



STATE OF VERMONT
JOINT FISCAL OFFICE

MEMORANDUM

To: James Reardon, Commissioner of Finance & Management
From: Nathan Lavery, Fiscal Analyst
Date: May 18, 2012
Subject: JFO #2561, #2562, #2563

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

JFO #2561 – \$2,486,970 grant from the U.S. Federal Emergency Management Agency to the Vermont Department of Children and Families. This grant will be used to assist victims of Tropical Storm Irene through the provision of long-term disaster case management services. This item includes the establishment of one (1) limited service position.

[JFO received 4/18/12]

JFO #2562 – Request to establish seven (7) limited service positions in the Agency of Human Services and Department of Vermont Health Access. These positions will assist in the planning, procurement and implementation of the Medicaid Management Information System. Ninety-percent of funding for these healthcare information technology positions will be federal funding.

[JFO received 4/18/12]

JFO #2563 – \$40,000 grant from the Water Wheel Foundation to the Vermont Agency of Human Services. This grant will be used to implement a statewide volunteer management system.

[JFO received 4/18/12]

The Governor's approval may now be considered final. We ask that you inform the Secretary of Administration and your staff of this action.

cc: Dave Yacovone, Commissioner
Mark Larson, Commissioner
Doug Racine, Secretary



STATE OF VERMONT
JOINT FISCAL OFFICE

MEMORANDUM

To: Joint Fiscal Committee Members
From: Nathan Lavery, Fiscal Analyst
Date: April 24, 2012
Subject: Grant Requests

Enclosed please find three (3) items that the Joint Fiscal Office has received from the administration. Eight (8) limited service positions requests are associated with these items.

JFO #2561 – \$2,486,970 grant from the U.S. Federal Emergency Management Agency to the Vermont Department of Children and Families. This grant will be used to assist victims of Tropical Storm Irene through the provision of long-term disaster case management services. This item includes the establishment of one (1) limited service position.

[JFO received 4/18/12]

JFO #2562 – Request to establish seven (7) limited service positions in the Agency of Human Services and Department of Vermont Health Access. These positions will assist in the planning, procurement and implementation of the Medicaid Management Information System. Ninety-percent of funding for these healthcare information technology positions will be federal funding.

[JFO received 4/18/12]

JFO #2563 – \$40,000 grant from the Water Wheel Foundation to the Vermont Agency of Human Services. This grant will be used to implement a statewide volunteer management system.

[JFO received 4/18/12]

Please review the enclosed materials and notify the Joint Fiscal Office (Nathan Lavery at (802) 828-1488; nlavery@leg.state.vt.us) if you have questions or would like an item held for Joint Fiscal Committee review. Unless we hear from you to the contrary by May 8 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

Agency of Administration

JFO 2561

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

Grant Summary:		This grant is for long-term disaster case management to assist survivors with unmet needs as a result of Tropical Storm Irene. Central Vermont Community Action Council will serve as lead management/provider of case management and sub-recipient of grant funds. One FTE limited-services position for Director to manage grant and case management is included in the grant.			
Date:		4/10/2011			
Department:		Department for Children and Families, Office of Economic Opportunity, 103 South Main Street, Osgood Room 203, Waterbury, VT 05671-1801			
Legal Title of Grant:		Disaster Case Management			
Federal Catalog #:		CFDA 97.088			
Grant/Donor Name and Address:		Department of Homeland Security/Federal Emergency Management Agency, FEMA, Region 1, 99 High Street, Boston, MA 02110			
Grant Period:	From:	12/9/2011	To:	8/13/2013	
Grant/Donation		\$2,486,970			
	SFY 1	SFY 2	SFY 3	Total	Comments
Grant Amount:	\$828,990	\$1,421,126	\$236,854	\$2,486,970	
Position Information:		# Positions	Explanation/Comments		
		1	Limited Service - Director Disaster Case Management		
Additional Comments:		HR has approved Position Request Form. BAA authorized \$200k GF in grants to provide 16 case managers at CAPS for long-term recovery related to TS Irene. The FEMA grant will supplant the GF for 11 case managers. \$200k will be redirected to 5 case managers that are not covered by federal grant.			
Department of Finance & Management		4/10/12		(Initial)	
Secretary of Administration		4/11/12		(Initial)	
Sent To Joint Fiscal Office		4/16/12		Date	



STATE OF VERMONT FINANCE & MANAGEMENT GRANT REVIEW FORM		



STATE OF VERMONT REQUEST FOR GRANT (*) ACCEPTANCE (Form AA-1)

BASIC GRANT INFORMATION				
1. Agency:	Agency of Human Services			
2. Department:	Department for Children and Families; Office of Economic Opportunity			
3. Program:	Disaster Case Management			
4. Legal Title of Grant:	Disaster Case Management Program			
5. Federal Catalog #:	CFDA 97.088			
6. Grant/Donor Name and Address: Department of Homeland Security/Federal Emergency Management Agency				
7. Grant Period:	From:	12/9/2011	To:	8/31/2013
8. Purpose of Grant: Intensive case management services for Irene Disaster victims with unmet needs 13 908				
9. Impact on existing program if grant is not Accepted: State cover the cost or not provide the service				
10. BUDGET INFORMATION				
	SFY 1	SFY 2	SFY 3	Comments
Expenditures:	FY 2012	FY 2013	FY 2014	
Personal Services	\$60,587	\$103,863	\$17,311	
Operating Expenses	\$3,492	\$5,986	\$997	
Grants	\$764,911	\$1,311,277	\$218,546	
Total	\$828,990	\$1,421,126	\$236,854	
Revenues:				
State Funds:	\$	\$	\$	
Cash	\$	\$	\$	
In-Kind	\$	\$	\$	
Federal Funds:	\$	\$	\$	
(Direct Costs)	\$822,499	\$1,409,998	\$235,000	
(Statewide Indirect)	\$	\$	\$	
(Departmental Indirect)	\$6,491	\$11,128	\$1,854	
Other Funds:	\$	\$	\$	
Grant (source)	\$	\$	\$	
Total	\$828,990	\$1,421,126	\$236,854	
Appropriation No:		Amount:		
	3440100000		\$828,990	
			\$	
			\$	
			\$	
			\$	
			\$	
		Total	\$828,990	
PERSONAL SERVICE INFORMATION				

STATE OF VERMONT REQUEST FOR GRANT (*) ACCEPTANCE (Form AA-1)

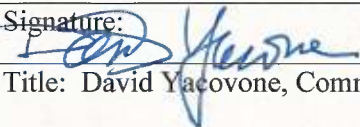
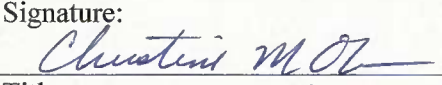
11. Will monies from this grant be used to fund one or more Personal Service Contracts? Yes No
 If "Yes", appointing authority must initial here to indicate intent to follow current competitive bidding process/policy.
 Appointing Authority Name: _____ Agreed by: _____ (initial)

12. Limited Service Position Information:	# Positions	Title
	1	Director, Disaster Case Management Program
Total Positions		

12a. Equipment and space for these positions: Is presently available. Can be obtained with available funds.

