field staff will help providers identify new opportunities for improvement.				X	Met with respect to VFC activities.
	document all provider follow-up communication on proper forms and give copies to the provider as appropriate.		X			<p>Sign in sheets as to who attended and copies of the PowerPoint slides are given to office to keep.</p> <p>Work with VCHIP to work on forms to leave with provider office site.</p>
	regularly update resource materials for providers.	X				

Level	Component & Standard	Self-Assessment (✓ appropriate status)				Next Steps
		Fully Met	Partially Met	Could Meet	Cannot Meet	
III	Feedback					
	Explore and pilot innovative methods for engaging providers and presenting information in feedback sessions		X			Provider feedback sessions have been given in formal group setting with PowerPoint presentations. Will continue to explore others methods, including less formalized feedback sessions that can be incorporated in to a VFC visit.
	Provide ongoing assistance to providers who are not able to document progress toward targeted areas of improvement.				X	
	Document the feedback policies and procedures for each age group to be assessed (i.e.; adults, adolescents) if the feedback procedure varies with the age group.			X		

Level	Component & Standard	Self-Assessment (✓ appropriate status)				Next Steps
		Fully Met	Partially Met	Could Meet	Cannot Meet	
I	Incentives					
	Guidelines specifying that two informal incentives will be offered during the feedback session.			X		Formalize incentive process by making it part of VT AFIX Manual.
	Clearly defined list of options to use as informal incentives. Examples may include:	X				List of incentives and educational resources that are included with VFC/AFIX activities
	Printed immunization resources such as most current VIS statements and immunization schedule	X				
	Offer to provide educational in-services to the staff on a variety of immunization topics	X				
	Clearly defined formal incentives that acknowledge providers with improved or sustained high immunization coverage levels; Examples may include but are not limited to:			X		Plan for 2006 would incorporate acknowledgements of providers who achieve over 90% of coverage

Level	Component & Standard	Self-Assessment (✓ appropriate status)				Next Steps
		Fully Met	Partially Met	Could Meet	Cannot Meet	
	letter of recognition signed by the governor and the state health officer on official letterhead			X		Work with the VDH Communications Office for process to get signatures of the Governor and/or the Commissioner of Health on certificates of recognition. Possible Website and/or Newsletter announcement of congratulations to providers who met goals 90% of coverage rates for 4:3:1:3:3 and/or varicella at 24 months.
	public recognition of the provider with the highest immunization coverage level improvement, such as at a state or regional immunization conference			X		
	clearly defined process describing how the financial incentives are implemented; at a minimum, the protocol must include:					
	who is eligible to receive an award and/or recognition			X		
	how the award recipients are determined			X	ditto	
	document incentives offered by field staff and accepted by providers. These informal incentives may include but are not limited to:					
	providing in-services on immunization issues to office staff	X				
	working with office with agreed upon immunization activities			X		
	identify and utilize at least one potential partner to assist with incentives. Supervisors should coordinate activities with this partner.			X		
	implement clearly defined incentives to assist low performing offices in improving their immunization coverage levels. The program policy for incentives should include the following information:					Plan to explore more intensive engagement and support given to practices that have lower coverage rates
	provider selection				X	

Level	Component & Standard	Self-Assessment (✓ appropriate status)				Next Steps
		Fully Met	Partially Met	Could Meet	Cannot Meet	
Intermediate	Participation incentives				X	
	Incentives for improved outcomes (if any)				X	

Level	Component & Standard	Self-Assessment (✓ appropriate status)				Next Steps
		Fully Met	Partially Met	Could Meet	Cannot Meet	
III	Incentives	Fully Met	Partially Met	Could Meet	Cannot Meet	
	Document the incentives policies and procedures for each age group that will be assessed (i.e.; adults, adolescents) if different incentives are used with the age groups.				X	

Level	Component & Standard	Self-Assessment (✓ appropriate status)				Next Steps
		Fully Met	Partially Met	Could Meet	Cannot Meet	
I	Exchange of Information					
	List of specific information to exchange during the feedback session, including but not limited to:	X				Because of our small size, our state VFC and AFIX programs work very closely together. THE VFC program incorporates all of the listed educational pieces, plus more.
	The current immunization schedule	X				
	The current VIS statements	X				
	Additional immunization resources (e.g. list of immunization websites, schedule of immunization satellite broadcast courses, etc)	X				
	Pertinent standards for practice that are related to the office's strengths and opportunities for improvement	X				

Level	Component & Standard	Self-Assessment (✓ appropriate status)				Next Steps
		Fully Met	Partially Met	Could Meet	Cannot Meet	
	Interventions used in other practices with similar opportunities for improvement	X				
	Information on national or state level immunization coverage levels and goals	X				
	Process used to promote the VFC/AFIX program at health professional meetings or conferences. These meetings or conferences may include but are not limited to:					<p>We have met with representatives of the AAP, AAFP, and BC/BS on specific issues of registry and hepatitis B and QI initiatives. Working with Community Public Health to get on the agenda of the monthly AAP/AAFP meetings</p> <p>Presented at July VDH District Directors' meeting to promote VFC/AFIX activities</p> <p>We communicate information on a monthly basis with VDH District Offices to keep them informed and promote the programs.</p> <p>Planning on 2006 statewide immunization conference</p>
	State or regional immunization conferences	X				
	State chapter meetings of medical associations such as AAP, AAFP, or ACP			X		
	Meetings of health care insurers such as Medicaid, Medicare, health systems or MCOs	X				
	State or regional public health conferences	X				

Level	Component & Standard	Self-Assessment (✓ appropriate status)				Next Steps
		Fully Met	Partially Met	Could Meet	Cannot Meet	
II	EXchange of Information					
	Document and review the interventions implemented by providers to improve immunization coverage. Share the outcomes with AFIX staff, providers, external partners and other interested individuals or organizations. Utilize, at a minimum, three different methods to exchange this information on an annual basis, and maintain documentation on how the information was exchanged. These methods may include:					

Level	Component & Standard	Self-Assessment (✓ appropriate status)				Next Steps
		Fully Met	Partially Met	Could Meet	Cannot Meet	
	Informal discussions during feedback sessions- recorded on the feedback checklist				X	
	Written information in a news article or a direct provider mailing or fax				X	
	Formal presentations at local meetings, regional, state or national conferences				X	
	Informal discussions during meetings with potential VFC providers or potential partners				X	
	Develop and implement a clearly defined, written plan detailing the process for recruiting high performing offices to become "immunization champions." The "immunization champion" will promote AFIX and quality improvement activities to increase immunization coverage with peers. The strategic plan must include the following components:					
	How to identify potential "Immunization champions"				X	
	Recruitment methods				X	
	Methods to retain active "Immunization champions" Program oversight of activities				X	

Level	Component & Standard	Self-Assessment (✓ appropriate status)				Next Steps
		Fully Met	Partially Met	Could Meet	Cannot Meet	
III	Exchange of Information					
	Utilize technologies to educate providers on				X	

Level	Component & Standard	Self-Assessment (✓ appropriate status)				Next Steps
		Fully Met	Partially Met	Could Meet	Cannot Meet	
	immunizations issues and strategies for improving the delivery of immunizations and other preventive services. (i.e., CDs, computer-based training)					
	Develop and disseminate an annual summary report describing immunization quality improvement activities to providers and other health care agencies. The report content may include but are not limited to: <ul style="list-style-type: none"> a. Summary of visits conducted b. Range of coverage levels c. Number of providers with improved coverage levels d. Case studies of specific providers who implemented new strategies that improved their coverage levels 				X	
	Share lessons learned by becoming a mentor to other state and local immunization programs or by providing technical assistance to the Clinic Provider Assessment Workgroup				X	
	Document the methods used to exchange information for age group assessed if different methods are used with the age groups.				X	

Level	Component & Standard	Self-Assessment (✓ appropriate status)				Next Steps
		Fully Met	Partially Met	Could Meet	Cannot Meet	
I	Program Evaluation					
	Utilize an electronic database to monitor site visit activities. Programs may use the database developed by CDC or create their own. At a minimum, the database must be able to generate the summary information that	X				Use Cocasa

Level	Component & Standard	Self-Assessment (✓ appropriate status)				Next Steps
		Fully Met	Partially Met	Could Meet	Cannot Meet	
	requested in the Annual VFC Management Survey.					
	Develop a written protocol for utilizing the electronic database. The protocol should include:					Work with VFC Coordinator to put this in writing.
	Appropriate person(s) identified for entering information into the database			X		
	Frequency of updating the database (e.g. weekly, monthly, etc)			X		
	Procedures for transmitting data between the field and the central office			X		
	Procedures for generating the information needed to complete the VFC Management Survey.			X		
	Submit Annual VFC Management Survey to CDC in appropriate format by the designated due date.	X				

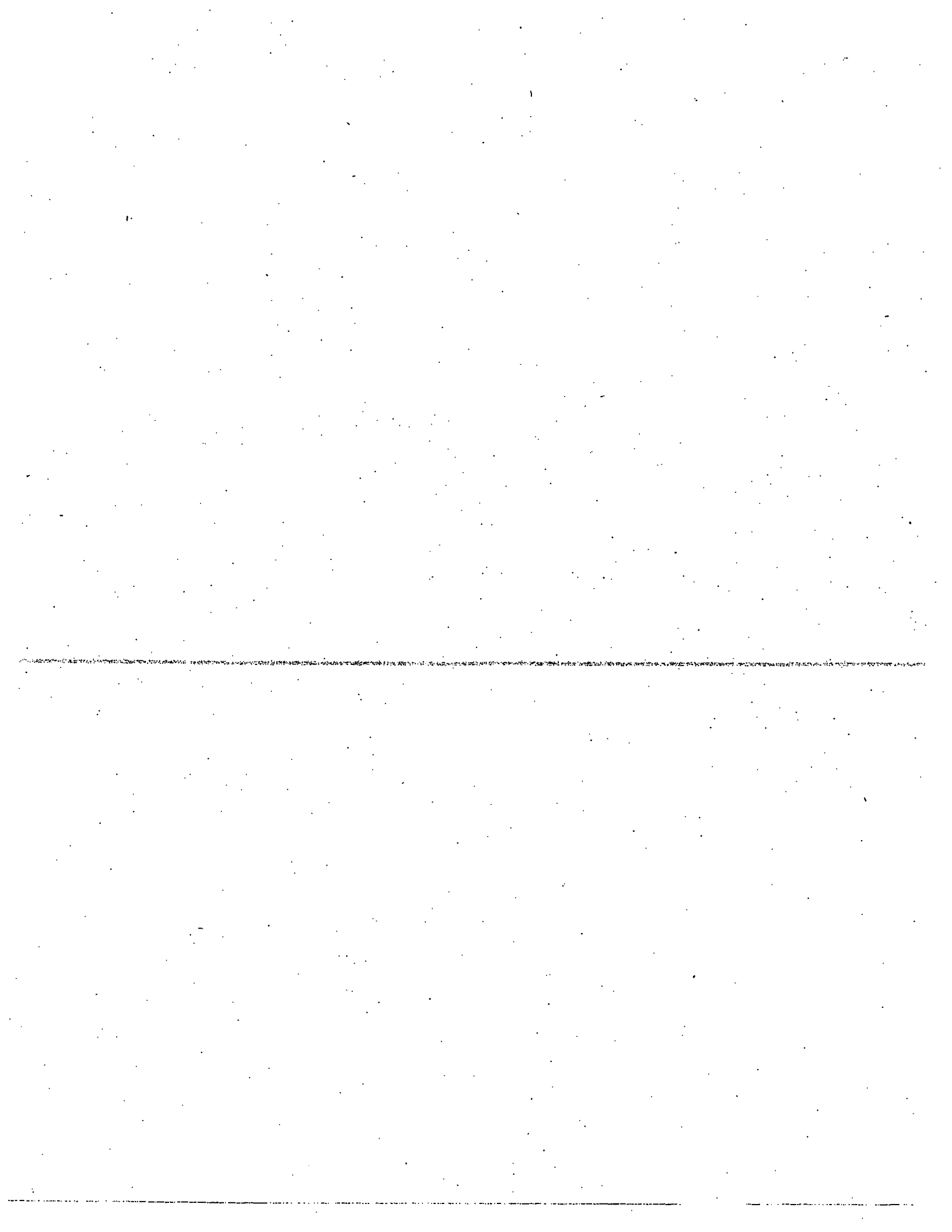
Level	Component & Standard	Self-Assessment (✓ appropriate status)				Next Steps
		Fully Met	Partially Met	Could Meet	Cannot Meet	
I cont.)	Program Evaluation					
	Develop and implement procedures for conducting a process evaluation of the AFIX program. This may include:					Provider satisfaction survey was done in 2004 and will be repeated in 2006 Continue to work with VFC/AFIX team and VCHIP on this.
	Developing and assessing key indicators to evaluate if internal processes are followed correctly by AFIX staff		X			
	Developing and assessing key indicators to evaluate provider's satisfaction with the AFIX					

Level	Component & Standard	Self-Assessment (✓ appropriate status)				Next Steps
		Fully Met	Partially Met	Could Meet	Cannot Meet	
	<p>to visit in his/her practice (example surveys can be found at the following address: http://www.cdc.gov/nip/vfc/st_immz_proj/surveys/provider_ex/provider_examples.htm)</p>					

Level	Component & Standard	Fully Met	Partially Met	Could Meet	Cannot Meet	Next Steps
II	Program Evaluation					
	<p>Develop methods to document and track the implementation of interventions and outcomes.</p>				X	

Level	Component & Standard	Self-Assessment (✓ appropriate status)				Next Steps
		Fully Met	Partially Met	Could Meet	Cannot Meet	
III	Program Evaluation					
	<p>Develop, implement and document the impact of "immunization champion" activities on improving immunization coverage levels.</p>				X	
	<p>Implement written research and evaluation strategic plans that include developing evaluation or research studies focusing on the AFIX strategy. Include timelines for starting and completing each study. Document a periodic review and update of the evaluation and research strategic plans.</p>				X	
	<p>Periodically develop, implement, and evaluate programmatic changes based on study findings. Share evaluation findings with other state and local immunization programs annually through</p>				X	

Level	Component & Standard	Self-Assessment (✓ appropriate status)				Next Steps
		Fully Met	Partially Met	Could Meet	Cannot Meet	
	at least one of the following venues:				X	
	VFC/AFIX Quarterly Conference Calls				X	
	CDC/NIP AFIX website					
	National Immunization Conference and/or Program Managers' meeting				X	



**Grant Budget Summary Information For 2006 Working Draft of Initial Grant
Request, (Original) For Vermont - 122529**

Object Class Categories	317		VFC		Total
	FA	DA	FA	DA	
Personnel	\$647,179.40	\$0.00	\$533,057.60	\$0.00	\$1,180,237.00
Fringe Benefits	\$194,153.82	\$0.00	\$159,917.28	\$0.00	\$354,071.10
Travel	\$9,211.30	\$0.00	\$23,149.70	\$0.00	\$32,361.00
Equipment	\$8,653.60	\$0.00	\$8,666.40	\$0.00	\$17,320.00
Supplies	\$30,810.00	\$0.00	\$46,990.00	\$0.00	\$77,800.00
Contracts	\$292,360.50	\$0.00	\$262,360.50	\$0.00	\$554,721.00
Vaccine	\$3,305.00	\$2,650,508.00	\$0.00	\$4,369,382.00	\$7,023,195.00
Other	\$18,620.00	\$0.00	\$11,380.00	\$0.00	\$30,000.00
Indirect Charges	\$355,948.67	\$0.00	\$293,181.68	\$0.00	\$649,130.35
	\$1,560,242.29	\$2,650,508.00	\$1,338,703.16	\$4,369,382.00	\$9,918,835.45

Line Item Listing For the 2006 Working Draft of Initial Grant Request, (Original) For Vermont - 122529

Funding Source: Direct Assistance

Object Class: Vaccine

Name: DA Vaccine (317)

Cost: \$2,650,508.00

Program Element:	Effort %	317 Cost	VFC Cost
Vaccine Management	100.00 %	\$2,650,508	\$0
Item Totals:	100.00 %	\$2,650,508	\$0

Name: DA Vaccine (VFC)

Cost: \$4,369,382.00

Program Element:	Effort %	317 Cost	VFC Cost
Vaccine Management	100.00 %	\$0	\$4,369,382
Item Totals:	100.00 %	\$0	\$4,369,382
Vaccine Object Class Subtotals:		\$2,650,508.00	\$4,369,382.00
Direct Assistance Funding Source Totals:		\$2,650,508.00	\$4,369,382.00

Line Item Listing For the 2006 Working Draft of Initial Grant Request, (Original) For Vermont - 122529

Funding Source: Financial Assistance

Object Class: Personnel

Name: Alberta Knorr (Description: PHNS; Brattleboro) **Cost:** \$26,000.00

Program Element:	Effort %	317 Cost	VFC Cost
Program Management	1.00 %	\$0	\$260
Program Management	1.00 %	\$260	\$0
PQA - Other Provider Quality Assurance	2.00 %	\$520	\$0
Registries	3.00 %	\$0	\$780
Registries	3.00 %	\$780	\$0
Consumer Information	5.00 %	\$1,300	\$0
Surveillance	5.00 %	\$1,300	\$0
PQA - Provider Site Visits	5.00 %	\$0	\$1,300
PQA - Provider Site Visits - AFIX Only	7.00 %	\$1,820	\$0
Vaccine Management	8.00 %	\$2,080	\$0
PQA - Other Provider Quality Assurance	10.00 %	\$0	\$2,600
Service Delivery	10.00 %	\$2,600	\$0
Vaccine Management - Ordering	10.00 %	\$0	\$2,600
Population Assessment	10.00 %	\$2,600	\$0
PQA - Provider Site Visits - AFIX Only	10.00 %	\$0	\$2,600
Vaccine Management - Distribution	10.00 %	\$0	\$2,600
Item Totals:	100.00 %	\$13,260	\$12,740

Name: Alison Howe (Description: Epidemiologist IV) **Cost:** \$11,125.00

Program Element:	Effort %	317 Cost	VFC Cost
Service Delivery	5.00 %	\$556	\$0
Registries	5.00 %	\$556	\$0
Registries	10.00 %	\$0	\$1,112
Consumer Information	20.00 %	\$2,225	\$0
Population Assessment	60.00 %	\$6,675	\$0
Item Totals:	100.00 %	\$10,012	\$1,112

Name: Becky Jo Cyr (Description: IT applications development) **Cost:** \$57,000.00

Program Element:	Effort %	317 Cost	VFC Cost
PQA - Provider Site Visits - AFIX Only	5.00 %	\$0	\$2,850
PQA - Provider Site Visits - AFIX Only	5.00 %	\$2,850	\$0
Registries	40.00 %	\$22,800	\$0
Registries	50.00 %	\$0	\$28,500
Item Totals:	100.00 %	\$25,650	\$31,350

Name: Brigid Ahrens (Description: Immunization Registry Mana) **Cost:** \$50,000.00

Program Element:	Effort %	317 Cost	VFC Cost
Registries	50.00 %	\$25,000	\$0
Registries	50.00 %	\$0	\$25,000
Item Totals:	100.00 %	\$25,000	\$25,000

Line Item Listing For the 2006 Working Draft of Initial Grant Request, (Original) For Vermont - 122529

Object Class: Personnel

Name: Colleen Carroll (Description: Program Services Clerk) **Cost:** \$30,200.00

Program Element:	Effort %	317 Cost	VFC Cost
Consumer Information	5.00 %	\$1,510	\$0
Registries	5.00 %	\$0	\$1,510
Registries	5.00 %	\$1,510	\$0
Population Assessment	25.00 %	\$7,550	\$0
Vaccine Management - Distribution	30.00 %	\$0	\$9,060
Vaccine Management	30.00 %	\$9,060	\$0
Item Totals:	100.00 %	\$19,630	\$10,570

Name: Cort Lohff (Description: State Epidemiologist) **Cost:** \$28,000.00

Program Element:	Effort %	317 Cost	VFC Cost
Service Delivery	10.00 %	\$2,800	\$0
Population Assessment	10.00 %	\$2,800	\$0
Program Management	10.00 %	\$2,800	\$0
Program Management	10.00 %	\$0	\$2,800
Consumer Information	20.00 %	\$5,600	\$0
Surveillance	40.00 %	\$11,200	\$0
Item Totals:	100.00 %	\$25,200	\$2,800

Name: Don Dickson (Description: Health Planner) **Cost:** \$550.00

Program Element:	Effort %	317 Cost	VFC Cost
Consumer Information	5.00 %	\$27	\$0
Registries	5.00 %	\$27	\$0
Registries	5.00 %	\$0	\$27
Program Management	15.00 %	\$82	\$0
Population Assessment	30.00 %	\$165	\$0
Surveillance	40.00 %	\$220	\$0
Item Totals:	100.00 %	\$522	\$27

Name: Ed Andrus (Description: IT Manager/System Developer II) **Cost:** \$41,350.00

Program Element:	Effort %	317 Cost	VFC Cost
PQA - Provider Site Visits - AFIX Only	5.00 %	\$0	\$2,067
PQA - Provider Site Visits - AFIX Only	5.00 %	\$2,067	\$0
Registries	45.00 %	\$0	\$18,607
Registries	45.00 %	\$18,607	\$0
Item Totals:	100.00 %	\$20,675	\$20,675

Name: Georgiana Spooner (Description: Imz Designee White River J) **Cost:** \$30,000.00

Program Element:	Effort %	317 Cost	VFC Cost
Program Management	1.00 %	\$0	\$300
Program Management	1.00 %	\$300	\$0
PQA - Other Provider Quality Assurance	2.00 %	\$600	\$0
Registries	3.00 %	\$0	\$900

Line Item Listing For the 2006 Working Draft of Initial Grant Request, (Original) For Vermont - 122529

Object Class: Personnel

Registries	3.00 %	\$900	\$0
Consumer Information	5.00 %	\$1,500	\$0
Surveillance	5.00 %	\$1,500	\$0
PQA - Provider Site Visits	5.00 %	\$0	\$1,500
PQA - Provider Site Visits - AFIX Only	7.00 %	\$2,100	\$0
Vaccine Management	8.00 %	\$2,400	\$0
PQA - Other Provider Quality Assurance	10.00 %	\$0	\$3,000
Service Delivery	10.00 %	\$3,000	\$0
Vaccine Management - Ordering	10.00 %	\$0	\$3,000
Population Assessment	10.00 %	\$3,000	\$0
PQA - Provider Site Visits - AFIX Only	10.00 %	\$0	\$3,000
Vaccine Management - Distribution	10.00 %	\$0	\$3,000
Item Totals:	100.00 %	\$15,300	\$14,700

Name: Gerry Thornton (Description: Admin Asst) **Cost:** \$19,500.00

Program Element:	Effort %	317 Cost	VFC Cost
Registries	5.00 %	\$975	\$0
Registries	5.00 %	\$0	\$975
Population Assessment	10.00 %	\$1,950	\$0
Program Management	15.00 %	\$2,925	\$0
Consumer Information	20.00 %	\$3,900	\$0
Program Management	20.00 %	\$0	\$3,900
Surveillance	25.00 %	\$4,875	\$0
Item Totals:	100.00 %	\$14,625	\$4,875

Name: Jeff Heath (Description: Imz Designee Middlebury) **Cost:** \$25,500.00

Program Element:	Effort %	317 Cost	VFC Cost
Program Management	1.00 %	\$0	\$255
Program Management	1.00 %	\$255	\$0
PQA - Other Provider Quality Assurance	2.00 %	\$510	\$0
Registries	3.00 %	\$0	\$765
Registries	3.00 %	\$765	\$0
Consumer Information	5.00 %	\$1,275	\$0
Surveillance	5.00 %	\$1,275	\$0
PQA - Provider Site Visits	5.00 %	\$0	\$1,275
PQA - Provider Site Visits - AFIX Only	7.00 %	\$1,785	\$0
Vaccine Management	8.00 %	\$2,040	\$0
PQA - Other Provider Quality Assurance	10.00 %	\$0	\$2,550
Service Delivery	10.00 %	\$2,550	\$0
Vaccine Management - Ordering	10.00 %	\$0	\$2,550
Population Assessment	10.00 %	\$2,550	\$0
PQA - Provider Site Visits - AFIX Only	10.00 %	\$0	\$2,550

Line Item Listing For the 2006 Working Draft of Initial Grant Request, (Original) For Vermont - 122529

