



**STATE OF VERMONT**  
JOINT FISCAL OFFICE

**MEMORANDUM**

To: Joint Fiscal Committee members  
From: Daniel Dickerson, Fiscal Analyst  
Date: November 18, 2016  
Subject: Grant Request #2858, #2859

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

**JFO #2858** – \$955,347 grant from the U.S. Dept. of Health and Human Services to the Vermont Judiciary. The funds will be used for the Washington County Adult Treatment Drug Court Expansion and Enhancement Project (WCATDC-EEP). The project would be aimed at improving the quality of the existing program by improving the co-occurring capability of assessment and treatment available, increasing the intensity of services and length of stay, enhancing multi-disciplinary training, and improving data collection. One (1) limited-service position, titled Project Manager, is being requested as part of this grant approval. Of the total grant award, the Judiciary would use \$324,999 in State FY 2017.

*[JFO received 11/9/16]*

**JFO #2859** – \$90,090 grant from the Corporation for National and Community Service (CNCS) to the Agency of Human Services- Central Office/SerVermont. The funding would be used primarily to establish **one (1) limited-service position**, titled Training Officer, to allow for better monitoring of Americorps programs in Vermont and increased attention to sub-grantees. The responsibilities of this new limited-service position were previously performed by a permanent position funded by Federal dollars, but sequestration at the Federal level curtailed those funds and the permanent position expired. Additionally, this grant would allow SerVermont to provide an Americorps member training conference.

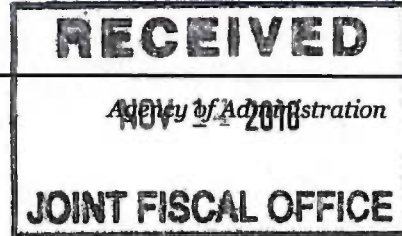
*[JFO received 11/14/16]*

Please review the enclosed materials and notify the Joint Fiscal Office (Daniel Dickerson at (802) 828-2472; [ddickerson@leg.state.vt.us](mailto: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 December 2, 2016 we will assume that you agree to consider as final the Governor's acceptance of these requests.



VERMONT

JFO 2859



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

<b>Grant Summary:</b>		To assist SerVermont in providing performance management, measurement training and technical assistance to AmeriCorps members and programs			
<b>Date:</b>		11/01/16			
<b>Department:</b>		AHS Central Office			
<b>Legal Title of Grant:</b>		Training and Technical Assistance Commission Investment Fund			
<b>Federal Catalog #:</b>		94.009			
<b>Grant/Donor Name and Address:</b>		Corporation for National and Community Service 250 E Street SW, Suite 300 Washington, DC 20525-0001			
<b>Grant Period:</b>	<b>From:</b>	8/1/2016	<b>To:</b>	7/31/2017	
<b>Grant/Donation</b>		\$90,090			
	<b>SFY 1</b>	<b>SFY 2</b>	<b>SFY 3</b>	<b>Total</b>	<b>Comments</b>
<b>Grant Amount:</b>	\$67,900	\$22,190	\$0	\$0	
<b>Position Information:</b>		<b># Positions</b>	<b>Explanation/Comments</b>		
		1	Ltd Service Training Officer position 8/1/16-7/31/17		
<b>Additional Comments:</b>		While this is a new grant, it brings back training funding that used to be available and previously funded a position at SerVermont.			
<b>Department of Finance &amp; Management</b>				(Initial)	
<b>Secretary of Administration</b>				(Initial)	
<b>Sent To Joint Fiscal Office</b>		11/9/16		Date	



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

<b>BASIC GRANT INFORMATION</b>				
<b>1. Agency:</b>	Agency of Human Services			
<b>2. Department:</b>	Central Office / SerVermont			
<b>3. Program:</b>	AmeriCorps			
<b>4. Legal Title of Grant:</b>	Training and Technical Assistance Commission Investment Fund			
<b>5. Federal Catalog #:</b>	94.009			
<b>6. Grant/Donor Name and Address:</b>				
Corporation for National and Community Service 250 E Street SW, Suite 300 Washington, DC 20525-0001				
<b>7. Grant Period:</b>	<b>From:</b>	8/1/2016	<b>To:</b>	7/31/2017
<b>8. Purpose of Grant:</b>				
To assist the grantee in carrying out a national service program as authorized by the National and Community Service Act of 1990, as amended (42 U.S.C. 12501 et seq.). SerVermont will provide performance management and measurement training and technical assistance to AmeriCorps members and programs.				
<b>9. Impact on existing program if grant is not Accepted:</b>				
SerVermont will be unable to expand the scope of the performance measurement and management training and technical assistance offered to AmeriCorps programs in Vermont.				
<b>10. BUDGET INFORMATION</b>				
	<b>SFY 1</b>	<b>SFY 2</b>	<b>SFY 3</b>	<b>Comments</b>
<b>Expenditures:</b>	<b>FY 2017</b>	<b>FY 2018</b>	<b>FY</b>	
Personal Services	\$66,600	\$22,190	\$	
Operating Expenses	\$1,300	\$	\$	
Grants	\$	\$	\$	
<b>Total</b>	<b>\$67,900</b>	<b>\$22,190</b>	<b>\$</b>	
<b>Revenues:</b>				
State Funds:	\$	\$	\$	
Cash	\$	\$	\$	
In-Kind	\$	\$	\$	
Federal Funds:	\$	\$	\$	
(Direct Costs)	\$67,900	\$22,190	\$	
(Statewide Indirect)	\$	\$	\$	
(Departmental Indirect)	\$	\$	\$	
Other Funds:	\$	\$	\$	
Grant (source )	\$	\$	\$	
<b>Total</b>	<b>\$67,900</b>	<b>\$22,190</b>	<b>\$</b>	
<b>Appropriation No:</b>	3400001005	<b>Amount:</b>	\$90,090	
			\$	
			\$	
			\$	
			\$	