13. AUTHORIZATION AGENCY/DEPARTMENT

I/we certify that no funds beyond basic application preparation and filing costs have been expended or committed in anticipation of Joint Fiscal Committee approval of this grant, unless previous notification was made on Form AA-1PN (if applicable):

Signature: 	Date: 4/2/2012
Title: David Yacovone, Commissioner	
Signature: 	Date: 4/2/12
Title: Deputy Secretary, AHS	

14. SECRETARY OF ADMINISTRATION

Approved: _____ (Secretary or designee signature) Date: 04/14/12

15. ACTION BY GOVERNOR

Check One Box:
 Accepted
 Rejected

 (Governor's signature) Date: 4/13/12

16. DOCUMENTATION REQUIRED

- Required GRANT Documentation**
- | | |
|--|--|
| <input checked="" type="checkbox"/> Request Memo
<input type="checkbox"/> Dept. project approval (if applicable)
<input checked="" type="checkbox"/> Notice of Award
<input type="checkbox"/> Grant Agreement
<input checked="" type="checkbox"/> Grant Budget | <input type="checkbox"/> Notice of Donation (if any)
<input checked="" type="checkbox"/> Grant (Project) Timeline (if applicable)
<input type="checkbox"/> Request for Extension (if applicable)
<input checked="" type="checkbox"/> Form AA-1PN attached (if applicable) |
|--|--|

End Form AA-1

(*) The term "grant" refers to any grant, gift, loan, or any sum of money or thing of value to be accepted by any agency, department, commission, board, or other part of state government (see 32 V.S.A. §5).

**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, 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/DCF/Office of Economic Opportunity Date: 3/28/12

Name and Phone (of the person completing this request): Shaun F. Donahue (802) 279-6105

Request is for:

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

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

Department of Homeland Security, Federal Emergency Management Agency; Disaster Case Management; Agreement # FEMA-DR-4022-VT, Ob # 4022DRVTIDCM; CFDA # 97.088 Disaster Case Management Program; Award period 12/9/11 - 8/13/13, amount \$2,486,970

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>
Director, Disaster Case Management Program	(1)	DCF/OEO	12/9/11 - 8/13/13

*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:

Tropical Storm Irene left many Vermonter's with significant un-met needs requiring long term assistance in recovering from the damage. This FEMA award will provide the necessary case management resources needed to assist those individuals and families. The state does not have the resources necessary to provide this support.

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)).

Dean Yasow _____ Date 4/2/12
Signature of Agency or Department Head

Molly Paul _____ Date 4/4/12
Approved/Denied by Department of Human Resources

[Signature] _____ Date 4/10/12
Approved/Denied by Finance and Management

[Signature] _____ Date 4/10/12
Approved/Denied by Secretary of Administration

Comments: [Signature]

APR 06 2012

[Faint handwritten notes, possibly including a signature and some illegible text]

[Faint handwritten notes, possibly including a date]

Classification & Compensation Division
Dept. of Human Resources
Forward to date
SIOS 5 - RAA
RECEIVED

**Department for Children and Families
Commissioner's Office**
103 South Main Street – 5 North
Waterbury, VT 05671-2980
www.dcf.vt.gov

[phone] 802-871-3385
[fax] 802-769-2064


Agency of Human Services

Memorandum

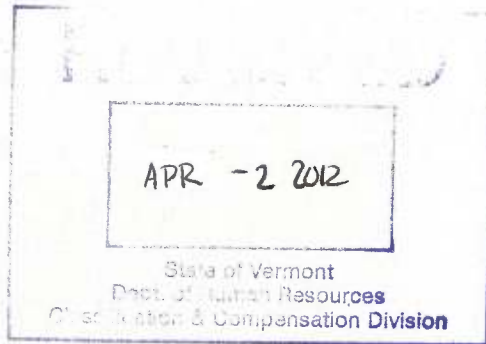
April 2, 2012

To: Jeb Spaulding, Secretary
Agency of Administration

Through: Doug Racine, Secretary
Agency of Human Services

From: Dave Yacovone, Commissioner 
Department for Children and Families

Re: Acceptance of Federal FEMA award for Disaster Case Management



Please accept this memorandum and accompanying documentation as a request for approval to accept Federal FEMA funds in the amount of \$2,486,970. This award funds all but \$1,136 of the requested budget (attached) and provides funding for 1 state position and 18 community based positions. These funds were awarded under the FEMA Disaster Case Management Program and are intended to serve victims of Tropical Storm Irene through the provision of long term disaster case management services.

The requested budget (attached) was written for two years but will in reality cover some or all of 3 state fiscal years as the approved grant period is December 9, 2011 to August 13, 2013. As such, the budget covers approximately 7 months of sfy 12; 12 months of sfy 13; and 2 months of sfy 14. In preparing the AA-1, I reflected this 7 month, 12 month and 2 month breakdown in their respective columns. The AA-1 Section 10 Budget information is organized as follows: Personal Services and Operating Expenses reflect 1 state position and while we do not yet have approval for a Limited Service position (Draft RFR attached) for the Director, we have had an individual filling that role and we intend to draw from this award those salary costs back to 12/9/11 as allowed. Grants reflects the amount to be awarded as a sub recipient grant to Central Vermont Community Action Council (CVCAC) who will serve as the "Lead Agency and will in turn write sub recipient grants to Southeastern Vermont Community Action (SEVCA) and Bennington/Rutland Opportunity Council (BROC).

In his role as Disaster Recovery Officer, Neale Lunderville authorized grants totaling \$200,000 issued to three Community Action Agencies who are providing 16 case managers to serve disaster victims with unmet needs. It is DCF's intention to maintain this level of staffing by redirecting the \$200,000 to the 5 case manager positions *not* covered by the federal FEMA funds.

For additional information, please contact Shaun Donahue at (802) 769-6393, or by email at shaun.donahue@state.vt.us

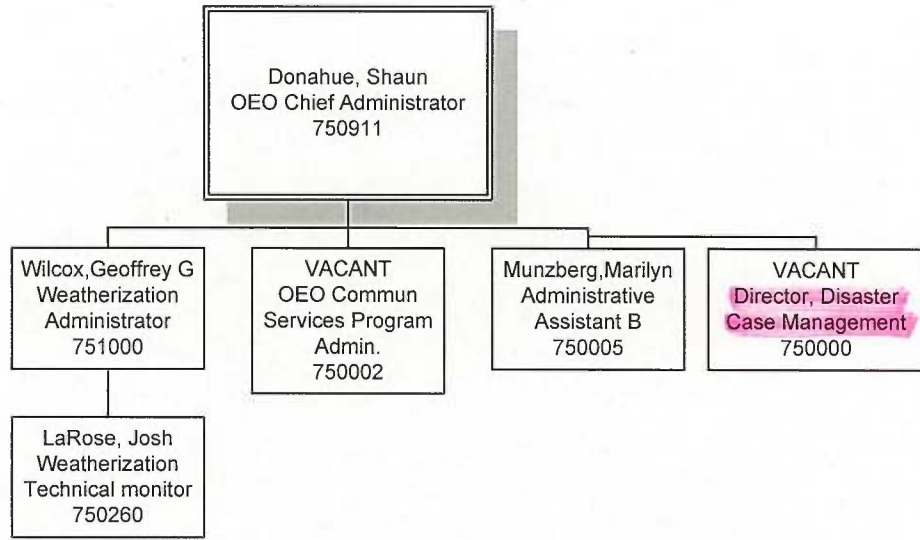


APR 06 2012

10/10/10

10/10/10

10/10/10



OEO
11/15/10

U.S. Department of Homeland Security
FEMA Region I
99 High Street
Boston, MA 02110



FEMA

February 27, 2012

Mr. Dave Yacovone, Commissioner
Vermont Agency of Human Services
Department for Children and Families
208 Hurricane Lane, Suite 103
Williston, Vermont 05495

Re: Application Approval and Initial Award
97.088 Disaster Case Management Program (DCMP) – FEMA-DR-4022-VT
Obligation I.D. # 4022DRVTDCM - \$2,486,970

Dear Commissioner Yacovone:

We are pleased to inform you that the U.S. Department of Homeland Security's Federal Emergency Management Agency (FEMA) has approved your application for federal assistance under the Disaster Case Management Program (DCMP). Enclosed are the documents that will award the \$2,486,970 in grant assistance.