Object Class: Personnel

Vaccine Management - Distribution	10.00 %	\$0	\$2,550
Item Totals:	100.00 %	\$13,005	\$12,495
Name: JoAnne Calvi (Description: Imz Designee Rutland)		Cost: \$32,500.00	
Program Element:	Effort %	317 Cost	VFC Cost
Program Management	1.00 %	\$0	\$325
Program Management	1.00 %	\$325	\$0
PQA - Other Provider Quality Assurance	2.00 %	\$650	\$0
Registries	3.00 %	\$0	\$975
Registries	3.00 %	\$975	\$0
Consumer Information	5.00 %	\$1,625	\$0
Surveillance	5.00 %	\$1,625	\$0
PQA - Provider Site Visits	5.00 %	\$0	\$1,625
PQA - Provider Site Visits - AFIX Only	7.00 %	\$2,275	\$0
Vaccine Management	8.00 %	\$2,600	\$0
PQA - Other Provider Quality Assurance	10.00 %	\$0	\$3,250
Service Delivery	10.00 %	\$3,250	\$0
Vaccine Management - Ordering	10.00 %	\$0	\$3,250
Population Assessment	10.00 %	\$3,250	\$0
PQA - Provider Site Visits - AFIX Only	10.00 %	\$0	\$3,250
Vaccine Management - Distribution	10.00 %	\$0	\$3,250
Item Totals:	100.00 %	\$16,575	\$15,925
Name: Karen Clark (Description: Systems Developer II)		Cost: \$40,000.00	
Program Element:	Effort %	317 Cost	VFC Cost
Registries	50.00 %	\$0	\$20,000
Registries	50.00 %	\$20,000	\$0
Item Totals:	100.00 %	\$20,000	\$20,000
Name: Karen Halverson (Description: Program specialist)		Cost: \$45,000.00	
Program Element:	Effort %	317 Cost	VFC Cost
Program Management	2.00 %	\$0	\$900
Program Management	2.00 %	\$900	\$0
Surveillance	3.00 %	\$1,350	\$0
Consumer Information	4.00 %	\$1,800	\$0
PQA - Other Provider Quality Assurance	5.00 %	\$2,250	\$0
Population Assessment	9.00 %	\$4,050	\$0
PQA - Provider Site Visits	15.00 %	\$0	\$6,750
Vaccine Management - Ordering	20.00 %	\$0	\$9,000
Vaccine Management - Distribution	20.00 %	\$0	\$9,000
Vaccine Management	20.00 %	\$9,000	\$0
Item Totals:	100.00 %	\$19,350	\$25,650

Line Item Listing For the 2006 Working Draft of Initial Grant Request, (Original) For Vermont - 122529

Object Class: Personnel

Name: Lisa Hardy (Description: PHNS-CPH Liaison)

Cost: \$26,000.00

Program Element:	Effort %	317 Cost	VFC Cost
Surveillance	10.00 %	\$2,600	\$0
Registries	10.00 %	\$2,600	\$0
Registries	10.00 %	\$0	\$2,600
PQA - Provider Site Visits - Combined VFC- AFIX	10.00 %	\$2,600	\$0
PQA - Provider Site Visits	15.00 %	\$0	\$3,900
Consumer Information	15.00 %	\$3,900	\$0
Population Assessment	30.00 %	\$7,800	\$0
Item Totals:	100.00 %	\$19,500	\$6,500

Name: Lisa Ste. Marie (Description: Imz Designee)

Cost: \$26,000.00

Program Element:	Effort %	317 Cost	VFC Cost
Program Management	1.00 %	\$0	\$260
Program Management	1.00 %	\$260	\$0
PQA - Other Provider Quality Assurance	2.00 %	\$520	\$0
Registries	3.00 %	\$0	\$780
Registries	3.00 %	\$780	\$0
Consumer Information	5.00 %	\$1,300	\$0
Surveillance	5.00 %	\$1,300	\$0
PQA - Provider Site Visits	5.00 %	\$0	\$1,300
PQA - Provider Site Visits - AFIX Only	7.00 %	\$1,820	\$0
Vaccine Management	8.00 %	\$2,080	\$0
PQA - Other Provider Quality Assurance	10.00 %	\$0	\$2,600
Service Delivery	10.00 %	\$2,600	\$0
Vaccine Management - Ordering	10.00 %	\$0	\$2,600
Population Assessment	10.00 %	\$2,600	\$0
PQA - Provider Site Visits - AFIX Only	10.00 %	\$0	\$2,600
Vaccine Management - Distribution	10.00 %	\$0	\$2,600
Item Totals:	100.00 %	\$13,260	\$12,740

Name: Marjorie Achilles (Description: Imz Designee St. Johnsbury)

Cost: \$28,000.00

Program Element:	Effort %	317 Cost	VFC Cost
Program Management	1.00 %	\$0	\$280
Program Management	1.00 %	\$280	\$0
PQA - Other Provider Quality Assurance	2.00 %	\$560	\$0
Registries	3.00 %	\$0	\$840
Registries	3.00 %	\$840	\$0
Consumer Information	5.00 %	\$1,400	\$0
Surveillance	5.00 %	\$1,400	\$0
PQA - Provider Site Visits	5.00 %	\$0	\$1,400
PQA - Provider Site Visits - AFIX Only	7.00 %	\$1,960	\$0

Line Item Listing For the 2006 Working Draft of Initial Grant Request, (Original) For Vermont - 122529

Object Class: Personnel

Vaccine Management	8.00 %	\$2,240	\$0
PQA - Other Provider Quality Assurance	10.00 %	\$0	\$2,800
Service Delivery	10.00 %	\$2,800	\$0
Vaccine Management - Ordering	10.00 %	\$0	\$2,800
Population Assessment	10.00 %	\$2,800	\$0
PQA - Provider Site Visits - AFIX Only	10.00 %	\$0	\$2,800
Vaccine Management - Distribution	10.00 %	\$0	\$2,800
Item Totals:	100.00 %	\$14,280	\$13,720

Name: Mary Ann Hodges (Description: PHNS in Bennington) **Cost:** \$32,250.00

Program Element:	Effort %	317 Cost	VFC Cost
Program Management	1.00 %	\$0	\$322
Program Management	1.00 %	\$322	\$0
PQA - Other Provider Quality Assurance	2.00 %	\$645	\$0
Registries	3.00 %	\$0	\$967
Registries	3.00 %	\$967	\$0
Consumer Information	5.00 %	\$1,612	\$0
Surveillance	5.00 %	\$1,612	\$0
PQA - Provider Site Visits	5.00 %	\$0	\$1,612
PQA - Provider Site Visits - AFIX Only	7.00 %	\$2,257	\$0
Vaccine Management	8.00 %	\$2,580	\$0
PQA - Other Provider Quality Assurance	10.00 %	\$0	\$3,225
Service Delivery	10.00 %	\$3,225	\$0
Vaccine Management - Ordering	10.00 %	\$0	\$3,225
Population Assessment	10.00 %	\$3,225	\$0
PQA - Provider Site Visits - AFIX Only	10.00 %	\$0	\$3,225
Vaccine Management - Distribution	10.00 %	\$0	\$3,225
Item Totals:	100.00 %	\$16,447	\$15,802

Name: Maura Crandall (Description: PHNS: Adult & QA) **Cost:** \$50,000.00

Program Element:	Effort %	317 Cost	VFC Cost
Vaccine Management - Ordering	2.00 %	\$0	\$1,000
Vaccine Management - Distribution	3.00 %	\$0	\$1,500
Consumer Information	5.00 %	\$2,500	\$0
Service Delivery	5.00 %	\$2,500	\$0
PQA - Provider Site Visits - AFIX Only	10.00 %	\$5,000	\$0
PQA - Provider Site Visits - Combined VFC- AFIX	10.00 %	\$0	\$5,000
Population Assessment	15.00 %	\$7,500	\$0
PQA - Provider Site Visits - Combined VFC- AFIX	15.00 %	\$7,500	\$0
PQA - Provider Site Visits - AFIX Only	15.00 %	\$0	\$7,500
PQA - Provider Site Visits	20.00 %	\$0	\$10,000
Item Totals:	100.00 %	\$25,000	\$25,000

Line Item Listing For the 2006 Working Draft of Initial Grant Request, (Original) For Vermont - 122529

Object Class: Personnel

Name: Miriam Sheehey (Description: VFC Coordinator) **Cost:** \$52,000.00

Program Element:	Effort %	317 Cost	VFC Cost
Population Assessment	2.00 %	\$1,040	\$0
Vaccine Management	2.00 %	\$1,040	\$0
Vaccine Management - Ordering	2.00 %	\$0	\$1,040
Consumer Information	3.00 %	\$1,560	\$0
Program Management	3.00 %	\$1,560	\$0
Vaccine Management - Distribution	3.00 %	\$0	\$1,560
PQA - Provider Site Visits - Combined VFC- AFIX	10.00 %	\$5,200	\$0
PQA - Provider Site Visits - AFIX Only	15.00 %	\$0	\$7,800
PQA - Provider Site Visits - Combined VFC- AFIX	15.00 %	\$0	\$7,800
PQA - Provider Site Visits	20.00 %	\$0	\$10,400
Program Management	25.00 %	\$0	\$13,000
Item Totals:	100.00 %	\$10,400	\$41,600

Name: Nancy Lefebvre (Description: PHNS: AFIX Coordinator) **Cost:** \$54,000.00

Program Element:	Effort %	317 Cost	VFC Cost
Vaccine Management - Ordering	1.00 %	\$0	\$540
Vaccine Management	1.00 %	\$540	\$0
Registries	2.00 %	\$1,080	\$0
Registries	2.00 %	\$0	\$1,080
Consumer Information	2.00 %	\$1,080	\$0
Vaccine Management - Distribution	2.00 %	\$0	\$1,080
Service Delivery	5.00 %	\$2,700	\$0
Surveillance	5.00 %	\$2,700	\$0
PQA - Provider Site Visits - Combined VFC- AFIX	5.00 %	\$0	\$2,700
PQA - Other Provider Quality Assurance	5.00 %	\$0	\$2,700
Program Management	10.00 %	\$5,400	\$0
PQA - Provider Site Visits - AFIX Only	10.00 %	\$5,400	\$0
PQA - Provider Site Visits - Combined VFC- AFIX	10.00 %	\$5,400	\$0
Program Management	10.00 %	\$0	\$5,400
Population Assessment	10.00 %	\$5,400	\$0
PQA - Provider Site Visits	10.00 %	\$0	\$5,400
PQA - Provider Site Visits - AFIX Only	10.00 %	\$0	\$5,400
Item Totals:	100.00 %	\$29,700	\$24,300

Name: Nancy Thayer (Description: VPD Surveillance) **Cost:** \$60,860.00

Program Element:	Effort %	317 Cost	VFC Cost
Consumer Information	5.00 %	\$3,043	\$0
Population Assessment	5.00 %	\$3,043	\$0
Surveillance	90.00 %	\$54,774	\$0
Item Totals:	100.00 %	\$60,860	\$0

Line Item Listing For the 2006 Working Draft of Initial Grant Request, (Original) For Vermont - 122529

Object Class: Personnel

Name: Pat St. Onge (Description: Imz Designee Morrisville) **Cost:** \$26,500.00

Program Element:	Effort %	317 Cost	VFC Cost
Program Management	1.00 %	\$0	\$265
Program Management	1.00 %	\$265	\$0
PQA - Other Provider Quality Assurance	2.00 %	\$530	\$0
Registries	3.00 %	\$0	\$795
Registries	3.00 %	\$795	\$0
Consumer Information	5.00 %	\$1,325	\$0
Surveillance	5.00 %	\$1,325	\$0
PQA - Provider Site Visits	5.00 %	\$0	\$1,325
PQA - Provider Site Visits - AFIX Only	7.00 %	\$1,855	\$0
Vaccine Management	8.00 %	\$2,120	\$0
PQA - Other Provider Quality Assurance	10.00 %	\$0	\$2,650
Service Delivery	10.00 %	\$2,650	\$0
Vaccine Management - Ordering	10.00 %	\$0	\$2,650
Population Assessment	10.00 %	\$2,650	\$0
PQA - Provider Site Visits - AFIX Only	10.00 %	\$0	\$2,650
Vaccine Management - Distribution	10.00 %	\$0	\$2,650
Item Totals:	100.00 %	\$13,515	\$12,985

Name: Sally Cook (Description: Flu & VPD Surveillance Nur) **Cost:** \$42,602.00

Program Element:	Effort %	317 Cost	VFC Cost
PQA - Other Provider Quality Assurance	5.00 %	\$2,130	\$0
PQA - Other Provider Quality Assurance	5.00 %	\$0	\$2,130
Service Delivery	10.00 %	\$4,260	\$0
Consumer Information	10.00 %	\$4,260	\$0
Population Assessment	30.00 %	\$12,780	\$0
Surveillance	40.00 %	\$17,040	\$0
Item Totals:	100.00 %	\$40,471	\$2,130

Name: Sally Tappan (Description: IMZ PHNS in Burlington) **Cost:** \$55,000.00

Program Element:	Effort %	317 Cost	VFC Cost
Program Management	1.00 %	\$0	\$550
Program Management	1.00 %	\$550	\$0
PQA - Other Provider Quality Assurance	2.00 %	\$1,100	\$0
Registries	3.00 %	\$0	\$1,650
Registries	3.00 %	\$1,650	\$0
Consumer Information	5.00 %	\$2,750	\$0
Surveillance	5.00 %	\$2,750	\$0
PQA - Provider Site Visits	5.00 %	\$0	\$2,750
PQA - Provider Site Visits - AFIX Only	7.00 %	\$3,850	\$0
Vaccine Management	8.00 %	\$4,400	\$0

Line Item Listing For the 2006 Working Draft of Initial Grant Request, (Original) For Vermont - 122529

Object Class: Personnel

PQA - Other Provider Quality Assurance	10.00 %	\$0	\$5,500
Service Delivery	10.00 %	\$5,500	\$0
Vaccine Management - Ordering	10.00 %	\$0	\$5,500
Population Assessment	10.00 %	\$5,500	\$0
PQA - Provider Site Visits - AFIX Only	10.00 %	\$0	\$5,500
Vaccine Management - Distribution	10.00 %	\$0	\$5,500
Item Totals:	100.00 %	\$28,050	\$26,950

Name: Sarah Orr (Description: Imz Designee Springfield) **Cost:** \$24,000.00

Program Element:	Effort %	317 Cost	VFC Cost
Program Management	1.00 %	\$0	\$240
Program Management	1.00 %	\$240	\$0
PQA - Other Provider Quality Assurance	2.00 %	\$480	\$0
Registries	3.00 %	\$0	\$720
Registries	3.00 %	\$720	\$0
Consumer Information	5.00 %	\$1,200	\$0
Surveillance	5.00 %	\$1,200	\$0
PQA - Provider Site Visits	5.00 %	\$0	\$1,200
PQA - Provider Site Visits - AFIX Only	7.00 %	\$1,680	\$0
Vaccine Management	8.00 %	\$1,920	\$0
PQA - Other Provider Quality Assurance	10.00 %	\$0	\$2,400
Service Delivery	10.00 %	\$2,400	\$0
Vaccine Management - Ordering	10.00 %	\$0	\$2,400
Population Assessment	10.00 %	\$2,400	\$0
PQA - Provider Site Visits - AFIX Only	10.00 %	\$0	\$2,400
Vaccine Management - Distribution	10.00 %	\$0	\$2,400
Item Totals:	100.00 %	\$12,240	\$11,760

Name: Steve Shoff (Description: PHN in Barre DO) **Cost:** \$22,500.00

Program Element:	Effort %	317 Cost	VFC Cost
Program Management	1.00 %	\$0	\$225
Program Management	1.00 %	\$225	\$0
PQA - Other Provider Quality Assurance	2.00 %	\$450	\$0
Registries	3.00 %	\$0	\$675
Registries	3.00 %	\$675	\$0
Consumer Information	5.00 %	\$1,125	\$0
Surveillance	5.00 %	\$1,125	\$0
PQA - Provider Site Visits	5.00 %	\$0	\$1,125
PQA - Provider Site Visits - AFIX Only	7.00 %	\$1,575	\$0
Vaccine Management	8.00 %	\$1,800	\$0
PQA - Other Provider Quality Assurance	10.00 %	\$0	\$2,250
Service Delivery	10.00 %	\$2,250	\$0

Line Item Listing For the 2006 Working Draft of Initial Grant Request, (Original) For Vermont - 122529

Object Class: Personnel

Vaccine Management - Ordering	10.00 %	\$0	\$2,250
Population Assessment	10.00 %	\$2,250	\$0
PQA - Provider Site Visits - AFIX Only	10.00 %	\$0	\$2,250
Vaccine Management - Distribution	10.00 %	\$0	\$2,250
Item Totals:	100.00 %	\$11,475	\$11,025

Name: Sue Barber (Description: Imz Designee St. Albans) **Cost:** \$25,500.00

Program Element:	Effort %	317 Cost	VFC Cost
Program Management	1.00 %	\$0	\$255
Program Management	1.00 %	\$255	\$0
PQA - Other Provider Quality Assurance	2.00 %	\$510	\$0
Registries	3.00 %	\$0	\$765
Registries	3.00 %	\$765	\$0
Consumer Information	5.00 %	\$1,275	\$0
Surveillance	5.00 %	\$1,275	\$0
PQA - Provider Site Visits	5.00 %	\$0	\$1,275
PQA - Provider Site Visits - AFIX Only	7.00 %	\$1,785	\$0
Vaccine Management	8.00 %	\$2,040	\$0
PQA - Other Provider Quality Assurance	10.00 %	\$0	\$2,550
Service Delivery	10.00 %	\$2,550	\$0
Vaccine Management - Ordering	10.00 %	\$0	\$2,550
Population Assessment	10.00 %	\$2,550	\$0
PQA - Provider Site Visits - AFIX Only	10.00 %	\$0	\$2,550
Vaccine Management - Distribution	10.00 %	\$0	\$2,550
Item Totals:	100.00 %	\$13,005	\$12,495

Name: Susan Barry (Description: Program Chief) **Cost:** \$70,000.00

Program Element:	Effort %	317 Cost	VFC Cost
Program Management	40.00 %	\$28,000	\$0
Program Management	60.00 %	\$0	\$42,000
Item Totals:	100.00 %	\$28,000	\$42,000

Name: Terry Paine (Description: DOCC) **Cost:** \$42,300.00

Program Element:	Effort %	317 Cost	VFC Cost
PQA - Other Provider Quality Assurance	5.00 %	\$2,115	\$0
PQA - Other Provider Quality Assurance	5.00 %	\$0	\$2,115
Vaccine Management	5.00 %	\$2,115	\$0
Vaccine Management - Ordering	5.00 %	\$0	\$2,115
Surveillance	5.00 %	\$2,115	\$0
Consumer Information	10.00 %	\$4,230	\$0
Registries	15.00 %	\$0	\$6,345
Registries	15.00 %	\$6,345	\$0
Vaccine Management - Distribution	35.00 %	\$0	\$14,805

Line Item Listing For the 2006 Working Draft of Initial Grant Request, (Original) For Vermont - 122529

Item Totals: 100.00% \$16,920 \$25,380

Name: new: Public Health Analyst (Description: Public Health Analyst I) Cost: \$21,000.00

Program Element:	Effort %	317 Cost	VFC Cost
Registries	50.00%	\$0	\$10,500
Registries	50.00%	\$10,500	\$0
Item Totals:	100.00%	\$10,500	\$10,500

Name: new: Public Health Specialist (Description: Public Health Cost: \$40,000.00

Program Element:	Effort %	317 Cost	VFC Cost
Registries	25.00%	\$10,000	\$0
Population Assessment	25.00%	\$10,000	\$0
Registries	50.00%	\$0	\$20,000
Item Totals:	100.00%	\$20,000	\$20,000

Name: new: Public Health Specialist (Description: Public Health Cost: \$45,000.00

Program Element:	Effort %	317 Cost	VFC Cost
PQA - Provider Site Visits - Combined VFC- AFIX	5.00%	\$0	\$2,250
PQA - Provider Site Visits - Combined VFC- AFIX	5.00%	\$2,250	\$0
Population Assessment	10.00%	\$4,500	\$0
Program Management	40.00%	\$18,000	\$0
Program Management	40.00%	\$0	\$18,000
Item Totals:	100.00%	\$24,750	\$20,250

Personnel Object Class Subtotals: \$647,179.40 \$533,057.60

Line Item Listing For the 2006 Working Draft of Initial Grant Request, (Original) For Vermont - 122529

Object Class: Travel

Name: AFIX Meeting

Cost: \$1,800.00

Program Element:	Effort %	317 Cost	VFC Cost
Consumer Information	2.00 %	\$36	\$0
Population Assessment	2.00 %	\$36	\$0
Registries	2.00 %	\$0	\$36
Registries	2.00 %	\$36	\$0
Surveillance	2.00 %	\$36	\$0
Vaccine Management - Ordering	3.00 %	\$0	\$54
Vaccine Management	3.00 %	\$54	\$0
PQA - Provider Site Visits - AFIX Only	20.00 %	\$360	\$0
PQA - Provider Site Visits - Combined VFC- AFIX	20.00 %	\$360	\$0
Program Management	22.00 %	\$396	\$0
Program Management	22.00 %	\$0	\$396
Item Totals:	100.00 %	\$1,314	\$486

Name: For Registry

Cost: \$1,141.00

Program Element:	Effort %	317 Cost	VFC Cost
Registries	50.00 %	\$0	\$570
Registries	50.00 %	\$570	\$0
Item Totals:	100.00 %	\$570	\$570

Name: Immunization Registry Confere

Cost: \$1,800.00

Program Element:	Effort %	317 Cost	VFC Cost
Consumer Information	2.00 %	\$36	\$0
Registries	18.00 %	\$324	\$0
Population Assessment	20.00 %	\$360	\$0
Program Management	20.00 %	\$0	\$360
Program Management	20.00 %	\$360	\$0
Registries	20.00 %	\$0	\$360
Item Totals:	100.00 %	\$1,080	\$720

Name: In state for VFC/AFIX site v

Cost: \$15,700.00

Program Element:	Effort %	317 Cost	VFC Cost
PQA - Provider Site Visits - Combined VFC- AFIX	10.00 %	\$1,570	\$0
PQA - Provider Site Visits - AFIX Only	20.00 %	\$0	\$3,140
PQA - Provider Site Visits - Combined VFC- AFIX	30.00 %	\$0	\$4,710
PQA - Provider Site Visits	40.00 %	\$0	\$6,280
Item Totals:	100.00 %	\$1,570	\$14,130

Name: In-state Continuing Education

Cost: \$3,000.00

Program Element:	Effort %	317 Cost	VFC Cost
Surveillance	1.00 %	\$30	\$0
Vaccine Management - Distribution	4.00 %	\$0	\$120
Service Delivery	5.00 %	\$150	\$0

Line Item Listing For the 2006 Working Draft of Initial Grant Request, (Original) For Vermont - 122529

Object Class: Travel

Vaccine Management - Ordering	5.00 %	\$0	\$150
Program Management	10.00 %	\$300	\$0
Program Management	10.00 %	\$0	\$300
PQA - Other Provider Quality Assurance	20.00 %	\$600	\$0
PQA - Provider Site Visits	45.00 %	\$0	\$1,350
Item Totals:	100.00 %	\$1,080	\$1,920

Name: National Immunization confere

Cost: \$5,600.00

Program Element:	Effort %	317 Cost	VFC Cost
Vaccine Management - Distribution	1.00 %	\$0	\$56
Service Delivery	2.00 %	\$112	\$0
Consumer Information	3.00 %	\$168	\$0
Population Assessment	3.00 %	\$168	\$0
Registries	5.00 %	\$0	\$280
Registries	5.00 %	\$280	\$0
Vaccine Management	5.00 %	\$280	\$0
Surveillance	8.00 %	\$448	\$0
Vaccine Management - Ordering	8.00 %	\$0	\$448
PQA - Provider Site Visits - Combined VFC- AFIX	10.00 %	\$0	\$560
Program Management	25.00 %	\$1,400	\$0
Program Management	25.00 %	\$0	\$1,400
Item Totals:	100.00 %	\$2,856	\$2,744

Name: Program manager's Meeting

Cost: \$1,520.00

Program Element:	Effort %	317 Cost	VFC Cost
Program Management	44.00 %	\$668	\$0
Program Management	56.00 %	\$0	\$851
Item Totals:	100.00 %	\$668	\$851

Name: VFC National Meeting

Cost: \$1,800.00

Program Element:	Effort %	317 Cost	VFC Cost
Consumer Information	2.00 %	\$36	\$0
Population Assessment	2.00 %	\$36	\$0
Vaccine Management - Ordering	6.00 %	\$0	\$108
PQA - Provider Site Visits - Combined VFC- AFIX	40.00 %	\$0	\$720
Program Management	50.00 %	\$0	\$900
Item Totals:	100.00 %	\$72	\$1,728

Travel Object Class Subtotals: \$9,211.30 \$23,149.70

Line Item Listing For the 2006 Working Draft of Initial Grant Request, (Original) For Vermont - 122529

Object Class: Equipment

Name: Freezers		Cost:	\$6,000.00	
Program Element:		Effort %	317 Cost	VFC Cost
	Service Delivery	20.00 %	\$1,200	\$0
	Vaccine Management	40.00 %	\$2,400	\$0
	Vaccine Management - Distribution	40.00 %	\$0	\$2,400
	Item Totals:	100.00 %	\$3,600	\$2,400

Name: Refrigerator magnets		Cost:	\$1,000.00	
Program Element:		Effort %	317 Cost	VFC Cost
	PQA - Other Provider Quality Assurance	10.00 %	\$100	\$0
	PQA - Provider Site Visits	90.00 %	\$0	\$900
	Item Totals:	100.00 %	\$100	\$900

Name: Thermometer supplies for VFC		Cost:	\$516.00	
Program Element:		Effort %	317 Cost	VFC Cost
	PQA - Other Provider Quality Assurance	10.00 %	\$51	\$0
	PQA - Other Provider Quality Assurance	90.00 %	\$0	\$464
	Item Totals:	100.00 %	\$51	\$464

