



**STATE OF VERMONT**  
JOINT FISCAL OFFICE

**MEMORANDUM**

To: James Reardon, Commissioner of Finance & Management  
From: Nathan Lavery, Fiscal Analyst  
Date: January 3, 2011  
Subject: JFO #2478, #2479, #2480, #2481

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

**JFO #2478** — \$639,466 grant from the Center for Disease Control and Prevention to the Department of Health. This grant will be used to build the capacities of the Health Department's epidemiology, laboratory, and health information systems. **Three limited service positions are associated with this request.**  
[JFO received 11/30/10]

**JFO #2479** — \$5,500,000 grant from the Center for Disease Control and Prevention to the Department of Health. This grant will be used to build public health infrastructure and improve the delivery of public health services. **Nine limited service positions are associated with this request.**  
[JFO received 11/30/10]

**JFO #2480** — \$864,642 grant from the Center for Disease Control and Prevention to the Department of Health. This grant will be used to support efforts to address oral health program deficiencies and disparities. **Three limited service positions are associated with this request.**  
[JFO received 11/30/10]

**JFO #2481** — \$100,000 grant from the U.S. Department of Justice to State's Attorneys and Sheriffs. This grant will be used create a Model Special Investigation Unit/Child Advocacy Center in Lamoille County.  
[JFO received 12/2/10]

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: Roger Allbee, Secretary  
Wendy Davis, Commissioner  
Jim Mongeon, Executive Director



**STATE OF VERMONT**  
JOINT FISCAL OFFICE

**MEMORANDUM**

To: Joint Fiscal Committee Members  
From: Nathan Lavery, Fiscal Analyst  
Date: December 2, 2010  
Subject: Grant Request

Enclosed please find four (4) request that the Joint Fiscal Office has received from the administration. Fifteen (15) limited service positions are associated with these items.

**JFO #2478** — \$639,466 grant from the Center for Disease Control and Prevention to the Department of Health. This grant will be used to build the capacities of the Health Department's epidemiology, laboratory, and health information systems. **Three limited service positions are associated with this request.**

*[JFO received 11/30/10]*

**JFO #2479** — \$5,500,000 grant from the Center for Disease Control and Prevention to the Department of Health. This grant will be used to build public health infrastructure and improve the delivery of public health services. **Nine limited service positions are associated with this request.**

*[JFO received 11/30/10]*

**JFO #2480** — \$864,642 grant from the Center for Disease Control and Prevention to the Department of Health. This grant will be used to support efforts to address oral health program deficiencies and disparities. **Three limited service positions are associated with this request.**

*[JFO received 11/30/10]*

**JFO #2481** — \$100,000 grant from the U.S. Department of Justice to State's Attorneys and Sheriffs. This grant will be used create a Model Special Investigation Unit/Child Advocacy Center in Lamoille County.

*[JFO received 12/2/10]*

In accordance with the procedures for processing such requests, we ask you to review the enclosed and notify the Joint Fiscal Office (Nathan Lavery at 802-828-1488; [nlavery@leg.state.vt.us](mailto:nlavery@leg.state.vt.us)) if you have questions or would like an item held for legislative review.

cc: James Reardon, Commissioner  
Wendy Davis, Commissioner  
Jim Mongeon, Executive Director