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

		\$
		\$
	<b>Total</b>	\$90,090

**PERSONAL SERVICE INFORMATION**

**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: PD (initial)

12. Limited Service Position Information:	# Positions	Title
	1	TBD (Formerly Training Officer)
<b>Total Positions</b>		

**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: <u>Paul Dragan</u>	Date: <u>8-19-16</u>
	Title: <u>Deputy Secretary</u>	
	Signature:	Date:
	Title:	

7/16/16  
E 9/1/16

**14. SECRETARY OF ADMINISTRATION**

<input checked="" type="checkbox"/> Approved:	(Secretary or designee signature) <u>[Signature]</u>	Date: <u>11/1/16</u>
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**15. ACTION BY GOVERNOR**

<input checked="" type="checkbox"/> Accepted	(Governor's signature) <u>[Signature]</u>	Date: <u>11/9/16</u>
<input type="checkbox"/> Rejected		

**16. DOCUMENTATION REQUIRED**

**Required GRANT Documentation**

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

**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. 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 - Secretary's Office, SerVermont Date: 08/18/16

Name and Phone (of the person completing this request): Philip Kolling, (802) 828-6409

Request is for:

- Positions funded and attached to a new grant.
- Positions funded and attached to an existing grant approved by JFO # \*See #3

1. Name of Granting Agency, Title of Grant, Grant Funding Detail (attach grant documents):  
 75% - Corporation for National and Community Service, Training and Technical Assistance  
 25% - Corporation for National and Community Service, Commission Support Grant

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>
Training Officer	1	SerVermont	08/01/2016 - 07/31/2017

\*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:

SerVermont would be unable to expand the scope of the performance management and measurement training and technical assistance to AmeriCorps members and programs.

\*The Commission Support Grant was originally approved in 1993, JFO is researching the approval of the position.

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)).

Paul Dragen \_\_\_\_\_ Date: 9-23-2016  
 Signature of Agency or Department Head

Mark Paul \_\_\_\_\_ Date: 9-23-16  
 Approved/Denied by Department of Human Resources

Hall \_\_\_\_\_ Date: 10-1-16  
 Approved/Denied by Finance and Management

[Signature] \_\_\_\_\_ Date: 11-1-16  
 Approved/Denied by Secretary of Administration

Comments:

SEP 27 2016

## Daniel Dickerson

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**From:** Kolling, Philip <Philip.Kolling@vermont.gov>  
**Sent:** Monday, November 14, 2016 2:49 PM  
**To:** Daniel Dickerson  
**Subject:** SerVermont CNCS Commission Investment Fund Information

Good Afternoon Dan,

Please let me know if you need anything else or if this isn't what you had envisioned.

Thanks,  
Phil

Here is some more information:

The Corporation for National and Community Service (CNCS) Commission Investment Fund (CIF) grant has been made available to all State Service Commissions to increase the training and technical assistance services we offer to AmeriCorps program grantees. This new funding opportunity is a restoration of a formula grant previously provided to State Service Commissions for Program Development and Technical Assistance (PDAT). PDAT funding was sequestered several years ago, and when the staff position funded through the grant was vacated it was not refilled and expired. CNCS has restored that funding, and intends to provide the funding sustainably into the future. SerVermont would like to restore the position in a limited service capacity, and increase our capacity to provide training services to grantees.

The staff person will increase the training services that SerVermont provides our grantees in order to make them more effective and efficient. Training and technical assistance will be largely related to performance measurement and management for AmeriCorps Programs, and providing training to AmeriCorps members to make them more effective in service, and better able to succeed in their positions. The additional staff position at SerVermont would allow us to work more closely with our programs and provide increased attention to each grantee, offering individualized training to increase their efficiency and effectiveness, measure performance, and leverage resources towards outcomes.