Name: Thermometers: VFC		Cost:	\$9,804.00	
Program Element:		Effort %	317 Cost	VFC Cost
	Vaccine Management - Distribution	25.00 %	\$0	\$2,451
	Vaccine Management	25.00 %	\$2,451	\$0
	PQA - Other Provider Quality Assurance	25.00 %	\$2,451	\$0
	PQA - Other Provider Quality Assurance	25.00 %	\$0	\$2,451
	Item Totals:	100.00 %	\$4,902	\$4,902

Equipment Object Class Subtotals: \$8,653.60 \$8,666.40

Line Item Listing For the 2006 Working Draft of Initial Grant Request, (Original) For Vermont - 122529

Object Class: Supplies

Name: "Pink Books"

Cost: \$5,800.00

Program Element:	Effort %	317 Cost	VFC Cost
Program Management	5.00 %	\$290	\$0
Vaccine Management - Ordering	10.00 %	\$0	\$580
Service Delivery	10.00 %	\$580	\$0
Vaccine Management	10.00 %	\$580	\$0
Program Management	15.00 %	\$0	\$870
PQA - Provider Site Visits	50.00 %	\$0	\$2,900
Item Totals:	100.00 %	\$1,450	\$4,350

Name: Office supplies

Cost: \$44,000.00

Program Element:	Effort %	317 Cost	VFC Cost
Consumer Information	5.00 %	\$2,200	\$0
PQA - Provider Site Visits - AFIX Only	10.00 %	\$0	\$4,400
PQA - Provider Site Visits - AFIX Only	10.00 %	\$4,400	\$0
Program Management	25.00 %	\$11,000	\$0
Program Management	25.00 %	\$0	\$11,000
PQA - Provider Site Visits - Combined VFC- AFIX	25.00 %	\$0	\$11,000
Item Totals:	100.00 %	\$17,600	\$26,400

Name: Printing costs

Cost: \$28,000.00

Program Element:	Effort %	317 Cost	VFC Cost
Vaccine Management - Distribution	2.00 %	\$0	\$560
Vaccine Management - Ordering	3.00 %	\$0	\$840
Consumer Information	5.00 %	\$1,400	\$0
Registries	5.00 %	\$0	\$1,400
Registries	5.00 %	\$1,400	\$0
Population Assessment	10.00 %	\$2,800	\$0
Consumer Information - Other Provider Quality Assurance	10.00 %	\$2,800	\$0
Program Management	12.00 %	\$3,360	\$0
Program Management	15.00 %	\$0	\$4,200
PQA - Other Provider Quality Assurance	15.00 %	\$0	\$4,200
PQA - Provider Site Visits - AFIX Only	18.00 %	\$0	\$5,040
Item Totals:	100.00 %	\$11,760	\$16,240
Supplies Object Class Subtotals:		\$30,810.00	\$46,990.00

Line Item Listing For the 2006 Working Draft of Initial Grant Request, (Original) For Vermont - 122529

Object Class: Contracts

Name: PDI Creative		Cost: \$100,000.00	
Program Element:	Effort %	317 Cost	VFC Cost
Population Assessment	40.00 %	\$40,000	\$0
Consumer Information	60.00 %	\$60,000	\$0
Item Totals:	100.00 %	\$100,000	\$0
Name: TBD: Immunization Registry		Cost: \$350,000.00	
Program Element:	Effort %	317 Cost	VFC Cost
Registries	40.00 %	\$140,000	\$0
Registries	60.00 %	\$0	\$210,000
Item Totals:	100.00 %	\$140,000	\$210,000
Name: VCHIP:AFIX		Cost: \$104,721.00	
Program Element:	Effort %	317 Cost	VFC Cost
PQA - Provider Site Visits - AFIX Only	50.00 %	\$0	\$52,360
PQA - Provider Site Visits - AFIX Only	50.00 %	\$52,360	\$0
Item Totals:	100.00 %	\$52,360	\$52,360
Contracts Object Class Subtotals:		\$292,360.50	\$262,360.50

Line Item Listing For the 2006 Working Draft of Initial Grant Request, (Original) For Vermont - 122529

Object Class: Vaccine

Name: FA Vaccine (317)

Cost: \$3,305.00

<u>Program Element:</u>	<u>Effort %</u>	<u>317 Cost</u>	<u>VFC Cost</u>
Vaccine Management	100.00 %	\$3,305	\$0
Item Totals:	100.00 %	\$3,305	\$0
Vaccine Object Class Subtotals:		\$3,305.00	\$0.00

Line Item Listing For the 2006 Working Draft of Initial Grant Request, (Original) For Vermont - 122529

Object Class: Other

Name: Medical supplies

Cost: \$14,000.00

Program Element:	Effort %	317 Cost	VFC Cost
Vaccine Management - Distribution	15.00 %	\$0	\$2,100
Service Delivery	85.00 %	\$11,900	\$0
Item Totals:	100.00 %	\$11,900	\$2,100

Name: Shipping of vaccine

Cost: \$16,000.00

Program Element:	Effort %	317 Cost	VFC Cost
Vaccine Management	42.00 %	\$6,720	\$0
Vaccine Management - Distribution	58.00 %	\$0	\$9,280
Item Totals:	100.00 %	\$6,720	\$9,280

Other Object Class Subtotals: \$18,620.00 \$11,380.00

Financial Assistance Funding Source Totals: \$1,010,139.80 \$885,604.20

Line Item Listing For the 2006 Working Draft of Initial Grant Request, (Original) For Vermont - 122529

Funding Source: Direct Assistance

Object Class: Vaccine

Name: DA Vaccine (317)

Cost: \$2,650,508.00

Program Element:	Effort %	317 Cost	VFC Cost
Vaccine Management	100.00 %	\$2,650,508	\$0
Item Totals:	100.00 %	\$2,650,508	\$0

Name: DA Vaccine (VFC)

Cost: \$4,369,382.00

Program Element:	Effort %	317 Cost	VFC Cost
Vaccine Management	100.00 %	\$0	\$4,369,382
Item Totals:	100.00 %	\$0	\$4,369,382
Vaccine Object Class Subtotals:		\$2,650,508	\$4,369,382
Direct Assistance Funding Source Totals:		\$2,650,508	\$4,369,382

Line Item Listing For the 2006 Working Draft of Initial Grant Request, (Original) For Vermont - 122529

Funding Source: Financial Assistance

Object Class: Personnel

Name: Alberta Knorr (Description: PHNS; Brattleboro)

Cost: \$26,000.00

Program Element:	Effort %	317 Cost	VFC Cost
Program Management	1.00 %	\$0	\$260
Program Management	1.00 %	\$260	\$0
PQA - Other Provider Quality Assurance	2.00 %	\$520	\$0
Registries	3.00 %	\$0	\$780
Registries	3.00 %	\$780	\$0
Consumer Information	5.00 %	\$1,300	\$0
Surveillance	5.00 %	\$1,300	\$0
PQA - Provider Site Visits	5.00 %	\$0	\$1,300
PQA - Provider Site Visits - AFIX Only	7.00 %	\$1,820	\$0
Vaccine Management	8.00 %	\$2,080	\$0
PQA - Other Provider Quality Assurance	10.00 %	\$0	\$2,600
Service Delivery	10.00 %	\$2,600	\$0
Vaccine Management - Ordering	10.00 %	\$0	\$2,600
Population Assessment	10.00 %	\$2,600	\$0
PQA - Provider Site Visits - AFIX Only	10.00 %	\$0	\$2,600
Vaccine Management - Distribution	10.00 %	\$0	\$2,600
Item Totals:	100.00 %	\$13,260	\$12,740

Justification: Each Vermont Department of Health District Office site is allocated .50 FTE to execute program goals in their local communities including immunization of children in district offices, collecting licensed child care data, ordering and distributing vaccine to local providers etc. Because we want them to conduct VFC & AFIX visits in their Districts later in 2006, we need to increase the hours available to conduct the extra activities asked of them.

Name: Alison Howe (Description: Epidemiologist IV)

Cost: \$11,125.00

Program Element:	Effort %	317 Cost	VFC Cost
Service Delivery	5.00 %	\$556	\$0
Registries	5.00 %	\$556	\$0
Registries	10.00 %	\$0	\$1,112
Consumer Information	20.00 %	\$2,225	\$0
Population Assessment	60.00 %	\$6,675	\$0
Item Totals:	100.00 %	\$10,012	\$1,112

Justification: A .25 FTE chronic disease epidemiologist position provides BRFSS analysis, and other statistical information to be able to relate chronic diseases and immunization coverage related to those populations. This will become increasingly more useful to target influenza and pneumococcal efforts to pockets of greatest need in our rural state.

Name: Becky Jo Cyr (Description: IT applications development)

Cost: \$57,000.00

Program Element:	Effort %	317 Cost	VFC Cost
PQA - Provider Site Visits - AFIX Only	5.00 %	\$0	\$2,850
PQA - Provider Site Visits - AFIX Only	5.00 %	\$2,850	\$0
Registries	40.00 %	\$22,800	\$0

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Registries	50.00 %	\$0	\$28,500
Item Totals:	100.00 %	\$25,650	\$31,350

Justification: Activities:

- " Continue to fix any application defects or errors;
- " Continue to develop and implement application enhancements, based on feedback from the Immunization Registry Chief and users;
- " Modify or convert any database elements required for SPHINX;
- " Prepare data for inclusion in the data warehouse, allowing access to analysts and registry manager to create specialized reports;
- " Collaborate with any outside vendor(s) on the integration of interfaces that will allow transmission and/or receipt of immunization data from billing systems, EMRs, insurers' databases, etc.

Name: Brigid Ahrens (Description: Immunization Registry Mana) **Cost:** \$50,000.00

Program Element:	Effort %	317 Cost	VFC Cost
Registries	50.00 %	\$25,000	\$0
Registries	50.00 %	\$0	\$25,000
Item Totals:	100.00 %	\$25,000	\$25,000

Justification: Activities:

- Oversee any contracts and activities for marketing and technical support of new users;
- Demonstration of registry application to stakeholders and potential users;
- Work with IT staff to plan and implement new features using the PROW standards as a guideline for development;
- Manage and report enhancement requests from users;
- Develop Data Assurance plan and address any accuracy or completeness issues;
- Assess registry usage and implementation;
- Coordinate Public Health Specialist & Public Health analyst work plans to coordinate program needs;
- Collaboration with Immunization Program and Vital Records.

Name: Colleen Carroll (Description: Program Services Clerk) **Cost:** \$30,200.00

Program Element:	Effort %	317 Cost	VFC Cost
Consumer Information	5.00 %	\$1,510	\$0
Registries	5.00 %	\$0	\$1,510
Registries	5.00 %	\$1,510	\$0
Population Assessment	25.00 %	\$7,550	\$0
Vaccine Management - Distribution	30.00 %	\$0	\$9,060
Vaccine Management	30.00 %	\$9,060	\$0
Item Totals:	100.00 %	\$19,630	\$10,570

Justification: Colleen reconciles vaccine administration sheets, conducts data entry, distributes vaccine to District offices and local providers, designs mail merges, prepares mailings, designs and updates databases, records and stores provider reenrollments for VFC, and creates complex spreadsheets for emergency use such as the flu crisis of 2005.

Name: Cort Lohff (Description: State Epidemiologist) **Cost:** \$28,000.00

Program Element:	Effort %	317 Cost	VFC Cost
Service Delivery	10.00 %	\$2,800	\$0
Population Assessment	10.00 %	\$2,800	\$0
Program Management	10.00 %	\$2,800	\$0
Program Management	10.00 %	\$0	\$2,800

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Consumer Information	20.00 %	\$5,600	\$0
Surveillance	40.00 %	\$11,200	\$0
Item Totals:	100.00 %	\$25,200	\$2,800

Justification: The state epidemiologist provides supervision and technical support of the Program manager and acts as a consultant to the program regarding the management of the influenza crisis of 2005, Emergency management, & MD status to provider directives unwelcome to specific recipients, etc.

Name: Don Dickson (Description: Health Planner) **Cost:** \$550.00

Program Element:	Effort %	317 Cost	VFC Cost
Consumer Information	5.00 %	\$27	\$0
Registries	5.00 %	\$27	\$0
Registries	5.00 %	\$0	\$27
Program Management	15.00 %	\$82	\$0
Population Assessment	30.00 %	\$165	\$0
Surveillance	40.00 %	\$220	\$0
Item Totals:	100.00 %	\$522	\$27

Justification: Don's time will be dedicated to BioTerrorism Infectious Disease Response Planning in CY2006. For BT and the Immunization Program his work will focus primarily on continuing to update the pandemic flu plan. The current plan is modeled after the NH plan and portions have been exercised in table top exercises involving multiple agencies. Also portions including the ICS structure were used during the 2004-5 Flu vaccine crisis in VT to reclaim vaccine, distribute it to highest-risk elders and children, and to continue to answer public information and private provider information lines.

In 2006 the funding will come 99% from BT funding despite meeting an Immunization program requirement.

Name: Ed Andrus (Description: IT Manager/System Developer II) **Cost:** \$41,350.00

Program Element:	Effort %	317 Cost	VFC Cost
PQA - Provider Site Visits - AFIX Only	5.00 %	\$0	\$2,067
PQA - Provider Site Visits - AFIX Only	5.00 %	\$2,067	\$0
Registries	45.00 %	\$0	\$18,607
Registries	45.00 %	\$18,607	\$0
Item Totals:	100.00 %	\$20,675	\$20,675

Justification: Activities:

- " Continue to fix any application defects or errors;
- " Continue to develop and implement application enhancements, based on feedback from the Immunization Registry team and users;
- " Modify or convert any database elements required for SPHINX;
- " Prepare data for inclusion in the data warehouse, allowing access to analysts and registry manager to create specialized reports;
- " Collaborate with any outside vendor(s) on the integration of interfaces that will allow transmission and/or receipt of immunization data from billing systems, EMRs, insurers' databases, etc.

Name: Georgiana Spooner (Description: Imz Designee White River J) **Cost:** \$30,000.00

Program Element:	Effort %	317 Cost	VFC Cost
Program Management	1.00 %	\$0	\$300
Program Management	1.00 %	\$300	\$0

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PQA - Other Provider Quality Assurance	2.00 %	\$600	\$0
Registries	3.00 %	\$0	\$900
Registries	3.00 %	\$900	\$0
Consumer Information	5.00 %	\$1,500	\$0
Surveillance	5.00 %	\$1,500	\$0
PQA - Provider Site Visits	5.00 %	\$0	\$1,500
PQA - Provider Site Visits - AFIX Only	7.00 %	\$2,100	\$0
Vaccine Management	8.00 %	\$2,400	\$0
PQA - Other Provider Quality Assurance	10.00 %	\$0	\$3,000
Service Delivery	10.00 %	\$3,000	\$0
Vaccine Management - Ordering	10.00 %	\$0	\$3,000
Population Assessment	10.00 %	\$3,000	\$0
PQA - Provider Site Visits - AFIX Only	10.00 %	\$0	\$3,000
Vaccine Management - Distribution	10.00 %	\$0	\$3,000
Item Totals:	100.00 %	\$15,300	\$14,700

Justification: Each Vermont Department of Health District Office site is allocated .5FTE to execute program goals in their local communities including immunization of children in district offices, collecting licensed child care data, ordering and distributing vaccine to local providers etc.

Name: Gerry Thornton (Description: Admin Asst)

Cost: \$19,500.00

Program Element:	Effort %	317 Cost	VFC Cost
Registries	5.00 %	\$975	\$0
Registries	5.00 %	\$0	\$975
Population Assessment	10.00 %	\$1,950	\$0
Program Management	15.00 %	\$2,925	\$0
Consumer Information	20.00 %	\$3,900	\$0
Program Management	20.00 %	\$0	\$3,900
Surveillance	25.00 %	\$4,875	\$0
Item Totals:	100.00 %	\$14,625	\$4,875

Justification: The Immunization Program requires administrative support to answer telephones, triage calls, answer limited consumer information and keep data regarding VPDs

Name: Jeff Heath (Description: Imz Designee Middlebury)

Cost: \$25,500.00

Program Element:	Effort %	317 Cost	VFC Cost
Program Management	1.00 %	\$0	\$255
Program Management	1.00 %	\$255	\$0
PQA - Other Provider Quality Assurance	2.00 %	\$510	\$0
Registries	3.00 %	\$0	\$765
Registries	3.00 %	\$765	\$0
Consumer Information	5.00 %	\$1,275	\$0
Surveillance	5.00 %	\$1,275	\$0
PQA - Provider Site Visits	5.00 %	\$0	\$1,275
PQA - Provider Site Visits - AFIX Only	7.00 %	\$1,785	\$0

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Vaccine Management	8.00 %	\$2,040	\$0
PQA - Other Provider Quality Assurance	10.00 %	\$0	\$2,550
Service Delivery	10.00 %	\$2,550	\$0
Vaccine Management - Ordering	10.00 %	\$0	\$2,550
Population Assessment	10.00 %	\$2,550	\$0
PQA - Provider Site Visits - AFIX Only	10.00 %	\$0	\$2,550
Vaccine Management - Distribution	10.00 %	\$0	\$2,550
Item Totals:	100.00 %	\$13,005	\$12,495

Justification: Each Vermont Department of Health District Office site is allocated .5 FTE to execute program goals in their local communities including immunization of children in district offices, collecting licensed child care data, ordering and distributing vaccine to local providers etc. This is a District Office where VFC site visits to providers is being piloted in 2005. During 2006 we want to have them begin to conduct their own AFIX visits in private provider sites if funding is adequate.

Name: JoAnne Galvi (Description: Imz Designee Rutland) **Cost:** \$32,500.00

Program Element:	Effort %	317 Cost	VFC Cost
Program Management	1.00 %	\$0	\$325
Program Management	1.00 %	\$325	\$0
PQA - Other Provider Quality Assurance	2.00 %	\$650	\$0
Registries	3.00 %	\$0	\$975
Registries	3.00 %	\$975	\$0
Consumer Information	5.00 %	\$1,625	\$0
Surveillance	5.00 %	\$1,625	\$0
PQA - Provider Site Visits	5.00 %	\$0	\$1,625
PQA - Provider Site Visits - AFIX Only	7.00 %	\$2,275	\$0
Vaccine Management	8.00 %	\$2,600	\$0
PQA - Other Provider Quality Assurance	10.00 %	\$0	\$3,250
Service Delivery	10.00 %	\$3,250	\$0
Vaccine Management - Ordering	10.00 %	\$0	\$3,250
Population Assessment	10.00 %	\$3,250	\$0
PQA - Provider Site Visits - AFIX Only	10.00 %	\$0	\$3,250
Vaccine Management - Distribution	10.00 %	\$0	\$3,250
Item Totals:	100.00 %	\$16,575	\$15,925

Justification: Each Vermont Department of Health District Office site is allocated .5 FTE to execute program goals in their local communities including immunization of children in district offices, collecting licensed child care data, ordering and distributing vaccine to local providers etc.

Name: Karen Clark (Description: Systems Developer II) **Cost:** \$40,000.00

Program Element:	Effort %	317 Cost	VFC Cost
Registries	50.00 %	\$0	\$20,000
Registries	50.00 %	\$20,000	\$0
Item Totals:	100.00 %	\$20,000	\$20,000

Justification: Activities:
 Continue to fix any application defets or errors
 Continue to develop and implement application enhancements based upon feedback from Registry Management and users

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Modify or convert any database elements required for SPHINX

Prepare data for inclusion in the data warehouse, allowing access to analysts and registry manager to create specialized reports

Collaborate with any outside vendors on the integration of interfaces that will allow transmission and/or receipt of immunization data from billing systems, EMRs, insurers databases, etc.

Name: Karen Halverson (Description: Program specialist) Cost: \$45,000.00

Program Element:	Effort %	317 Cost	VFC Cost
Program Management	2.00 %	\$0	\$900
Program Management	2.00 %	\$900	\$0
Surveillance	3.00 %	\$1,350	\$0
Consumer Information	4.00 %	\$1,800	\$0
PQA - Other Provider Quality Assurance	5.00 %	\$2,250	\$0
Population Assessment	9.00 %	\$4,050	\$0
PQA - Provider Site Visits	15.00 %	\$0	\$6,750
Vaccine Management - Ordering	20.00 %	\$0	\$9,000
Vaccine Management - Distribution	20.00 %	\$0	\$9,000
Vaccine Management	20.00 %	\$9,000	\$0
Item Totals:	100.00 %	\$19,350	\$25,650

Justification: Karen orders vaccine, allocates vaccine funding to proper categories, answers the immunization information line questions, coordinates influenza activities with partnering agencies statewide, works with the webmaster to post all influenza clinics held statewide through the home health agencies, ships vaccine, and works with schools to collect accurate school report data, and conducts school report. She is responsible for all VIS updating and distribution. She answers many questions about vaccines when temperatures have been out-of-range due to doors ajar, power outages, etc. She trains the data entry person and conducts quality assurance data checks, ETC.

Karen will add aspects of the Adolescent position.

Name: Lisa Hardy (Description: PHNS-CPH Liaison) Cost: \$26,000.00

Program Element:	Effort %	317 Cost	VFC Cost
Surveillance	10.00 %	\$2,600	\$0
Registries	10.00 %	\$2,600	\$0
Registries	10.00 %	\$0	\$2,600
PQA - Provider Site Visits - Combined VFC- AFIX	10.00 %	\$2,600	\$0
PQA - Provider Site Visits	15.00 %	\$0	\$3,900
Consumer Information	15.00 %	\$3,900	\$0
Population Assessment	30.00 %	\$7,800	\$0
Item Totals:	100.00 %	\$19,500	\$6,500

Justification: This nurse is a public health nurse located in community public health whose responsibility is to serve as a liaison between the central immunization program and the district offices. this position is responsible for training and staff development related to nursing aspects of immunization practices in the district offices, overseeing policies and procedures for implementation of immunization clinics, supervising the collection of licensed childcare data, etc.

Name: Lisa Ste. Marie (Description: Imz Designee) Cost: \$26,000.00

Program Element:	Effort %	317 Cost	VFC Cost
Program Management	1.00 %	\$0	\$260
Program Management	1.00 %	\$260	\$0

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PQA - Other Provider Quality Assurance	2.00 %	\$520	\$0
Registries	3.00 %	\$0	\$780
Registries	3.00 %	\$780	\$0
Consumer Information	5.00 %	\$1,300	\$0
Surveillance	5.00 %	\$1,300	\$0
PQA - Provider Site Visits	5.00 %	\$0	\$1,300
PQA - Provider Site Visits - AFIX Only	7.00 %	\$1,820	\$0
Vaccine Management	8.00 %	\$2,080	\$0
PQA - Other Provider Quality Assurance	10.00 %	\$0	\$2,600
Service Delivery	10.00 %	\$2,600	\$0
Vaccine Management - Ordering	10.00 %	\$0	\$2,600
Population Assessment	10.00 %	\$2,600	\$0
PQA - Provider Site Visits - AFIX Only	10.00 %	\$0	\$2,600
Vaccine Management - Distribution	10.00 %	\$0	\$2,600
Item Totals:	100.00 %	\$13,260	\$12,740

Justification: Each Vermont Department of Health District Office site is allocated .5 FTE to execute program goals in their local communities including immunization of children in district offices, collecting licensed child care data, ordering and distributing vaccine to local providers etc.

Name: Marjorie Achilles (Description: Imz Designee St. Johnsbury)

Cost: \$28,000.00

Program Element:	Effort %	317 Cost	VFC Cost
Program Management	1.00 %	\$0	\$280
Program Management	1.00 %	\$280	\$0
PQA - Other Provider Quality Assurance	2.00 %	\$560	\$0
Registries	3.00 %	\$0	\$840
Registries	3.00 %	\$840	\$0
Consumer Information	5.00 %	\$1,400	\$0
Surveillance	5.00 %	\$1,400	\$0
PQA - Provider Site Visits	5.00 %	\$0	\$1,400
PQA - Provider Site Visits - AFIX Only	7.00 %	\$1,960	\$0
Vaccine Management	8.00 %	\$2,240	\$0
PQA - Other Provider Quality Assurance	10.00 %	\$0	\$2,800
Service Delivery	10.00 %	\$2,800	\$0
Vaccine Management - Ordering	10.00 %	\$0	\$2,800
Population Assessment	10.00 %	\$2,800	\$0
PQA - Provider Site Visits - AFIX Only	10.00 %	\$0	\$2,800
Vaccine Management - Distribution	10.00 %	\$0	\$2,800
Item Totals:	100.00 %	\$14,280	\$13,720

Justification: Each Vermont Department of Health District Office site is allocated .5FTE to execute program goals in their local communities including immunization of children in district offices, collecting licensed child care data, ordering and distributing vaccine to local providers etc.

