



STATE OF VERMONT
JOINT FISCAL OFFICE

MEMORANDUM

To: Joint Fiscal Committee members
From: Daniel Dickerson, Fiscal Analyst *DWD*
Date: June 7, 2017
Subject: Limited-Service Position Request #2882

Enclosed please find one (1) item, a request for two (2) limited-service positions, which the Joint Fiscal Office has received from the administration.

JFO #2882 – Two (2) limited-service positions within the Department of Health. The two positions would both be titled Public Health Specialist and would lead a Road Users Safety Program aimed at reducing injury and fatality risks for vulnerable road users (pedestrians/bicyclists/teen drivers) and for EMS personnel. Funding for the positions would come through a sub-grant from the Governor's Highway Safety Program, which is a recipient of previously approved Federal funding. The positions would be funded through September 30, 2020.

[JFO received 5/31/17]

Please review the enclosed materials and notify the Joint Fiscal Office (Daniel Dickerson at (802) 828-2472; ddickerson@leg.state.vt.us) if you have questions or would like an item held for legislative review. Unless we hear from you to the contrary by June 21, 2017 we will assume that you agree to consider as final the Governor's acceptance of these requests.

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



JFO 2082

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: Human Services/Health Date: 12 April 17

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

Request is for:

- Positions funded and attached to a new grant.
- Positions funded and attached to an existing grant approved by JFO # 2629

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

National Highway Traffic Safety Administration, State and Community Highway Safety via MOU from Vermont Agency of Transportation, Governor's Hight Safety Program

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

<u>Title* of Position(s) Requested</u>	<u># of Positions</u>	<u>Division/Program</u>	<u>Grant Funding Period/Anticipated End Date</u>
Public Health Specialist: AC General	2	Injury Prevention	30 Sept 2020

*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:

JFO # 2629 authorized two positions to work on child passenger safety projects funded with federal highway safety funds (Section 402) administered by VTrans. Health and VTrans now want to expand this work to include pedestrian safety with additional funding provided via MOU from VTrans to Health.

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

[Signature] _____ Date: 4/13/17
Signature of Agency or Department Head

[Signature: Molly Paul] _____ Date: 5/18/17
Approved/Denied by Department of Human Resources

[Signature: Ed Byrne for Amy Pallito] _____ Date: 5/25/2017
Approved/Denied by Finance and Management

[Signature: Rudy J...] _____ Date: 5/26/20
Approved/Denied by Secretary of Administration

Comments:

MAY 0 1 2017

**Department of Health
Business Office**
108 Cherry Street – PO Box 70
Burlington, VT 05402-0070
HealthVermont.gov

[phone] 802-863-7736

Agency of Human Services

MEMORANDUM

12 April 2017

To: Sarah Clark, Chief Financial Officer
Agency of Human Services

From: Paul Daley, Financial Director



Re: Limited Service – Grant Funded Position Request – Road User Safety Program

I'm providing here for your review a limited service position request signed by Commissioner Levine. After you've completed your review, please forward this package to Molly Paulger, DHR Director of Classification.

The Health Department is requesting two limited service positions to be funded by an existing grant previously approved by the Joint Fiscal Office.

The Health Department has operated a child passenger safety program on behalf of the Governor's Highway Safety Program (GHSP) since 2013. Two positions for this program were authorized via JFO #2629. GHSP has asked the Health Department to expand our activities by operating a pedestrian safety program. This activity will require an additional two positions.

The source of funding for the both programs is the State Highway Safety Programs Grant (also known as the Section 402 grant) awarded by the National Highway Traffic Safety Administration to the Agency of Transportation. The federal funding is authorized through FFY 2020. Funds are transferred from VTrans to Health through an annual MOU.

Attachments:

- Limited Service Position Request Form
- RFRs (2)
- VTrans – Health MOU



MAY 01 2017

98 4/26/17

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:

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

Vacant Position Number: Current Job/Class Title:

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

Supervisor's Name, Title and Phone Number:

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.

VERMONT DEPARTMENT OF PERSONNEL
Request for Classification Review
Position Description Form A

- **This form is to be used by managers and supervisors to request classification of a position (filled or vacant) when the duties have changed, and by managers and supervisors to request the creation of a new job class/title (for a filled, vacant, or new position), and by employees to request classification of their position.**
- This form was designed in Microsoft Word to download and complete on your computer. This is a form-protected document, so information can only be entered in the shaded areas of the form.
- If you prefer to fill out a hard copy of the form, contact your Personnel Officer.
- To move from field to field use your mouse, the arrow keys or press Tab. Each form field has a limited number of characters. Use your mouse or the spacebar to mark and unmark a checkbox.
- Where additional space is needed to respond to a question, you might need to attach a separate page, and number the responses to correspond with the numbers of the questions on the form. Please contact your Personnel Officer if you have difficulty completing the form.
- The form must be complete, including required attachments and signatures or it will be returned to the department's personnel office. All sections of this form are required to be completed unless otherwise stated.

INSTRUCTIONS: Tell us about the job. The information you provide will be used to evaluate the position. It will not be used in any way to evaluate an employee's performance or qualifications.

Answer the questions carefully. The information you give will help ensure that the position is fairly evaluated. Here are some suggestions to consider in completing this questionnaire:

- Tell the **facts** about what an employee in this position is actually expected to do.
- Give **specific examples** to make it clear.
- Write in a way so a person unfamiliar with the job will be able to understand it.
- Describe the job **as it is now**; not the way it was or will become.
- Before answering each question, read it carefully.