Philip Kolling  
Executive Director

SerVermont  
109 State Street  
5<sup>th</sup> Floor  
Montpelier VT 05609-4801

[philip.kolling@vermont.gov](mailto:philip.kolling@vermont.gov)

P: 802-828-6409

C: 802-760-0042



**Notice of Grant Award****Corporation for National and Community Service**250 E Street SW, Suite 300  
Washington, DC 20525-0001  
(202) 606-5000**Training and Technical Assistance****Grantee**Vermont Commission on National and Community Service  
SerVermont 109 State Street Montpelier VT 05609-4801EIN: 036000264  
DUNS: 809376155**Award Information**

Agreement No.:	<b>16TAHVT001</b>	Performance Period:	<b>08/01/2016 - 07/31/2017</b>
Amendment No.:	<b>0</b>	Budget Period:	<b>08/01/2016 - 07/31/2017</b>
CFDA No.:	<b>94.009</b>	Grant Year:	<b>1</b>

**Award Description**

This award funds your approved FY2016 Training and Technical Assistance (TTA) Commission Investment Fund grant budget and activities.

**Purpose**

The purpose of this award is to assist the grantee in carrying out a national service program as authorized by the National and Community Service Act of 1990, as amended (42 U.S.C. §12501 et seq.).

**Funding Information**

<b>Year 1</b>	<b>Previously Awarded This Year</b>	<b>This Award/ Amendment</b>	<b>Total Current Year</b>
Total Obligated by CNCS	\$0	\$90,090	\$90,090
Grantee's Unobligated Balance (Carryover)	\$0	\$0	\$0
Total Available	\$0	\$90,090	\$90,090

**Cumulative Funding for Project Period**

Total Awarded in Previous Amendments	\$0
Total CNCS Funds Awarded to Date	<b>\$90,090</b>

**Funding Source and Amount**

2016--OPE1-F67-OPO-23000-4100	\$90,090.00
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Terms of Acceptance: By accepting funds under this grant, recipient agrees to comply with General Terms and Conditions found at <https://egrants.cns.gov/termsandconditions/FinalGeneralTermsandConditions20151201.pdf>, and the Program Terms and Conditions found at [https://egrants.cns.gov/termsandconditions/Final2016TTA\\_CIF\\_TC20160623.pdf](https://egrants.cns.gov/termsandconditions/Final2016TTA_CIF_TC20160623.pdf). Recipient also agrees to comply with assurances and certifications made in the grant application, and applicable federal statutes, regulations and guidelines. Recipient agrees to administer the grant in accordance with the approved grant application, budgets, supporting documents, and all other representations made in support of the approved grant application.

Corporation for National and Community Service:

# Notice of Grant Award

250 E Street SW, Suite 300  
Washington, DC 20525-0001  
(202) 606-5000

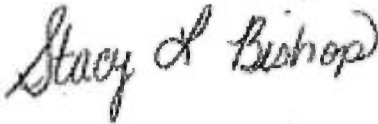
## Training and Technical Assistance

### Grantee

Vermont Commission on National and Community Service  
SerVermont 109 State Street Montpelier VT 05609-4801

EIN: 036000264  
DUNS: 809376155

Corporation for National and Community Service:

 07/21/2016

Vermont Commission on National and Community  
Service  
Legal Applicant

Signature Award Date

Stacy Bishop  
Senior Grants Officer

Philip Kolling  
Project Director

Thea Becton, (202) 606-7574  
Grants Officer

Philip Kolling  
Certifying Official/Executive Officer

Linda Cook, 202-606-6961  
Program Officer



**Budget Narrative: SerVermont Commission TTA 2016 for Vermont Commission on National and Community Service**

**Section I. Support Expenses**

**A. Project Personnel Expenses**

Position/Title -Qty -Annual Salary -% Time	CNCS Share	Grantee Share	Total Amount
Training Officer: Providing TTA to AmeriCorps Programs: - 1 person(s) at 51000 each x 75 % usage	38,250	0	38,250
Executive Director: Provide outreach and training to rural and underserved areas of state: - 1 person(s) at 74000 each x 5 % usage	3,700	0	3,700
<b>CATEGORY Totals</b>	41,950	0	41,950

**B. Personnel Fringe Benefits**

Item -Description	CNCS Share	Grantee Share	Total Amount
Executive Director Benefits: 46% of salary (\$34,000 total) @ 5% = \$1,700	1,700	0	1,700
Training Officer Benefits: 39% of salary (\$20,000 total) @ 75% = \$15,000	15,000	0	15,000
<b>CATEGORY Totals</b>	16,700	0	16,700