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Name: Mary Ann Hodges (Description: PHNS in Bennington)

Cost: \$32,250.00

Program Element:	Effort %	317 Cost	VFC Cost
Program Management	1.00 %	\$0	\$322
Program Management	1.00 %	\$322	\$0
PQA - Other Provider Quality Assurance	2.00 %	\$645	\$0
Registries	3.00 %	\$0	\$967
Registries	3.00 %	\$967	\$0
Consumer Information	5.00 %	\$1,612	\$0
Surveillance	5.00 %	\$1,612	\$0
PQA - Provider Site Visits	5.00 %	\$0	\$1,612
PQA - Provider Site Visits - AFIX Only	7.00 %	\$2,257	\$0
Vaccine Management	8.00 %	\$2,580	\$0
PQA - Other Provider Quality Assurance	10.00 %	\$0	\$3,225
Service Delivery	10.00 %	\$3,225	\$0
Vaccine Management - Ordering	10.00 %	\$0	\$3,225
Population Assessment	10.00 %	\$3,225	\$0
PQA - Provider Site Visits - AFIX Only	10.00 %	\$0	\$3,225
Vaccine Management - Distribution	10.00 %	\$0	\$3,225
Item Totals:	100.00 %	\$16,447	\$15,802

Justification: Each Vermont Department of Health District Office site is allocated .25FTE to execute program goals in their local communities including immunization of children in district offices, collecting licensed child care data, ordering and distributing vaccine to local providers etc.

Name: Maura Crandall (Description: PHNS: Adult & QA)

Cost: \$50,000.00

Program Element:	Effort %	317 Cost	VFC Cost
Vaccine Management - Ordering	2.00 %	\$0	\$1,000
Vaccine Management - Distribution	3.00 %	\$0	\$1,500
Consumer Information	5.00 %	\$2,500	\$0
Service Delivery	5.00 %	\$2,500	\$0
PQA - Provider Site Visits - AFIX Only	10.00 %	\$5,000	\$0
PQA - Provider Site Visits - Combined VFC- AFIX	10.00 %	\$0	\$5,000
Population Assessment	15.00 %	\$7,500	\$0
PQA - Provider Site Visits - Combined VFC- AFIX	15.00 %	\$7,500	\$0
PQA - Provider Site Visits - AFIX Only	15.00 %	\$0	\$7,500
PQA - Provider Site Visits	20.00 %	\$0	\$10,000
Item Totals:	100.00 %	\$25,000	\$25,000

Justification: The nurse in this position is responsible for functioning as a staff member in the VFC/AFIX program and for addressing adult immunization needs: Identifying pockets of need, working with community partners, improving adult access to vaccinations particularly influenza, pneumococcal, etc.

She currently conducts VFC visits and serves as a regional coordinator in Districts involved in a pilot program to conduct VFC site visits in their own geographically challenging areas. In early 2006 she will cross-train to conduct full AFIX assessments in concert with District Offices to do likewise if adequate funding occurs.

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Name: Miriam Sheehey (Description: VFC Coordinator)

Cost: \$52,000.00

Program Element:	Effort %	317 Cost	VFC Cost
Population Assessment	2.00 %	\$1,040	\$0
Vaccine Management	2.00 %	\$1,040	\$0
Vaccine Management - Ordering	2.00 %	\$0	\$1,040
Consumer Information	3.00 %	\$1,560	\$0
Program Management	3.00 %	\$1,560	\$0
Vaccine Management - Distribution	3.00 %	\$0	\$1,560
PQA - Provider Site Visits - Combined VFC- AFIX	10.00 %	\$5,200	\$0
PQA - Provider Site Visits - AFIX Only	15.00 %	\$0	\$7,800
PQA - Provider Site Visits - Combined VFC- AFIX	15.00 %	\$0	\$7,800
PQA - Provider Site Visits	20.00 %	\$0	\$10,400
Program Management	25.00 %	\$0	\$13,000
Item Totals:	100.00 %	\$10,400	\$41,600

Justification: Miriam coordinates the VFC Program, writes the procedure manual, teaches new users how to conduct site visits, assures the quality of the work, and interacts regularly with providers and staff in public and private sites statewide. She is beginning cross-training to be able to both conduct combined AFC/AFIX visits and to teach District Office staff to conduct combined visits in late 2006- early 2007.

Name: Nancy Lefebvre (Description: PHNS: AFIX Coordinator)

Cost: \$54,000.00

Program Element:	Effort %	317 Cost	VFC Cost
Vaccine Management - Ordering	1.00 %	\$0	\$540
Vaccine Management	1.00 %	\$540	\$0
Registries	2.00 %	\$1,080	\$0
Registries	2.00 %	\$0	\$1,080
Consumer Information	2.00 %	\$1,080	\$0
Vaccine Management - Distribution	2.00 %	\$0	\$1,080
Service Delivery	5.00 %	\$2,700	\$0
Surveillance	5.00 %	\$2,700	\$0
PQA - Provider Site Visits - Combined VFC- AFIX	5.00 %	\$0	\$2,700
PQA - Other Provider Quality Assurance	5.00 %	\$0	\$2,700
Program Management	10.00 %	\$5,400	\$0
PQA - Provider Site Visits - AFIX Only	10.00 %	\$5,400	\$0
PQA - Provider Site Visits - Combined VFC- AFIX	10.00 %	\$5,400	\$0
Program Management	10.00 %	\$0	\$5,400
Population Assessment	10.00 %	\$5,400	\$0
PQA - Provider Site Visits	10.00 %	\$0	\$5,400
PQA - Provider Site Visits - AFIX Only	10.00 %	\$0	\$5,400
Item Totals:	100.00 %	\$29,700	\$24,300

Justification: This position coordinates all aspects of AFIX and monitoring the current AFIX grant with the Vermont Child Health Improvement Program (VCHIP). Currently VFC & AFIX have been primarily 2 separate programs due to the small staff and relative immaturity of both programs which has required a great deal of educating of providers and vaccine managers in practices. Moving forward we

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expect some parallel activities between what the immunization program staff is doing to integrate VFC & AFIX in selected sites while VCHIP continues to conduct separate AFIX assessments in additional sites. Together they will develop additional training materials to train District Office staff to begin to add AFIX to their duties in their local areas in 2007.

Name: Nancy Thayer (Description: VPD Surveillance) **Cost:** \$60,860.00

Program Element:	Effort %	317 Cost	VFC Cost
Consumer Information	5.00 %	\$3,043	\$0
Population Assessment	5.00 %	\$3,043	\$0
Surveillance	90.00 %	\$54,774	\$0
Item Totals:	100.00 %	\$60,860	\$0

Justification: Nancy works in infectious disease epidemiology helping us to meet vaccine-preventable surveillance goals. Her particular area of expertise lies in infection control measures in addition to performing daily follow-up on potential vaccine preventable disease calls.

Name: Pat St. Onge (Description: Imz Designee Morrisville) **Cost:** \$26,500.00

Program Element:	Effort %	317 Cost	VFC Cost
Program Management	1.00 %	\$0	\$265
Program Management	1.00 %	\$265	\$0
PQA - Other Provider Quality Assurance	2.00 %	\$530	\$0
Registries	3.00 %	\$0	\$795
Registries	3.00 %	\$795	\$0
Consumer Information	5.00 %	\$1,325	\$0
Surveillance	5.00 %	\$1,325	\$0
PQA - Provider Site Visits	5.00 %	\$0	\$1,325
PQA - Provider Site Visits - AFIX Only	7.00 %	\$1,855	\$0
Vaccine Management	8.00 %	\$2,120	\$0
PQA - Other Provider Quality Assurance	10.00 %	\$0	\$2,650
Service Delivery	10.00 %	\$2,650	\$0
Vaccine Management - Ordering	10.00 %	\$0	\$2,650
Population Assessment	10.00 %	\$2,650	\$0
PQA - Provider Site Visits - AFIX Only	10.00 %	\$0	\$2,650
Vaccine Management - Distribution	10.00 %	\$0	\$2,650
Item Totals:	100.00 %	\$13,515	\$12,985

Justification: Each Vermont Department of Health District Office site is allocated .25FTE to execute program goals in their local communities including immunization of children in district offices, collecting licensed child care data, ordering and distributing vaccine to local providers etc.

Name: Sally Cook (Description: Flu & VPD Surveillance Nur) **Cost:** \$42,602.00

Program Element:	Effort %	317 Cost	VFC Cost
PQA - Other Provider Quality Assurance	5.00 %	\$2,130	\$0
PQA - Other Provider Quality Assurance	5.00 %	\$0	\$2,130
Service Delivery	10.00 %	\$4,260	\$0
Consumer Information	10.00 %	\$4,260	\$0
Population Assessment	30.00 %	\$12,780	\$0
Surveillance	40.00 %	\$17,040	\$0

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Item Totals: 100.00 % \$40,471 \$2,130

Justification: Sally is responsible for sentinel influenza surveillance, nursing home education and training for their staff regarding influenza vaccination for both patients and HCW. She travels to Assisted Living facilities to educate them about influenza and pneumococcal vaccines. Sally conducts hepatitis case surveillance, prevention, and immunization. She provides direct service to immunize high-risk adults with Hep A & B vaccines, staff influenza clinics at the health department, etc. She is committed to enhancing surveillance and immunization for varicella also.

Name: Sally Tappan (Description: IMZ PHNS in Burlington) **Cost:** \$55,000.00

Program Element:	Effort %	317 Cost	VFC Cost
Program Management	1.00 %	\$0	\$550
Program Management	1.00 %	\$550	\$0
PQA - Other Provider Quality Assurance	2.00 %	\$1,100	\$0
Registries	3.00 %	\$0	\$1,650
Registries	3.00 %	\$1,650	\$0
Consumer Information	5.00 %	\$2,750	\$0
Surveillance	5.00 %	\$2,750	\$0
PQA - Provider Site Visits	5.00 %	\$0	\$2,750
PQA - Provider Site Visits - AFIX Only	7.00 %	\$3,850	\$0
Vaccine Management	8.00 %	\$4,400	\$0
PQA - Other Provider Quality Assurance	10.00 %	\$0	\$5,500
Service Delivery	10.00 %	\$5,500	\$0
Vaccine Management - Ordering	10.00 %	\$0	\$5,500
Population Assessment	10.00 %	\$5,500	\$0
PQA - Provider Site Visits - AFIX Only	10.00 %	\$0	\$5,500
Vaccine Management - Distribution	10.00 %	\$0	\$5,500
Item Totals:	100.00 %	\$28,050	\$26,950

Justification: Each Vermont Department of Health District Office site has been allocated time to execute program goals in their local communities including immunization of children in district offices, collecting licensed child care data, ordering and distributing vaccine to local providers etc.

Due to increased need for local district offices to participate in VFC site visits and a VDH goal to increase AFIX visits conducted by the same staff, we want to increase the time allotted to 1.0 FTE in this District Office because 25% of all services statewide are utilized in this District including WIC clinics, etc.

Name: Sarah Orr (Description: Imz Designee Springfield) **Cost:** \$24,000.00

Program Element:	Effort %	317 Cost	VFC Cost
Program Management	1.00 %	\$0	\$240
Program Management	1.00 %	\$240	\$0
PQA - Other Provider Quality Assurance	2.00 %	\$480	\$0
Registries	3.00 %	\$0	\$720
Registries	3.00 %	\$720	\$0
Consumer Information	5.00 %	\$1,200	\$0
Surveillance	5.00 %	\$1,200	\$0
PQA - Provider Site Visits	5.00 %	\$0	\$1,200

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PQA - Provider Site Visits - AFIX Only	7.00 %	\$1,680	\$0
Vaccine Management	8.00 %	\$1,920	\$0
PQA - Other Provider Quality Assurance	10.00 %	\$0	\$2,400
Service Delivery	10.00 %	\$2,400	\$0
Vaccine Management - Ordering	10.00 %	\$0	\$2,400
Population Assessment	10.00 %	\$2,400	\$0
PQA - Provider Site Visits - AFIX Only	10.00 %	\$0	\$2,400
Vaccine Management - Distribution	10.00 %	\$0	\$2,400
Item Totals:	100.00 %	\$12,240	\$11,760

Justification: Each Vermont Department of Health District Office site is allocated .5 FTE to execute program goals in their local communities including immunization of children in district offices, collecting licensed child care data, ordering and distributing vaccine to local providers etc.

Name: Steve Shoff (Description: PHN in Barre DO) **Cost:** \$22,500.00

Program Element:	Effort %	317 Cost	VFC Cost
Program Management	1.00 %	\$0	\$225
Program Management	1.00 %	\$225	\$0
PQA - Other Provider Quality Assurance	2.00 %	\$450	\$0
Registries	3.00 %	\$0	\$675
Registries	3.00 %	\$675	\$0
Consumer Information	5.00 %	\$1,125	\$0
Surveillance	5.00 %	\$1,125	\$0
PQA - Provider Site Visits	5.00 %	\$0	\$1,125
PQA - Provider Site Visits - AFIX Only	7.00 %	\$1,575	\$0
Vaccine Management	8.00 %	\$1,800	\$0
PQA - Other Provider Quality Assurance	10.00 %	\$0	\$2,250
Service Delivery	10.00 %	\$2,250	\$0
Vaccine Management - Ordering	10.00 %	\$0	\$2,250
Population Assessment	10.00 %	\$2,250	\$0
PQA - Provider Site Visits - AFIX Only	10.00 %	\$0	\$2,250
Vaccine Management - Distribution	10.00 %	\$0	\$2,250
Item Totals:	100.00 %	\$11,475	\$11,025

Justification: Each Vermont Department of Health District Office site is allocated time to execute program goals in their local communities including immunization of children in district offices, collecting licensed child care data, ordering and distributing vaccine to local providers etc.

In 2006 we anticipate increasing the involvement of the District Office staff in conducting VFC site visits and AFIX activities if the funding permits. We would like to increase their time to .5 FTE to allow this to happen

Name: Sue Barber (Description: Imz Designee St. Albans) **Cost:** \$25,500.00

Program Element:	Effort %	317 Cost	VFC Cost
Program Management	1.00 %	\$0	\$255
Program Management	1.00 %	\$255	\$0
PQA - Other Provider Quality Assurance	2.00 %	\$510	\$0

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Registries	3.00%	\$0	\$765
Registries	3.00%	\$765	\$0
Consumer Information	5.00%	\$1,275	\$0
Surveillance	5.00%	\$1,275	\$0
PQA - Provider Site Visits	5.00%	\$0	\$1,275
PQA - Provider Site Visits - AFIX Only	7.00%	\$1,785	\$0
Vaccine Management	8.00%	\$2,040	\$0
PQA - Other Provider Quality Assurance	10.00%	\$0	\$2,550
Service Delivery	10.00%	\$2,550	\$0
Vaccine Management - Ordering	10.00%	\$0	\$2,550
Population Assessment	10.00%	\$2,550	\$0
PQA - Provider Site Visits - AFIX Only	10.00%	\$0	\$2,550
Vaccine Management - Distribution	10.00%	\$0	\$2,550
Item Totals:	100.00%	\$13,005	\$12,495

Justification: Each Vermont Department of Health District Office site is allocated .5FTE to execute program goals in their local communities including immunization of children in district offices, collecting licensed child care data, ordering and distributing vaccine to local providers etc. This is one of the district Offices participating in the VFC pilot sites....conducting site visits in their area. In 2006 if funding permits, they will be trained to begin conducting AFIX visits.

Name: Susan Barry (Description: Program Chief)

Cost: \$70,000.00

Program Element:	Effort %	317 Cost	VFC Cost
Program Management	40.00%	\$28,000	\$0
Program Management	60.00%	\$0	\$42,000
Item Totals:	100.00%	\$28,000	\$42,000

Justification: Program manager responsible for all aspects of immunization program as delineated in the Immunization Program Operations Manual including budgets, staffing, vaccine financing, storage and handling, etc.

Name: Terry Paine (Description: DOCC)

Cost: \$42,300.00

Program Element:	Effort %	317 Cost	VFC Cost
PQA - Other Provider Quality Assurance	5.00%	\$2,115	\$0
PQA - Other Provider Quality Assurance	5.00%	\$0	\$2,115
Vaccine Management	5.00%	\$2,115	\$0
Vaccine Management - Ordering	5.00%	\$0	\$2,115
Surveillance	5.00%	\$2,115	\$0
Consumer Information	10.00%	\$4,230	\$0
Registries	15.00%	\$0	\$6,345
Registries	15.00%	\$6,345	\$0
Vaccine Management - Distribution	35.00%	\$0	\$14,805
Item Totals:	100.00%	\$16,920	\$25,380

Justification: This district Office clerk position is really divided over all 12 district offices, giving each site about 3.3 hours of clerical support for immunization program support in their local sites. This includes reconciling paper work for vaccine accountability sheets, data entry for WIC clinics, Immunization Registry data entry, etc. in their local communities.

Name: new: Public Health Analyst (Description: Public Health Analyst I)

Cost: \$21,000.00

Program Element:	Effort %	317 Cost	VFC Cost
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Registries	50.00 %	\$0	\$10,500
Registries	50.00 %	\$10,500	\$0
Item Totals:	100.00 %	\$10,500	\$10,500

Justification: Activities:

Work with the Health Department's IT staff and Health Registry Manager to set-up a data warehouse for use in creating ad-hoc analyses and reports;
 Management of data warehouse; Conduct data management tasks associated with data import and de-duplication of large datasets;
 Address data quality and de-duplication issues with the IT staff and Health Registry Manager;
 Evaluate the accuracy and value of data from insurers;
 Work with the Public Health Specialist I to identify data quality issues to be addressed through user training
 Respond to data requests and produce reports in response to user and program requests

Name: new: Public Health Specialist (Description: Public Health **Cost:** \$40,000.00

Program Element:	Effort %	317 Cost	VFC Cost
Registries	25.00 %	\$10,000	\$0
Population Assessment	25.00 %	\$10,000	\$0
Registries	50.00 %	\$0	\$20,000
Item Totals:	100.00 %	\$20,000	\$20,000

Justification: Activities:

Recruitment, training and implementation of the Registry application at provider sites across the state;
 Coordinate pilot of school nurse access to Registry This includes conducting focus groups to assess user needs, recruiting and training participants, collecting user feedback to inform Registry enhancements specific to this group and addressing user needs;
 Tracking of user feedback and future needs;
 Correction of records, based upon information from Vital Records Office. For example, removal of records for deceased children, correction of names in adoption cases, etc.
 Administrative activities: organize meetings; respond to user's communications; conduct user and non-user surveys, etc.

Name: new: Public Health Specialist (Description: Public Health **Cost:** \$45,000.00

Program Element:	Effort %	317 Cost	VFC Cost
PQA - Provider Site Visits - Combined VFC- AFIX	5.00 %	\$0	\$2,250
PQA - Provider Site Visits - Combined VFC- AFIX	5.00 %	\$2,250	\$0
Population Assessment	10.00 %	\$4,500	\$0
Program Management	40.00 %	\$18,000	\$0
Program Management	40.00 %	\$0	\$18,000
Item Totals:	100.00 %	\$24,750	\$20,250

Justification: The Program Manager's responsibilities are too vast and cannot be done by one individual. If this position is funded, much of the grant writing, monitoring, sub recipient grant monitoring and auditing will be shifted to this position. Additionally this individual will assist with other program needs such as data entry, data analysis, etc. and may assist with adolescent issues

Personnel Object Class Subtotals: \$647,179 \$533,057

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Object Class: Travel

Name: AFIX Meeting

Cost: \$1,800.00

Program Element:	Effort %	317 Cost	VFC Cost
Consumer Information	2.00 %	\$36	\$0
Population Assessment	2.00 %	\$36	\$0
Registries	2.00 %	\$0	\$36
Registries	2.00 %	\$36	\$0
Surveillance	2.00 %	\$36	\$0
Vaccine Management - Ordering	3.00 %	\$0	\$54
Vaccine Management	3.00 %	\$54	\$0
PQA - Provider Site Visits - AFIX Only	20.00 %	\$360	\$0
PQA - Provider Site Visits - Combined VFC- AFIX	20.00 %	\$360	\$0
Program Management	22.00 %	\$396	\$0
Program Management	22.00 %	\$0	\$396
Item Totals:	100.00 %	\$1,314	\$486

Justification: Teh AFIX Coordinator is new to the position and would benefit from the opportunity to concentrate her learning in this area. (she previously was the Immunization Registry manager.)

Name: For Registry

Cost: \$1,141.00

Program Element:	Effort %	317 Cost	VFC Cost
Registries	50.00 %	\$0	\$570
Registries	50.00 %	\$570	\$0
Item Totals:	100.00 %	\$570	\$570

Name: Immunization Registry Confere

Cost: \$1,800.00

Program Element:	Effort %	317 Cost	VFC Cost
Consumer Information	2.00 %	\$36	\$0
Registries	18.00 %	\$324	\$0
Population Assessment	20.00 %	\$360	\$0
Program Management	20.00 %	\$0	\$360
Program Management	20.00 %	\$360	\$0
Registries	20.00 %	\$0	\$360
Item Totals:	100.00 %	\$1,080	\$720

Justification: If this meeting is not held separately but is rolled into the NIC, the funds for the Immunization Registry Mnanger will be used for her attendance at the NIC.

Name: In state for VFC/AFIX site v

Cost: \$15,700.00

Program Element:	Effort %	317 Cost	VFC Cost
PQA - Provider Site Visits - Combined VFC- AFIX	10.00 %	\$1,570	\$0
PQA - Provider Site Visits - AFIX Only	20.00 %	\$0	\$3,140
PQA - Provider Site Visits - Combined VFC- AFIX	30.00 %	\$0	\$4,710
PQA - Provider Site Visits	40.00 %	\$0	\$6,280
Item Totals:	100.00 %	\$1,570	\$14,130

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Rooms & meals

= \$3,550

Name: In-state Continuing Education

Cost: \$3,000.00

Program Element:	Effort %	317 Cost	VFC Cost
Surveillance	1.00 %	\$30	\$0
Vaccine Management - Distribution	4.00 %	\$0	\$120
Service Delivery	5.00 %	\$150	\$0
Vaccine Management - Ordering	5.00 %	\$0	\$150
Program Management	10.00 %	\$300	\$0
Program Management	10.00 %	\$0	\$300
PQA - Other Provider Quality Assurance	20.00 %	\$600	\$0
PQA - Provider Site Visits	45.00 %	\$0	\$1,350
Item Totals:	100.00 %	\$1,080	\$1,920

Justification: Training 3 times annually for new District Office staff and for updating immunization designees about new program and immunization knowledge. Requires travel for each office (Travel).

Name: National Immunization confere

Cost: \$5,600.00

Program Element:	Effort %	317 Cost	VFC Cost
Vaccine Management - Distribution	1.00 %	\$0	\$56
Service Delivery	2.00 %	\$112	\$0
Consumer Information	3.00 %	\$168	\$0
Population Assessment	3.00 %	\$168	\$0
Registries	5.00 %	\$0	\$280
Registries	5.00 %	\$280	\$0
Vaccine Management	5.00 %	\$280	\$0
Surveillance	8.00 %	\$448	\$0
Vaccine Management - Ordering	8.00 %	\$0	\$448
PQA - Provider Site Visits - Combined VFC- AFIX	10.00 %	\$0	\$560
Program Management	25.00 %	\$1,400	\$0
Program Management	25.00 %	\$0	\$1,400
Item Totals:	100.00 %	\$2,856	\$2,744

Justification: Excellent opportunity for program manager and additional staff to share best practices, learn new ways of implementing VFC and AFIX activities, etc.

Based upon actual costs: flight A \$440 RT

Room \$700

Meals \$160

Mileage, shuttle, etc. \$100

Total \$1400 times 3 people = \$4200

Name: Program manager's Meeting

Cost: \$1,520.00

Program Element:	Effort %	317 Cost	VFC Cost
Program Management	44.00 %	\$668	\$0

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Item Totals: 100.00 % \$668 \$851

Justification: Requirement of position:

Average cost:

Expenses based upon expenses on last trip to Program Manager's meeting in Atlanta:

airfare \$542.40

meals @ \$32/day x 5 days = \$160

Room \$700

Shuttle, parking, etc. \$100

Total was \$1502.40

Name: VFC National Meeting

Cost: \$1,800.00

Program Element:	Effort %	317 Cost	VFC Cost
Consumer Information	2.00 %	\$36	\$0
Population Assessment	2.00 %	\$36	\$0
Vaccine Management - Ordering	6.00 %	\$0	\$108
PQA - Provider Site Visits - Combined VFC- AFIX	40.00 %	\$0	\$720
Program Management	50.00 %	\$0	\$900
Item Totals:	100.00 %	\$72	\$1,728

Justification: Our VFC staff member is new, is tearing up the countryside making visits and would benefit greatly by having the opportunity to learn from national peers. Our program is new too so she needs to learn how to further develop the manual.

Travel Object Class Subtotals: \$9,211 \$23,149

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Object Class: Equipment

Name: Freezers Cost: \$6,000.00

Program Element:	Effort %	317 Cost	VFC Cost
Service Delivery	20.00 %	\$1,200	\$0
Vaccine Management	40.00 %	\$2,400	\$0
Vaccine Management - Distribution	40.00 %	\$0	\$2,400
Item Totals:	100.00 %	\$3,600	\$2,400

Justification: To succeed at implementing varicella vaccine in areas where coverage is currently poor, the District Offices will need to store varicella &/or MMRV in freezers that can adequately maintain -15C consistently. We expect to need to supply them with adequate freezers.