To Submit this Request for Classification Review: If this is a filled position, the employee must sign the original* and forward to the supervisor for the supervisor's review and signature. The Personnel Officer and the Appointing Authority must also review and sign this request before it is considered complete. The effective date of review is the beginning of the first pay period following the date the complete Request for Classification Review is date stamped by the Classification Division of the Department of Personnel.

*An employee may choose to sign the form, make a copy, submit original to supervisor as noted above, while concurrently sending the copy to the Classification Division, 144 State Street, Montpelier, with a cover note indicating that the employee has submitted the original to the supervisor and is submitting the copy as a **Concurrent** filing.

If this is a request (initiated by employees, VSEA, or management) for review of all positions in a class/title please contact the appropriate Classification Analyst or the Classification Manager to discuss the request prior to submitting.

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.

Planning and administrative work at a professional level for the Injury Prevention Program. Position is responsible for the oversight, implementation, administration, coordination, quality control and evaluation of the Road Users Safety program. The Road Users Safety program will work to reduce injury and fatality in 2 areas of road users at increasing risk; vulnerable users (pedestrians/bicyclists/teen drivers) and EMS personnel. Duties include planning assessment, coordinating plan activities and implementation, monitoring and evaluation, technical assistance and education and quality assurance for the Road Users Safety program. The Public Health Specialist will work directly with other state agencies and community partners to deliver the program.

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*.

The PHS will work directly within the injury prevention team within the Division of Emergency Preparedness, Response, and Injury Prevention to coordinate state injury prevention efforts.

The PHS will work within the Department to collaborate on data collection, programming, and communications.

The PHS will work closely with the fiscal agent, Agency of Transportation, on program planning and grant reporting activities.

The PHS will work with community partners like Local Motion, schools, hospitals, and others to implement programming.

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.

Basic computer skills (email, word processing, excel).
Proficiency in writing, editing, and grammar skills.
Must have basic knowledge and understanding of public health and injury prevention principles.

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.

The Injury Prevention Program Administrator supervises the PHS directly through use of a dedicated work plan. The work plan will be reviewed quarterly for progress on assigned tasks and grant deliverables. The PHS and supervisor will meet weekly for check-ins. The PHS will be expected to carry out the tasks of the work plan fairly independently on a day to day basis and with consultation from the supervisor when needed.

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.*

The PHS will be responsible for researching and developing programming. The PHS must effectively communicate program needs with partners, and work to overcome barriers to program progress.

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.*

To reduce injury and fatality of vulnerable road users; pedestrians, bicyclists, teens, EMS personnel, through promotion of safe practices.

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?
There are periods of mental stress in which deadlines for grant deliverables and reporting must be met.	Occasionally

- 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?
n/a	

- 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?
General office materials and		Occasionally

equipment		

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

Type	How Much of the Time?
Basic computer-workstation sitting position, standing, bending, driving.	Most of the time

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?

Assessment, implementation, evaluation, and communication of program. Program planning and partner coordination.

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?

Basic principles of public health and injury prevention. These principles guide all the work we do in ensuring data driven, efficient use of resources that create the most impact.

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:

Public Health Specialist: AC General, PG 22

Supervisor's Signature (required):

Tay Wilk-Laher

Date:

2/3/17

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).

Suggested Title and/or Pay Grade:

[Empty box for suggested title and/or pay grade]

Personnel Administrator's Signature (required): Tammie Euson Date: 2/6/17

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 appointing authority's section]

Suggested Title and/or Pay Grade:

[Empty box for suggested title and/or pay grade]