The documents include Exhibit C of the FEMA-State Agreement – Disaster Grant Agreement Articles and the Obligor Document (FEMA Form 76-10A), including the attached Conditions of Award. In accordance with your Agency's DCMP Grant Application and FEMA's letter of concurrence, the Vermont Agency of Human Services, Department for Children and Families will implement the program under this award.

By accepting the award, you assume certain administrative and financial responsibilities including the timely submission of all financial and programmatic reports, resolution of all interim findings, and the maintenance of a minimum level of cash on hand. Should you not adhere to these responsibilities, you will be in violation of the terms of this agreement.

Mr. Dave Yacovone
February 27, 2012
Page 2

Paul Parsons, Project Officer for the above-mentioned grant can assist you with any programmatic questions. For administrative questions, contact Ann Mulvaney, Grants Management Specialist, at (617) 956-7637.

Sincerely,



Don R. Boyce
Regional Administrator

DRB/aem

Enclosures

cc: Shaun Donahue, VT Agency of Human Services, Department for Children and Families
James Russo, FCO DHS/FEMA Region 1
Paul Parsons, Program Specialist, DHS/FEMA Washington, D.C.




FEMA

December 22, 2011

MEMORANDUM FOR: Deb Ingram
Assistant Administrator
Recovery Directorate

THROUGH: Don Boyce
Regional Administrator
FEMA Region I

FROM: James N. Russo 
Federal Coordinating Officer
FEMA-1995/4001/4022/4043-DR-VT

COPIES: Randall Kinder, Recovery Directorate
Individual Assistance Division
Human Services Branch

Liz Gibson, Recovery Directorate
Individual Assistance Division
Human Services Branch

SUBJECT: FEMA-4022-DR-VT
Disaster Case Management Grant Program Request
Analysis and Recommendation

The State of Vermont is requesting the State Grant, formerly known as Phase II, of the Disaster Case Management Program (DCMP) for FEMA-4022-DR-VT.

ANALYSIS

The State of Vermont is pursuing the grant applicant for the DCMP to assist survivors as a result of Tropical Storm Irene, FEMA-4022-DR-VT. The Vermont Agency of Human Services, Office of Economic Opportunity (VTSEO) has been identified as the recipient agency for the administration of the grant, with the Central Vermont Community Action Council (CVCAC) serving as the Lead Management/Provider Agency.

Pursuant to the DCMP draft guidance, 5% of disaster registrants is the identified suggested percentage to use in determining the needs for case managers and staff. The State of Vermont has decided to follow this guidance and estimates 361 applicants requiring case management services (approximately 5% of the 7,219 Individual Assistance (IA) applicants received by FEMA). The period of performance will be December 2011 to August 2013.

U.S. Department of Homeland Security
Joint Field Office
128 Lakeside Avenue
Burlington, VT 05401



FEMA

Eleven newly formed Long Term Recovery Committees have emerged across the affected areas in Vermont. Funds and services are available for disaster survivors, however the Committees have been unable to begin distribution of many of the resources due to the lack of case management. For this reason, and the immediacy of need due to winter, the State of Vermont has provided modest grants to three community action agencies (CVCAC, SEVCA, BROCC) to provide 13 weeks of interim case management. These funds are limited as the State's General Fund does not have sufficient resources to support the depth and level of case management required for the duration of meeting survivor needs.

Recommendation

I have reviewed the revised application for the Disaster Case Management Program, State Grant, and recommend approval for the State of Vermont. I believe there is merit in awarding the grant to the State of Vermont to assist with recovery efforts for both the current disaster (*FEMA-4022-DR-VT*), and building local capacity for future disaster events.

Sincerely,

A handwritten signature in black ink, appearing to read "James N. Russo" with a stylized flourish at the end.

James N. Russo
Federal Coordinating Officer
FEMA-1995/4001/4022/4043-DR-VT

State of Vermont
Department for Children and Families
Office of Economic Opportunity

103 South Main Street, Osgood Room 203
Waterbury, VT 05671-1801

[phone] 802-769-6409

(note: despite temporary location, mailing address remains the same)

Agency of Human Services

April 2, 2012

To: Jim G. AHS Finance

From: Shaun D. DCF/OEO

Re: AA-1 request

Jim;

Attached to this memo are:

- Memorandum from Dave Y. through Doug R. to Jeb S. requesting approval of AA-1 grant acceptance;
- Accompanying AA-1;
- Limited Service grant funded position request;
- Accompanying organizational chart;
- RFR for above position;
- Memorandum from myself through Dave Y. and Doug R. providing clarifying information on AA-1PN;
- Accompanying AA1-PN
- FEMA grant award and documentation.

Thanks to you and your office for your assistance in getting this approved. If there is anything else required, please contact me as soon as possible at (802) 279-6105.



Classification & Control Division
DEPT. OF PUBLIC AFFAIRS
STATE OF ALABAMA

APR 5 - 1961

RECEIVED

Request for Classification Review Position Description Form A

For Department of Personnel Use Only

Notice of Action # _____		Date Received (Stamp)
Action Taken: _____		RECEIVED APR - 2 2012 State of Vermont Dept. of Human Resources Classification & Compensation Division
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: _____	

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: Director, Disaster Case Management Program

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

Vacant Position Number: Current Job/Class Title:

Agency/Department/Unit: AHS/DCF/OEO Work Station: Waterbury/Essex Zip Code:

Supervisor's Name, Title and Phone Number: Shaun Donahue, Director, VT Office of Economic Opportunity (802) 769-6393

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.*

Oversee FEMA Disaster Case Management Program grant by:

Maintaining ongoing communication with the Lead Management Agency, Central Vermont Community Action Council (CVCAC) to ensure that they and the 2 subrecipients are delivering case management services as prescribed in the federal grant;

Conducting regular formal site visits to CVCAC and subrecipients to monitor federal compliance;

Working closely with CVCAC Program Manager, Case Manager Supervisor, Construction Cost Analyst, to ensure efficient and effective disaster case management for Irene survivors that leads to rebuilding and or re-housing of families and individuals who's homes were damaged.

Primary AHS liaison to local, state and national organizations by:

Testifying at State Legislature;

Maintaining a strong relationship with ten local Long Term Recovery Committees including in-person site visits and attendance at local committee meetings;

Attending LTRC advisory board along with federal, state and local officials;

AHS representative on statewide committees, including:

Vermont Irene Recovery Coordination Team;

Volunteer and Donations Management Team;

Vermont Irene Housing Task Force;

Participate on bi-weekly FEMA conference calls with national DCM grantees; to support the operation of DCM Program.