Expect 12 freezers @ \$500 each = \$6,000

Name: Refrigerator magnets Cost: \$1,000.00

Program Element:	Effort %	317 Cost	VFC Cost
PQA - Other Provider Quality Assurance	10.00 %	\$100	\$0
PQA - Provider Site Visits	90.00 %	\$0	\$900
Item Totals:	100.00 %	\$100	\$900

Justification: Where used, the refrigerator magnets are helpful in reminding vaccine users to check their temperatures and to know what the proper temperatures are for both the refrigerator and the freezer.

Cost 2,000 @ .50 each = \$1,000

Name: Thermometer supplies for VFC Cost: \$516.00

Program Element:	Effort %	317 Cost	VFC Cost
PQA - Other Provider Quality Assurance	10.00 %	\$51	\$0
PQA - Other Provider Quality Assurance	90.00 %	\$0	\$464
Item Totals:	100.00 %	\$51	\$464

Justification: The velcro that comes with the thermometers for VFC use is not strong enough to attach the thermometers securely to the outside of the refrigerator or freezer. This makes them more secure when used in conjunction with the foil tape to attach the probe along the wall and down into the vaccine supply.

12 Industrial strength Velcro kits for thermometers 12 @ \$23.00 each \$276

12 Foil tape rolls for thermometers 12 @ \$20.00 each \$240

Name: Thermometers: VFC Cost: \$9,804.00

Program Element:	Effort %	317 Cost	VFC Cost
Vaccine Management - Distribution	25.00 %	\$0	\$2,451
Vaccine Management	25.00 %	\$2,451	\$0
PQA - Other Provider Quality Assurance	25.00 %	\$2,451	\$0
PQA - Other Provider Quality Assurance	25.00 %	\$0	\$2,451
Item Totals:	100.00 %	\$4,902	\$4,902

Justification: The VFC Program requests 2 types of thermometers:

Raytek ST60 D:S 1 -32/600C 12 units @ 244.29 each =\$2,931.48

For VFC Program Staff & DO staff to use for instant reading verification of thermometer readings

in refrigerators

for conducting VFC site visits statewide.

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Fischer Refrigerator/ Freezer Thermometers for use in provider sites in both refrigerators and freezers. Each year about 50% require replacement as it is cheaper to replace them than to recalibrate them. We have discovered many people have trouble reading normal thermometers so they tend to replace them with cheap, inaccurate thermometers from the hardware store. These thermometers are digital, certified and are working well for our test pilot sites. Catalog number 06 664 11 for 200 @ 34.36 each= \$6872

Total= \$9803.48

Equipment Object Class Subtotals:	\$8,653	\$8,666
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Object Class: Supplies

Name: "Pink Books"

Cost: \$5,800.00

Program Element:	Effort %	317 Cost	VFC Cost
Program Management	5.00 %	\$290	\$0
Vaccine Management - Ordering	10.00 %	\$0	\$580
Service Delivery	10.00 %	\$580	\$0
Vaccine Management	10.00 %	\$580	\$0
Program Management	15.00 %	\$0	\$870
PQA - Provider Site Visits	50.00 %	\$0	\$2,900
Item Totals:	100.00 %	\$1,450	\$4,350

Justification: 200 Pink Books for Provider Education, staff use, etc. as an educational tool and incentive for VFC/AFIX visits

Name: Office supplies

Cost: \$44,000.00

Program Element:	Effort %	317 Cost	VFC Cost
Consumer Information	5.00 %	\$2,200	\$0
PQA - Provider Site Visits - AFIX Only	10.00 %	\$0	\$4,400
PQA - Provider Site Visits - AFIX Only	10.00 %	\$4,400	\$0
Program Management	25.00 %	\$11,000	\$0
Program Management	25.00 %	\$0	\$11,000
PQA - Provider Site Visits - Combined VFC- AFIX	25.00 %	\$0	\$11,000
Item Totals:	100.00 %	\$17,600	\$26,400

Justification: Binders, Paper, pens, paper clips, copying, etc. necessary to carry on business

Name: Printing costs

Cost: \$28,000.00

Program Element:	Effort %	317 Cost	VFC Cost
Vaccine Management - Distribution	2.00 %	\$0	\$560
Vaccine Management - Ordering	3.00 %	\$0	\$840
Consumer Information	5.00 %	\$1,400	\$0
Registries	5.00 %	\$0	\$1,400
Registries	5.00 %	\$1,400	\$0
Population Assessment	10.00 %	\$2,800	\$0
Consumer Information - Other Provider Quality Assurance	10.00 %	\$2,800	\$0
Program Management	12.00 %	\$3,360	\$0
Program Management	15.00 %	\$0	\$4,200
PQA - Other Provider Quality Assurance	15.00 %	\$0	\$4,200
PQA - Provider Site Visits - AFIX Only	18.00 %	\$0	\$5,040
Item Totals:	100.00 %	\$11,760	\$16,240

Justification: Printing costs include memos to providers, vaccine accountability forms, vaccine eligibility notices, VFC Enrollment packets, Licensed Childcare forms, etc.

Supplies Object Class Subtotals:	\$30,810	\$46,990
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Object Class: Contracts

Name: PDI Creative Cost: \$100,000.00

Program Element:	Effort %	317 Cost	VFC Cost
Population Assessment	40.00 %	\$40,000	\$0
Consumer Information	60.00 %	\$60,000	\$0
Item Totals:	100.00 %	\$100,000	\$0

Justification: PDI Creative will design, produce, and place media messages with newspapers, TV, and radio to promote positive messages about immunizations. Target audience: Parents, especially those who oppose immunizations. Immunization rates in VT are stagnant and providers are expressing concern that parents are hearing all of the negative messages but need to hear positive messages as well.

Also, our school laws are outdated. In CY 2006 as new school regulations are expected to be implemented, the Immunization Program will need to spread the word about the new requirements.

Name: TBD: Immunization Registry Cost: \$350,000.00

Program Element:	Effort %	317 Cost	VFC Cost
Registries	40.00 %	\$140,000	\$0
Registries	60.00 %	\$0	\$210,000
Item Totals:	100.00 %	\$140,000	\$210,000

Justification: Previous work has been done by Vermont Child Health Improvement Program (VCHIP) who most likely will bid again but the state process requires us to use the open competitive bid process again.

Scope of work will include:

- Technical support for existing and new users (providers and school nurses);
 - discussion and planning with other states on creating linkages for data exchange;
 - Development and implementation of incentive program to encourage historical data entry;
 - Planning and oversight for development of interfaces to the application for transmission/receipt of data with billing systems, EMRs, and insurers' databases;
 - Solicit stakeholder input to inform development team of next iteration of Immunization Registry;
 - Evaluation activities with user feedback;
 - Assist in writing 5 year business plan;
 - Marketing materials (FAQ sheets; newsletters; training materials)
- Expected breakdown of costs:
 \$160,000 for Planning, program development, user assessment, evaluation
 \$160,000 for Technical Support, interface development
 \$30,000 for Marketing and promotion

The activities that will no longer be part of the VCHIP Immunization Registry contract will be moved to two new positions within the Immunization Registry (see personnel). The primary activities to be transitioned to VDH staff are: recruitment, training, and implementation of the Registry with new users; user and non-user surveys (feedback; assessment); and, some administrative functions (e.g. setting-up meetings, mailings, etc.)

- Proposed staffing:
- Recruitment and outreach consulting .5 FTE
 - Technical support person 1.0 FTE
 - Promotion & marketing person .5 FTE
 - Technical interface specialist .5 FTE
 - Administrative support .5 FTE

Name: VCHIP:AFIX Cost: \$104,721.00

Program Element:	Effort %	317 Cost	VFC Cost
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PQA - Provider Site Visits - AFIX Only	50.00 %	\$0	\$52,360
PQA - Provider Site Visits - AFIX Only	50.00 %	\$52,360	\$0
Item Totals:		100.00 %	\$52,360
			\$52,360

Justification: In 2006, Immunization Program staff will focus combined visits to targeted providers with greatest need for combined visits however, if funding permits, we want to continue to have VCHIP conduct 50 site visits in other sites geographically distant. Draft Scope of work 2006 AFIX grant with VCHIP:

The grantee will accomplish the following:

1. Travel to Provider sites to perform Assessment, Feedback, Incentives, and eXchange (AFIX) objectives according to the Vermont Department of Health (VDH) AFIX Manual of Operations.
2. Identify records eligible for review at provider sites that meet criteria specified by the VDH.
3. Review immunization records of 24-35 month old children at 50 provider practice sites.
4. Utilize CDC CASA software program to assess up-to-date status of immunization records reviewed, based on 4:3:1:3:3 series.
5. Once trained by the VDH immunization Program, begin utilizing the CDC CASA upgrade, Co-CASA to conduct immunization record assessments.
6. Document Varicella vaccination or disease in 24-35 month old children in each provider practice assessed.
7. Upon completion of the assessment, generate a Missing Immunizations Report and provide a copy to the provider practice.
8. Provide assessment data to the VDH Immunization Program within one week of assessment.
9. Based upon reports generated from the CASA provider practice assessment data by the VDH Immunization Program, write and send result letters to practice immunization contacts (2 per practice) using template provided by the VDH Immunization Program.
10. Based on criteria for selecting eligible practices provided by the VDH Immunization Program, prepare and participate in ten initial feedback visits to present coverage results and recommend office improvements to support improved immunization coverage rates in each practice.
11. Based on criteria developed by the VDH Immunization Program, provide an additional minimum of six hours of interactive quality improvement coaching to each of four provider practices to assist them in implementing office systems improvements designed to increase immunization coverage rates in 24-35 month old children cared for in these practices.
12. Update the AFIX Assessor Training Module, including and modifications necessitated by CDC's release of the CASA replacement software, Co-CASA.
13. Train 12 District Offices to conduct immunization coverage rate assessments of 24-35 month olds in provider practice offices.

Proposed budget: Personnel (including salary & fringe @40%) \$75,969.00

VCHIP personnel 1.65 FTE

Project Director 45%	Kathy Keating
Project Manager 15%	Susan McEwing
Project Coordinator 100%	Maria Nagy
Financial Manager 5%	Susan Burns

Operating expenses:

Supplies \$150
 Travel \$3,035
 Communications \$928
 Postage & Shipping \$100
 Printing/photocopying \$435

Total Operating \$4,648

Total Direct Costs (Personnel & Operating) \$80,617.00

Indirects (29.9% based upon FY2005 budget) \$24,104.00

VCHIP Project Total \$104,721.

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Object Class: Vaccine

Name: FA Vaccine (317)

Cost: \$3,305.00

Program Element:	Effort %	317 Cost	VFC Cost
Vaccine Management	100.00 %	\$3,305	\$0
Item Totals:	100.00 %	\$3,305	\$0

Justification: This amount is needed to purchase Td, DT, a few doses of adult pneumococcal for children who have high-risk medical need, and for HBIG.

Vaccine Object Class Subtotals: \$3,305 \$0

Line Item Listing For the 2006 Working Draft of Initial Grant Request, (Original) For Vermont - 122529

Object Class: Other

Name: Medical supplies **Cost:** \$14,000.00

Program Element:	Effort %	317 Cost	VFC Cost
Vaccine Management - Distribution	15.00 %	\$0	\$2,100
Service Delivery	85.00 %	\$11,900	\$0
Item Totals:	100.00 %	\$11,900	\$2,100

Justification: These expenses are for syringes used for special influenza clinics where the vaccine is donated by Blue Cross Blue Shield of Vermont to immunize uninsured high-risk adults. our contribution is the syringes.

Name: Shipping of vaccine **Cost:** \$16,000.00

Program Element:	Effort %	317 Cost	VFC Cost
Vaccine Management	42.00 %	\$6,720	\$0
Vaccine Management - Distribution	58.00 %	\$0	\$9,280
Item Totals:	100.00 %	\$6,720	\$9,280

Justification: Vaccine needs to be distributed from central depots to providers & will continue to need to be moved around to prevent wastage even after VMBIP enters the scene.

Other Object Class Subtotals:	\$18,620	\$11,380
Financial Assistance Funding Source Totals:	\$1,010,139	\$885,604

Budget Justification For The 2006 Working Draft of Initial Grant Request, (Original) For Vermont - 122529

Direct Assistance

Vaccine	Overall Cost	317 Cost	VFC Cost
Name: DA Vaccine (317)	\$2,650,508	\$2,650,508	\$0
Name: DA Vaccine (VFC)	\$4,369,382	\$0	\$4,369,382
Vaccine Subtotal:	\$7,019,890	\$2,650,508	\$4,369,382
Direct Assistance Subtotal:	\$7,019,890	\$2,650,508	\$4,369,382

Financial Assistance

Personnel	Overall Cost	317 Cost	VFC Cost
Name: Alberta Knorr Description: PHNS; Brattleboro Justification: Each Vermont Department of Health District Office site is allocated .50 FTE to execute program goals in their local communities including immunization of children in district offices, collecting licensed child care data, ordering and distributing vaccine to local providers etc. Because we want them to conduct VFC & AFIX visits in their Districts later in 2006, we need to increase the hours available to conduct the extra activities asked of them.	\$26,000	\$13,260	\$12,740
Name: Alison Howe Description: Epidemiologist IV Justification: A .25 FTE chronic disease epidemiologist position provides BRFSS analysis, and other statistical information to be able to relate chronic diseases and immunization coverage related to those populations. This will become increasingly more useful to target influenza and pneumococcal efforts to pockets of greatest need in our rural state.	\$11,125	\$10,012	\$1,112
Name: Becky Jo Cyr Description: IT applications development Justification: Activities: <ul style="list-style-type: none"> " Continue to fix any application defects or errors; " Continue to develop and implement application enhancements, based on feedback from the Immunization Registry Chief and users; " Modify or convert any database elements required for SPHINX; " Prepare data for inclusion in the data warehouse, allowing access to analysts and registry manager to create specialized reports; " Collaborate with any outside vendor(s) on the integration of interfaces that will allow transmission and/or receipt of immunization data from billing systems, EMRs, insurers' databases, etc. 	\$57,000	\$25,650	\$31,350
Name: Brigid Ahrens Description: Immunization Registry Mana Justification: Activities: <ul style="list-style-type: none"> Oversee any contracts and activities for marketing and technical support of new users; Demonstration of registry application to stakeholders and potential users; Work with IT staff to plan and implement new features using the PROW standards as a guideline for development; Manage and report enhancement requests from users; Develop Data Assurance plan and address any accuracy or completeness issues; Assess registry usage and implementation; Coordinate Public Health Specialist & Public Health analyst work plans to coordinate program needs; Collaboration with Immunization Program and Vital Records. 	\$50,000	\$25,000	\$25,000
Name: Colleen Carroll Description: Program Services Clerk Justification: Colleen reconciles vaccine administration sheets, conducts data entry, distributes vaccine to District offices and local providers, designs mail merges, prepares mailings, designs and updates databases, records and stores provider reenrollments for VFC, and creates complex spreadsheets for emergency use such as the flu crisis of 2005.	\$30,200	\$19,630	\$10,570
Name: Cort Lohff Description: State Epidemiologist Justification: The state epidemiologist provides supervision and technical support of the Program manager and acts as a consultant to the program regarding the management of the influenza crisis of 2005, Emergency management, & MD status to provider directives unwelcome to specific recipients, etc.	\$28,000	\$25,200	\$2,800
Name: Don Dickson Description: Health Planner Justification: Don's time will be dedicated to BioTerrorism Infectious Disease Response Planning in CY2006. For BT and the Immunization Program his work will focus primarily on continuing to update the pandemic flu plan. The current plan is modeled after the NH plan and is table top exercises involving multiple agencies. Also portions including the ICS structure	\$550	\$522	\$27

were used during the 2004-5 Flu vaccine crisis in VT to reclaim vaccine, distribute it to highest-risk elders and children, and to continue to answer public information and private provider information lines.

In 2006 the funding will come 99% from BT funding despite meeting an Immunization program requirement.

Name: Ed Andrus	\$41,350	\$20,675	\$20,675
Description: IT Manager/System Developer II			
Justification: Activities:			
<ul style="list-style-type: none"> " Continue to fix any application defects or errors; " Continue to develop and implement application enhancements, based on feedback from the Immunization Registry team and users; " Modify or convert any database elements required for SPHINX; " Prepare data for inclusion in the data warehouse, allowing access to analysts and registry manager to create specialized reports; " Collaborate with any outside vendor(s) on the integration of interfaces that will allow transmission and/or receipt of immunization data from billing systems, EMRs, insurers' databases, etc. 			
Name: Georgiana Spooner	\$30,000	\$15,300	\$14,700
Description: Imz Designee White River J			
Justification: Each Vermont Department of Health District Office site is allocated .5FTE to execute program goals in their local communities including immunization of children in district offices, collecting licensed child care data, ordering and distributing vaccine to local providers etc.			
Name: Gerry Thornton	\$19,500	\$14,625	\$4,875
Description: Admin Asst			
Justification: The Immunization Program requires administrative support to answer telephones, triage calls, answer limited consumer information and keep data regarding VPDs			
Name: Jeff Heath	\$25,500	\$13,005	\$12,495
Description: Imz Designee Middlebury			
Justification: Each Vermont Department of Health District Office site is allocated .5 FTE to execute program goals in their local communities including immunization of children in district offices, collecting licensed child care data, ordering and distributing vaccine to local providers etc. This is a District Office where VFC site visits to providers is being piloted in 2005. During 2006 we want to have them begin to conduct their own AFIX visits in private provider sites if funding is adequate.			
Name: JoAnne Calvi	\$32,500	\$16,575	\$15,925
Description: Imz Designee Rutland			
Justification: Each Vermont Department of Health District Office site is allocated .5 FTE to execute program goals in their local communities including immunization of children in district offices, collecting licensed child care data, ordering and distributing vaccine to local providers etc.			
Name: Karen Clark	\$40,000	\$20,000	\$20,000
Description: Systems Developer II			
Justification: Activities:			
<ul style="list-style-type: none"> Continue to fix any application defets or errors Continue to develop and implement application enhancements based upon feedback from Registry Management and users Modify or convert any databse elements required for SPHINX Prepare data for inclusion in the data warehouse, allowing access to analysts and registry manager to create specialized reports Collaborate with any outside vendors on the integration of interfaces taht will allow transmission and/or receipt of immunization data from billing systems, EMRs, insurers databases, etc. 			
Name: Karen Halverson	\$45,000	\$19,350	\$25,650
Description: Program specialist			
Justification: Karen orders vaccine, allocates vaccine funding to proper categories, answers the immunization information line questions, coordinates influenza activities with partnering agencies statewide, works with the webmaster to post all influenza clinics held statewide through the home health agencies, ships vaccine, and works with schools to collect accurate school report data, and			

conducts school report. She is responsible for all VIS updating and distribution. She answers many questions about vaccines when temperatures have been out-of-range due to doors ajar, power outages, etc. She trains the data entry person and conducts quality assurance data checks, ETC.

Karen will add aspects of the Adolescent position.

Name: Lisa Hardy	\$26,000	\$19,500	\$6,500
Description: PHNS-CPH Liaison			
Justification: This nurse is a public health nurse located in community public health whose responsibility is to serve as a liaison between the central immunization program and the district offices. this position is responsible for training and staff development related to nursing aspects of immunization practices in the district offices, overseeing policies and procedures for implementation of immunization clinics, supervising the collection of licensed childcare data, etc.			
Name: Lisa Ste. Marie	\$26,000	\$13,260	\$12,740
Description: Imz Designee			
Justification: Each Vermont Department of Health District Office site is allocated .5 FTE to execute program goals in their local communities including immunization of children in district offices, collecting licensed child care data, ordering and distributing vaccine to local providers etc.			
Name: Marjorie Achilles	\$28,000	\$14,280	\$13,720
Description: Imz Designee St. Johnsbury			
Justification: Each Vermont Department of Health District Office site is allocated .5FTE to execute program goals in their local communities including immunization of children in district offices, collecting licensed child care data, ordering and distributing vaccine to local providers etc.			
Name: Mary Ann Hodges	\$32,250	\$16,447	\$15,802
Description: PHNS in Bennington			
Justification: Each Vermont Department of Health District Office site is allocated .25FTE to execute program goals in their local communities including immunization of children in district offices, collecting licensed child care data, ordering and distributing vaccine to local providers etc.			
Name: Maura Crandall	\$50,000	\$25,000	\$25,000
Description: PHNS: Adult & QA			
Justification: The nurse in this position is responsible for functioning as a staff member in the VFC/AFIX program and for addressing adult immunization needs: identifying pockets of need, working with community partners, improving adult access to vaccinations particularly influenza, pneumococcal, etc.			
She currently conducts VFC visits and serves as a regional coordinator in Districts involved in a pilot program to conduct VFC site visits in their own geographically challenging areas. In early 2006 she will cross-train to conduct full AFIX assessments in concert with VFC site visits, then teach her District Offices to do likewise if adequate funding occurs.			
Name: Miriam Sheehey	\$52,000	\$10,400	\$41,600
Description: VFC Coordinator			
Justification: Miriam coordinates the VFC Program, writes the procedure manual, teaches new users how to conduct site visits, assures the quality of the work, and interacts regularly with providers and staff in public and private sites statewide. She is beginning cross-training to be able to both conduct combined AFC/AFIX visits and to teach District Office staff to conduct combined visits in late 2006- early 2007.			
Name: Nancy Lefebvre	\$54,000	\$29,700	\$24,300
Description: PHNS: AFIX Coordinator			
Justification: This position coordinates all aspects of AFIX and monitoring the current AFIX grant with the Vermont Child Health Improvement Program (VCHIP). Currently VFC & AFIX have been primarily 2 separate programs due to the small staff and relative immaturity of both programs which has required a great deal of educating of providers and vaccine managers in practices. Moving forward we expect some parallel activities between what the immunization program staff is doing to integrate VFC & AFIX in selected sites while VCHIP continues to conduct separate AFIX assessments in additional sites. Together they will develop additional training materials to train District Office staff to begin to add AFIX to their duties in their local areas in 2007.			

Name: Nancy Thayer	\$60,860	\$60,860	\$0
Description: VPD Surveillance			
Justification: Nancy works in infectious disease epidemiology helping us to meet vaccine-preventable surveillance goals. Her particular area of expertise lies in infection control measures in addition to performing daily follow-up on potential vaccine preventable disease calls.			
Name: Pat St. Onge	\$26,500	\$13,515	\$12,985
Description: Imz Designee Morrisville			
Justification: Each Vermont Department of Health District Office site is allocated .25FTE to execute program goals in their local communities including immunization of children in district offices, collecting licensed child care data, ordering and distributing vaccine to local providers etc.			
Name: Sally Cook	\$42,602	\$40,471	\$2,130
Description: Flu & VPD Surveillance Nur			
Justification: Sally is responsible for sentinell influenza surveillance, nursing home education and training for their staff regarding influenza vaccination for both patients and HCW. She travels to Assisted Living facilities to educate them about influenza and pneumococcal vaccines. Sally conducts hepatitis case surveillance, prevention, and immunization. She provides direct service to immunize high-risk adults with Hep A & B vaccines, staff influenza clinics at the health department, etc. She is committed to enhancing surveillance and immunization for varicella also.			
Name: Sally Tappan	\$55,000	\$28,050	\$26,950
Description: IMZ PHNS in Burlington			
Justification: Each Vermont Department of Health District Office site has been allocated time to execute program goals in their local communities including immunization of children in district offices, collecting licensed child care data, ordering and distributing vaccine to local providers etc.			
Due to increased need for local district offices to participate in VFC site visits and a VDH goal to increase AFIX visits conducted by the same staff, we want to increase the time allotted to 1.0 FTE in this District Office because 25% of all services statewide are utilized in this District including WIC clinics, etc.			
Name: Sarah Orr	\$24,000	\$12,240	\$11,760
Description: Imz Designee Springfield			
Justification: Each Vermont Department of Health District Office site is allocated .5 FTE to execute program goals in their local communities including immunization of children in district offices, collecting licensed child care data, ordering and distributing vaccine to local providers etc.			
Name: Steve Shoff	\$22,500	\$11,475	\$11,025
Description: PHN in Barre DO			
Justification: Each Vermont Department of Health District Office site is allocated time to execute program goals in their local communities including immunization of children in district offices, collecting licensed child care data, ordering and distributing vaccine to local providers etc.			
In 2006 we anticipate increasing the involvement of the District Office staff in conducting VFC site visits and AFIX activities if the funding permits. We would like to increase their time to .5 FTE to allow this to happen			
Name: Sue Barber	\$25,500	\$13,005	\$12,495
Description: Imz Designee St. Albans			
Justification: Each Vermont Department of Health District Office site is allocated .5FTE to execute program goals in their local communities including immunization of children in district offices, collecting licensed child care data, ordering and distributing vaccine to local providers etc. This is one of the district Offices participating in the VFC pilot sites....conducting site visits in their area. In 2006 if funding permits, they will be trained to begin conducting AFIX visits.			
Name: Susan Barry	\$70,000	\$28,000	\$42,000
Description: Program Chief			
Justification: Program manager responsible for all aspects of immunization program as delineated in the Immunization Program Operations Manual including budgets, staffing, vaccine financing, storage and handling, etc.			
Name: Terry Paine	\$42,300	\$16,920	\$25,380
Description: DOCC			
Justification: This district Office clerk position is really divided over all 12 district offices, giving each site about 3.3 hours of clerical support for their local sites. This includes reconciling paper work for vaccine accountability sheets, data			

entry for WIC clinics, Immunization Registry data entry, etc. in their local communities.