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

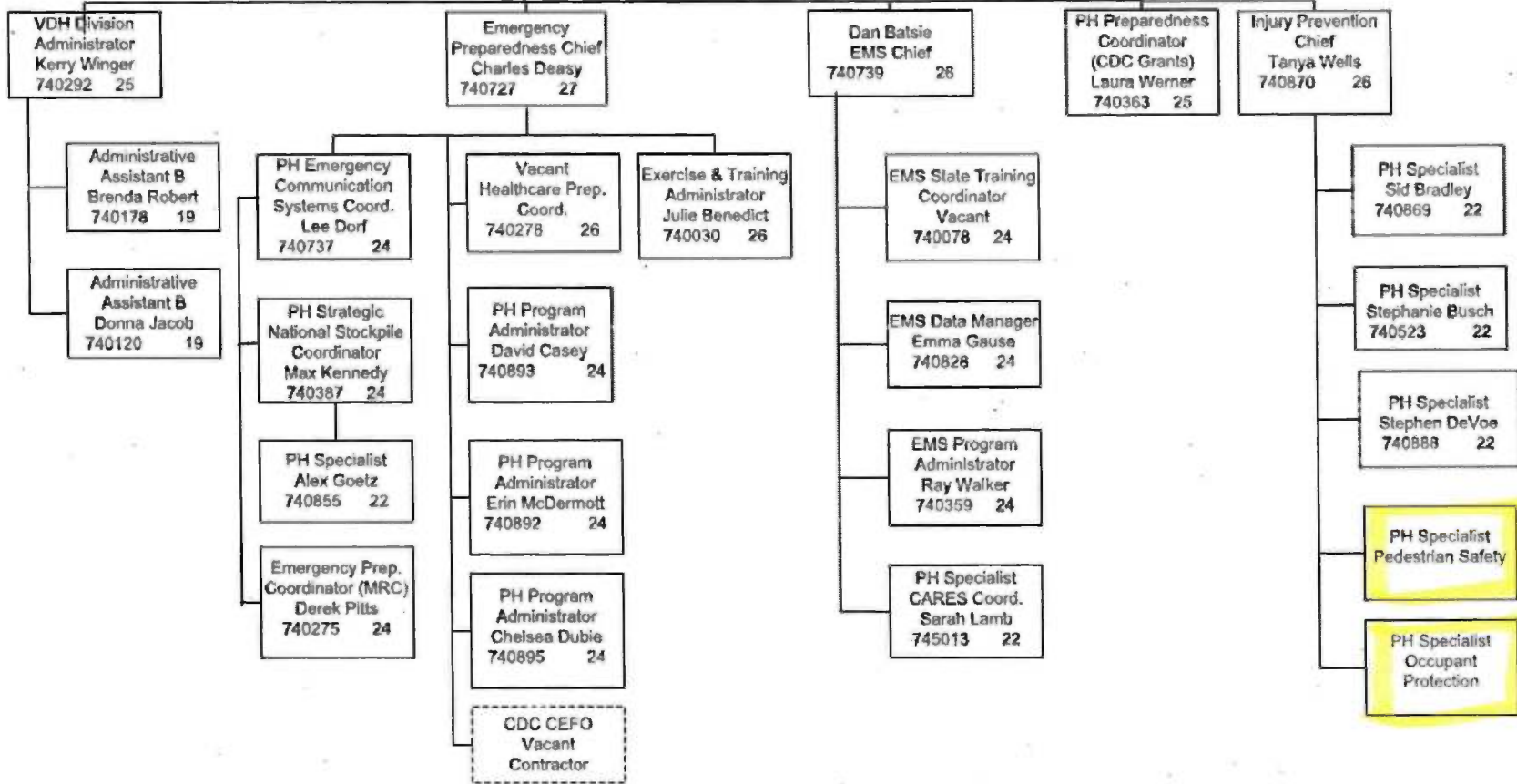
FEB 08 2016
Date



Deputy Commissioner of
Public Health
Tracy Dolan
747002 97

**Division of Emergency
Preparedness, Response & Injury
Prevention
December 1, 2016**

Office of PH Preparedness/
EMS Director
Chris Bell
740229 29



MEMORANDUM OF UNDERSTANDING (MOU)
 BETWEEN
 VERMONT AGENCY OF TRANSPORTATION
 AND
 VERMONT AGENCY OF HUMAN SERVICES
 (VERMONT DEPARTMENT OF HEALTH)

*-only for use with pass-throughs by VTrans, of federal funds received by VTrans,
 to another Vermont State agency or department-*

The Vermont Agency or Department receiving funds under this MOU and the Vermont Agency of Transportation (VTrans) mutually acknowledge that each such entity is an agency of the State of Vermont, each operating under the same Federal I.D. number, 03-6000264 of the State of Vermont. This inter-agency MOU uses terms such as "subrecipient," "recipient," or "subrecipient," to describe the modes of interactions and roles under this MOU, and for reasons of operational consistency in accordance with Bulletin 5 and other potentially applicable standards (such as the relevant Granting Plan). The funding covered by this MOU falls under 2 CFR 200, and although sibling State agencies are not literally subrecipients under that regulation, the federal requirements and monitoring responsibilities nonetheless may remain obligations of VTrans under the primary grant from the federal government to VTrans. The Agency or Department receiving funds from VTrans agrees to fully cooperate, as set forth herein, with VTrans' standard ways of monitoring grant funds.

Parties: This is a Memorandum of Understanding (MOU) between the Vermont Agency of Transportation (VTrans), and the Vermont Agency of Human Services (AHS), through the Vermont Department of Health (VDH).

Subject Matter: The subject matter of this Grant Agreement is for the Governor's Highway Safety 2017 Occupant Protection Emergency Medical Services (OP EMS) Road Users Group Program. A detailed description of the program and the services to be provided are described in Attachment A.

Award Details: Amounts, dates and other award details are as shown in the attached Grant Agreement Part 1 – Grant Award Detail.

Amendment: No changes, modifications, or amendments in the terms and conditions of this MOU shall be effective unless reduced to writing, numbered, and signed by the duly authorized representative of VTrans and AHS.

Cancellation: This Agreement may be suspended or cancelled by either party by giving written notice at least 30 days in advance.

Attachments: This Agreement consists of 19 pages including the following attachments that are incorporated herein:

Attachment A – Scope of Work to be Performed


Attachment B – Payment Provisions

["Attachment C - Standard State Provisions for Contracts and Grants," which ordinarily appears here, is intentionally not included: many portions of that document applicable to obligations of non-State entities do not apply here, whereas other standards, where applicable, are already inherently in effect within and between different sub-units of Vermont State Government.]

Attachment D – Other Provisions

WE, THE UNDERSIGNED PARTIES, AGREE TO BE BOUND BY THIS MOU, ITS PROVISIONS, ATTACHMENTS AND CONDITIONS CONTAINED HEREIN.