Be instrumental in setting up a statewide infrastructure with the LTRCs that will be ready to respond in the event of another emergency.

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*.

Have a strong working relationship and maintain open communication with:

- The Chair-Persons of the ten Long Term Recovery Committees around the state;
- AHS Field Service Directors in six Irene effected districts (White River Junction, Springfield, Brattleboro, Bennington, Rutland and Barre);
- Commissioner of Housing and Economic Development, Vermont Agency of Commerce and Community Development;
- Staff of Vermont Long Term Recovery Group and the Allocations Director of the Vermont Disaster Relief Fund;
- AHS Emergency Preparedness Committee, including close relationship with the Vermont Department of Health Emergency Planning Director;
- Vermont Congressional delegation and representatives;
- Director and field staff of the American Red Cross;
- Staff of Regional Planning Commissions and Local Emergency Planning Committees;
- FEMA regional staff and the Directors of the Individual Assistance and Voluntary Agency Liaison programs;
- Vermont Emergency Management, Dep. Director for Preparedness and Planning;
- Statewide media outlets

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.

Disaster case management is not something that Vermont has had much experience with, and certainly not to the extent necessitated by the damage caused by tropical Storm Irene. The Director of this program must be familiar with standard "emergency management" procedures and protocols, but beyond that there are skills necessary for this individual to succeed. Management of a volunteer workforce, an ability to cooperatively work with local volunteer organizations and groups that have been created to address Irene related issues. An ability to collaboratively facilitate multiple federal, state, local and national non-profit groups is critical to the success of the program.

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:

The staff of the Disaster Case Management Program include:

One Program Manager; one Case Manager Supervisor; one Construction Cost Analyst; one Data Manager; two Administrative Assistants (one at the state and one at the local level); eleven Disaster Case Managers. While these are not classified state positions, the Director by virtue of their role as federal grant manager will exercise significant authority over what and how they accomplish.

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 responsibilities are performed under the general direction of the OEO Chief Administrator. The Director is expected to meet all federal and state deadlines and grant requirements without being prompted, as well as manage emergent situations that arise in relation to grantees, federal, state and local partners, and, clients/customers. The Chief Administrator may refer additional duties and projects to the Director as appropriate. The Director must demonstrate sound judgement in knowing which issues from the field require referral to the Chief Administrator and, when it would be inappropriate to proceed without their authority or input. The Director must demonstrate initiative and be able to function effectively without constant supervision. The Director serves as the Senior Manager of the Disaster Case Management Program in the absence of the Chief Administrator.

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 severe flooding caused by Tropical Storm Irene in late August 2011 heavily impacted the lives of Vermonters throughout the state. On September 1, 2011, a Major Disaster Declaration was announced for 12 of Vermont's 14 counties making residents and communities eligible for individual and public FEMA assistance. The disaster Case Management grant from FEMA will provide for case managers to work through three Community Action Agencies, with ten Long Term Recovery Committees (LTRC) around the state. This position will not only deal with the operations of the program, but the state and local politics involved in providing recovery services to nearly 8,000 Vermonters who were impacted by Irene. The ten LTRCs are all very different, with a variety of resources at their disposal. This position must deal with each LTRC and their community, as well as statewide groups and organizations.

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.*

Many victims of Tropical Storm Irene were left with homes that had experienced significant damage and were made vulnerable to further damage such as mold caused by moisture. The focus of this position is managing the \$2.5 million grant from FEMA, including a sub recipient grant to Central Vermont Community Action Council for the period 12/8/11 to 8/31/13. As a result of this program, Vermonters who experienced loss resulting from Tropical Storm Irene will have those losses mitigated, will have their homes repaired and made safe and habitable. For those who lost their homes, casemanagers will support them as they navigate the path of recovery.

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?
Stress involved with getting ten different Long Term Recovery Committees to cooperate with local and state organizations.	on-going
Stress of successfully delivering case management services to nearly 8,000 Vermonters in a timely manner, e.g. coordinating housing rebuilds or repairs using in state and out-of-state volunteers	on-going
Vermont is one of only four states to receive the FEMA DCM grant. There is pressure to be successful in setting up a statewide infrastructure that will be ready to respond in case of another emergency.	on-going

- 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?

- 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?

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

Type	How Much 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.

Tropical storm Irene had an enormous impact on the state of Vermont. There are a great deal of national, state and local resources targeted at the recovery of individuals and communities throughout the state. A number of Vermont agencies are working with state and local organizations to coordinate this recovery. This position is critical to assisting nearly 8,000 Vermonters return their lives to normal.

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?

Ensuring effective and timely communication amongst and between the state (DCF/OEO), lead agency (CVCAC), local Long Term Recovery Committees and other entities involved in disaster recovery efforts. This position will interact regularly with high ranking state, federal and local officials and must demonstrate the professional acumen required to be successful. Given that this is a limited service position specific to a federal grant, the individual must be knowledgeable and skilled in all matters associated with federal grant management including federal reporting.

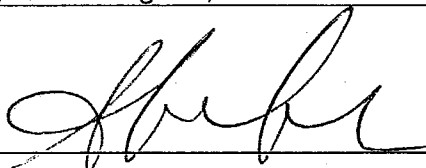
2. What do you consider the most important knowledge, skills, and abilities of an employee in this job (not necessarily the qualifications of the present employee) and why?

Expert level knowledge of emergency management issues including knowledge of which agencies (public and private) are the key players. This project ultimately is about meeting the needs of Vermonters who have experienced loss due to Tropical Storm Irene. Those needs will best be met by a myriad of resources including state, local and philanthropic organizations. The degree to which those efforts are coordinated and collaborative in nature will determine the level of relief that Vermonters receive. This position requires a high level of communication skills both verbal and written. Strong budgeting and financial reporting skills will be crucial to maximizing the resources available for meeting the needs of vermonters.

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:

Director, Disaster Case Management Program, 28

Supervisor's Signature (required):  Date: 4/2/12

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:

Personnel Administrator's Signature (**required**): _____ Date: _____


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.

This will be a highly visible position due to the nature of the work (federally declared disaster recovery) which requires a significant level of autonomy and professional maturity.

Suggested Title and/or Pay Grade:

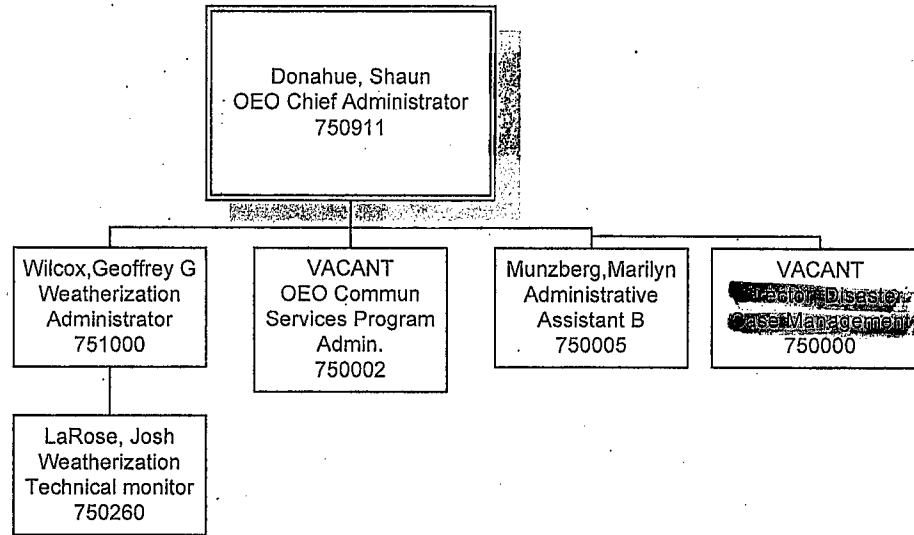
Director, Disaster Case Management Program, 28



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

4/2/12

Date




OEO
11/15/10

Memorandum

April 2, 2012

To: Joint Fiscal Office AA- 1 Reviewer's

Through: Doug Racine, Secretary AHS
Dave Yacovone, Commissioner DCF

From:  Shaun Donahue, Chief Administrator DCF/OEO

Re: Pre-award spending associated with FEMA Case Management grant

This memorandum is offered as supporting clarification for the AA-1 and AA-1PN submitted in support of accepting the FEMA award for Disaster Case Management.