Name: new: Public Health Analyst	\$21,000	\$10,500	\$10,500
Description: Public Health Analyst I			
Justification: Activities: Work with the Health Department's IT staff and Health Registry Manager to set-up a data warehouse for use in creating ad-hoc analyses and reports; Management of data warehouse; Conduct data management tasks associated with data import and de-duplication of large datasets; Address data quality and de-duplication issues with the IT staff and Health Registry Manager; Evaluate the accuracy and value of data from insurers; Work with the Public Health Specialist I to identify data quality issues to be addressed through user training Respond to data requests and produce reports in response to user and program requests			
Name: new: Public Health Specialist	\$40,000	\$20,000	\$20,000
Description: Public Health Specialist I			
Justification: Activities: Recruitment, training and implementation of the Registry application at provider sites across the state; Coordinate pilot of school nurse access to Registry This includes conducting focus groups to assess user needs, recruiting and training participants, collecting user feedback to inform Registry enhancements specific to this group and addressing user needs; Tracking of user feedback and future needs; Correction of records, based upon information from Vital Records Office. For example, removal of records for deceased children, correction of names in adoption cases, etc. Administrative activities: organize meetings; respond to user's communications; conduct user and non-user surveys, etc.			
Name: new: Public Health Specialist	\$45,000	\$24,750	\$20,250
Description: Public Health Specialist			
Justification: The Program Manager's responsibilities are too vast and cannot be done by one individual. If this position is funded, much of the grant writing, monitoring, sub recipient grant monitoring and auditing will be shifted to this position. Additionally this individual will assist with other program needs such as data entry, data analysis, etc. and may assist with adolescent issues			
Personnel Subtotal:	\$1,180,237	\$647,179	\$533,057

Travel	Overall Cost	317 Cost	VFC Cost
Name: AFIX Meeting	\$1,800	\$1,314	\$486
Justification: The AFIX Coordinator is new to the position and would benefit from the opportunity to concentrate her learning in this area. (she previously was the Immunization Registry manager.)			
Name: For Registry	\$1,141	\$570	\$570
Name: Immunization Registry Confere	\$1,800	\$1,080	\$720
Justification: If this meeting is not held separately but is rolled into the NIC, the funds for the Immunization Registry Manger will be used for her attendance at the NIC.			
Name: In state for VFC/AFIX site v	\$15,700	\$1,570	\$14,130
Justification: VFC and AFIX site visits include mileage @ .405 X 30,000 miles = \$12,150 Rooms & meals = \$3,550			
Name: In-state Continuing Education	\$3,000	\$1,080	\$1,920
Justification: Training 3 times annually for new District Office staff and for updating immunization designees about new program and immunization knowledge. Requires travel for each office (Travel).			
Name: National Immunization confere	\$5,600	\$2,856	\$2,744
Justification: Excellent opportunity for program manager and additional staff to share best practices, learn new ways of implementing VFC and AFIX activities, etc.			
Based upon actual costs: flight A \$440 RT			
Room	\$700		
Meals	\$160		
Mileage, shuttle, etc.	\$100		
Total	\$1400 times 3 people = \$4200		
Name: Program manager's Meeting	\$1,520	\$668	\$851
Justification: Requirement of position: Average cost: Expenses based upon expenses on last trip to Program Manager's meeting in Atlanta: airfare \$542.40 meals @ \$32/day x 5 days = \$160 Room \$700 Shuttle, parking, etc. \$100 Total was \$1502.40			
Name: VFC National Meeting	\$1,800	\$72	\$1,728
Justification: Our VFC staff member is new, is tearing up the countryside making visits and would benefit greatly by having the opportunity to learn form national peers. Our program is new too so she needs to learn how to further develop the manual.			
Travel Subtotal:	\$32,361	\$9,211	\$23,149

Fringe / Indirect	Overall Cost	317 Cost	VFC Cost
Name: Fringe Rate Of 30.000% Justification: The fringe rate is 30% The indirect rate is 55% of salary only	\$354,071	\$194,153	\$159,917
Name: Indirect Rate Of 55.000% Justification: This is the cost for fringe if based only upon personnel charges. A letter of approval for the Administrative Cost Allocation Plan is attached to the grant.	\$649,130	\$355,948	\$293,181
Fringe / Indirect Subtotal:	\$1,003,201	\$550,102	\$453,098

Equipment	Overall Cost	317 Cost	VFC Cost
Name: Freezers	\$6,000	\$3,600	\$2,400
Justification: To succeed at implementing varicella vaccine in areas where coverage is currently poor, the District Offices will need to store varicella &/or MMRV in freezers that can adequately maintain -15C consistently. We expect to need to supply them with adequate freezers.			
Expect 12 freezers @ \$500 each = \$6,000			
Name: Refrigerator magnets	\$1,000	\$100	\$900
Justification: Where used, the refrigerator magnets are helpful in reminding vaccine users to check their temperatures and to know what the proper temperatures are for both the refrigerator and the freezer.			
Cost 2,000 @ .50 each = \$1,000			
Name: Thermometer supplies for VFC	\$516	\$51	\$464
Justification: The velcro that comes with the thermometers for VFC use is not strong enough to attach the thermometers securely to the outside of the refrigerator or freezer. This makes them more secure when used in conjunction with the foil tape to attach the probe along the wall and down into the vaccine supply.			
12 Industrial strength Velcro kits for thermometers 12 @ \$23.00 each \$276			
12 Foil tape rolls for thermometers 12 @ \$20.00 each \$240			
Name: Thermometers: VFC	\$9,804	\$4,902	\$4,902
Justification: The VFC Program requests 2 types of thermometers:			
Raytek ST60 D:S 1 -32/600C 12 units @ 244.29 each =\$2,931.48			
For VFC Program Staff & DO staff to use for instant reading verification of thermometer readings in refrigerators and freezers when conducting VFC site visits statewide.			
Fischer Refrigerator/ Freezer Thermometers for use in provider sites in both refrigerators and freezers. Each year about 50% require replacement as it is cheaper to replace them than to recalibrate them. We have discovered many people have trouble reading normal thermometers so they tend to replace them with cheap, inaccurate thermometers from the hardware store. These thermometers are digital, certified and are working well for our test pilot sites. Catalog number 06 664 11 for 200 @ 34.36 each= \$6872			
Total= \$9803.48			
Equipment Subtotal:	\$17,320	\$8,653	\$8,666

Supplies	Overall Cost	317 Cost	VFC Cost
Name: "Pink Books"	\$5,800	\$1,450	\$4,350
Justification: 200 Pink Books for Provider Education, staff use, etc. as an educational tool and incentive for VFC/AFIX visits			
Name: Office supplies	\$44,000	\$17,600	\$26,400
Justification: Binders, Paper, pens, paper clips, copying, etc. necessary to carry on business			
Name: Printing costs	\$28,000	\$11,760	\$16,240
Justification: Printing costs include memos to providers, vaccine accountability forms, vaccine eligibility notices, VFC Enrollment packets, Licensed Childcare forms, etc.			
Supplies Subtotal:	\$77,800	\$30,810	\$46,990

Contracts	Overall Cost	317 Cost	VFC Cost
Name: PDI Creative Justification: PDI Creative will design, produce, and place media messages with newspapers, TV, and radio to promote positive messages about immunizations. Target audience: Parents, especially those who oppose immunizations. Immunization rates in VT are stagnant and providers are expressing concern that parents are hearing all of the negative messages but need to hear positive messages as well. Also, our school laws are outdated. In CY 2006 as new school regulations are expected to be implemented, the Immunization Program will need to spread the word about the new requirements.	\$100,000	\$100,000	\$0
Name: TBD: Immunization Registry Justification: Previous work has been done by Vermont Child Health Improvement Program (VCHIP) who most likely will bid again but the state process requires us to use the open competitive bid process again. Scope of work will include: Technical support for existing and new users (providers and school nurses); discussion and planning with other states on creating linkages for data exchange; Development and implementation of incentive program to encourage historical data entry; Planning and oversight for development of interfaces to the application for transmission/receipt of data with billing systems, EMRs, and insurers' databases; Solicit stakeholder input to inform development team of next iteration of Immunization Registry; Evaluation activities with user feedback; Assist in writing 5 year business plan; Marketing materials (FAQ sheets; newsletters; training materials) Expected breakdown of costs: \$160,000 for Planning, program development, user assessment, evaluation \$160,000 for Technical Support, interface development \$30,000 for Marketing and promotion The activities that will no longer be part of the VCHIP Immunization Registry contract will be moved to two new positions within the Immunization Registry (see personnel). The primary activities to be transitioned to VDH staff are: recruitment, training, and implementation of the Registry with new users; user and non-user surveys (feedback; assessment); and, some administrative functions (e.g. setting-up meetings, mailings, etc.) Proposed staffing: Recruitment and outreach consulting .5 FTE Technical support person 1.0 FTE Promotion & marketing person .5 FTE Technical Interface specialist .5 FTE Administrative support .5 FTE	\$350,000	\$140,000	\$210,000
Name: VCHIP:AFIX Justification: In 2006, Immunization Program staff will focus combined visits to targeted providers with greatest need for combined visits however, if funding permits, we want to continue to have VCHIP conduct 50 site visits in other sites geographically distant. Draft Scope of work 2006 AFIX grant with VCHIP: The grantee will accomplish the following: 1. Travel to Provider sites to perform Assessment, Feedback, Incentives, and eXchange (AFIX) objectives according to the Vermont Department of Health (VDH) AFIX Manual of Operations. 2. Identify records eligible for review at provider sites that meet criteria specified by the VDH. 3. Review immunization records of 24-35 month old children at 50 provider practice sites. 4. Utilize CDC CASA software program to assess up-to-date status of immunization records reviewed, based on 4:3:1:3:3 series. 5. Once trained by the VDH immunization Program, begin utilizing the CDC CASA upgrade, Co-CASA to conduct immunization record assessments. 6. Document Varicella vaccination or disease in 24-35 month old children in each provider practice assessed. 7. Upon completion of the assessment, generate a Missing Immunizations Report and provide a copy to the provider practice. Send data to the VDH Immunization Program within one week of assessment.	\$104,721	\$52,360	\$52,360

9. Based upon reports generated from the CASA provider practice assessment data by the VDH Immunization Program, write and send result letters to practice immunization contacts (2 per practice) using template provided by the VDH Immunization Program.
10. Based on criteria for selecting eligible practices provided by the VDH Immunization Program, prepare and participate in ten initial feedback visits to present coverage results and recommend office improvements to support improved immunization coverage rates in each practice.
11. Based on criteria developed by the VDH Immunization Program, provide an additional minimum of six hours of interactive quality improvement coaching to each of four provider practices to assist them in implementing office systems improvements designed to increase immunization coverage rates in 24-35 month old children cared for in these practices.
12. Update the AFIX Assessor Training Module, including and modifications necessitated by CDC's release of the CASA replacement software, Co-CASA.
13. Train 12 District Offices to conduct immunization coverage rate assessments of 24-35 month olds in provider practice offices.

Proposed budget: Personnel (including salary & fringe @40%) \$75,969.00

VCHIP personnel 1.65 FTE

Project Director 45%	Kathy Keating
Project Manager 15%	Susan McEwing
Project Coordinator 100%	Maria Nagy
Financial Manager 5%	Susan Burns

Operating expenses:

Supplies \$150

Travel \$3,035

Communications \$928

Postage & Shipping \$100

Printing/photocopying \$435

Total Operating \$4,648

Total Direct Costs (Personnel & Operating) \$80,617.00

Indirects (29.9% based upon FY2005 budget) \$24,104.00

VCHIP Project Total \$104,721.

Contracts Subtotal:	\$554,721	\$292,360	\$262,360
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Vaccine	Overall Cost	317 Cost	VFC Cost
Name: FA Vaccine (317)	\$3,305	\$3,305	\$0
Justification: This amount is needed to purchase Td, DT, a few doses of adult pneumococcal for children who have high-risk medical need, and for HBIG.			
Vaccine Subtotal:	\$3,305	\$3,305	\$0

Other	Overall Cost	317 Cost	VFC Cost
Name: Medical supplies	\$14,000	\$11,900	\$2,100
Justification: These expenses are for syringes used for special influenza clinics where the vaccine is donated by Blue Cross Blue Shield of Vermont to immunize uninsured high-risk adults. our contribution is the syringes.			
Name: Shipping of vaccine	\$16,000	\$6,720	\$9,280
Justification: Vaccine needs to be distributed from central depots to providers & will continue to need to be moved around to prevent wastage even after VMBIP enters the scene.			
Other Subtotal:	\$30,000	\$18,620	\$11,380
Financial Assistance Subtotal:	\$2,898,945	\$1,560,242	\$1,338,703

Budget Justification For The 2006 Working Draft of Initial Grant Request, (Original) For Vermont - 122529

Financial Assistance

Contracts	Overall Cost	317 Cost	VFC Cost
<p>Name: PDI Creative</p> <p>Method of Selection: competitive bid</p> <p>Period of Performance: 01/02/2006 To 12/31/2006</p> <p>Name of Contractor: PDI Creative</p> <p>Method Of Accountability: Actual expenses</p> <p>Number Of FTEs Purchased With This Contract: 2.00</p> <p>Justification: PDI Creative will design, produce, and place media messages with newspapers, TV, and radio to promote positive messages about immunizations. Target audience: Parents, especially those who oppose immunizations. Immunization rates in VT are stagnant and providers are expressing concern that parents are hearing all of the negative messages but need to hear positive messages as well.</p> <p>Also, our school laws are outdated. In CY 2006 as new school regulations are expected to be implemented, the Immunization Program will need to spread the word about the new requirements.</p>	\$100,000	\$100,000	\$0
<p>Name: TBD: Immunization Registry</p> <p>Method of Selection: Open competitive bid</p> <p>Period of Performance: 01/01/2006 To 12/31/2006</p> <p>Name of Contractor: TBD: Immunization Registry</p> <p>Method Of Accountability: Actual cost</p> <p>Number Of FTEs Purchased With This Contract: 3.00</p> <p>Justification: Previous work has been done by Vermont Child Health Improvement Program (VCHIP) who most likely will bid again but the state process requires us to use the open competitive bid process again.</p> <p>Scope of work will include:</p> <ul style="list-style-type: none"> Technical support for existing and new users (providers and school nurses); discussion and planning with other states on creating linkages for data exchange; Development and implementation of incentive program to encourage historical data entry; Planning and oversight for development of interfaces to the application for transmission/receipt of data with billing systems, EMRs, and insurers' databases; Solicit stakeholder input to inform development team of next iteration of Immunization Registry; Evaluation activities with user feedback; Assist in writing 5 year business plan; Marketing materials (FAQ sheets; newsletters; training materials) <p>Expected breakdown of costs:</p> <ul style="list-style-type: none"> \$160,000 for Planning, program development, user assessment, evaluation \$160,000 for Technical Support, interface development \$30,000 for Marketing and promotion <p>The activities that will no longer be part of the VCHIP Immunization Registry contract will be moved to two new positions within the Immunization Registry (see personnel). The primary activities to be transitioned to VDH staff are: recruitment, training, and implementation of the Registry with new users; user and non-user surveys (feedback; assessment); and, some administrative functions (e.g. setting-up meetings, mailings, etc.)</p> <p>Proposed staffing:</p> <ul style="list-style-type: none"> Recruitment and outreach consulting .5 FTE Technical support person 1.0 FTE Promotion & marketing person .5 FTE Technical Interface specialist .5 FTE Administrative support .5 FTE 	\$350,000	\$140,000	\$210,000

Name: VCHIP:AFIX

\$104,721

\$52,360

\$52,360

Method of Selection: grant renewal

Period of Performance: 01/01/2006 To 12/31/2006

Name of Contractor: Vermont Child Health Improvement VCHIP

Method Of Accountability: True cost

Number Of FTEs Purchased With This Contract: 1.65

Justification: In 2006, Immunization Program staff will focus combined visits to targeted providers with greatest need for combined visits however, if funding permits, we want to continue to have VCHIP conduct 50 site visits in other sites geographically distant.
Draft Scope of work 2006 AFIX grant with VCHIP:

The grantee will accomplish the following:

1. Travel to Provider sites to perform Assessment, Feedback, Incentives, and eXchange (AFIX) objectives according to the Vermont Department of Health (VDH) AFIX Manual of Operations.
2. Identify records eligible for review at provider sites that meet criteria specified by the VDH.
3. Review immunization records of 24-35 month old children at 50 provider practice sites.
4. Utilize CDC CASA software program to assess up-to-date status of immunization records reviewed, based on 4:3:1:3:3 series.
5. Once trained by the VDH immunization Program, begin utilizing the CDC CASA upgrade, Co-CASA to conduct immunization record assessments.
6. Document Varicella vaccination or disease in 24-35 month old children in each provider practice assessed.
7. Upon completion of the assessment, generate a Missing Immunizations Report and provide a copy to the provider practice.
8. Provide assessment data to the VDH Immunization Program within one week of assessment.
9. Based upon reports generated from the CASA provider practice assessment data by the VDH Immunization Program, write and send result letters to practice immunization contacts (2 per practice) using template provided by the VDH Immunization Program.
10. Based on criteria for selecting eligible practices provided by the VDH Immunization Program, prepare and participate in ten initial feedback visits to present coverage results and recommend office improvements to support improved immunization coverage rates in each practice.
11. Based on criteria developed by the VDH Immunization Program, provide an additional minimum of six hours of interactive quality improvement coaching to each of four provider practices to assist them in implementing office systems improvements designed to increase immunization coverage rates in 24-35 month old children cared for in these practices.
12. Update the AFIX Assessor Training Module, including and modifications necessitated by CDC's release of the CASA replacement software, Co-CASA.
13. Train 12 District Offices to conduct immunization coverage rate assessments of 24-35 month olds in provider practice offices.

Proposed budget: Personnel (including salary & fringe @40%) \$75,969.00

VCHIP personnel 1.65 FTE

Project Director 45%	Kathy Keating
Project Manager 15%	Susan McEwing
Project Coordinator 100%	Maria Nagy
Financial Manager 5%	Susan Burns

Operating expenses:

Supplies \$150

Travel \$3,035

Communications \$928

Postage & Shipping \$100

Printing/photocopying \$435

Total Operating \$4,648

Total Direct Costs (Personnel & Operating) \$80,617.00

Indirects (29.9% based upon FY2005 budget) \$24,104.00

VCHIP Project Total \$104,721.

Contracts Subtotal:	\$554,721	\$292,360	\$262,360
Financial Assistance Totals:	\$554,721	\$292,360	\$262,360

ogram Component Breakdown in Percents For the 2006 Working Draft of Initial Grant Request, (Original) For Vermont - 122529

Personnel Class: Personnel Item / \$ Amount	Program Mgmt			Vaccine Mgmt			Registries		Provider Quality Assurance (PQA)								Service Delivery	Cons. Info	Surv.	Popul. Assess.	Total %
									Provider Site Visits												
	317	VFC	BT	317	Order.	Dist.	317	VFC	VFC Only	AFIX Only	317	VFC	Combined VFC - AFIX	317	VFC	317	VFC	317	317	317	317
Barry / \$70,000	40	60	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	100
Halverson / 10	2	2	0	20	20	20	0	0	15	0	0	0	0	5	0	0	4	3	9	100	
Lefebvre / 10	10	10	0	1	1	2	2	2	10	10	10	10	5	0	5	5	2	5	10	100	
Crandall / 00	0	0	0	0	2	3	0	0	20	10	15	15	10	0	0	5	5	0	15	100	
Sheehey / 00	3	25	0	2	2	3	0	0	20	0	15	10	15	0	0	0	3	0	2	100	
Carroll / 200	0	0	0	30	0	30	5	5	0	0	0	0	0	0	0	0	5	0	25	100	
Ahrens / 000	0	0	0	0	0	0	50	50	0	0	0	0	0	0	0	0	0	0	0	100	
Hardy / \$26,000	0	0	0	0	0	0	10	10	15	0	0	10	0	0	0	0	15	10	30	100	
Thayer / \$60,860	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5	90	5	100	
Dickson / \$550	15	0	0	0	0	0	5	5	0	0	0	0	0	0	0	0	5	40	30	100	
Cook / \$42,602	0	0	0	0	0	0	0	0	0	0	0	0	0	5	5	10	10	40	30	100	
Shoff / \$22,500	1	1	0	8	10	10	3	3	5	7	10	0	0	2	10	10	5	5	10	100	
Tappan / \$55,000	1	1	0	8	10	10	3	3	5	7	10	0	0	2	10	10	5	5	10	100	
Ann Hodges / 250	1	1	0	8	10	10	3	3	5	7	10	0	0	2	10	10	5	5	10	100	
Knorr / 000	1	1	0	8	10	10	3	3	5	7	10	0	0	2	10	10	5	5	10	100	

Employee Class: Personnel Item / \$ Amount	Program Mgmt			Vaccine Mgmt			Registries		Provider Quality Assurance (PQA) Provider Site Visits								Service Delivery	Cons. Info	Surv.	Popul. Assess.	Total %
				VFC					317	VFC	Only	AFIX Only		Combined VFC - AFIX		Other PQA					
	317	VFC	BT	317	Order.	Dist.	317	VFC				317	VFC	317	VFC	317	VFC	317	317	317	317
Death / \$25,500	1	1	0	8	10	10	3	3	5	7	10	0	0	2	10	10	5	5	10	100	
Donge / \$26,500	1	1	0	8	10	10	3	3	5	7	10	0	0	2	10	10	5	5	10	100	
St. Marie / 10	1	1	0	8	10	10	3	3	5	7	10	0	0	2	10	10	5	5	10	100	
De Calvi / \$32,500	1	1	0	8	10	10	3	3	5	7	10	0	0	2	10	10	5	5	10	100	
Harber / \$25,500	1	1	0	8	10	10	3	3	5	7	10	0	0	2	10	10	5	5	10	100	
Marie Achilles / 00	1	1	0	8	10	10	3	3	5	7	10	0	0	2	10	10	5	5	10	100	
Orri / \$24,000	1	1	0	8	10	10	3	3	5	7	10	0	0	2	10	10	5	5	10	100	
Giana Spooner / 000	1	1	0	8	10	10	3	3	5	7	10	0	0	2	10	10	5	5	10	100	
Y Paine / \$42,300	0	0	0	5	5	35	15	15	0	0	0	0	0	5	5	0	10	5	0	100	
Andrus / \$41,350	0	0	0	0	0	0	45	45	0	5	5	0	0	0	0	0	0	0	0	100	
Y Jo Cyr / \$57,000	0	0	0	0	0	0	40	50	0	5	5	0	0	0	0	0	0	0	0	100	
son Howe / \$11,125	0	0	0	0	0	0	5	10	0	0	0	0	0	0	0	5	20	0	60	100	
: Public Health cialist / \$45,000	40	40	0	0	0	0	0	0	0	0	0	5	5	0	0	0	0	0	10	100	
ry Thornton / ,500	15	20	0	0	0	0	5	5	0	0	0	0	0	0	0	0	20	25	10	100	
t Lohff / \$28,000	10	10	0	0	0	0	0	0	0	0	0	0	0	0	0	10	20	40	10	100	
: Public Health cialist / \$40,000	0	0	0	0	0	0	25	50	0	0	0	0	0	0	0	0	0	0	25	100	
: Public Health lyst / \$21,000	0	0	0	0	0	0	50	50	0	0	0	0	0	0	0	0	0	0	0	100	
en Clark / \$40,000	0	0	0	0	0	0	50	50	0	0	0	0	0	0	0	0	0	0	0	100	

Class: Fringe / Indirect Item / \$ Amount	Program Mgmt			Vaccine Mgmt			Registries		Provider Quality Assurance (PQA) Provider Site Visits								Service Delivery	Cons. Info	Surv.	Popul. Assess.	Total %
				VFC					VFC Only	AFIX Only		Combined VFC - AFIX		Other PQA							
	317	VFC	BT	317	Order.	Dist.	317	VFC		317	VFC	317	VFC	317	VFC	317	317	317	317	317	
Cost Rate Of %	5	8	0	4	4	6	11	12	5	3	5	2	2	1	4	4	5	10	9	100	
Rate Of 30.000%	5	8	0	4	4	6	11	12	5	3	5	2	2	1	4	4	5	10	9	100	

Provider Quality Assurance (PQA)
Provider Site Visits

Activity Class: Travel Item / \$ Amount	Program Mgmt			Vaccine Mgmt			Registries		Provider Quality Assurance (PQA) Provider Site Visits						Service Delivery 317	Cons. Info 317	Surv. 317	Popul. Assess. 317	Total %	
	317	VFC	BT	317	Order.	Dist.	317	VFC	VFC Only	AFIX Only		Combined VFC - AFIX		Other PQA						
									317	VFC	317	VFC	317	VFC						317
Program Manager's Travel / \$1,520	44	56	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	100
Annual Immunization Meeting / \$5,600	25	25	0	5	8	1	5	5	0	0	0	0	10	0	0	2	3	8	3	100
Immunization Registry Meeting / \$1,800	20	20	0	0	0	0	18	20	0	0	0	0	0	0	0	0	2	0	20	100
Annual Meeting / \$1,800	0	50	0	0	6	0	0	0	0	0	0	0	40	0	0	0	2	0	2	100
Annual Meeting / \$1,800	22	22	0	3	3	0	2	2	0	20	0	20	0	0	0	0	2	2	2	100
Annual Meeting / \$15,700	0	0	0	0	0	0	0	0	40	0	20	10	30	0	0	0	0	0	0	100
Annual Meeting / \$3,000	10	10	0	0	5	4	0	0	45	0	0	0	0	20	0	5	0	1	0	100
Annual Meeting / \$1,141	0	0	0	0	0	0	50	50	0	0	0	0	0	0	0	0	0	0	0	100