STATE OF VERMONT
AGENCY OF TRANSPORTATION

Signature:  e-Signed by Joe Flynn
on 2017-03-23 13:52:18 GMT
Name: Joe Flynn
Title: Secretary of Transportation
Date: March 23, 2017

SUBRECIPIENT:
VERMONT AGENCY OF
HUMAN SERVICES

Signature: 
Name: Tracy Dolan
Deputy Commissioner
Title: of Public Health
Date: MAR 15 2017, 20

APPROVED AS TO FORM:

 e-Signed by John Dunleavy
on 2017-02-03 13:58:01 GMT
ASSISTANT ATTORNEY GENERAL

STATE OF VERMONT GRANT AGREEMENT		Part 1-Grant Award Detail					
SECTION I - GENERAL GRANT INFORMATION							
1 Grant #: MU0157		2 Original <input checked="" type="checkbox"/> Amendment #					
3 Grant Title: 2017 OP EMS Road Users Group							
4 Amount Previously Awarded: \$ 0.00		5 Amount Awarded This Action: \$ 183,000.00	6 Total Award Amount: \$ 183,000.00				
7 Award Start Date: 10/01/16		8 Award End Date: 09/30/17	9 Subrecipient Award: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				
10 Vendor #:	11 Grantee Name: Vermont Department of Health						
12 Grantee Address: 108 Cherry Street							
13 City: Burlington.		14 State: VT	15 Zip Code: 05401				
16 State Granting Agency: Vermont Agency of Transportation			17 Business Unit: 08100				
18 Performance Measures: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	19 Match/In-Kind: \$ 45,750.00	Description: Local Match					
20 If this action is an amendment, the following is amended: Amount: <input type="checkbox"/> Funding Allocation: <input type="checkbox"/> Performance Period: <input type="checkbox"/> Scope of Work: <input type="checkbox"/> Other: <input type="checkbox"/>							
SECTION II - SUBRECIPIENT AWARD INFORMATION							
21 Grantee DUNS #: 809376155		22 Indirect Rate: 60 % <small>(Approved rate or de minimis 10%)</small>	23 FFATA: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				
24 Grantee Fiscal Year End Month (MM format): 06		25 R&D: <input type="checkbox"/>					
26 DUNS Registered Name (if different than VISION Vendor Name in Box 11): Vermont Agency of Human Services							
SECTION III - FUNDING ALLOCATION							
STATE FUNDS							
Fund Type	27 Awarded Previously	28 Award This Action	29 Cumulative Award	30 Special & Other Fund Descriptions			
General Fund	\$ 0.00	\$ 0.00	\$ 0.00				
Special Fund	\$ 0.00	\$ 0.00	\$ 0.00				
Global Commitment <small>(non-subrecipient funds)</small>	\$ 0.00	\$ 0.00	\$ 0.00				
Other State Funds	\$ 0.00	\$ 0.00	\$ 0.00				
FEDERAL FUNDS <small>(Includes subrecipient Global Commitment funds)</small>			Required Federal Award Information				
31 CFDA #	32 Program Title	33 Awarded Previously	34 Award This Action	35 Cumulative Award	36 FAIN	37 Federal Award Date	38 Total Federal Award
20.600	State and Community Highway Safety	\$ 0.00	\$ 183,000.00	\$ 183,000.00	H339204020VT16		
39 Federal Awarding Agency: National Highway Traffic Safety Administration (NHTSA)		\$ 0.00	\$ 0.00	\$ 0.00	40 Federal Award Project Descr: 2017 OP EMS Road Users Group		
Federal Awarding Agency:		\$ 0.00	\$ 0.00	\$ 0.00	Federal Award Project Descr:		
Federal Awarding Agency:		\$ 0.00	\$ 0.00	\$ 0.00	Federal Award Project Descr:		
Federal Awarding Agency:		\$ 0.00	\$ 0.00	\$ 0.00	Federal Award Project Descr:		
Federal Awarding Agency:		\$ 0.00	\$ 0.00	\$ 0.00	Federal Award Project Descr:		
Federal Awarding Agency:		\$ 0.00	\$ 0.00	\$ 0.00	Federal Award Project Descr:		
Federal Awarding Agency:		\$ 0.00	\$ 0.00	\$ 0.00	Federal Award Project Descr:		
Federal Awarding Agency:		\$ 0.00	\$ 0.00	\$ 0.00	Federal Award Project Descr:		
Total Awarded - All Funds		\$ 0.00	\$ 183,000.00	\$ 183,000.00			
SECTION IV - CONTACT INFORMATION							
STATE GRANTING AGENCY		GRANTEE					
NAME: Jim Baraw		NAME: Tanya Wells					
TITLE: Program Coordinator		TITLE: Project Director					
PHONE: 760-9222		PHONE: 863-7596					
EMAIL: James.Baraw@vermont.gov		EMAIL: Tanya.Wells@vermont.gov					

Effective 12/26/2014

**ATTACHMENT A
SCOPE OF WORK TO BE PERFORMED**

Objective: Vermont Department of Health Department of Emergency Medical Services will take on the day-to-day responsibility for the new Road Users Group Project.