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

Agency of Administration

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

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

|   |              |   |  |                    |                 |
|---|--------------|---|--|--------------------|-----------------|
| <b>Grant Summary:</b>                         |              | This two year grant is to build capacities of the Health Department's epidemiology, laboratory and health information systems. It is a federal Affordable Care Act (ACA) related grant. |  |                    |                 |
| <b>Date:</b>                                  |              | 11/5/2010   |  |                    |                 |
| <b>Department:</b>                            |              | Health Department   |  |                    |                 |
| <b>Legal Title of Grant:</b>                  |              | The Affordable Care Act: Building Epidemiology, Laboratory, and Health Information Systems Capacity   |  |                    |                 |
| <b>Federal Catalog #:</b>                     |              | 93.521  |  |                    |                 |
| <b>Grant/Donor Name and Address:</b>          |              | Centers for Disease Control and Prevention, United States Department of Health and Human Services   |  |                    |                 |
| <b>Grant Period:</b>                          |              | <b>From:</b>  | <b>To:</b>   |                    |                 |
|   |              | 9/30/2010   | 7/31/2012  |                    |                 |
| <b>Grant/Donation</b>                         |              | \$639,446   |  |                    |                 |
|   | <b>SFY 1</b> | <b>SFY 2</b>  | <b>SFY 3</b>   | <b>Total</b>       | <b>Comments</b> |
| <b>Grant Amount:</b>                          | \$151,268    | \$362,779   | \$125,399  | \$639,446          |                 |
| <b>Position Information:</b>                  |              | <b># Positions</b>  | <b>Explanation/Comments</b>  |                    |                 |
|   |              | 3   | The three 2-year limited service professional positions are to carry out the three activities described in this grant. |                    |                 |
| <b>Additional Comments:</b>                   |              |   |  |                    |                 |
| <b>Department of Finance &amp; Management</b> |              |   |  | <i>[Signature]</i> | (Initial)       |
| <b>Secretary of Administration</b>            |              |   |  | <i>[Signature]</i> | (Initial)       |
| <b>Sent To Joint Fiscal Office</b>            |              |   |  | 11/29/10           | Date            |

**RECEIVED**  
 NOV 30 2010  
**JOINT FISCAL OFFICE**

# VERMONT GRANT ACCEPTANCE REQUEST

Priority Level (check one box):

Affordable Care Act (Form AA-1-ACA)

Expedited 14 Days

Normal 30 days

## BASIC GRANT INFORMATION

|                                 |   |
|---------------------------------|---|
| <b>1. Agency:</b>               | Agency of Human Services  |
| <b>2. Department:</b>           | Health  |
| <b>3. Program:</b>              | Health Surveillance   |
| <b>4. Legal Title of Grant:</b> | The Affordable Care Act: Building Epidemiology, Laboratory, and Health Information Systems Capacity |
| <b>5. Federal Catalog #:</b>    | 93.521  |

### 6. Grant/Donor Name and Address:

Centers for Disease Control and Prevention, United States Department of Health and Human Services

**7. Grant Period:** From: 9/30/2010 To: 7/31/2012

### 8. Purpose of Grant:

Please see summary attached.

### 9. Impact on existing program if grant is not Accepted:

none

## 10. BUDGET INFORMATION

|                         | SFY 1            | SFY 2            | SFY 3            | Comments |
|-------------------------|------------------|------------------|------------------|----------|
|                         | FY 2011          | FY 2012          | FY 2013          |          |
| <b>Expenditures:</b>    |                  |                  |                  |          |
| Personal Services       | \$100,406        | \$261,056        | \$60,244         |          |
| Operating Expenses      | \$50,862         | \$101,723        | \$65,155         |          |
| Grants                  | \$0              | \$0              | \$0              |          |
| <b>Total</b>            | <b>\$151,268</b> | <b>\$362,779</b> | <b>\$125,399</b> |          |
| <b>Revenues:</b>        |                  |                  |                  |          |
| State Funds:            | \$0              | \$0              | \$0              |          |
| Cash                    | \$0              | \$0              | \$0              |          |
| In-Kind                 | \$0              | \$0              | \$0              |          |
| Federal Funds:          | \$151,268        | \$362,779        | \$125,399        |          |
| (Direct Costs)          | \$120,374        | \$282,454        | \$106,862        |          |
| (Statewide Indirect)    | \$1,854          | \$4,820          | \$1,112          |          |
| (Departmental Indirect) | \$29,040         | \$75,505         | \$17,425         |          |
| Other Funds:            | \$               | \$               | \$               |          |
| Grant (source )         | \$               | \$               | \$               |          |
| <b>Total</b>            | <b>\$151,268</b> | <b>\$362,779</b> | <b>\$125,399</b> |          |

| Appropriation No: | Amount:      | \$               |
|-------------------|--------------|------------------|
| 3420010000        |              | \$93,657         |
| 3420021000        |              | \$57,611         |
|                   |              | \$               |
|                   |              | \$               |
|                   |              | \$               |
|                   |              | \$               |
|                   |              | \$               |
|                   | <b>Total</b> | <b>\$151,268</b> |

**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: \_\_\_\_\_ (initial)

| 12. Limited Service Position Information: | # Positions | Title                           |
|---|-------------|---------------------------------|
|   | 1           | Health Education Epidemiologist |
|   | 1           | Systems Developer II            |
|   | 1           | Informatics Specialist          |
| <b>Total Positions</b>                    | <b>3</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: *Dixie Henry*