Object Class: Equipment Line Item / \$ Amount	Program Mgmt			Vaccine Mgmt			Registries		Provider Quality Assurance (PQA) Provider Site Visits								Service Delivery	Cons. Info	Surv.	Popul. Assess.	Total %
				VFC					317	VFC	VFC Only	AFIX Only		Combined VFC - AFIX		Other PQA					
	317	VFC	BT	317	Order.	Dist.	317	VFC				317	VFC	317	VFC	317	VFC	317	317	317	317
Thermometers: VFC / \$9,804	0	0	0	25	0	25	0	0	0	0	0	0	0	0	25	25	0	0	0	0	100
Refrigerator magnets / \$1,000	0	0	0	0	0	0	0	0	90	0	0	0	0	10	0	0	0	0	0	0	100
Freezers / \$6,000	0	0	0	40	0	40	0	0	0	0	0	0	0	0	0	0	20	0	0	0	100
Thermometer supplies for VFC / \$516	0	0	0	0	0	0	0	0	0	0	0	0	0	10	90	0	0	0	0	0	100

Object Class: Supplies Line Item / \$ Amount	Program Mgmt			Vaccine Mgmt			Registries		Provider Quality Assurance (PQA) Provider Site Visits						Service Delivery	Cons. Info	Surv.	Popul. Assess.	Total %	
				VFC					VFC Only	AFIX Only		Combined VFC - AFIX		Other PQA						
	317	VFC	BT	317	Order.	Dist.	317	VFC		317	VFC	317	VFC	317	VFC	317	317	317	317	
Office supplies / \$44,000	25	25	0	0	0	0	0	0	0	10	10	0	25	0	0	0	5	0	0	100
Printing costs / \$28,000	12	15	0	0	3	2	5	5	0	0	18	0	0	0	15	0	15	0	10	100
"Pink Books" / \$5,800	5	15	0	10	10	0	0	0	50	0	0	0	0	0	0	10	0	0	0	100

Object Class: Contracts Line Item / \$ Amount	Program Mgmt			Vaccine Mgmt			Registries		Provider Quality Assurance (PQA) Provider Site Visits								Service Delivery 317	Cons. Info 317	Surv. 317	Popul. Assess. 317	Total %
	317	VFC	BT	VFC			317	VFC	VFC Only	AFIX Only		Combined VFC - AFIX		Other PQA							
				317	Order.	Dist.				317	VFC	317	VFC	317	VFC						
VCHIP:AFIX / \$104,721	0	0	0	0	0	0	0	0	0	50	50	0	0	0	0	0	0	0	0	100	
PDI Creative / \$100,000	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	60	0	40	100
TBD: Immunization Registry / \$350,000	0	0	0	0	0	0	40	60	0	0	0	0	0	0	0	0	0	0	0	0	100

Object Class: Vaccine Line Item / \$ Amount	Program Mgmt			Vaccine Mgmt			Registries		Provider Quality Assurance (PQA) Provider Site Visits								Service Delivery	Cons. Info	Surv.	Popul. Assess.	Total %
									317	VFC	BT	317	Order.	Dist.	317	VFC					
	317	VFC	317	VFC	317	VFC	317	VFC									317	VFC			
DA Vaccine (317) / \$2,650,508	0	0	0	100	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	100	
DA Vaccine (VFC) / \$4,369,382	0	0	0	0	100	0	0	0	0	0	0	0	0	0	0	0	0	0	0	100	
FA Vaccine (317) / \$3,305	0	0	0	100	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	100	

Object Class: Other Line Item / \$ Amount	Program Mgmt			Vaccine Mgmt			Registries		Provider Quality Assurance (PQA) Provider Site Visits								Service Delivery 317	Cons. Info 317	Surv. 317	Popul. Assess. 317	Total %
	317	VFC	BT	VFC		317	VFC	VFC Only	AFIX Only		Combined VFC - AFIX		Other PQA								
				317	Order.				Dist.	317	VFC	317	VFC	317	VFC						
Medical supplies / \$14,000	0	0	0	0	0	15	0	0	0	0	0	0	0	0	0	0	85	0	0	0	100
Shipping of vaccine / \$16,000	0	0	0	42	0	58	0	0	0	0	0	0	0	0	0	0	0	0	0	0	100

Program Component Breakdown in Dollars For the 2006 Working Draft of Initial Grant Request, (Original) For Vermont - 122529

Object Class: Personnel

Line Item / \$ Amount	Provider Quality Assurance (PQA)																		
	Program Mgmt			Vaccine Mgmt			Registries		VFC Only	Provider Site Visits						Service Delivery	Cons. Info	Surv.	Popul. Assess.
	317	VFC	BT	317	Order.	Dist.	317	VFC		AFIX Only		Combined VFC - AFIX		Other PQA					
								317	VFC	317	VFC	317	VFC	317	VFC	317	317	317	
Susan Barry / \$70,000	\$28,000	\$42,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Karen Halverson / \$45,000	\$900	\$900	\$0	\$9,000	\$9,000	\$9,000	\$0	\$0	\$6,750	\$0	\$0	\$0	\$0	\$2,250	\$0	\$0	\$1,800	\$1,350	\$4,050
Nancy Lefebvre / \$54,000	\$5,400	\$5,400	\$0	\$540	\$540	\$1,080	\$1,080	\$1,080	\$5,400	\$5,400	\$5,400	\$5,400	\$2,700	\$0	\$2,700	\$2,700	\$1,080	\$2,700	\$5,400
Maura Crandall / \$50,000	\$0	\$0	\$0	\$0	\$1,000	\$1,500	\$0	\$0	\$10,000	\$5,000	\$7,500	\$7,500	\$5,000	\$0	\$0	\$2,500	\$2,500	\$0	\$7,500
Miriam Sheehey / \$52,000	\$1,560	\$13,000	\$0	\$1,040	\$1,040	\$1,560	\$0	\$0	\$10,400	\$0	\$7,800	\$5,200	\$7,800	\$0	\$0	\$0	\$1,560	\$0	\$1,560
Colleen Carroll / \$30,200	\$0	\$0	\$0	\$9,060	\$0	\$9,060	\$1,510	\$1,510	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,510	\$0	\$7,050
Brigid Ahrens / \$50,000	\$0	\$0	\$0	\$0	\$0	\$0	\$25,000	\$25,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Lisa Hardy / \$26,000	\$0	\$0	\$0	\$0	\$0	\$0	\$2,600	\$2,600	\$3,900	\$0	\$0	\$2,600	\$0	\$0	\$0	\$0	\$3,900	\$2,600	\$6,500
Nancy Thayer / \$60,860	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3,043	\$54,774	\$57,817
Don Dickson / \$550	\$82	\$0	\$0	\$0	\$0	\$0	\$27	\$27	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$27	\$220	\$247
Sally Cook / \$42,602	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,130	\$2,130	\$4,260	\$4,260	\$17,040	\$23,490
Steve Shoff / \$22,500	\$225	\$225	\$0	\$1,800	\$2,250	\$2,250	\$675	\$675	\$1,125	\$1,575	\$2,250	\$0	\$0	\$450	\$2,250	\$2,250	\$1,125	\$1,125	\$2,250
Sally Tappan / \$55,000	\$550	\$550	\$0	\$4,400	\$5,500	\$5,500	\$1,650	\$1,650	\$2,750	\$3,850	\$5,500	\$0	\$0	\$1,100	\$5,500	\$5,500	\$2,750	\$2,750	\$5,500

Program Component Breakdown in Dollars For the 2006 Working Draft of Initial Grant Request, (Original) For Vermont - 122529

Object Class: Personnel

Line Item / \$ Amount	Program Mgmt			Vaccine Mgmt			Registries		VFC Only	Provider Quality Assurance (PQA) Provider Site Visits						Service Delivery 317	Cons. Info 317	Surv. 317	Popul. Assess. 317
	317	VFC	BT	VFC			317	VFC		AFIX Only		Combined VFC - AFIX		Other PQA					
				317	Order.	Dist.				317	VFC	317	VFC	317	VFC				
Mary Ann Hodges / \$32,250	\$322	\$322	\$0	\$2,580	\$3,225	\$3,225	\$967	\$967	\$1,612	\$2,257	\$3,225	\$0	\$0	\$645	\$3,225	\$3,225	\$1,612	\$1,612	\$3,22
Alberta Knorr / \$26,000	\$260	\$260	\$0	\$2,080	\$2,600	\$2,600	\$780	\$780	\$1,300	\$1,820	\$2,600	\$0	\$0	\$520	\$2,600	\$2,600	\$1,300	\$1,300	\$2,60
Jeff Heath / \$25,500	\$255	\$255	\$0	\$2,040	\$2,550	\$2,550	\$765	\$765	\$1,275	\$1,785	\$2,550	\$0	\$0	\$510	\$2,550	\$2,550	\$1,275	\$1,275	\$2,5
Pat St. Onge / \$26,500	\$265	\$265	\$0	\$2,120	\$2,650	\$2,650	\$795	\$795	\$1,325	\$1,855	\$2,650	\$0	\$0	\$530	\$2,650	\$2,650	\$1,325	\$1,325	\$2,6
Lisa Ste. Marie / \$26,000	\$260	\$260	\$0	\$2,080	\$2,600	\$2,600	\$780	\$780	\$1,300	\$1,820	\$2,600	\$0	\$0	\$520	\$2,600	\$2,600	\$1,300	\$1,300	\$2,
JoAnne Calvi / \$32,500	\$325	\$325	\$0	\$2,600	\$3,250	\$3,250	\$975	\$975	\$1,625	\$2,275	\$3,250	\$0	\$0	\$650	\$3,250	\$3,250	\$1,625	\$1,625	\$3
Sue Barber / \$25,500	\$255	\$255	\$0	\$2,040	\$2,550	\$2,550	\$765	\$765	\$1,275	\$1,785	\$2,550	\$0	\$0	\$510	\$2,550	\$2,550	\$1,275	\$1,275	\$
Marjorie Achilles / \$28,000	\$280	\$280	\$0	\$2,240	\$2,800	\$2,800	\$840	\$840	\$1,400	\$1,960	\$2,800	\$0	\$0	\$560	\$2,800	\$2,800	\$1,400	\$1,400	\$
Sarah Orr / \$24,000	\$240	\$240	\$0	\$1,920	\$2,400	\$2,400	\$720	\$720	\$1,200	\$1,680	\$2,400	\$0	\$0	\$480	\$2,400	\$2,400	\$1,200	\$1,200	
Georgiana Spooner / \$30,000	\$300	\$300	\$0	\$2,400	\$3,000	\$3,000	\$900	\$900	\$1,500	\$2,100	\$3,000	\$0	\$0	\$600	\$3,000	\$3,000	\$1,500	\$1,500	
Terry Paine / \$42,300	\$0	\$0	\$0	\$2,115	\$2,115	\$14,805	\$6,345	\$6,345	\$0	\$0	\$0	\$0	\$0	\$2,115	\$2,115	\$0	\$4,230	\$2,115	
Ed Andrus / \$41,350	\$0	\$0	\$0	\$0	\$0	\$0	\$18,607	\$18,607	\$0	\$2,067	\$2,067	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Becky Jo Cyr /	\$0	\$0	\$0	\$0	\$0	\$0	\$22,800	\$28,500	\$0	\$2,850	\$2,850	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

Program Component Breakdown in Dollars For the 2006 Working Draft of Initial Grant Request, (Original) For Vermont - 122529

Object Class: Personnel

Line Item / \$ Amount	Program Mgmt			Vaccine Mgmt			Registries		VFC Only	Provider Quality Assurance (PQA) Provider Site Visits						Service Delivery 317	Cons. Info 317	Surv. 317	Popul. Assess. 317	
	Program Mgmt		BT	VFC		Dist.	317	VFC		AFIX Only		Combined VFC - AFIX		Other PQA						
	317	VFC		317	Order.					317	VFC	317	VFC	317	VFC					317
\$57,000																				
Alison Howe / \$11,125	\$0	\$0	\$0	\$0	\$0	\$0	\$556	\$1,112	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$556	\$2,225	\$0	\$6,600
new: Public Health Specialist / \$45,000	\$18,000	\$18,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,250	\$2,250	\$0	\$0	\$0	\$0	\$0	\$0	\$4,500
Gerry Thornton / \$19,500	\$2,925	\$3,900	\$0	\$0	\$0	\$0	\$975	\$975	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3,900	\$4,875	\$1,725
Cort Lohff / \$28,000	\$2,800	\$2,800	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,800	\$5,600	\$11,200	\$7,000
new: Public Health Specialist / \$40,000	\$0	\$0	\$0	\$0	\$0	\$0	\$10,000	\$20,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,000
new: Public Health Analyst / \$21,000	\$0	\$0	\$0	\$0	\$0	\$0	\$10,500	\$10,500	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Karen Clark / \$40,000	\$0	\$0	\$0	\$0	\$0	\$0	\$20,000	\$20,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Personnel Subtotal \$1,180,237	\$63,205	\$89,537	\$0	\$50,055	\$49,070	\$72,380	\$130,614	\$146,870	\$54,137	\$40,080	\$60,992	\$22,950	\$17,750	\$13,570	\$42,320	\$48,191	\$53,323	\$114,562	\$1,180,237	

Program Component Breakdown in Dollars For the 2006 Working Draft of Initial Grant Request, (Original) For Vermont - 122529

Object Class: Fringe / Indirect

Line Item / \$ Amount	Program Mgmt			Vaccine Mgmt			Registries		VFC Only	Provider Quality Assurance (PQA) Provider Site Visits						Service Delivery	Cons. Info	Surv.	Popul. Assess.
	VFC		BT	VFC		VFC	317	VFC		AFIX Only		Combined VFC - AFIX		Other PQA					
	317	VFC		317	Order.					Dist.	317	VFC	317	VFC	317				
Indirect Rate Of 55.000%	\$34,762	\$49,245	\$0	\$27,530	\$26,988	\$39,809	\$71,837	\$80,778	\$29,775	\$22,044	\$33,545	\$12,622	\$9,762	\$7,463	\$23,276	\$26,505	\$29,327	\$63,009	\$60,8
Fringe Rate Of 30.000%	\$18,961	\$26,861	\$0	\$15,016	\$14,721	\$21,714	\$39,184	\$44,061	\$16,241	\$12,024	\$18,297	\$6,885	\$5,325	\$4,071	\$12,696	\$14,457	\$15,997	\$34,368	\$33,
Fringe / Indirect Subtotal	\$53,724	\$76,106	\$0	\$42,546	\$41,709	\$61,523	\$111,022	124,840	\$46,016	\$34,068	\$51,843	\$19,507	\$15,087	\$11,534	\$35,972	\$40,962	\$45,324	\$97,378	\$94,

Program Component Breakdown in Dollars For the 2006 Working Draft of Initial Grant Request, (Original) For Vermont - 122529

Object Class: Travel

Line Item / \$ Amount	Program Mgmt			Vaccine Mgmt			Registries		VFC Only	Provider Quality Assurance (PQA) Provider Site Visits						Service Delivery 317	Cons. Info 317	Surv. 317	Popul. Assess. 317
	Program Mgmt		BT	VFC		Dist.	Registries			AFIX Only		Combined VFC - AFIX		Other PQA					
	317	VFC		317	Order.		317	VFC		317	VFC	317	VFC	317	VFC				
Program manager's Meeting / \$1,520	\$668	\$851	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
National Immunization confere / \$5,600	\$1,400	\$1,400	\$0	\$280	\$448	\$56	\$280	\$280	\$0	\$0	\$0	\$0	\$560	\$0	\$0	\$112	\$168	\$448	\$0
Immunization Registry Confere / \$1,800	\$360	\$360	\$0	\$0	\$0	\$0	\$324	\$360	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$36	\$0	\$0
VFC National Meeting / \$1,800	\$0	\$900	\$0	\$0	\$108	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$720	\$0	\$0	\$0	\$36	\$0	\$0
AFIX Meeting / \$1,800	\$396	\$396	\$0	\$54	\$54	\$0	\$36	\$36	\$0	\$360	\$0	\$360	\$0	\$0	\$0	\$0	\$36	\$36	\$0
In state for VFC/AFIX site v / \$15,700	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$6,280	\$0	\$3,140	\$1,570	\$4,710	\$0	\$0	\$0	\$0	\$0	\$0
In-state Continuing Education / \$3,000	\$300	\$300	\$0	\$0	\$150	\$120	\$0	\$0	\$1,350	\$0	\$0	\$0	\$0	\$600	\$0	\$150	\$0	\$30	\$0
For Registry / \$1,141	\$0	\$0	\$0	\$0	\$0	\$0	\$570	\$570	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Travel Subtotal \$32,361	\$3,124	\$4,207	\$0	\$334	\$760	\$176	\$1,210	\$1,246	\$7,630	\$360	\$3,140	\$1,930	\$5,990	\$600	\$0	\$262	\$276	\$514	\$0

Program Component Breakdown in Dollars For the 2006 Working Draft of Initial Grant Request, (Original) For Vermont - 122529

Object Class: Equipment

Line Item / \$ Amount	Program Mgmt			Vaccine Mgmt			Registries		VFC Only	Provider Quality Assurance (PQA) Provider Site Visits						Service Delivery 317	Cons. Info 317	Surv. 317	Popul. Assess. 317
	VFC		BT	VFC		Dist.	317	VFC		AFIX Only		Combined VFC - AFIX		Other PQA					
	317	VFC		317	Order.					317	VFC	317	VFC	317	VFC				
Thermometers: VFC / \$9,804	\$0	\$0	\$0	\$2,451	\$0	\$2,451	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,451	\$2,451	\$0	\$0	\$0	
Refrigerator magnets / \$1,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$900	\$0	\$0	\$0	\$0	\$100	\$0	\$0	\$0	\$0	
Freezers / \$6,000	\$0	\$0	\$0	\$2,400	\$0	\$2,400	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,200	\$0	\$0	
Thermometer supplies for VFC / \$516	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$51	\$464	\$0	\$0	\$0	
Equipment Subtotal \$17,320	\$0	\$0	\$0	\$4,851	\$0	\$4,851	\$0	\$0	\$900	\$0	\$0	\$0	\$0	\$2,602	\$2,915	\$1,200	\$0	\$0	

Program Component Breakdown in Dollars For the 2006 Working Draft of Initial Grant Request, (Original) For Vermont - 122529

Object Class: Supplies

Line Item / \$ Amount	Program Mgmt			Vaccine Mgmt			Registries		VFC Only	Provider Quality Assurance (PQA) Provider Site Visits						Service Delivery 317	Cons. Info 317	Surv. 317	Popul. Assess. 317
	Program Mgmt		BT	VFC			317	VFC		AFIX Only		Combined VFC - AFIX		Other PQA					
	317	VFC		317	Order.	Dist.				317	VFC	317	VFC	317	VFC				
Office supplies / \$44,000	\$11,000	\$11,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$4,400	\$4,400	\$0	\$11,000	\$0	\$0	\$0	\$2,200	\$0	
Printing costs / \$28,000	\$3,360	\$4,200	\$0	\$0	\$840	\$560	\$1,400	\$1,400	\$0	\$0	\$5,040	\$0	\$0	\$0	\$4,200	\$0	\$4,200	\$0	\$2,800
"Pink Books" / \$5,800	\$290	\$870	\$0	\$580	\$580	\$0	\$0	\$0	\$2,900	\$0	\$0	\$0	\$0	\$0	\$0	\$580	\$0	\$0	\$0
Supplies Subtotal \$77,800	\$14,650	\$16,070	\$0	\$580	\$1,420	\$560	\$1,400	\$1,400	\$2,900	\$4,400	\$9,440	\$0	\$11,000	\$0	\$4,200	\$580	\$6,400	\$0	\$2,800

Program Component Breakdown in Dollars For the 2006 Working Draft of Initial Grant Request, (Original) For Vermont - 122529

Object Class: Contracts

Line Item / \$ Amount	Program Mgmt						Registries		VFC Only	Provider Quality Assurance (PQA) Provider Site Visits						Service Delivery 317	Cons. Info 317	Surv. 317	Popul. Assess. 317	
	Program Mgmt			Vaccine Mgmt			317	VFC		AFIX Only		Combined VFC - AFIX		Other PQA						
	317	VFC	BT	317	Order.	Dist.				317	VFC	317	VFC	317	VFC					
VCHIP:AFIX / \$104,721	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$52,360	\$52,360	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
PDI Creative / \$100,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$60,000	\$0	\$40,000
TBD: Immunization Registry / \$350,000	\$0	\$0	\$0	\$0	\$0	\$0	140,000	210,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Contracts Subtotal \$554,721	\$0	\$0	\$0	\$0	\$0	\$0	\$140,000	210,000	\$0	\$52,360	\$52,360	\$0	\$0	\$0	\$0	\$0	\$0	\$60,000	\$0	\$40,000

Program Component Breakdown in Dollars For the 2006 Working Draft of Initial Grant Request, (Original) For Vermont - 122529

Object Class: Vaccine

Line Item / \$ Amount	Program Mgmt			Vaccine Mgmt			Registries		VFC Only	Provider Quality Assurance (PQA) Provider Site Visits						Service Delivery 317	Cons. Info 317	Surv. 317	Popul. Assess. 317
	317	VFC	BT	VFC			317	VFC		AFIX Only		Combined VFC - AFIX		Other PQA					
				317	Order.	Dist.				317	VFC	317	VFC	317	VFC				
DA Vaccine (317) / \$2,650,508	\$0	\$0	\$0	***,***	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
DA Vaccine (VFC) / \$4,369,382	\$0	\$0	\$0	\$0	***,***	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
FA Vaccine (317) / \$3,305	\$0	\$0	\$0	\$3,305	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Vaccine Subtotal \$7,023,195	\$0	\$0	\$0	\$2,653,813	\$4,369,382	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

Program Component Breakdown in Dollars For the 2006 Working Draft of Initial Grant Request, (Original) For Vermont - 122529

Object Class: Other

Line Item / \$ Amount	Program Mgmt									Provider Quality Assurance (PQA) Provider Site Visits						Service Delivery 317	Cons. Info 317	Surv. 317	Popul. Assess. 317	
	Program Mgmt			Vaccine Mgmt			Registries			VFC Only	AFIX Only		Combined VFC - AFIX		Other PQA					
	317	VFC	BT	317	Order.	Dist.	317	VFC	317		VFC	317	VFC	317	VFC					
Medical supplies / \$14,000	\$0	\$0	\$0	\$0	\$0	\$2,100	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$11,900	\$0	\$0	
Shipping of vaccine / \$16,000	\$0	\$0	\$0	\$6,720	\$0	\$9,280	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Other Subtotal \$30,000	\$0	\$0	\$0	\$6,720	\$0	\$11,380	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$11,900	\$0	\$0	

Grant Totals

Total \$ Amount	Program Mgmt			Vaccine Mgmt			Registries		VFC Only	AFIX Only		Combined VFC - AFIX		Other PQA		Cons. Info 317	Popul. Assess. 317
	317	VFC	BT	Order.	VFC	Dist.	317	VFC		317	VFC	317	VFC	317	VFC		
\$8,915,719	\$134,704	\$185,921	\$0	\$150,870	\$384,245	\$484,356	\$111,584	\$131,268	\$177,776	\$44,387	\$49,827	\$28,307	\$85,407	\$165,323	\$24		
	Program Mgmt BT			Vaccine Mgmt 317											Service Delivery 317	Surv. 317	
	\$0			\$2,758,899											\$103,096	\$212,454	