Activity to be Performed: The Road Users Group's primary purposes are:

- A) The Pedestrian Safety Program will provide information for parents on teaching children about safe walking. This program will create effective pedestrian projects for state highway safety offices and provide guidance for community pedestrian safety advocates. The Vermont Department of Health (VDH) will assist in the coordination of state activities with existing groups such as Vermont Safe Kids, Local Motion Inc., and local recreation groups to build public awareness and support safe walking routes. Project implementation will be rolled out in cooperation with Local Motion Inc. and regional Safe Routes to School (SRTS) designated representatives. VDH will provide activities and on-going training to SRTS representatives around walking safety. This program will further assist schools in conducting pedestrian safety activities to promote awareness and develop and distribute Pedestrian Safety Toolkits.

The second part of this program will initiate Emergency Medical Services (EMS) provider education training opportunities to improve their capacity to provide care to those injured in pedestrian related crashes. These resources' will focus on safety training with an emphasis on behavior change, not just knowledge.

- B) The Occupant Protection for Emergency Medical Services (EMS) program will implement evidence-based fatigue risk management guidelines by developing an Evidence-Based Awareness and Educational Messages that will address why drowsy driving is risky; how providers can prevent drowsy driving; signs and symptoms of drowsy driving; and strategies for dealing with drowsiness as a driver while in an emergency vehicle.

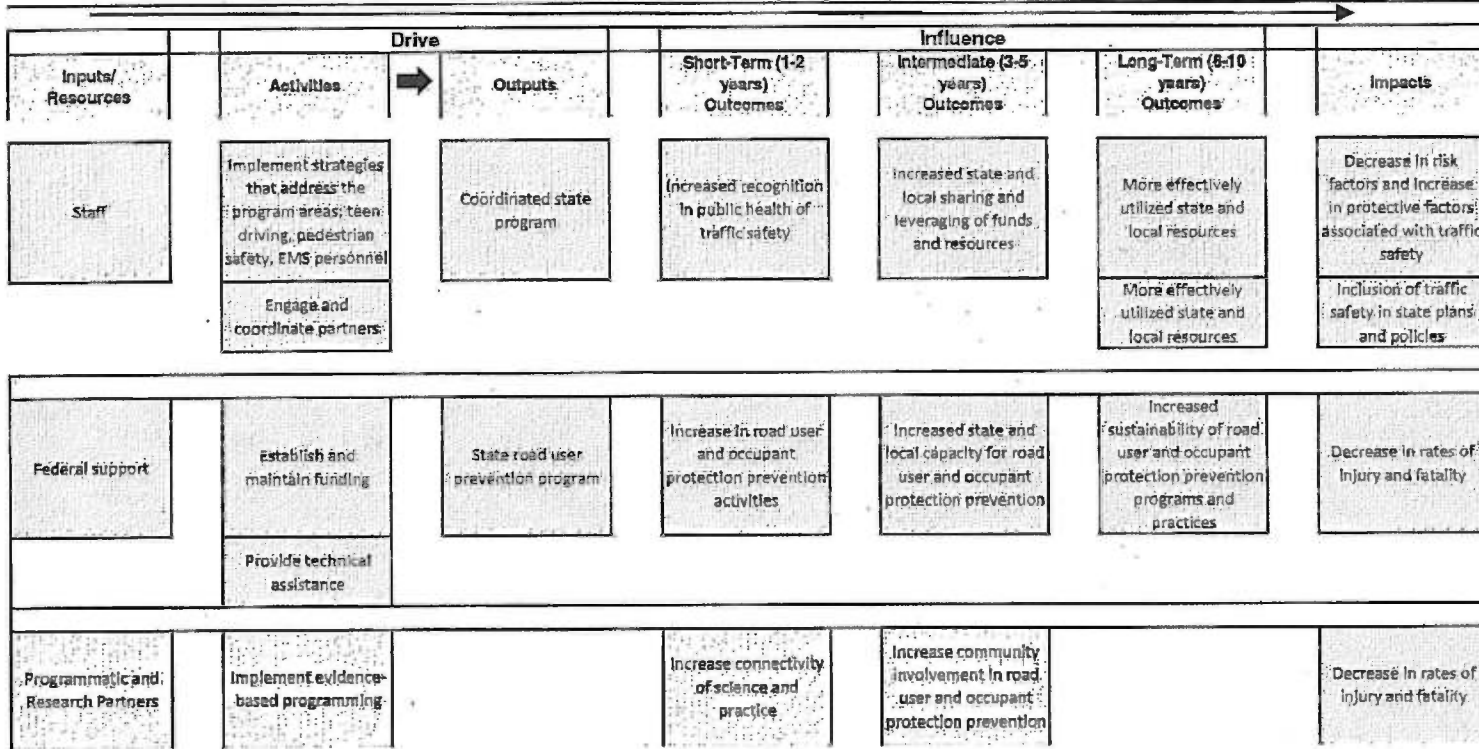
This program will promote awareness with an emphasis on behavior change around the attitudes regarding drowsy driving. This program will further promote the use of seatbelts in the ambulance, not just to drivers, but to pertaining to providers and patients in the patient care compartment. The VDH will assist in the coordination of statewide activities with existing groups such as with Project Road Safe to expand initiatives and trainings to additional occupational groups in Vermont.

