



STATE OF VERMONT
JOINT FISCAL OFFICE

MEMORANDUM

To: Joint Fiscal Committee members
From: Daniel Dickerson, Fiscal Analyst
Date: October 3, 2016
Subject: Grant Request #2851, #2852, #2853, #2854

Enclosed please find four (4) items that the Joint Fiscal Office has received from the administration, including two (2) limited-service positions.

JFO #2851 – \$535,500 grant from the U.S. Department of Health and Human Services to the Vermont Dept. of Health (VDH). The funds will be used to develop services specifically for seniors at the statewide legal hotline, Vermont Law Help, as well as to provide legal training and outreach with entities throughout the State. VDH will act as a pass-through for the funds with Vermont Legal Aid being the ultimate recipient. Vermont Legal Aid will be providing additional in-kind services valued at approximately \$179,526 over the three-year grant period.

[JFO received 9/23/16]

JFO #2852 – **One (1) limited-service position** within the Vermont Dept. of Health. The position would be titled Public Health Program Administrator and will perform planning, administrative and policy work to include development of local health care delivery systems, planning for emergency situations and addressing other public health issues. This work has been performed on a part-time basis by the Director of Preventive Reproductive Health but the Department would like to give these functions full-time staff attention. The position will be paid for from the recently renewed Personal Responsibility Education Program grant (\$250,000) from the U.S. Administration for Children & Families through the end of calendar year 2018.

[JFO received 9/23/16]

JFO #2853 – \$750,000 grant from the Center for Disease Control and Prevention to the Vermont Dept. of Health. The funds will be used to enable the Department to develop internal capacity to incorporate evidence-based strategies for individuals with disabilities into current health promotion/disease prevention efforts. **One (1) limited-service position**, titled Chronic Disease Program Specialist, is associated with this request. The Department is seeking approval to receive \$150,000 in State FY17 as well as approval to establish the position. The remaining funds will be built into future year budget requests.

[JFO received 9/26/16]

JFO #2854 – \$131,542 grant from the U.S. Dept. of Housing and Urban Development to the Vermont Dept. of Children and Families. The funds will be used by the Department's Office

of Economic Opportunity to provide rapid re-housing and rental assistance and support for families and individuals in Chittenden County who experience homelessness as a result of domestic abuse. The federal dollars require a match and Steps to End Domestic Violence will provide the match in the form of in-kind services (approx. \$36,063), for a grant total of \$167,605.

[JFO received 10/3/16]

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 October 17, 2016 we will assume that you agree to consider as final the Governor's acceptance of these requests.



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

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

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

Grant Summary:		Funding for Personal Responsibility Education Program Administrator.			
Date:		9/12/2016			
Department:		VDH			
Legal Title of Grant:		Personal Responsibility Program, Grant #2488.			
Federal Catalog #:		N/A			
Grant/Donor Name and Address:		Administration for Children & Families, Office of Grant Management, 330 C Street, S.W. Washington, DC 20201			
Grant Period:	From:	7/1/2015	To:	12/31/2018	
Grant/Donation		\$250,000			
	SFY 1	SFY 2	SFY 3	Total	Comments
Grant Amount:	\$250,000	\$	\$	\$250,000	
Position Information:		# Positions	Explanation/Comments		
		1	Public Health Program Administrator		
Additional Comments:					
Department of Finance & Management				<i>BSJ</i>	(Initial)
Secretary of Administration				<i>[Signature]</i>	(Initial)
Sent To Joint Fiscal Office					Date



**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: 7/12/16

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 # 2488

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

United States Department of Health and Human Services, Administration for Families and Children
Personal Responsibility Education 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 Program Administrator	1	Maternal Child Health	8/1/16 thru 9/30/18

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

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

This position is necessary to carry out the grant objectives approved in the application.

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] 7/12/16
Signature of Agency or Department Head Date

[Signature] 9-29-16
Approved/Denied by Department of Human Resources Date

[Signature] 9-21-16
Approved/Denied by Finance and Management Date

[Signature] 9/21/2016
Approved/Denied by Secretary of Administration Date

Comments:

AUG 29 2016 DHR - 11/7/05


State of Vermont

Department of Health
108 Cherry Street, PO Box 70
Burlington, VT 05402

[phone] 802-863-7200
[fax] 802-865-7754

MEMORANDUM

To: Sarah Clark, AHS CFO

From: Paul Daley, Financial Director 

Re: Limited Service Position Request for the Personal Responsibility Education Program (PREP) Grant

Date: 7/12/16

.....