In late November 2011, Disaster Recovery Officer Neale Lunderville and then AHS Deputy Secretary Patrick Flood determined there was a critical need for case management services for Irene victims who continued to have unmet needs. It was decided that a minimum of 16 case managers were needed and Deputy Secretary Flood directed OEO to issue grants totaling \$200,000 to three Community Action Agencies located in the declared disaster area. Those grants were issued, and the CAP's began hiring staff to meet the requested number of 16 case managers. Through the end of March there has been \$52,150 paid out as a draw on those three grants.

Concurrent to this, DCF/OEO submitted a grant to FEMA seeking funding of case management services to be provided through the same three Community Action Agencies. We were recently notified that our application had been approved and FEMA would fund 11 case management positions.

With the approval of the FEMA grant application, and the authority to expend federal funds retroactive to December 9, 2011, it is OEO's intention to dedicate the original 200k to the 5 positions not covered by the FEMA grant which only approved 11 positions.

To that end, OEO will amend the Community Action grants to incorporate the federal funds and extend them through August 2013 which coincides with the terms of the FEMA grant. We recognize that 200k will not fund 5 fte's over the 21 month period of the FEMA award, but we anticipate that demand will wane as individuals and households do get their needs met and these gf funded positions will be the first to be eliminated.

For additional information, please contact Shaun Donahue at (802) 769-6393, or by email at shaun.donahue@state.vt.us



STATE OF VERMONT GRANT SPENDING PRE-NOTICE (Form AA-1PN)

PURPOSE & INSTRUCTIONS:		
<p><i>This form is intended solely as notification to the Joint Fiscal Committee of the unavoidable need to spend State funds in advance of Joint Fiscal Committee approval of grant requests and with the intent of securing a federally or privately funded grant award. Pre-notification is required for expenditures of state funds beyond basic grant application preparation and filing costs. Expenditure of these state funds does not guarantee that a grant will be awarded to the State of Vermont, or that a future grant award will be accepted by the Joint Fiscal Committee. If a grant award is subsequently received, a completed Form AA-1 Request for Grant Acceptance must be submitted to the Joint Fiscal Committee for review and approval before spending or obligating additional funds.</i></p>		
BASIC GRANT INFORMATION		
1. Agency:	Agency of Human Services	
2. Department:	Department for Children and Families/Office of Economic Opportunity	
3. Program:	Disaster Case Management	
4. Legal Title of Grant:	Disaster Case Management Program	
5. Federal Catalog #:	CFDA 97.088	
6. Grant/Donor Name and Address:		
Department of Homeland Security/Federal Emergency Management Agency		
7. Grant Period:	From: 12/9/2011	To: 8/31/2013
8. Purpose of Grant:		
Intensive case management services for Irene Disaster victims with unmet needs		
9. STATE FUNDS TO BE SPENT IN ADVANCE OF GRANT ACCEPTANCE BY JOINT FISCAL:		
Expenditures:	FY 2012	Required Explanation/Comments
Personal Services	\$	(Include type of expenditures to be incurred, i.e. training, planning, proposal development, etc.) Case management services provided through Community Action Agencies. Please see attached memorandum
Operating Expenses	\$	
Grants	\$52,150.00	
Total	\$	
10. AUTHORIZATION AGENCY/DEPARTMENT		
I/We certify that spending these State funds in advance of Joint Fiscal Approval of a Grant is unavoidable, and that a completed Form AA-1 Request for Grant Acceptance will be submitted for Joint Fiscal Committee approval if a grant award is received for this program:	Signature:	Date: 4/2/2012
	Title: David Yacovone, Commissioner	
	Signature:	Date:
	Title:	
11. ATTACHMENTS: Attach relevant documentation that demonstrates the necessity of this expenditure. (example: funding opportunity guidelines require training, etc.)		
Distribution:		
Original - Joint Fiscal Office;		
Copy 1 - Department Grant File;		
Copy 2 - Attach to Form AA-1 (if grant is subsequently received).		
(End Form AA-1PN - Grant Spending Pre-Notice - Form AA-1PN)		

**DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY
OBLIGATING DOCUMENT FOR AWARDS/AMENDMENTS**

See Reverse for Instructions and
Paperwork Burden Disclosure

**O.M.B. No. 1660-0025
Expires August 31, 2011**

1. AGREEMENT NO. FEMA-DR-4022-VT, Ob # 4022DRVITDCM		2. AMENDMENT NO.		3. TYPE OF ACTION <input checked="" type="checkbox"/> GRANT <input type="checkbox"/> AWARD <input type="checkbox"/> CA <input type="checkbox"/> AMENDMENT			4. CONTROL NO. n/a
5. RECIPIENT NAME AND ADDRESS Vermont Agency of Human Services, Department for Children and Families, 208 Hurricane Lane, Suite 103, Williston, VT 05495				6. ISSUING FEMA OFFICE AND ADDRESS FEMA, Region I 99 High Street, Boston, MA 02110		7. PAYMENT OFFICE AND ADDRESS Same as # 6.	
8. NAME OF RECIPIENT PROJECT OFFICER Dave Yacovone (Recipient # 036000264)				8A. PHONE NO. 802-769-6142	9. NAME OF FEMA PROJECT OFFICER Paul Parsons, Program Specialist		9A. PHONE NO. (202) 212-1153
10. EFFECTIVE DATE OF THIS ACTION February 21, 2012		11. METHOD OF PAYMENT <input checked="" type="checkbox"/> HHS, SMARTLINK <input type="checkbox"/> SF 270 <input type="checkbox"/> OTHER			12. ASSISTANCE ARRANGEMENT <input type="checkbox"/> COST REIMBURSEMENT <input type="checkbox"/> COST SHARING <input checked="" type="checkbox"/> OTHER	13. PERFORMANCE PERIOD FROM: Dec 9, 2011 TO: Aug 13, 2013 BUDGET PERIOD: FROM: Dec 9, 2011 TO: Aug 13, 2013	

14. DESCRIPTION OF ACTION
a. (Indicate funding data for awards or financial changes)

PROGRAM NAME ABBREVIATION	CFDA NO.	ACCOUNTING DATA (ACCS CODE) XXXX-XXX-XXXXXX-XXXX-XXXX-X	PRIOR TOTAL AWARD	AMOUNT AWARDED THIS ACTION + or (-)	CURRENT TOTAL AWARD	CUMULATIVE NON-FEDERAL COMMITMENT
DCMP	97.088 (Disaster Case Management Program)	2012-06-4022DR-9014-4156-D *100% Federal **FEMA-DR-4022-VT AGREEMENT ARTICLES INCORPORATED BY REFERENCE ***PAYMENT MANAGEMENT SYSTEM (PMS) for VT Agency of Human Services, Department for Children and Families PIN # _____	0	2,486,970	2,486,970	0.00
TOTALS			0.00	2,486,970	2,486,970	0.00

b. To describe changes other than funding data or financial changes, attach schedule and check here

15a. FOR NON-DISASTER PROGRAMS: RECIPIENT IS REQUIRED TO SIGN AND RETURN THREE (3) COPIES OF THIS DOCUMENT TO FEMA (See Block 7 for address). YES NO

15b. FOR DISASTER PROGRAMS: RECIPIENT IS NOT REQUIRED TO SIGN.