PERFORMANCE MEASURES

Areas in which performance under this grant will be measured are:

Indicator	Type (Process or Outcome)	Source	Report Timing
1) Coordinate RUG activities for the state	Process	VDH/EMS	Quarterly
2) Maintain National Highway Traffic Safety Administration (NHTSA) education program standards	Process	VDH/EMS	Quarterly
3) Create, maintain and distribute educational and outreach materials	Process	VDH/EMS	Quarterly
4) Collect data from various reliable resources	Outcome	VDH/EMS	Quarterly
5) Provide timely 1) financial and 2) narrative reports	Process	VDH/EMS	Quarterly
6) Conduct 8-10 educational presentations (mixture of pedestrian/EMS)	Process	VDH/EMS	Quarterly
7) Attend certifications and trainings as required	Outcome	VDH/EMS	Quarterly
8) Meet with GHSP once quarterly (via phone and/or in person)	Process	VDH/EMS	Quarterly

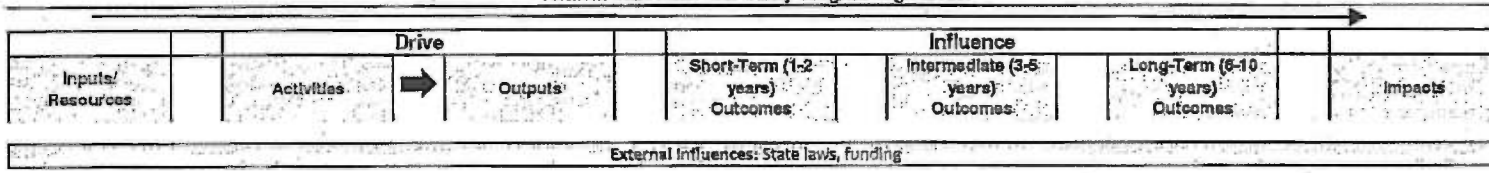
Vermont State Road User Safety Program Logic Model



Vermont State Road User Safety Program Logic Model

Vermont State Road User Safety Program Logic Model							
Inputs/ Resources	Drive		Influence			Impacts	
	Activities	Outputs	Short-Term (1-2 years) Outcomes	Intermediate (3-5 years) Outcomes	Long-Term (6-10 years) Outcomes		
Data/Surveillance	Identify and access relevant data sources	Surveillance Program	Increased awareness of Injury and Violence prevention data by partners	Strategies are data-driven	All road user and occupant protection prevention strategies are data-driven	Decrease in rates of injury and fatality	
	Create data request process	Annual Report and Recommendations	Increase data request usage by partners	Increase in quality/consistency and use			
Evidence-based Strategies/Programs	Identify and prioritize evidence-based strategies	Inventory of existing strategies and recommendations	Increased awareness of evidence-based strategies	Increase in number of evidence-based strategies implemented	All state program activities are evidence based	Statewide reduction in traffic safety-related morbidity and mortality	
	Teen Driving Safety program	A statewide program is in place	50% of Vermonters have access of related programming	A 20% increase of Vermont families will know about the teen driving resources available to them.	All teen driving program activities are data driven and prioritized.	Decrease in the number of deaths and injuries of children/teens on Vermont's public roadways due to motor vehicle crashes	
	Pedestrian Safety program	A statewide program is in place	50% of Vermonters have access of related programming	A 20% increase of Vermont families will know about the vulnerable user resources available to them.	All program activities are data driven and prioritized.	Decrease in the number of deaths and injuries of pedestrians and other vulnerable users on Vermont's public roadways due to motor vehicle crashes	
	Occupant Protection for EMS program	A statewide program is in place	All 13 EMS Districts will have access to occupant protection training	A 20% increase of Vermont EMS Personnel awareness in the importance of occupant protection	Program is expanded to other occupational groups in Vermont	Decrease in injury and fatalities due to motor vehicle crashes in EMS personnel	
Evaluator	Evaluation	Evaluation Plan and Report	Establish Evaluation Outcomes	Self-evaluate	Continuous cycles of evaluation with appropriate program change	More effective use of resources that improve outcomes	

Vermont State Road User Safety Program Logic Model



**ATTACHMENT B
PAYMENT PROVISIONS**

The State agrees to compensate the Subrecipient for services performed, up to the Federal share amount stated below, provided such services are within the scope of the Subgrant and are authorized as provided for under the terms and conditions of this Subgrant.

Budget Detail:

EMS Road Users Group	§402 Funds
Salaries and Benefits: 1.5 Staff Members with duties that include Teen Driving Safety, Pedestrian Safety and Occupant Protection for EMS Includes 40% Fringe and 60% Indirect Rate	\$130,000.00
Mileage	\$8,000.00
Supplies: Training and Office Supplies for New Employees	\$15,000.00
Other Operating: Communications/Outreach and Educational Materials	\$30,000.00
Federal Reimbursable Amount	\$183,000.00
Match Amount	\$45,750.00
Total Program	\$228,750.00

During the performance of this subgrant, any of the cost categories may be increased or decreased by up to 10% of the total award with the approval of the GHSP Program Coordinator and:

1. It is within the Total Award Amount in effect at the time of the adjustment
2. It does not change the Scope of Work in Attachment A
3. It does not violate the terms of the grant to the State of Vermont from the granting agency

Financial Reporting Requirements/Payment Requests:

Subrecipient will report activity to the Governor's Highway Safety Program on a monthly basis. Reports must be submitted within the month following the month of activity unless the Subrecipient specifically requests and receives approval from a Governor's Highway Safety Program Coordinator in writing, e-mail or other documentable means.