The Health Department is requesting approval of a new limited service position to be funded from the Personal Responsibility Education Program grant, originally approved in 2011 through JFO #2488.

This grant has been administered on a part time basis by our Director of Preventive Reproductive Health. Department management wants to assign her to other activities funded by the Maternal & Child Health Block Grant and has provided funding in the current year budget for the MCH Block Grant. The current year's PREP budget includes funding for a full-time program manager. We expect level funding through the end of the current project period (9/30/18).

Please find enclosed a Position Request Form, an RFR with Organization Chart, and a copy of the grant award document.

After review by your office and approval from the Secretary's Office, please forward to Molly Paulger at DHR.

We appreciate your support in moving this request forward. Please let me know if you have questions or need additional information. Thank you.

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

Notice of Action # _____		Date Received (Stamp)
Action Taken: _____		
New Job Title _____		
Current Class Code _____	New Class Code _____	
Current Pay Grade _____	New Pay Grade _____	
Current Mgt Level _____ B/U _____ OT Cat. _____ 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: _____
	Working Conditions: _____	Accountability: _____
	Total: _____	

Position Information:

Incumbent: **Vacant or New Position**

Position Number: Current Job/Class Title:

Agency/Department/Unit: GUC:

Pay Group: Work Station: Zip Code:

Position Type: Permanent Limited Service (end date)

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

Supervisor's Name, Title and Phone Number:

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

New Position(s):

- REQUIRED: Allocation requested: Existing Class Code Existing Job/Class Title:
- Position authorized by:

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

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

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

Vacant Position: (N/A)

- a. Position Number:
- b. Date position became vacant:
- c. Current Job/Class Code: 444900 Current Job/Class Title: PH Program Administrator
- d. REQUIRED: Requested (existing) Job/Class Code: 444900 Requested (existing) Job/Class Title: PH Program Administrator
- e. Are there any other changes to this position; for example: change of supervisor, GUC, work station? Yes No If Yes, please provide detailed information:

For All Requests:

1. List the anticipated job duties and expectations; include all major job duties: Planning, administrative and policy development work at a professional level for the Department of Health involving implementation of programs to promote development of local health care delivery systems, prepare for terrorism and other emergencies and address other critical public health response issues. Program goals include improving and protecting the health of the population through new approaches to the delivery of health services. Duties include planning, community development, evaluation, and grant administration. Supervision of multiple contractors is required. May exercise supervision over a small staff of professional and clerical assistants. Work is performed under the general direction of a Division Director or Section Chief. All employees of the Agency of Human Services perform their respective functions adhering to four key practices: customer service, holistic service, strengths-based relationships and results orientation. Sets objectives, identify and implement strategies and determine evaluation methods for the programs. Guides communities to understand and adopt changes to respond to disasters and to effect improvement in health outcomes. Identifies opportunities, challenges, barriers and take steps to address them. Works with other state agencies to assure that policies within the department and outside are coordinated. Integrates goals of Healthy Vermonters 2020, the State Health Plan and terrorism response plans into project development. Assists communities to conduct needs assessments and develop a comprehensive plan for delivery of coordinated (networked) health services, including emergency medical services. Ensures broad-based representation and participation in all phases of the project. Coordinates use of data from multiple sources for program review, monitoring and evaluation. Analyzes policy issues and prepares written reports that summarize outcomes and issues and present recommendations. Writes grant proposals, monitors funding, and ensures compliance with federal and state policies and program regulations. Represents the department with a variety of councils and advisory groups. Performs related duties as required.