**C. Travel**

Purpose -Calculation	CNCS Share	Grantee Share	Total Amount
Lead Contractor to CNCS Grantee symposium for performance measurement training: \$1,300 total. 4 days x \$125/night hotel = \$500, Airfare \$500, Meals \$42/ day x 4= \$168, Airport parking \$20/day x 4= \$80, 96 miles reimbursement to and from airport @\$ .54/mile = \$52	1,300	0	1,300
<b>CATEGORY Totals</b>	1,300	0	1,300

**D. Equipment**

Item/Purpose -Qty -Unit Cost	CNCS Share	Grantee Share	Total Amount
<b>CATEGORY Totals</b>	0	0	0

**E. Supplies**

Item -Calculation	CNCS Share	Grantee Share	Total Amount
<b>CATEGORY Totals</b>	0	0	0

**F. Contractual and Consultant Services**

Purpose -Calculation	CNCS Share	Grantee Share	Total Amount

Performance measurement training and technical assistance for expanded performance measurement training institute for subgrantees. Comprehensive training and assessment.: \$20,000 Cost is \$5,000 per participating subgrantee x 10 subgrantees = \$50,000 cash and in-kind. 40% of the cost is in this grant.	20,000	0	20,000
Americas Service Commissions will provide commission staff with access to additional training and technical assistance support in the areas of performance measurement: \$675/day x 4 Days = \$2,700	2,700	0	2,700
AmeriCorps Member Training Conference. Train AmeriCorps members in topics that will increase their effectiveness and efficiency in service and enhance the member experience: \$7,440 = 10 presenters x 2 sessions each @ \$375 = \$7,500 total, \$750 per presenter. Presenters selected by commission through national service training network, presenters familiar with national service. November 2016 (proposed).	7,440	0	7,440
<b>CATEGORY Totals</b>	<b>30,140</b>	<b>0</b>	<b>30,140</b>

**I. Other Support Costs**

Item	CNCS Share	Grantee Share	Total Amount
<b>CATEGORY Totals</b>	0	0	0

**J. Indirect Costs**

Description -Cost Type	CNCS Share	Grantee Share	Total Amount
<b>CATEGORY Totals</b>	0	0	0

**K. Other**

Item	CNCS Share	Grantee Share	Total Amount
<b>CATEGORY Totals</b>	0	0	0
<b>SECTION Totals</b>	90,090	0	90,090
<b>PERCENTAGE</b>	100%	0%	

<b>BUDGET Totals</b>	90,090	0	90,090
<b>PERCENTAGE</b>	100%	0%	

**Source of Funds**

Section	Description
Section I. Support Expenses	

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

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

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

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

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

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

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

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

## Request for Classification Review Position Description Form A

### For Department of Personnel Use Only

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

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

Vacant Position Number:  Current Job/Class Title:

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

Supervisor's Name, Title and Phone Number:

#### Type of Request:

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

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

## 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.*

## 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*.

AmeriCorps Program Directors: Train, collaborate, guide and monitor work on performance measurement and management. Facilitate change in performance measurement systems and processes.

AmeriCorps sponsoring agency staff: Train, answer questions, and serve as liason for performance measurement and quality assurance.

Performance management / measurement consultants: collaborate on trainings, serve as primary contact for organizing trainings, workshops, and conferences.

Contractors: monitor, instruct and direct.

## 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.

Background in national service having worked for or served with AmeriCorps or Senior Corps Programs. Background in Results-Based Accountability and/or performance measurement for the Corporation for National and Community Service.

## 4. Do you supervise?

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

No.

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

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

Provided with general guidelines and given much independence in determining how to accomplish tasks. Input given from supervisor and coworkers on at least a weekly basis.

### 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.*

Training a diverse group of AmeriCorps and national service programs with unique histories requires an understanding of past practices, and understanding of the direction performance measurement and management is headed in the national service world, reconciling differences will require managing expectations and needs of various programs.

### 7. Accountability

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

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

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

For example:

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

To improve the performance measurement and management practices of national service programs, including 6+ AmeriCorps State programs with over 200 members collectively.

### 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?
Grantee resistance	50%
Urgent Deadlines	25%

- 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?
Moving / lifting boxes	30 Lbs.	2%

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

Type	How Much of the Time?
sitting /standing at a desk	75%
driving	5%

#### 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.

This position requires significant understanding of and experience with national service programming, and working with the Corporation for National and Community Service.

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?

Supporting AmeriCorps program directors and staff in modernizing performance measurement practices, because the purpose of this position is to improve performance management.

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?

Knowledge of the national service field and programs, knowledge of performance measurement and management.

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:

Training Officer

Supervisor's Signature (required):



Date:

8/25/16

**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.

Suggested Title and/or Pay Grade:

Paul Dragan

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

8-19-16

Date