Requests for reimbursement must be submitted to the Governor's Highway Safety Program Coordinator on the VTrans Financial Report Form (AOT-001). Appropriate supporting documentation must be included with each Financial Report Form.

Limited cash advance with prior approval. Subrecipient must submit the VTrans Financial Report Form with detailed documentation of incurred expenses marked "Goods/Services received, not paid." VTrans will process and make payment to Subrecipient. Next, the Subrecipient MUST make payment to the vendor and provide VTrans proof of such (i.e. copy of cancelled check) within ten (10) days of receipt of the State of Vermont Payment. Interest earned amounts up to \$500.00 per year may be retained by the non-Federal entity for administrative expense. Any additional interest earned on Federal advance payments deposited in interest-bearing accounts must be remitted annually to the Department of Health and Human Services Payment Management System (PMS).

Programmatic Reporting Requirements:

Subrecipient will complete and submit a narrative report to Governor's Highway Safety Program quarterly. The report will include significant program events or activities, problems encountered in the performance of approved activities and any other issues deemed appropriate by the Subrecipient project manager. The quarterly report is required even if there has been no activity. The Subrecipient must submit programmatic reports using the VTrans Subgrant Progress Report Form.

The Subrecipient must submit a **Final Progress Report** to the Vermont Agency of Transportation no later than 30 days after the end date of the subgrant. In the event complying with this provision becomes impossible, contact the GHSP Program Coordinator.

Please send reimbursements to:
Vermont Agency of Transportation
Governor's Highway Safety Program
One National Life Drive
Montpelier, VT 05633

ATTACHMENT D OTHER PROVISIONS

The Subrecipient will comply with applicable statutes and regulations, including but not limited to:

- 23 U.S.C. Chapter 4—Highway Safety Act of 1966, as amended
- 49 CFR Part 18—Uniform Administrative Requirements for Grants and Cooperative Agreements to State and Local Governments
- 23 CFR Part 1200—Uniform Procedures for State Highway Safety Grant Programs
- Bulletin No. 5—Policy for Grant Issuance and Monitoring
 - Other relevant information specified by OMB guidance.

1. NONDISCRIMINATION

(Applies to Subrecipient as well as States)

The Subrecipient will comply with all Federal statutes and implementing regulations relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352), which prohibits discrimination on the basis of race, color or national origin (and 49 CFR Part 21); (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), and the Americans with Disabilities Act of 1990 (Pub. L. 101-336), as amended (42 U.S.C. 12101, *et seq.*), which prohibits discrimination on the basis of disabilities (and 49 CFR Part 27); (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 Civil Rights Restoration Act of 1987 (Pub. L. 100-259), which requires Federal-aid recipients and all Subrecipients to prevent discrimination and ensure nondiscrimination in all of their programs and activities; (f) the Drug Abuse Office and Treatment Act of 1972 (Pub. L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (g) the comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (Pub. L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (h) Sections 523 and 527 of the Public Health Service Act of 1912, as amended (42 U.S.C. 290dd-3 and 290ee-3), relating to confidentiality of alcohol and drug abuse patient records; (i) Title VIII of the Civil Rights Act of 1968, as amended (42 U.S.C. 3601, *et seq.*), relating to nondiscrimination in the sale, rental or financing of housing; (j) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (k) the requirements of any other nondiscrimination statute(s) which may apply to the application.

2. THE DRUG-FREE WORKPLACE ACT OF 1988 (41 U.S.C. 8103)

The Subrecipient will provide a drug-free workplace by:

- Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the subrecipient's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- Establishing a drug-free awareness program to inform employees about:
 - o The dangers of drug abuse in the workplace.
 - o The subrecipient's policy of maintaining a drug-free workplace.
 - o Any available drug counseling, rehabilitation, and employee assistance programs.
 - o The penalties that may be imposed upon employees for drug violations occurring in the workplace.
 - o Making it a requirement that each employee engaged in the performance of the grant be given a copy of the statement required by paragraph (a).
- Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will—
 - o Abide by the terms of the statement.
 - o Notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such conviction.
- Notifying the agency within ten days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction.
- Taking one of the following actions, within 30 days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted—
 - o Taking appropriate personnel action against such an employee, up to and including termination.
 - o 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.
- Making a good faith effort to continue to maintain a drug-free workplace through implementation of all of the paragraphs above.

3. BUY AMERICA ACT

(Applies to Subrecipients as well as States)

The Subrecipient will comply with the provisions of the Buy America Act (49 U.S.C. § 5323(j)), which contains the following requirements:

Only steel, iron and manufactured products produced in the United States may be purchased with Federal funds unless the Secretary of Transportation determines that such domestic purchases would be inconsistent with the public interest, that such materials are not reasonably available and of a satisfactory quality, or that inclusion of domestic materials will increase the cost of the overall project Sub-grant by more than 25 percent. Clear justification for the purchase of non-domestic items must be in the form of a waiver request submitted to and approved by the Secretary of Transportation.

4. POLITICAL ACTIVITY (HATCH ACT)

(Applies to Subrecipient as well as States)

The Subrecipient will comply with provisions of the Hatch Act (5 U.S.C. §§1501-1508) which limits the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

5. CERTIFICATION REGARDING FEDERAL LOBBYING

(Applies to Subrecipient as well as States)

Certification for Grants, Loans, and Cooperative Agreements

The undersigned 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 undersigned, 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 Sub-grant, 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 grant, loan, or cooperative agreement.