Date: *11/11/10*  
10/20/2010

Title: *Deputy for*  
Commissioner of Health

Signature: *Patrick Flood*

Date: *11/4/10*

Title: *Deputy Secretary*

**14. SECRETARY OF ADMINISTRATION**

Approved:

(Secretary or designee signature)  
*TH* *TH*

Date: *11/15/10*

**15. ACTION BY GOVERNOR**

Check One Box:  
Accepted

(Governor's signature)  
*Christie*

Date: *11/24/10*

**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 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 type="checkbox"/> Grant Budget                           |   |

End Form AA-1

Request for Grant Acceptance and Establishment of Positions  
ACA Epidemiology and Laboratory Capacity  
Summary 10/20/2010

The Department of Health has received a grant from the Centers for Disease Control and Prevention, providing \$639,446 over two years, to build and strengthen the capacities of the Department's epidemiology, laboratory and health information systems. This funding is available through the new Prevention and Public Health Fund created by the Affordable Care Act.

The Department will initiate three activities under this grant. First, we will establish a Health Education Epidemiologist position within the Division of Health Surveillance. This position will provide outreach and education to the public and healthcare providers regarding vaccination safety, benefits, and requirements; healthcare-associated infections; foodborne diseases; zoonotic and vector borne diseases and emerging and novel infections. Second, we will establish two positions within the Information Technology section to build our capacity to receive electronic lab reporting from hospital-based labs and to implement a system for bidirectional electronic exchange of laboratory test orders and results. The Informatics Specialist will work to integrate the Department's information systems with the Health Information Exchange and the Systems Developer II will manage the Electronic Test Order and Result implementation project. Third, the grant will provide funding for laboratory supplies need to improve the ability to detect certain pathogens in food and to expand molecular diagnostic capabilities.

Funds will be used to cover the costs of these three new positions, including related travel and supply costs, and to purchase laboratory supplies. The Health Department is hereby seeking approval to receive \$151,268 in new Federal funds in State Fiscal Year 2011 and the establishment of these three limited service positions. The remainder of the Federal funding under this grant will be included in the Department's future budget requests. The "Position Request Form" is attached and a copy of the grant application and award document are included for your information.

**VERMONT DEPARTMENT OF HEALTH**

SFY11 ELC ACA Budget

| <u>VISION Account</u>    | <u>Admin &amp; Support</u><br>(3420010000) | <u>Public Health</u><br>(3420021000) | <u>VDH Total</u> |
|--------------------------|--|--------------------------------------|------------------|
| Employee Salaries        | \$35,721                                   | \$15,769                             | \$51,490         |
| Fringe Benefits          | \$12,503                                   | \$5,519                              | \$18,022         |
| 3rd Party Contracts      | <u>\$0</u>                                 | <u>\$0</u>                           | <u>\$0</u>       |
| Total Personal Services  | \$48,224                                   | \$21,288                             | \$69,512         |
| Equipment                | \$0  | \$0                                  | \$0              |
| Supplies                 | \$0  | \$22,247                             | \$22,247         |
| Other                    | \$24,000                                   | \$0                                  | \$24,000         |
| Travel                   | <u>\$0</u>                                 | <u>\$4,615</u>                       | \$4,615          |
| Total Operating Expenses | \$24,000                                   | \$26,862                             | \$50,862         |
| Subgrants                | \$0  | \$0                                  | \$0              |
| Total Direct Costs       | \$72,224                                   | \$48,150                             | \$120,374        |
| Total Indirect Costs     | <u>\$21,433</u>                            | <u>\$9,461</u>                       | <u>\$30,894</u>  |
| Total SFY11 Grant Costs  | \$93,657                                   | \$57,611                             | \$151,268        |

Appropriation Summary

|                          |            |            |            |
|--------------------------|------------|------------|------------|
| Total Personal Services  | \$69,657   | \$30,749   | \$100,406  |
| Total Operating Expenses | \$24,000   | \$26,862   | \$50,862   |
| Total Subgrants          | <u>\$0</u> | <u>\$0</u> | <u>\$0</u> |
|                          | \$93,657   | \$57,611   | \$151,268  |