2. Provide a brief justification/explanation of this request: To provide oversight of PREP grant and other related duties as part of the Preventive Reproductive Health program

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

Personnel Administrator's Section:

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

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

6. Who should be contacted if there are questions about this position (provide name and phone number): Kim Swartz, 652-4184

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

8. Will this change (new position added/change to vacant position) affect other positions within the organization? (For example, will this have an impact on the supervisor's management level designation; will duties be shifted within the unit requiring review of other positions; or are there other issues relevant to the classification process.) No

Attachments:

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

Tammie Ellison
Personnel Administrator's Signature (required)*

6/3/16
Date

Kim Swartz
Supervisor's Signature (required)*

6/2/2016
Date

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

JUN 05 2016
Date

* Note: Attach additional information or comments if appropriate.

Division of Maternal and Child Health

May 1, 2016

**Maternal and Child Health
Director**
Breena W. Holmes
740215 30

**Maternal and Child Health Deputy
Director**
Ilisa Stalberg
740125 28

CPH Program Administrator
Donna Bister
740041 28

**PH Nurse
Child Health Prevention
Coordinator**
Nathaniel Waite
740236 26

Public Health Analyst III
John Burley
740184 25

**MCH Program & Planning
Coordinator**
Sally Kerschner
740316 26

**Early Childhood
Services Coordinator**
Laura Bernard
740859 25

**CSHN and CDC
Medical Director**
Carol Hassler
(see MCH CSHN Org
Chart)
740122 29

**Director: Preventive
Reproductive Health**
Kimberly Swartz
740347 26

**PH Program Admin
AC: School Health**
Sharonlee Trefry
740369 24

**Infant & Child Health
Nurse Coordinator**
Rosemeryl Harple
740877 26

**Nurse: Home Visiting
Program Coordinator**
Ann Giombetti
740836 25

**Child Development
Coordinator**
Janet Kilburn
740878 25

**CSHN Director of
Operations**
Kim Bean
740355 26

**CSHN Clinical Services
Director**
Monica Ogelby
740033 27

**Health Data
Administrator**
Morgan Paine
740894 21

PH Prog. Admin 29

**MCH Division
Administrator**
Kat Seaton
740840 25

**Administrative
Services Coordinator**
Shannon Smullen
740186 21

**Data Analyst & Info
Coordinator**
Patrick Henry
740205 22

PH Nutrition Manager
Karen Flynn
740294 26

**Program Services
Clerk**
Barbara Atwood
740457 15

**PH Nutrition Specialist:
Evaluation**
Lynne Bortree
740494 25

PH Nutrition Specialist
Jen Woodard
740886 25

PH Nutrition Specialist
Jacqueline Charnley .5
Vacant .5
740314 25

**PH Specialist
AC: Breastfeeding**
Diane Dressler (Rutland)
740803 25

Program Technician I
Tamela Ross-Little
740112 18

**PH Nutrition Specialist
AC: Breastfeeding**
Patricia Cassi
740219 25

**Vermont Department of Health ~ Personal Responsibility Education Program (PREP)
FFY16 Budget & Budget Narrative**

Personnel	Grant Administrator at 1.0 FTE at \$51,064.00 Responsible for day-to-day activities of all program components, including: coordination of criteria (RFP) and selection of sub-grantee awards, coordination of training, and oversight for curriculum implementation, ongoing technical assistance to sub-grantee recipients, review of quarterly narrative and data reports by sub-grantee recipients and monitoring that sub-grantees are meeting target numbers and evaluation requirements, reporting requirements to FYSB, development and maintenance of partnerships with organizations and individuals providing components of comprehensive sexual education statewide, oversight for sub-grantee award payments and liaison with the VDH business office	\$ 51,064
Fringe	Fringe benefits for VDH Grant Administrator at 40% of salary total	\$ 20,425
Travel	National PREP meetings for PREP Grant Administrator to travel to annual meeting <i>Annual meeting for 1 staff</i> Airfare \$ 650 Hotel at \$150 per night (3) \$ 450 Meals at \$32 per diem \$ 96 Ground transportation \$ 100 <i>Regional training for 1 staff</i> Airfare \$ 650 Hotel at \$150 per night (3) \$ 450 Meals at \$32 per diem \$ 96 Ground transportation \$ 100 <i>In state travel for 1 staff</i> Mileage \$ 280	\$ 2,873
Equipment	None indicated	\$ 0
Supplies	Educational materials for sub recipients- evidence based curriculum	\$ 2,500
Contractual	Grants to community-based agencies for implementation of PREP	\$ 142,500
Construction	None indicated	\$ 0
DIRECT TOTAL		\$ 219,362
INDIRECT / COST ALLOCATION PLAN	VDH uses a Cost Allocation Plan, not an indirect rate. VDH is a department of the Vermont Agency of Human Services, a public assistance agency, which uses a Cost Allocation Plan in lieu of an indirect rate agreement as authorized by OMB Circular A-87, Attachment D. This Cost Allocation Plan was approved by the US Department of Health and Human Services effective October 1, 1987. A copy of a recent approval letter is attached. The Cost Allocation Plan summarizes actual, allowable costs incurred in the operation of the program. These costs include items which are often shown as direct costs, such as telephone and general office supply expenses, as well as items which are often included in an indirect rate, such as the cost of office space and administrative salaries. These costs are allocated to the program based on the salaries and wages paid in the program. Because these are actual costs, unlike an Indirect Cost Rate, the ratio of allocated costs to salary will vary from quarter to quarter. Based on costs allocated to similar programs during recent quarters, we would currently estimate these allocated costs at 60% of the direct salary line item.	\$ 30,638
TOTAL		\$ 250,000