2. If any funds other than Federal 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 grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

3. The undersigned shall require that the language of this certification be included in the award documents for all Sub-award at all tiers (including Sub-grants, Sub-grants, and Sub-grants under grant, 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 31 U.S.C § 1352. 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.

6. RESTRICTION ON STATE LOBBYING

(Applies to Subrecipient as well as States)

None of the funds under this program will be used for any activity specifically designed to urge or influence a State or local legislator to favor or oppose the adoption of any specific legislative proposal pending before any State or local legislative body. Such activities include both direct and indirect (e.g., "grassroots") lobbying activities, with one exception. This does not preclude a State official whose salary is supported with NHTSA funds from engaging in direct communications with State or local legislative officials, in accordance with customary State practice, even if such communications urge legislative officials to favor or oppose the adoption of a specific pending legislative proposal.

7. CERTIFICATION REGARDING DEBARMENT AND SUSPENSION

(Applies to Subrecipient as well as States)

Instructions for Primary Certification

1. By signing and submitting this proposal, the prospective primary participant is providing the certification set out below.
2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. The prospective participant shall submit an explanation of why it cannot provide the certification set out below. The certification or explanation will be considered in connection with the department or agency's determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.

3. The certification in this clause is a material representation of fact upon which reliance was placed when the department or agency determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.
4. The prospective primary participant shall provide immediate written notice to the department or agency to which this proposal is submitted if at any time the prospective primary participant learns its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
5. The terms *covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded*, as used in this clause, have the meaning set out in the Definitions and coverage sections of 49 CFR Part 29. You may contact the department or agency to which this proposal is being submitted for assistance in obtaining a copy of those regulations.
6. The prospective primary participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR Part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency entering into this transaction.
7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," provided by the department or agency entering into this covered transaction, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR Part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the list of Parties Excluded from Federal Procurement and Non-procurement Programs.
9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR Part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.

Certification Regarding Debarment, Suspension, and Other Responsibility Matters-Primary Covered Transactions

(1) The prospective primary participant certifies to the best of its knowledge and belief, that its principals:

(a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency;

(b) Have not within a three-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 Sub-grant under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of record, making false statements, or receiving stolen property;

(c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or Local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and

(d) Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

(2) Where the prospective primary participant is unable to certify to any of the Statements in this certification, such prospective participant shall attach an explanation to this proposal.

Instructions for Lower Tier Certification

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.

2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

4. The terms *covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded*, as used in this clause, have the meanings set out in the Definition and Coverage sections of 49 CFR Part 29. You may contact the person to whom this proposal is submitted for assistance in obtaining a copy of those regulations.

5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR Part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.

6. The prospective lower tier participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion—Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions. (See below)

7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR Part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Non-procurement Programs.

8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR Part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion—Lower Tier Covered Transactions:

1. The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
2. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

8. POLICY ON SEAT BELT USE

In accordance with Executive Order 13043, Increasing Seat Belt Use in the United States, dated April 16, 1997, the Subrecipient is encouraged to adopt and enforce on-the-job seat belt use policies and programs for its employees when operating company-owned, rented, or personally-owned vehicles. The National Highway Traffic Safety Administration (NHTSA) is responsible for providing leadership and guidance in support of this Presidential initiative. For information on how to implement such a program, or statistics on the potential benefits and cost-savings to your company or organization, please visit the Buckle Up America section on NHTSA's Web site at www.nhtsa.dot.gov. Additional resources are available from the Network of Employers for Traffic Safety (NETS), a public-private partnership headquartered in the Washington, DC metropolitan area, and dedicated to improving the traffic safety practices of employers and employees. NETS is prepared to provide technical assistance, a simple, user-friendly program kit, and an award for achieving the President's goal of 90 percent seat belt use. NETS can be contacted at 1 (888) 221-0045 or visit its Web site at www.trafficsafety.org.

9. POLICY ON BANNING TEXT MESSAGING WHILE DRIVING

In accordance with Executive Order 13513, Federal Leadership On Reducing Text Messaging While Driving, and DOT Order 3902.10, Text Messaging While Driving, States are encouraged to adopt and enforce workplace safety policies to decrease crashes caused by distracted driving, including policies to ban text messaging while driving company-owned or -rented vehicles, Government-owned, leased or rented vehicles, or privately-owned when on official Government business or when performing any work on or behalf of the Government. States are also encouraged to conduct workplace safety initiatives in a manner commensurate with the size of the business, such as establishment of new rules and programs or re-evaluation of existing programs to prohibit text messaging while driving, and education, awareness, and other outreach to employees about the safety risks associated with texting while driving.

10. CARGO PREFERENCE ACT COMPLIANCE (IF APPLICABLE)

The contractor/recipient/subrecipient is hereby notified that the Contractor and Subcontractor(s)/recipients and subrecipients are required to follow the requirements of 46 CFR 381.7 (a)-(b), if applicable. For guidance on requirements of Part 381 – Cargo Preference – U.S. Flag Vessels please go to the following web link:
<https://www.fhwa.dot.gov/construction/cqit/cargo.cfm>.