**VERMONT DEPARTMENT OF HEALTH**

SFY12 ELC ACA Budget

| <u>VISION Account</u>    | <u>Admin &amp; Support</u><br>(3420010000) | <u>Public Health</u><br>(3420021000) | <u>VDH Total</u> |
|--------------------------|--|--------------------------------------|------------------|
| Employee Salaries        | \$92,875                                   | \$41,000                             | \$133,875        |
| Fringe Benefits          | \$32,506                                   | \$14,350                             | \$46,856         |
| 3rd Party Contracts      | <u>\$0</u>                                 | <u>\$0</u>                           | <u>\$0</u>       |
| Total Personal Services  | \$125,381                                  | \$55,350                             | \$180,731        |
| Equipment                | \$0  | \$0                                  | \$0              |
| Supplies                 | \$0  | \$44,493                             | \$44,493         |
| Other                    | \$48,000                                   | \$0                                  | \$48,000         |
| Travel                   | <u>\$0</u>                                 | <u>\$9,230</u>                       | <u>\$9,230</u>   |
| Total Operating Expenses | \$48,000                                   | \$53,723                             | \$101,723        |
| Subgrants                | \$0  | \$0                                  | \$0              |
| Total Direct Costs       | \$173,381                                  | \$109,073                            | \$282,454        |
| Total Indirect Costs     | <u>\$55,725</u>                            | <u>\$24,600</u>                      | <u>\$80,325</u>  |
| Total SFY12 Grant Costs  | \$229,106                                  | \$133,673                            | \$362,779        |

Appropriation Summary

|                          |            |            |            |
|--------------------------|------------|------------|------------|
| Total Personal Services  | \$181,106  | \$79,950   | \$261,056  |
| Total Operating Expenses | \$48,000   | \$53,723   | \$101,723  |
| Total Subgrants          | <u>\$0</u> | <u>\$0</u> | <u>\$0</u> |
|                          | \$229,106  | \$133,673  | \$362,779  |



**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: Human Services/Health Date: 10/15/10

Name and Phone (of the person completing this request): Leo Clark (802)863-7284

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):

Centers for Disease Control and Prevention, United States Department of Health and Human Services  
 The Affordable Care Act: Building Epidemiology, Laboratory, and health information Systems Capacity

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> |
|--|-----------------------|-------------------------|--|
| Health Education Epidemiologist        | 1                     | Surveillance            | 9/30/2010 thru 7/31/2012                         |
| Systems Developer II                   | 1                     | Administration          | 9/30/2010 thru 7/31/2012                         |
| Informatics Specialist                 | 1                     | Administration          | 9/30/2010 thru 7/31/2012                         |

\*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:

These are the positions described in our application, approved for funding by the Centers for Disease Control and Prevention, and necessary to carry out the proposed activities.

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)).

*Dorrie H.* \_\_\_\_\_ Date: 11/1/10  
 Signature of Agency or Department Head

*Molly Paulsen* \_\_\_\_\_ Date: 11/5/10  
 Approved/Denied by Department of Human Resources

*[Signature]* \_\_\_\_\_ Date: 11/10/10  
 Approved/Denied by Finance and Management

*[Signature]* \_\_\_\_\_ Date: 11.15/10  
 Approved/Denied by Secretary of Administration

Comments:



**Grant Number:** 1U50CI000928-01

**Principal Investigator(s):**  
ERICA BERL

**Project Title:** ACTIVITY A: EPIDEMIOLOGIC CAPACITY, ACTIVITY B: LABORATORY CAPACITY, & ACTIVITY C

GARY LEACH, FINANCIAL OFFICER  
STATE OF VERMONT DEPARTMENT OF HEALTH  
108 CHERRY STREET, SUITE 304  
BURLINGTON, VT 05401

**Budget Period:** 09/30/2010 – 07/31/2011

**Project Period:** 09/30/2010 – 07/31/2012

Dear Business Official:

The Centers for Disease Control and Prevention hereby awards a grant in the amount of \$319,273 (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to VT ST OFFICE OF THE GOVERNOR in support of the above referenced project. This award is pursuant to the authority of 42 USC 241 42 CFR 52 and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

Acceptance of this award including the "Terms and Conditions" is acknowledged by the grantee when funds are drawn down or otherwise obtained from the grant payment system.

If you have any questions about this award, please contact the individual(s) referenced in Section IV.