ADMINISTRATION FOR
CHILDREN & FAMILIES

Office of Grants Management 330 C Street, S.W. Washington, DC 20201

April 06, 2016

Vermont Agency of Human Services
Secretary's Office - Fiscal Unit
Center Building
280 State Drive
Waterbury, VT 05671-1000

**Re: Notice of Grant Award
Personal Responsibility Education Program
FY 2016**

Dear Grantee:

The following award is the allocated amount for the fiscal year indicated for the Personal Responsibility Education Program in accordance with Section 513 of the Social Security Act .

Award Amount:	\$250,000
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Catalog of Federal Domestic Assistance (CFDA) Program Number	Entity Identification Number (EIN)	Appropriation Number	Grant Document Number (GDN)	Common Accounting Number (CAN)	Amount
93.092	1-036000274-A8	75-X-1512	1601VTPREP	2016G99SU16	\$250,000

The project period for these funds starts **10/01/2015**. These funds must be obligated **no later than 09/30/2018** and liquidated **no later than 12/31/2018**. Any funds that remain unobligated or unliquidated after these dates will be recouped by this agency.

By accepting this award, the State agrees to use these funds in accordance with the Terms and Conditions and all applicable Federal laws, regulations and policies governing the use of Federal funds and the submission of periodic financial reports. Any expenditure found to have been made in violation of these requirements is subject to disallowance and recoupment by this agency and the imposition of additional interest charges under 45 CFR 30.13 and 30.14.

A copy of the General Terms and Conditions governing mandatory grant programs and additional program-specific requirements for this program are available at <https://www.acf.hhs.gov/grants/terms-and-conditions> .

Specifically, the State agrees to comply with the provisions of Federal regulations (31 CFR 205) that implements the Cash Management Improvement Act by limiting the amount and timing of your requests to draw Federal funds to the minimum amount necessary to meet actual and immediate program needs and requirements. Failure to adhere to these requirements may result in the unobligated portion of your letter-of-credit to be revoked.

Grant funds are available through HHS' Payment Management System (PMS). Please direct questions as follows:

- (a) **Payments and Cash Transactions:** Payment Management Services, Program Support Center PO Box 6021, Rockville, Maryland 20852 (<http://www.dpm.psc.gov>) or to the PMS Help Desk at (877) 614-5533.
- (b) **Program Requirements:** Marc D. Clark at marc.clark@acf.hhs.gov or (202) 205-8496;
- (c) **Expenditure Reporting:** Manolo Salgueiro at manolo.salgueiro@acf.hhs.gov or (202) 690-5811.

Sincerely,

Patrick A. Wells
Director
Division of Mandatory Grants

IMPORTANT NOTICE: Expenditures made using funds from this and all subsequent awards for this program will be governed by guidelines found in the new Omni Circular published by the Office of Management and Budget. These new guidelines supersede and incorporate several existing OMB Circulars and Regulations and are codified for HHS programs at 45 CFR part 75. (See the Federal Register Notice, dated Dec 19, 2014 at 79 FR 75871-76106). The Terms & Conditions for this program will be revised accordingly.