This assistance is subject to the terms and conditions attached to this award notice or incorporated by reference in program legislation or regulation cited above.

16. RECIPIENT SIGNATORY OFFICIAL (Name and Title) Dave Yacovone, Commissioner, Vermont Agency of Human Services, Department for Children and Families, - see block # 15b. No signature required.	16a. DATE
---	-----------

17. FEMA SIGNATORY OFFICIAL (Name and Title) Don Boyce, Regional Administrator	17a. DATE
---	-----------

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 1.2 hours per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing, reviewing, and submitting the form. You are not required to respond to this collection of information unless it displays a valid OMB control number. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing this burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, S.W.; Washington, D.C. 20472 and Paperwork Reduction Project (1660-0025). **NOTE: Do not send your completed form to this address.**

INSTRUCTIONS

1. Enter the agreement number.
2. Enter the amendment number, if applicable.
3. Type of Action. Check the appropriate box.
4. Enter the control number. This number may come from FF 40-1 or it may be an internal control number.
5. Enter the name and address of the recipient.
6. Enter the FEMA office and address issuing the award.
7. Enter the FEMA office and address that will make the payment.
8. Enter the name and telephone number of the individual at the recipient organization who will be primarily responsible for providing information on the award.
9. Enter the name and telephone number if the individual at FEMA who will be primarily responsible for providing information on the award.
10. Enter the effective date of the award.
11. Check the appropriate box.
12. Check the appropriate box.
13. **PERFORMANCE PERIOD:** Enter the period of performance for the assistance agreement.
BUDGET PERIOD: Enter the budget period of the assistance agreement. This may be different than the period of performance.
14. **DESCRIPTION OF ACTION.**
PROGRAM NAME ACRONYM. Enter the acronym of the program being funded.
CFDA NO. Enter the corresponding Catalog of Federal Domestic Assistance number.
ACCOUNTING DATA. Enter the accounting code.
PRIOR TOTAL AWARD. This column should be blank on the initial award. On subsequent amendments, it must reflect the amount under "Current Total Award" of the previous Grant/Cooperative Agreement Award for the specified fiscal year.
AMOUNT AWARDED THIS ACTION (+ or -). This column is used to record the initial award to the State or amendment amount, either increasing or decreasing funds. For decreases, the amount will be indicated in brackets ().
CUMULATIVE NON-FEDERAL COMMITMENT. This column records the sum of all non-Federal amounts committed to the efforts to fulfill Federal matching requirements and including commitments beyond the required match. The non-Federal matching amounts expressed may be allowable monetary or in-kind contributions valued in dollars.
- 14b. If additional space is needed to describe changes other than funding data or financial change, attach a schedule and check the box.
- 15a. Check appropriate box.
- 15b. For disaster programs, the recipient is not required to sign the FEMA Form 76-10A.

EXHIBIT C

DISASTER GRANT AGREEMENT ARTICLES

ARTICLE I. The United States of America through the Administrator, Federal Emergency Management Agency (FEMA), Department of Homeland Security (hereinafter referred to as "FEMA") or his/her delegate, agrees to grant to the State of Vermont (hereinafter referred to as "the Grantee") funds in the amount specified on the obligating document, to support the Grant Program authorized under the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. §§ 5121-5208 (Stafford Act), and activated in the FEMA-State Agreement for FEMA-4022-DR. The Grantee agrees to abide by and comply with: the grant terms and conditions as set forth in this document, all provisions of the State Administrative Plan for each disaster grant, and all conditions contained in the FEMA-State Agreement. These Grant Agreement Articles do not apply to the Individuals and Households Program – Other Needs Assistance, when it is administered under the FEMA or Joint Option.

ARTICLE II. This agreement takes effect at the time the FEMA-State Agreement is executed and remains in effect until the grant program(s) has been closed by FEMA. Refer to obligating documents for funding information.

ARTICLE III. The Grantee agrees to comply with all applicable laws and regulations, including but not limited to the following laws, regulations, and OMB circulars that govern standard grant management practices and are incorporated into this Agreement by reference. Due to the nature of grant administration following a Presidential declaration of a disaster or emergency, some variance from standard practice may be warranted upon determination by FEMA.

The Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. §§ 5121-5208 (Stafford Act)

Title 44 of the Code of Federal Regulations (CFR)), which includes Part 13, FEMA's implementation of OMB Circular A-102, Uniform Administrative Requirements for Grants and Cooperative Agreements with State and Local Governments

- | | |
|-----------------------|---|
| 2 CFR Part 215 | Uniform Administrative Requirements for Grants and Agreements with Institutions of Higher Education, Hospitals, and Other Non-Profit Organizations (OMB Circular A-110) |
| 2 CFR Part 220 | Cost Principles for Educational Institutions (OMB Circular A-21) |
| 2 CFR Part 225 | Cost Principles for State and Local Governments (OMB Circular A-87) |
| 2 CFR Part 230 | Cost Principles for Nonprofit Organizations (OMB Circular A-122) |
| 45 CFR Part 74 | Appendix E, Principles for Determining Costs Applicable to Research and Development Under Grants and Contracts With Hospitals. |

48 CFR 31.2	Federal Acquisition Regulation, Contracts with Commercial Organizations.
OMB Circular A-133	Audits of States, Local Governments, and Non-Profit Organizations
31 CFR § 205.6	Funding Techniques
ASSURANCES	Submitted with the SF 424, Application for Federal Assistance

ARTICLE IV. The specific terms and conditions of this agreement are as follows:

1. **ASSURANCE COMPLIANCE:** The certifications signed by the Grantee in the FEMA-State Agreement relating to maintenance of a Drug-Free Workplace (44 CFR Part 17) and New Restrictions on Lobbying (44 CFR Part 18) apply to this grant agreement and are incorporated by reference.
2. **CLOSE OUT:**
 - a. **Reports Submission:** Per 44 CFR § 13.50, when the appropriate grant award performance period expires, the Grantee shall submit the following documents within 90 days: (1) Financial Performance or Progress Report; (2) Financial Status Report (SF 269) which has been now replaced by the Federal Financial Report (SF 425) or Outlay Report and Request for Reimbursement for Construction Programs (SF-271) (as applicable); (3) Final request for payment (SF-270) (if applicable); (4) Invention disclosure (if applicable); and (5) Federally-owned property report.
 - b. **Reports Acceptance:** FEMA shall review the Grantee reports, perform the necessary financial reconciliation, negotiate necessary adjustments between the Grantee's and FEMA's records, and close out the grant in writing.
 - c. **Records Retention:** Records shall be retained for 3 years (except in certain rare circumstances described in 44 CFR § 13.42) from the date the final financial status report is submitted to FEMA in compliance with 44 CFR § 13.42.
3. **CONSTRUCTION REQUIREMENTS:** Prior to the start of any construction activity, the Grantee shall ensure that all applicable Federal, State, and local permits and clearances are obtained, including FEMA compliance with the National Environmental Policy Act, the National Historic Preservation Act, the Endangered Species Act, and all other environmental laws and executive orders.
4. **COPYRIGHT:** The Grantee is free to copyright original work developed in the course of or under the agreement. FEMA reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use, and to authorize others to use the work for Government purposes. Publication resulting from work performed under this agreement shall include an acknowledgement of FEMA financial support, by grant number, and a statement that the publication does not constitute an endorsement by FEMA or reflect FEMA views.