Sincerely yours,

Sharron Orum  
Grants Management Officer  
Centers for Disease Control and Prevention

Additional information follows

---

**SECTION I – AWARD DATA – 1U50CI000928-01****Award Calculation (U.S. Dollars)**

|                            |           |
|----------------------------|-----------|
| Salaries and Wages         | \$111,564 |
| Fringe Benefits            | \$39,048  |
| Personnel Costs (Subtotal) | \$150,612 |
| Supplies                   | \$44,493  |
| Travel Costs               | \$9,230   |
| Other Costs                | \$48,000  |

|                                   |                  |
|-----------------------------------|------------------|
| Federal Direct Costs              | \$252,335        |
| Federal F&A Costs                 | \$66,938         |
| Approved Budget                   | \$319,273        |
| Federal Share                     | \$319,273        |
| <b>TOTAL FEDERAL AWARD AMOUNT</b> | <b>\$319,273</b> |

**AMOUNT OF THIS ACTION (FEDERAL SHARE) \$319,273**

Recommended future year total cost support, subject to the availability of funds and satisfactory progress of the project.

02 \$319,273

**Fiscal Information:**

CFDA Number: 93.521  
EIN: 1036000274A1  
Document Number: 000928PA10

| IC | CAN     | 2010      | 2011      |
|----|---------|-----------|-----------|
| CI | 921Z5LB | \$100,000 |           |
| CD | 939ZDKP | \$219,273 | \$319,273 |

| SUMMARY TOTALS FOR ALL YEARS |            |                   |
|------------------------------|------------|-------------------|
| YR                           | THIS AWARD | CUMULATIVE TOTALS |
| 1                            | \$319,273  | \$319,273         |
| 2                            | \$319,273  | \$319,273         |

Recommended future year total cost support, subject to the availability of funds and satisfactory progress of the project

**CDC Administrative Data:**

PCC: N / OC: 4151 / Processed: ORUMS 09/24/2010

---

**SECTION II – PAYMENT/HOTLINE INFORMATION – 1U50CI000928-01**

For payment information see Payment Information section in Additional Terms and Conditions.

**INSPECTOR GENERAL:** The HHS Office Inspector General (OIG) maintains a toll-free number (1-800-HHS-TIPS [1-800-447-8477]) for receiving information concerning fraud, waste or abuse under grants and cooperative agreements. Information also may be submitted by e-mail to [hstips@oig.hhs.gov](mailto:hstips@oig.hhs.gov) or by mail to Office of the Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington DC 20201. Such reports are treated as sensitive material and submitters may decline to give their names if they choose to remain anonymous. This note replaces the Inspector General contact information cited in previous notice of award.

---

**SECTION III – TERMS AND CONDITIONS – 1U50CI000928-01**

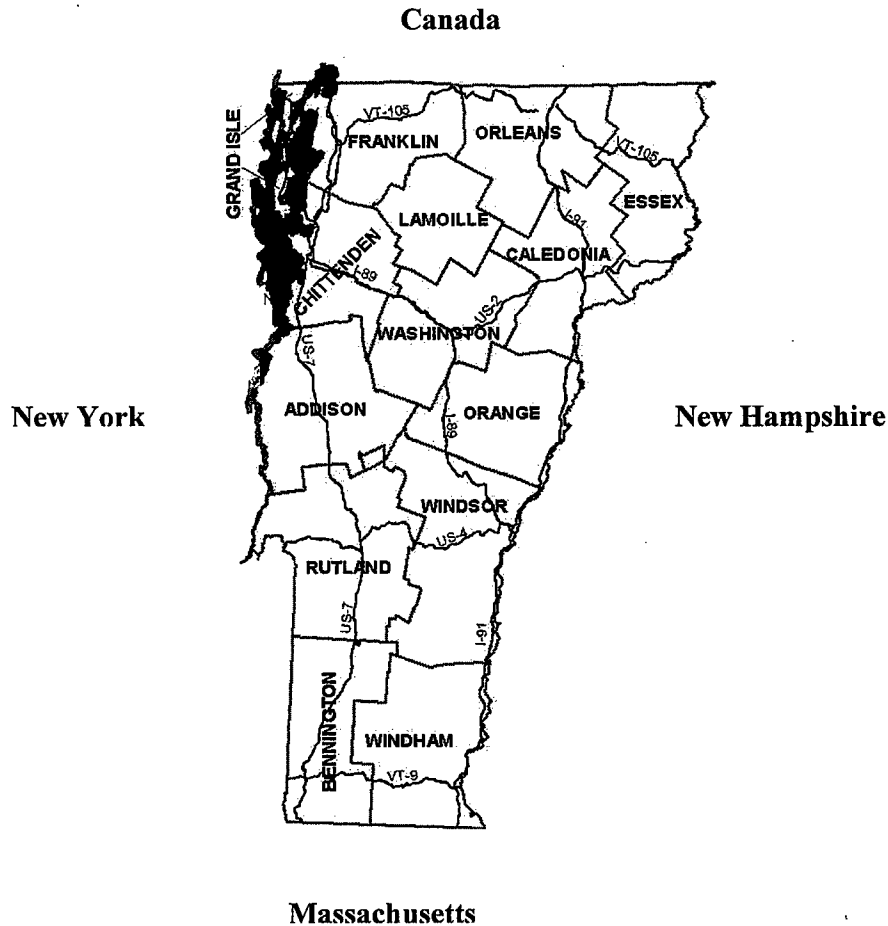
This award is based on the application submitted to, and as approved by, CDC on the above-titled project and is subject to the terms and conditions incorporated either directly or by reference in the following:

## Section 2. – Project Narrative

### 1. Background, Current Capacity, Need and Understanding: General

Vermont is the second largest state in New England (second to Maine), and covers an area of 9,614 square miles. The eastern boundary is formed mainly by the Connecticut River. On the west the Vermont boundary is defined mainly by Lake Champlain, the sixth largest body of fresh water in the United States. The Green Mountains bisect the state from north to south and the land is divided into 14 counties.

#### Map of Vermont

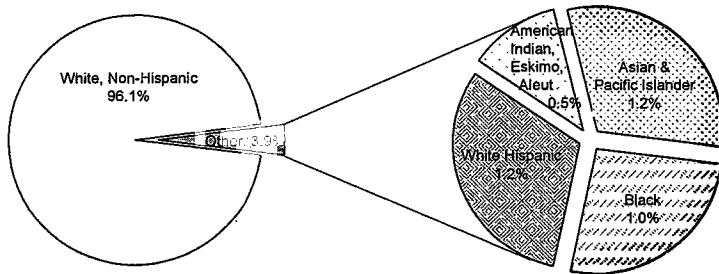


In 2008, Vermont’s population was estimated at 621,270 people. The state’s most populated county is Chittenden County, located on the eastern shoreline of Lake Champlain, with a population of 152,782 people. Burlington is the state’s largest city (located in Chittenden County) with a population of 38,897 people.

Vermont Department of Health  
ACA ELC: CDC-RFA-CI10-1012

The overwhelming majority, 96.1%, of Vermont's population self-identifies as White non-Hispanic.

Distribution of Vermont Population by Race and Ethnicity: 2007



In 2008 Burlington, Vermont was named the healthiest city in the nation by the Centers for Disease Control and Prevention with 92% of its residents reporting that they are in good or great health. In 2008, Vermont was rated as the healthiest state in the nation for the second year in a row by the United Health Foundation.

In 2008, 7.6% of Vermonters did not have health insurance, but 13% of lower income people, those who make less than 200% of the poverty level, were uninsured. Vermont passed landmark health care reforms in 2006, including Catamount Health, a comprehensive insurance plan in cooperation with the state, Blue Cross and Blue Shield of Vermont and MVP Health Care. Catamount Health is included in Green Mountain Care Programs, a collection of programs that also includes Employer-Sponsored Insurance (ESI) Pre-Assistance (to help uninsured Vermonters pay their employer premiums), Dr. Dynasaur (low cost or free coverage for children, teens and pregnant women), VHAP (insurance for low-income adults who have been uninsured for 12 months or more or who have recently lost their insurance), as well as several prescription assistance programs (VPharm, VHAP-Pharmacy, VScript, and Healthy Vermonters).

Vermont has one academic medical center, which is in Burlington, thirteen community hospitals, and one Veterans Administration Medical Center. Vermont residents also access New Hampshire's Dartmouth-Hitchcock Medical Center, which is located near White River Junction, Vermont and Albany Medical Center in Albany, NY.