**Program Operations Breakdown For The 2006 Working Draft of Initial Grant Request, (Original) For Vermont -
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Line Item	Item Cost	VFC Ops	VFC Ordering	VFC Distribution	VFC AFIX	VFC Cost	317Cost
Susan Barry	\$70,000	\$42,000	\$0	\$0	\$0	\$42,000	\$28,000
Karen Halverson	\$45,000	\$7,650	\$9,000	\$9,000	\$0	\$25,650	\$19,350
Nancy Lefebvre	\$54,000	\$14,580	\$540	\$1,080	\$8,100	\$24,300	\$29,700
Maura Crandall	\$50,000	\$10,000	\$1,000	\$1,500	\$12,500	\$25,000	\$25,000
Miriam Sheehey	\$52,000	\$23,400	\$1,040	\$1,560	\$15,600	\$41,600	\$10,400
Colleen Carroll	\$30,200	\$1,510	\$0	\$9,060	\$0	\$10,570	\$19,630
Brigid Ahrens	\$50,000	\$25,000	\$0	\$0	\$0	\$25,000	\$25,000
Lisa Hardy	\$26,000	\$6,500	\$0	\$0	\$0	\$6,500	\$19,500
Nancy Thayer	\$60,860	\$0	\$0	\$0	\$0	\$0	\$60,860
Don Dickson	\$550	\$27	\$0	\$0	\$0	\$27	\$522
Sally Cook	\$42,602	\$2,130	\$0	\$0	\$0	\$2,130	\$40,471
Steve Shoff	\$22,500	\$4,275	\$2,250	\$2,250	\$2,250	\$11,025	\$11,475
Sally Tappan	\$55,000	\$10,450	\$5,500	\$5,500	\$5,500	\$26,950	\$28,050
Mary Ann Hodges	\$32,250	\$6,127	\$3,225	\$3,225	\$3,225	\$15,802	\$16,447
Alberta Knorr	\$26,000	\$4,940	\$2,600	\$2,600	\$2,600	\$12,740	\$13,260
Jeff Heath	\$25,500	\$4,845	\$2,550	\$2,550	\$2,550	\$12,495	\$13,005
Pat St. Onge	\$26,500	\$5,035	\$2,650	\$2,650	\$2,650	\$12,985	\$13,515
Lisa Ste. Marie	\$26,000	\$4,940	\$2,600	\$2,600	\$2,600	\$12,740	\$13,260
JoAnne Calvi	\$32,500	\$6,175	\$3,250	\$3,250	\$3,250	\$15,925	\$16,575
Sue Barber	\$25,500	\$4,845	\$2,550	\$2,550	\$2,550	\$12,495	\$13,005
Marjorie Achilles	\$28,000	\$5,320	\$2,800	\$2,800	\$2,800	\$13,720	\$14,280
Sarah Orr	\$24,000	\$4,560	\$2,400	\$2,400	\$2,400	\$11,760	\$12,240
Georgiana Spooner	\$30,000	\$5,700	\$3,000	\$3,000	\$3,000	\$14,700	\$15,300
Terry Paine	\$42,300	\$8,460	\$2,115	\$14,805	\$0	\$25,380	\$16,920
Ed Andrus	\$41,350	\$18,607	\$0	\$0	\$2,067	\$20,675	\$20,675
Becky Jo Cyr	\$57,000	\$28,500	\$0	\$0	\$2,850	\$31,350	\$25,650
Alison Howe	\$11,125	\$1,112	\$0	\$0	\$0	\$1,112	\$10,013
new:Public Health Specialist	\$45,000	\$18,000	\$0	\$0	\$2,250	\$20,250	\$24,750
Gerry Thornton	\$19,500	\$4,875	\$0	\$0	\$0	\$4,875	\$14,625
Cort Lohff	\$28,000	\$2,800	\$0	\$0	\$0	\$2,800	\$25,200

**Program Operations Breakdown For The 2006 Working Draft of Initial Grant Request, (Original) For Vermont -
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Line Item	Item Cost	VFC Ops	VFC Ordering	VFC Distribution	VFC AFIX	VFC Cost	317Cost
new: Public Health Specialist	\$40,000	\$20,000	\$0	\$0	\$0	\$20,000	\$20,000
new: Public Health Analyst	\$21,000	\$10,500	\$0	\$0	\$0	\$10,500	\$10,500
Karen Clark	\$40,000	\$20,000	\$0	\$0	\$0	\$20,000	\$20,000
Personnel Subtotal:	\$1,180,237	\$332,865	\$49,070	\$0	\$78,742	\$533,057	\$647,179
Indirect Rate Of 55.000%	\$649,130	\$183,075	\$26,988	\$39,809	\$43,308	\$293,181	\$355,948
Fringe Rate Of 30.000%	\$354,071	\$99,859	\$14,721	\$21,714	\$23,622	\$159,917	\$194,153
Fringe / Indirect Subtotal:	\$1,003,201	\$282,935	\$41,709	\$21,714	\$66,931	\$453,098	\$550,102
Program manager's Meeting	\$1,520	\$851	\$0	\$0	\$0	\$851	\$668
National Immunization confere	\$5,600	\$1,680	\$448	\$56	\$560	\$2,744	\$2,856
Immunization Registry Confere	\$1,800	\$720	\$0	\$0	\$0	\$720	\$1,080
VFC National Meeting	\$1,800	\$900	\$108	\$0	\$720	\$1,728	\$72
AFIX Meeting	\$1,800	\$432	\$54	\$0	\$0	\$486	\$1,314
In state for VFC/AFIX site v	\$15,700	\$6,280	\$0	\$0	\$7,850	\$14,130	\$1,570
In-state Continuing Education	\$3,000	\$1,650	\$150	\$120	\$0	\$1,920	\$1,080
For Registry	\$1,141	\$570	\$0	\$0	\$0	\$570	\$570
Travel Subtotal:	\$32,361	\$13,083	\$760	\$0	\$9,130	\$23,149	\$9,211
Thermometers: VFC	\$9,804	\$2,451	\$0	\$2,451	\$0	\$4,902	\$4,902
Refrigerator magnets	\$1,000	\$900	\$0	\$0	\$0	\$900	\$100
Freezers	\$6,000	\$0	\$0	\$2,400	\$0	\$2,400	\$3,600
Thermometer supplies for VFC	\$516	\$464	\$0	\$0	\$0	\$464	\$51
Equipment Subtotal:	\$17,320	\$3,815	\$0	\$0	\$0	\$8,666	\$8,653
Office supplies	\$44,000	\$11,000	\$0	\$0	\$15,400	\$26,400	\$17,600
Printing costs	\$28,000	\$9,800	\$840	\$560	\$5,040	\$16,240	\$11,760
"Pink Books"	\$5,800	\$3,770	\$580	\$0	\$0	\$4,350	\$1,450
Supplies Subtotal:	\$77,800	\$24,570	\$1,420	\$0	\$20,440	\$46,990	\$30,810
VCHIP:AFIX	\$104,721	\$0	\$0	\$0	\$52,360	\$52,360	\$52,360
PDI Creative	\$100,000	\$0	\$0	\$0	\$0	\$0	\$100,000
TBD: Immunization Registry	\$350,000	\$210,000	\$0	\$0	\$0	\$210,000	\$140,000
Contracts Subtotal:	\$554,721	\$210,000	\$0	\$0	\$52,360	\$262,360	\$292,360
FA Funding Totals	\$2,865,640	\$867,269	\$92,959	\$139,490	\$227,604	\$1,327,323	\$1,538,310

**Program Operations Breakdown For The 2006 Working Draft of Initial Grant Request, (Original) For Vermont -
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Line Item	Item Cost	VFC Ops	VFC Ordering	VFC Distribution	VFC AFIX	VFC Cost	317Cost
DA Vaccine (317)	\$2,650,508	\$0	\$0	\$0	\$0	\$0	\$2,650,508
DA Vaccine (VFC)	\$4,369,382	\$0	\$4,369,382	\$0	\$0	\$4,369,382	\$0
Vaccine Subtotal:	\$7,019,890	\$0	\$4,369,382	\$0	\$0	\$4,369,382	\$2,650,508
DA Funding Totals	\$7,019,890	\$0	\$4,369,382	\$0	\$0	\$4,369,382	\$2,650,508
FA Vaccine (317)	\$3,305	\$0	\$0	\$0	\$0	\$0	\$3,305
Vaccine Subtotal:	\$3,305	\$0	\$0	\$0	\$0	\$0	\$3,305
Medical supplies	\$14,000	\$0	\$0	\$2,100	\$0	\$2,100	\$11,900
Shipping of vaccine	\$16,000	\$0	\$0	\$9,280	\$0	\$9,280	\$6,720
Other Subtotal:	\$30,000	\$0	\$0	\$9,280	\$0	\$11,380	\$18,620
FA Funding Totals	\$33,305	\$0	\$0	\$11,380	\$0	\$11,380	\$21,925
Vermont Totals	\$9,918,835	\$867,269	\$4,462,341	\$150,870	\$227,604	\$5,708,085	\$4,210,750

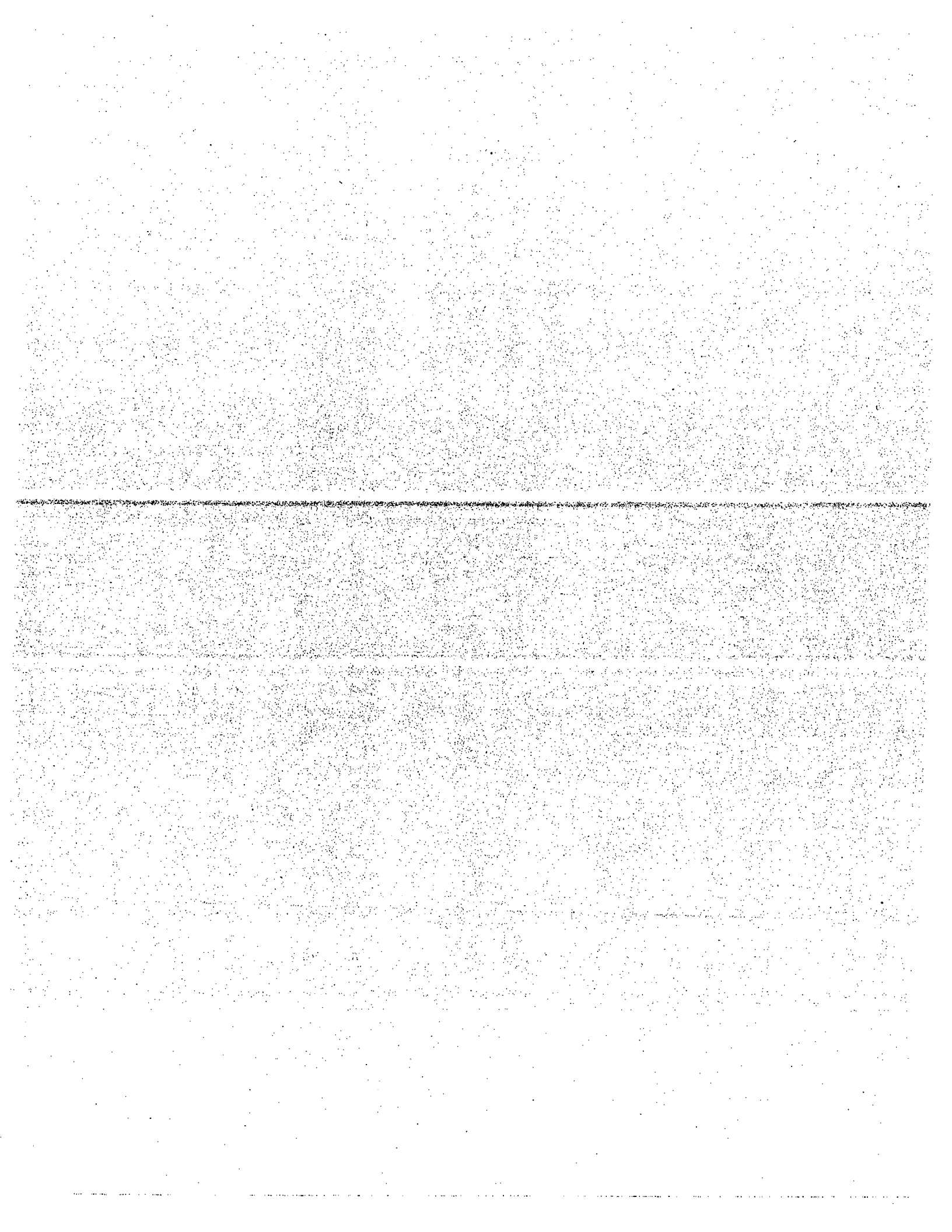
Object Class Breakdown For The 2006 Working Draft of Initial Grant Request, (Original) For Vermont - 122529

	Personnel	Fringe	Equipment	Supplies	Travel	Other	Vaccine	Contracts	Indirect	Total
Vaccine Management	\$0	\$0	\$0	\$0	\$0	\$0	\$2,650,508	\$0	\$0	\$2,650,508
DA 317 Subtotals	\$0	\$0	\$0	\$0	\$0	\$0	\$2,650,508	\$0	\$0	\$2,650,508
Vaccine Management Ordering	\$0	\$0	\$0	\$0	\$0	\$0	\$4,369,382	\$0	\$0	\$4,369,382
DA VFC Subtotals	\$0	\$0	\$0	\$0	\$0	\$0	\$4,369,382	\$0	\$0	\$4,369,382
DA Funding Totals	\$0	\$0	\$0	\$0	\$0	\$0	\$7,019,890	\$0	\$0	\$7,019,890
Program Management	\$63,205	\$18,961	\$0	\$14,650	\$3,124	\$0	\$0	\$0	\$34,762	\$134,704
Vaccine Management	\$50,055	\$15,016	\$4,851	\$580	\$334	\$6,720	\$3,305	\$0	\$27,530	\$108,391
Consumer Information	\$53,323	\$15,996	\$0	\$6,400	\$276	\$0	\$0	\$60,000	\$29,327	\$165,323
Surveillance	\$114,562	\$34,368	\$0	\$0	\$514	\$0	\$0	\$0	\$63,009	\$212,454
Population Assessment	\$110,628	\$33,188	\$0	\$2,800	\$600	\$0	\$0	\$40,000	\$60,845	\$248,062
PQA Other	\$13,570	\$4,071	\$2,602	\$0	\$600	\$0	\$0	\$0	\$7,463	\$28,307
Registries	\$130,613	\$39,184	\$0	\$1,400	\$1,210	\$0	\$0	\$140,000	\$71,837	\$384,245
Service Delivery	\$48,191	\$14,457	\$1,200	\$580	\$262	\$11,900	\$0	\$0	\$26,505	\$103,096
PQA AFIX	\$40,080	\$12,024	\$0	\$4,400	\$360	\$0	\$0	\$52,360	\$22,044	\$131,268
PQA Combined	\$22,950	\$6,885	\$0	\$0	\$1,930	\$0	\$0	\$0	\$12,622	\$44,387
FA 317 Subtotals	\$647,179	\$194,153	\$8,653	\$30,810	\$9,211	\$18,620	\$3,305	\$292,360	\$355,948	\$1,560,242
Program Management	\$89,537	\$26,861	\$0	\$16,070	\$4,207	\$0	\$0	\$0	\$49,245	\$185,921
Vaccine Management Ordering	\$49,070	\$14,721	\$0	\$1,420	\$760	\$0	\$0	\$0	\$26,988	\$92,959
Vaccine Management Dstrbtn.	\$72,380	\$21,714	\$4,851	\$560	\$176	\$11,380	\$0	\$0	\$39,809	\$150,870
PQA	\$54,137	\$16,241	\$900	\$2,900	\$7,630	\$0	\$0	\$0	\$29,775	\$111,584
Registries	\$146,870	\$44,061	\$0	\$1,400	\$1,246	\$0	\$0	\$210,000	\$80,778	\$484,356
PQA Other	\$42,320	\$12,696	\$2,915	\$4,200	\$0	\$0	\$0	\$0	\$23,276	\$85,407
PQA AFIX	\$60,992	\$18,297	\$0	\$9,440	\$3,140	\$0	\$0	\$52,360	\$33,545	\$177,776
PQA Combined	\$17,750	\$5,325	\$0	\$11,000	\$5,990	\$0	\$0	\$0	\$9,762	\$49,827
FA VFC Subtotals	\$533,057	\$159,917	\$8,666	\$46,990	\$23,149	\$11,380	\$0	\$262,360	\$293,181	\$1,338,703
FA Funding Totals	\$1,180,237	\$354,071	\$17,320	\$77,800	\$32,361	\$30,000	\$3,305	\$554,721	\$649,130	\$2,898,945
Vermont	\$1,180,237	\$354,071	\$17,320	\$77,800	\$32,361	\$30,000	\$7,023,195	\$554,721	\$649,130	\$9,918,835

Program Operations For the 2006 Working Draft of Initial Grant Request, (Original) For Vermont - 122529

	Total Award	Operations	Ordering	Distribution	VFC AFIX	VFC Total	317 Total
Financial Assistance (FA)							
Personnel	\$1,180,237	\$332,865	\$49,070	\$72,380	\$78,742	\$533,057	\$647,179
Fringe	\$354,071	\$99,859	\$14,721	\$21,714	\$23,622	\$159,917	\$194,153
Travel	\$32,361	\$13,083	\$760	\$176	\$9,130	\$23,149	\$9,211
Equipment	\$17,320	\$3,815	\$0	\$4,851	\$0	\$8,666	\$8,653
Supplies	\$77,800	\$24,570	\$1,420	\$560	\$20,440	\$46,990	\$30,810
Contracts	\$554,721	\$210,000	\$0	\$0	\$52,360	\$262,360	\$292,360
Other	\$30,000	\$0	\$0	\$11,380	\$0	\$11,380	\$18,620
Indirect Costs	\$649,130	\$183,075	\$26,988	\$39,809	\$43,308	\$293,181	\$355,948
FA Operations Total:	\$2,895,640	\$867,269	\$92,959	\$150,870	\$227,604	\$1,338,703	\$1,556,937
Direct Assistance (DA)							
DA Other (GSA Contracts)	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Program Operations Subtotal:	\$2,895,640	\$867,269	\$92,959	\$150,870	\$227,604	\$1,338,703	\$1,556,937
DA Salaries	\$0	\$0	\$0	\$0	\$0	\$0	\$0
DA Travel	\$0	\$0	\$0	\$0	\$0	\$0	\$0
DA Operations Total:	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Program Operations Total:	\$2,895,640	\$867,269	\$92,959	\$150,870	\$227,604	\$1,338,703	\$1,556,937
FA Vaccine (317)	\$3,305	\$0	\$0	\$0	\$0	\$0	\$3,305
DA Vaccine (317)	\$2,650,508	\$0	\$0	\$0	\$0	\$0	\$2,650,508
DA Vaccine (VFC)	\$4,369,382	\$0	\$4,369,382	\$0	\$0	\$4,369,382	\$0
DA Vaccine Total:	\$7,019,890	\$0	\$4,369,382	\$0	\$0	\$4,369,382	\$2,650,508
Vaccine Total:	\$7,023,195	\$0	\$4,369,382	\$0	\$0	\$4,369,382	\$2,653,813
FA TOTAL:	\$2,898,945	\$867,269	\$92,959	\$150,870	\$227,604	\$1,338,703	\$1,560,242
DA TOTAL:	\$7,019,890	\$0	\$4,369,382	\$0	\$0	\$4,369,382	\$2,650,508
TOTAL:	\$9,918,835	\$867,269	\$4,462,341	\$150,870	\$227,604	\$5,708,085	\$4,210,750

Comment:



Twelve Month Ordering Summary with 100%
 With Present Vaccine Costs

Vaccine:	VFC		317		State/Local	
	Doses*	Cost	Doses*	Cost	Doses*	Cost
Subtotal for Vaccine DTaP Family:	21,123	\$604,452	11,479	\$328,481	4,976	\$142,393
Subtotal for Vaccine FLU Family:	26,237	\$246,038	18,165	\$194,823	2,625	\$19,793
Subtotal for Vaccine Hepatitis B Family:	5,867	\$52,803	3,023	\$27,207	1,273	\$11,454
Subtotal for Vaccine HIB Family:	15,251	\$119,873	9,764	\$76,745	4,297	\$33,774
Subtotal for Vaccine MCV Family:	18,188	\$1,236,784	12,144	\$825,792	4,140	\$281,520
Subtotal for Vaccine MMR Family:	9,716	\$161,966	5,658	\$94,319	2,378	\$39,641
Subtotal for Vaccine PNU7 Family:	18,806	\$1,017,781	8,924	\$482,967	3,923	\$212,313
Subtotal for Vaccine POLIO Family:	3,811	\$39,708	2,241	\$23,346	958	\$9,979
Subtotal for Vaccine TD Family:	13,641	\$216,892	11,224	\$178,462	3,826	\$60,833
Subtotal for Vaccine VAR Family:	12,882	\$673,085	8,007	\$418,366	3,223	\$168,402
Totals:	145,522	\$4,369,382	90,629	\$2,650,508	31,619	\$980,102
Percents:	54.34%		33.84%		11.80%	
Grand Totals:	Doses: 267,770	Cost: \$7,999,992				

* Increased Doses With Wastage

**Twelve Month Ordering Summary With 100.0% VFC Funding and 100.0% 317 Funding and 100.0% State/Local Funding
With Present Vaccine Costs**

	Funding Levels VFC:	317:	Doses*	VFC Cost	Doses*	317 Cost	State/Local Doses*	Cost
Vaccine Type: DTaP								
DTaP	100.00%	100.00%	8,027	\$102,341	4,362	\$55,616	1,891	\$24,109
DTaP - IPV - Hepatitis B	100.00%	100.00%	13,096	\$502,111	7,117	\$272,865	3,085	\$118,284
Subtotal for DTaP :			21,123	\$604,452	11,479	\$328,481	4,976	\$142,393
Vaccine Type: FLU								
Influenza	100.00%	100.00%	15,474	\$116,673	5,250	\$39,585	2,625	\$19,793
Influenza - Preservative	100.00%	100.00%	10,763	\$129,365	12,915	\$155,238	0	\$0
Subtotal for FLU :			26,237	\$246,038	18,165	\$194,823	2,625	\$19,793
Vaccine Type: Hepatitis B								
Hep B Preservative Free	100.00%	100.00%	5,867	\$52,803	3,023	\$27,207	1,273	\$11,454
Subtotal for Hepatitis B :			5,867	\$52,803	3,023	\$27,207	1,273	\$11,454
Vaccine Type: HIB								
Hib	100.00%	100.00%	15,251	\$119,873	9,764	\$76,745	4,297	\$33,774
Subtotal for HIB :			15,251	\$119,873	9,764	\$76,745	4,297	\$33,774
Vaccine Type: MCV								
Meningococcal Conjugate	100.00%	100.00%	18,188	\$1,236,784	12,144	\$825,792	4,140	\$281,520
Subtotal for MCV :			18,188	\$1,236,784	12,144	\$825,792	4,140	\$281,520
Vaccine Type: MMR								
MMR	100.00%	100.00%	9,716	\$161,966	5,658	\$94,319	2,378	\$39,641
Subtotal for MMR :			9,716	\$161,966	5,658	\$94,319	2,378	\$39,641
Vaccine Type: PNU7								
Pneumococcal conjugate	100.00%	100.00%	18,806	\$1,017,781	8,924	\$482,967	3,923	\$212,313
Subtotal for PNU7 :			18,806	\$1,017,781	8,924	\$482,967	3,923	\$212,313
Vaccine Type: POLIO								
Polio	100.00%	100.00%	3,811	\$39,708	2,241	\$23,346	958	\$9,979
Subtotal for POLIO :			3,811	\$39,708	2,241	\$23,346	958	\$9,979
Vaccine Type: TD								
Td	100.00%	100.00%	13,641	\$216,892	11,224	\$178,462	3,826	\$60,833
Subtotal for TD :			13,641	\$216,892	11,224	\$178,462	3,826	\$60,833
Vaccine Type: VAR								
Varicella	100.00%	100.00%	12,882	\$673,085	8,007	\$418,366	3,223	\$168,402
Subtotal for VAR :			12,882	\$673,085	8,007	\$418,366	3,223	\$168,402
Totals:			145,522	\$4,369,382	90,629	\$2,650,508	3,223	\$168,402
Percents:			54.34%		33.84%		11.80%	
Grand Totals:		Doses:	267,770	Cost:	\$7,999,992			

* Increased Doses With Wastage

Federal Assistance (FA) Vaccine Information for Working Draft of Grant Report

Grantee: Vermont

FA Vaccine

Vaccine	Population Served < 19 Yrs	Population Served >= 19 Yrs	317 Population Served	State/Local Population Served	Your Contract \$ Per Dose	Total 317 Cost	Total State/Local Cost	Total Cost
HBIG	2	0	2	0	\$70.000	\$140	\$0	\$140
HAIG	25	75	0	100	\$23.520	\$0	\$2,352	\$2,352
DT	30	0	30	0	\$13.030	\$391	\$0	\$391
PNU	20	0	0	20	\$21.080	\$0	\$422	\$422
MPSV4	0	0	0	0	\$0.000	\$0	\$0	\$0
FA Subtotals:	77	75	32	120		\$531	\$2,774	\$3,305
Grand Totals:	77	75	32	120		\$531	\$2,774	\$3,305

317 - State/Local Over-order Justification

Recom. Actual Diff. Rationale

Vermont
317

	Recom.	Actual	Diff.	Rationale
POLIO	4.000	4.450	0.450	We have a moderate number of children migrating INTO Vermont, including refugees with no medical records. these children are preschool through age 14 so their vaccine need must be captured.
MMR	2.000	2.450	0.450	We have a moderate number of children migrating INTO Vermont, including refugees with no medical records. these children are preschool through age 14 so their vaccine need must be captured.
HIB	4.000	4.600	0.600	We have a moderate number of children migrating INTO Vermont, including refugees with no medical records. these children are preschool through age 14 so their vaccine need must be captured.
Hepatitis B	3.000	4.550	1.550	We have a moderate number of children migrating INTO Vermont, including refugees with no medical records. these children are preschool through age 14 so their vaccine need must be captured.
Varicella	1.000	3.250	2.250	Vermont is trying to institute a change in school and daycare rules and regulations to require varicella for children without evidence of disease. This represents our catch-up.
PNU7	4.000	4.200	0.200	
DTaP	5.000	5.270	0.270	
Hepatitis A	0.000	0.005	0.005	
MCV	1.000	3.750	2.750	