5. **COST SHARE:** The Grantee shall follow the cost-sharing requirements in 44 CFR § 13.24. Project cost-share shall be available with the approval of each project. Performance Period/Project Completion extensions shall not be approved for delays caused by lack of cost-share funding.
6. **ENFORCEMENT:** Enforcement remedies shall be processed as specified under 44 CFR § 13.43 when the Terms and Conditions of this Cooperative Agreement are not met.
7. **FUNDS TRANSFER:** No transfer of funds to agencies other than those identified in the approved grant agreement shall be made without prior approval of FEMA.
8. **INSURANCE:** In compliance with P.L. 103-325, Title V National Flood Insurance Reform Act of 1973, section 582 requires that any person who receives federal assistance for the repair, replacement, or restoration for damage to any personal, residential, or commercial property, at any time, must maintain flood insurance if the property is located in a Special Flood Hazard Area.
9. **PAYMENT PROCESS:** The Grantee shall be paid using the U.S. Department of Health and Human Services Payment Management System (HHS/Smartlink) provided the Grantee maintains and complies with procedures for minimizing the time between transfer of funds from the US Treasury and disbursement by the Grantee and Subgrantees. The Grantee commits itself to: 1) initiating cash drawdowns only when actually needed for its disbursement; 2) timely financial reporting as per FEMA requirements, using the SF 269 or equivalent report; and 3) imposing the same standards of timing and amount upon any secondary recipient.
10. **PERFORMANCE PERIODS:**
 - a. **Program/Grant Award:** All grant awards activities, including all projects and/or activities approved under each grant award, shall be completed within the time period prescribed in FEMA regulations and on the obligating documents.
 - b. **Extensions:** Written request for an extension will include information and documentation to support the amendment and a schedule for completion. No subsequent grant agreements, monetary increase amendments, or time extension amendments will be approved unless all financial and performance reports have been submitted to the appropriate Regional Office. Extensions to performance periods shall be in compliance with program regulation timeframes. Extensions shall not be approved for delays caused by lack of cost-share funding. Only the FEMA Regional Administrator or Disaster Recovery Manager can approve exceptions to this policy.

11. RECOVERY OF FUNDS:

- a. The State will process the recovery of assistance through error, misrepresentation, or fraud, or if funds are spent inappropriately. A list of applicants/subgrantees from whom recoveries are processed will be submitted on the quarterly progress report to allow FEMA to adjust its program and financial information systems.
- b. Adjustments to expenditures will be made as funding is recovered and will be reported quarterly on the Federal Financial Report.
- c. The State will reimburse FEMA for the Federal share of awards not recovered through quarterly financial adjustments within the 90-day close out liquidations period.
- d. All fraud identifications will be reported to the DHS Office of Inspector General and the State agrees to cooperate with any investigation conducted by the DHS Office of Inspector General.
- e. The State shall reimburse FEMA the amount of funding recovered through the recapture of outstanding checks not claimed by recipients of assistance. The recovered funds shall be submitted to FEMA within 30 days from the expiration date printed on the check. A list of outstanding checks with check expiration dates shall be submitted to FEMA with the final progress/performance report.

12. REFUND, REBATE, CREDITS: The State shall transfer to FEMA the appropriate share, based on the Federal support percentage, of any refund, rebate, credit or other amounts arising from the performance of this agreement, along with accrued interest, if any. The Grantee shall take necessary action to effect prompt collection of all monies due or which may become due and to cooperate with FEMA in any claim or suit in connection with amounts due.

13. REPORTS:

- a. Federal Financial Report: The Grantee shall submit Federal Financial Reports, SF 425, to the FEMA Regional Office 30 days after the end of the first federal quarter following the initial grant award. (The Disaster Recovery Manager may waive this initial report.) The Grantee shall submit quarterly financial status reports thereafter until the grant ends. Reports are due on January 30, April 30, July 30, and October 30.
- b. Performance Report:
 1. If applicable, the Grantee shall submit performance/progress reports in compliance with each program identified under the FEMA-State Agreement to the FEMA Regional Office 30 days after the end of the first federal quarter following the initial grant award. The Disaster Recovery Manager may waive the initial report. The Grantee shall submit quarterly performance/progress status reports thereafter until the grant ends. Reports are due on January 30, April 30, July 30, and October 30.

2. The quarterly performance/progress reports shall include a status of the project's completion, amount of expenditures, and amount of payment for advancement or reimbursement of costs for each project funded under each of the programs authorized under the FEMA-State Agreement.
 - c. Final Reports: The State shall submit a Final Federal Financial Report and Performance Report 90 days from each program's grant award performance period expiration date.
 - d. Enforcement: The Disaster Recovery Manager or the Regional Administrator may suspend drawdowns if quarterly reports are not submitted on time.
14. **TERMINATION**: Either the Grantee or FEMA may terminate grant award agreements by giving written notice to the other party at least seven (7) calendar days prior to the effective date of the termination. All notices are to be transmitted via registered or certified mail, return receipt requested, to the FEMA Regional Administrator/Disaster Recovery Manager or the Governor's Authorized Representative, as applicable. The Grantee's authority to incur new costs will be terminated upon arrival of the date of receipt of the letter or the date set forth in the notice. Any costs incurred up to the earlier of the date of the receipt of the notice or the date of termination set forth in the notice will be negotiated for final payment. Closeout of the grant award will be commenced and processed as prescribed under Article IV.2.

CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

This certification is required by the regulations implementing the Drug-Free Workplace Act of 1988, 44 CFR Part 17. The regulations require certification by grantees, prior to award, that they will maintain a drug-free workplace. The certification set out below is a material representation of fact upon which reliance will be placed when the agency determines to award the grant. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of grants, or governmentwide suspension or debarment. (See 44 CFR Part 17, and 2 CFR Part 3000.)

- A. The grantee certifies that it will or will continue to provide a drug-free workplace 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);
 - (d) Notifying the employee in the statement required by paragraph (a) 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 subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position and 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 subparagraph (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, 29 U.S.C. § 701 et seq.; 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).

B. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with this grant:

Place(s) of Performance: (Street address, city, county, state, zip code)

Jeb Spaulding, Governor's Authorized Representative

Name and Title of Authorized Representative

Jeb Spaulding
Signature

9/3/11
Date

CERTIFICATION REGARDING LOBBYING

Certification For Contracts, Grants, Loans, and Cooperative Agreements

This certification is required by the regulations implementing the New Restrictions on Lobbying, 44 CFR Part 18. 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 an 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 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 contract, 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 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 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.