**Activity A: Epidemiology Capacity**

**1. Background, Current Capacity, Need and Understanding**

The Vermont Department of Health (VDH) has a central office in Burlington and twelve district offices around the state. These offices provide health promotion and disease prevention services. Each district office has a public health nurse who works closely with the Infectious Disease Epidemiology Program in the central office on the surveillance, prevention, and control of communicable diseases.

The five-year medians and 2009 incidence rates for selected reportable infectious diseases are presented in the table below:

| <b>Reportable Disease</b>     | <b>Five-year Median</b> | <b>2009 IR (per 100,000)</b> |
|-------------------------------|-------------------------|------------------------------|
| Campylobacter                 | 155                     | 25                           |
| Cryptosporidium               | 53                      | 14                           |
| Shiga toxin-producing E. coli | 19                      | 4                            |
| Giardia                       | 191                     | 35                           |
| Hepatitis A                   | 5                       | 0.8                          |
| Listeriosis                   | 2                       | 0.3                          |
| Salmonella                    | 83                      | 13                           |
| Shigella                      | 5                       | 0.8                          |

Although Vermont’s overall numbers of reportable diseases are relatively low, for certain diseases, such as campylobacteriosis, cryptosporidiosis, STEC infections and giardiasis, the incidence rates are high. In addition, Lyme disease is an emerging infection in Vermont, and reported cases have tripled from 2005 through 2008. In 2009, there were 322 confirmed cases of Lyme disease in Vermont which is approximately 52 cases per 100,000 people. About two-thirds of these infections were likely acquired within the state. The first confirmed indigenous case of anaplasmosis was reported in 2010.

VDH’s Infectious Disease Epidemiology Program currently has 2 full-time epidemiologists, in addition to the State Epidemiologist, who are responsible for foodborne, zoonotic, and vectorborne diseases as well as tuberculosis control and general disease and outbreak response. A full-time and one part-time epidemiologist work on syndromic surveillance. Two full-time public health nurses and one additional staff member assist the district public health nurses with disease control. In addition, the Immunization Program has three full-time public health nurses, including the Program Chief, and two additional staff members. The Immunization Program administers the Vaccines for Children Program and is currently launching an adult immunization program as well as other initiatives. The Immunization Program also maintains an electronic immunization registry and is involved in ongoing efforts to educate healthcare providers about the requirement to use the registry so that vaccination rates are accurately reflected in the registry data.

Vermont Department of Health  
ACA ELC: CDC-RFA-CI10-1012

As part of the healthcare-associated infections (HAI) funding under the ELC cooperative agreement, VDH is partnering with all of Vermont's hospitals and approximately 24 long-term care facilities on a multidrug-resistant organism (MDRO) prevention collaborative. The collaborative is a year-long commitment, beginning in September 2010, with three day-long learning sessions and a final outcomes congress. During the collaborative, hospital and long-term care teams from the same community will work together, forming larger community teams. Two to four persons from each facility will participate, including bedside nursing professionals who understand the patient population and current challenges in the work environment, technical experts who understand the processes of care, and a leader with the authority to institute change in the facility and allocate the time and resources necessary to achieve the team's aim.

One of the long-term goals of the collaborative is to decrease the clinical incidence of healthcare-associated multidrug-resistant organism (MDRO) infections in Vermont. Clinical incidence, as a proxy for infection, will be measured by cluster as well as state-wide. In order to measure progress towards this objective we are striving to utilize electronic information exchange to report directly into NHSN.

The HAI Prevention Coordinator has been invited to attend a regional HAI prevention meeting in Maine in October 2010 to share Vermont's experiences and learn from our regional colleagues. In addition, the HAI Prevention Coordinator and the State Epidemiologist are collaborating with other HHS Region 1 states to form a New England Collaborative focused on (1) generating HAI partnerships between state health departments, dialysis centers, and other regional entities involved in dialysis and/or HAI activities; (2) leveraging these partnerships to plan a pilot project specific to HAI surveillance in dialysis centers using the NHSN system; and (3) executing the pilot surveillance project by September 2011.

The State Epidemiologist and the ELC-funded Health Surveillance Epidemiologist have successfully recruited and matched with a CSTE fellow focusing on HAI. The fellow will begin work at the Vermont Department of Health in October 2010.