Jeb Spaulding, Governor's Authorized Representative

Name and Title of Authorized Representative

Signature

Date

9/3/11

EXHIBIT B

GENERAL CONDITIONS

FEMA and the State agree to take measures to deliver assistance to individuals, households, and governments as expeditiously as possible, consistent with Federal laws and regulations. To that end, the following terms and conditions apply:

1. Federal assistance will be made available, within the limits of funds available from Congressional appropriations for such purposes, in accordance with the Stafford Act, Executive Orders 12148, as amended, and 12673, and applicable regulations found in Title 44 of the Code of Federal Regulations (CFR), and applicable policy and guidance.
2. If necessary because of limited funds, FEMA will give first priority to assistance for individuals and households, emergency work for protection of public health and safety, and administrative costs for managing the disaster program. Public assistance recovery claims, hazard mitigation, and fire management assistance will be paid when, and if, funds become available and will be provided on a first come, first serve basis.
3. Pursuant to the regulations, the State agrees to be the grantee for all grant assistance provided under the Stafford Act, with the exception of the Individuals and Households Program – Other Needs Assistance when it is administered under the FEMA option. The State agrees to comply with the requirements of laws and regulations found in the Stafford Act and 44 CFR. The State hereby waives any consultation process under Executive Order 12372 and 44 CFR Part 4, for grants, loans, or other financial assistance under the Stafford Act for this major disaster.
4. Within his/her authorities, the Governor shall ensure, through the State agency responsible for regulation of the insurance industry, that insurance companies make full payment of eligible insurance benefits to disaster victims and other recipients of Federal disaster assistance. The State also shall take all responsible steps to ensure that disaster victims are aware of procedures for filing insurance claims, and are informed of any State procedures instituted for assisting insured disaster victims. Further, the State shall take all actions necessary and reasonable to ensure that all recipients of Federal disaster assistance are aware of their responsibility to repay government assistance that is duplicated by insurance proceeds.
5. The State agrees, on its behalf and on behalf of its political subdivisions and other recipients of Federal disaster assistance, to cooperate with the Federal Government in seeking recovery of funds that are expended in alleviating the damages and suffering caused by this major disaster against any party or parties whose intentional acts or omissions may have caused or contributed to the damage or hardship for which Federal assistance is provided pursuant to the Presidential declaration of this major disaster.
6. The State agrees, on its behalf and on behalf of its political subdivisions and other recipients of Federal disaster assistance, to seek recovery of all funds that are expended in alleviating the damages and suffering caused by this major disaster against any party or parties whose negligence or other tortious conduct may have caused or contributed to the damage or hardship for which Federal assistance is provided pursuant to the Presidential declaration of this

major disaster. FEMA will treat such amounts as duplicated benefits available to the Grantee in accordance with 42 U.S.C. § 5155 and 44 CFR § 206.191.





State of Vermont
Agency of Administration
Office of the Secretary
Pavilion Office Building
109 State Street
Montpelier, VT 05609-0201
www.adm.state.vt.us

(phone) 802-828-3322
(fax) 802-828-3320

Jeb Spaulding, Secretary

September 11, 2011

Craig Gilbert
Federal Coordinating Officer
FEMA DR-4022
Joint Field Office
128 Lakeside Ave.
Burlington, VT 05401

The State of Vermont is submitting this letter of intent due to the Presidentially Declared Disaster (FEMA-4022-DR), which includes Individual Assistance dated September 1, 2011. The declared event caused catastrophic damage and disruption of critical infrastructure services. The event also created disaster caused unmet needs for disaster survivors.

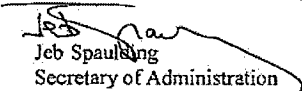
The State hereby requests option 3 of the Disaster Case Management Program (DCMP). This includes both Phase I and Phase II of the program.

By requesting Phase I, the State requests FEMA or another Federal Agency to administer and implement the DCM program for up to 180 days from the date of the Declaration.

By requesting Phase II, the State requests grant funding so that the State may administer and implement the DCM program for up to 24 months from the date of the Declaration. The State agrees to submit to FEMA an SF-424, and required application package within 60 days of the date of the Declaration.

The State acknowledges that Phase I may begin immediately at FEMA's discretion, but that Phase II is subject to FEMA's approval of an SF-424, and the application package which will be submitted to FEMA within 60 days of the date of the Declaration.

Sincerely,


Jeb Spaulding
Secretary of Administration
Governors Authorized Representative

c: Don Boyce, Region 1 Regional Administrator
Mark Mischak, Acting Individual Assistance Division Director, FEMA

 VERMONT

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

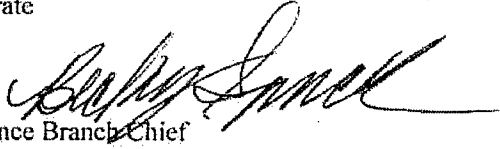
1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 12/9/11	Applicant Identifier
<input type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction		
5. APPLICANT INFORMATION			
Legal Name: Vermont Agency of Human Services		Organizational Unit: Department: Children and Families	
Organizational DUNS: 809376155		Division: Office of Economic Opportunity	
Address: Street: 208 Hurricane Lane, Suite 103		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Shaun	
City: Williston		Middle Name	
County: Chittenden		Last Name: Donahue	
State: Vermont	Zip Code: 05495	Suffix	
Country: U.S.		Email: shaun.donahue@state.vt.us	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 03-6000264		Phone Number (give area code) (802) 769-6142	Fax Number (give area code) (802) 769-2064
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input 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: Federal Emergency Management Agency	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): N/A		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Disaster Case Management Program - DR-4022 Vermont	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Vermont			
13. PROPOSED PROJECT Start Date: 12/9/11		14. CONGRESSIONAL DISTRICTS OF: a. Applicant Vermont	
Ending Date: 8/31/13		b. Project Vermont	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 2,486,970 ⁰⁰	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:	
b. Applicant	\$ 0 ⁰⁰	b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$ 0 ⁰⁰	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ 0 ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$ 0 ⁰⁰	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$ 0 ⁰⁰		
g. TOTAL	\$ 2,486,970 ⁰⁰		
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 Mr.	First Name Dave	Middle Name	
Last Name Yacovone		Suffix	
b. Title Commissioner, Dept. for Children and Families		c. Telephone Number (give area code) (802) 769-6497	
d. Signature of Authorized Representative		e. Date Signed 12/22/11	



FEMA

December 22, 2011

MEMORANDUM FOR: Deb Ingram
Assistant Administrator
Recovery Directorate

FROM: Becky Szymcik 
Individual Assistance Branch Chief
FEMA Region 1

COPIES: Lauren McLane
Operations Section Chief
FEMA-1995/4001/4022/4043-DR-VT

Kathryn Halliday
Voluntary Agency Liaison
FEMA-1995/4001/4022/4043-DR-VT

Albert Ferri
Individual Assistance Branch Director
FEMA-1995/4001/4022/4043-DR-VT

SUBJECT: FEMA-4022-DR-VT
Disaster Case Management Grant Program Request
Analysis and Recommendation

I have read and reviewed the Disaster Case Management analysis and recommendation for DR 4022 VT and concur with its conclusions. FEMA R1 concurs with the recommendation for approval for the State of Vermont grant application.