The Infectious Disease Epidemiology Section currently does not have a staff person dedicated to educational and outreach initiatives. Educational materials are developed as program leaders have time and available staff to address such projects. Furthermore, there is little formal training about health literacy within the Section. VDH has a Communications Office that has the capability to create and distribute educational materials, but the staff is small and is responsible for all VDH programs. A designated Health Education Epidemiologist is needed to coordinate and improve outreach and education to the public and healthcare providers.

## **2. Operational Plan**

VDH is applying for funds for a Health Education Epidemiologist who will focus primarily on health education activities for the Infectious Disease Epidemiology Section. This person will work on improving educational efforts around healthcare-associated infections, zoonotic diseases, foodborne diseases and vaccine preventable diseases. The Health Education Epidemiologist will also assist with disease response and outbreak investigations as the need

Vermont Department of Health  
ACA ELC: CDC-RFA-CI10-1012

arises. This position will help build VDH's capacity to respond to emerging and novel infectious diseases.

The Health Education Epidemiologist will improve the surveillance and reporting of diseases by providing training and education to healthcare providers and other public health professionals. The person in this position will increase the awareness and prevention of infectious diseases by providing education for the general public. The Health Education Epidemiologist will also support case and outbreak response work of the Infectious Disease Epidemiology Section by providing appropriate education and training as well as epidemiologic capacity. The Health Education Epidemiologist will also be responsible for developing and expanding collaborations and partnerships across VDH programs and with other state agencies. The person in this position will work closely with VDH's Communications Office staff.

The steps for hiring a Health Education Epidemiologist for the Health Department are: (a) create the position; (b) classify the position, and (c) recruit and hire. If the process appears to be unacceptably slow, then we will contract for the work of the position through the State's normal competitive bid process.

### **Program Objectives**

**Objective 1:** Development and implementation of resources for childcare providers to meet the new requirements for immunization.

In May 2008, the Vermont legislature amended legislation to include childcare providers in the statewide immunization regulations. The rules are currently being promulgated and are expected to be implemented in 4-6 months. Childcare providers will need education regarding the need for the immunization requirements, guidance in obtaining required records and instruction about the collection and summary of data for annual reporting. In order to gain compliance, it will be essential to provide easily accessible and comprehensible information. The Health Education Epidemiologist will work with the Immunization Program to develop a manual and make the guidance available on-line via podcasts and written information. Because internet access is not always available in rural Vermont, a printed resource booklet will also need to be created. Educational efforts will be ongoing and will continue into 2012 and beyond.

The Health Education Epidemiologist will:

- a. Develop a communication plan for informing childcare providers of the new rules changes. The plan should include presentations at statewide and regional meetings, news features and a podcast.
- b. Coordinate with Immunization Program and the state's Childcare Licensing Program on the development of materials for these outreach efforts and presentations. Some materials will be developed by June 2011 and creation of educational materials will continue throughout 2012.



Vermont Department of Health  
ACA ELC: CDC-RFA-CI10-1012

- c. Work with the Immunization staff to create a Childcare Immunization Resource Booklet which includes the rationale for rules, steps to adhere to the rules, required forms, and guidance on the use of the Immunization Information System (IIS).

Measures of Impact and Effectiveness:

- a. Licensed childcare communication plan created by March 2011.
- b. Number and type of outreach materials developed.
- c. Childcare Immunization Resource Booklet will be created by July 2011.

**Objective 2: Vaccine Purchasing Pool - Pilot Program**

To promote universal availability of vaccines as part of the health care reform legislation passed in 2009, the Department of Health is required to develop a pilot program in which private insurers are required to reimburse the state for vaccines purchased through the CDC contracts. The pilot will be launched in Jan 2011. A push to improve adult vaccination rates will be part of this program. In order for this to be effective, guidance will need to be created and disseminated to adults and primary care providers regarding the vaccine purchasing program and anticipated benefits.

As part of the Immunization Program Pilot project, the Health Education Epidemiologist will assist with training adult and pediatric healthcare providers to use the Immunization Registry to record vaccine doses administered. In addition, this person will train public health nurses in the Department of Health's District Offices to use the Immunization Registry as a resource for vaccine history information on cases of reportable diseases. Work on this project is expected to continue into 2012.

The Health Education Epidemiologist will:

- a. Work with the Immunization Program manager to develop a communication strategy for outreach to professional organizations and others impacted by this pilot program.
- b. Educate the public about the safety and benefits of adult immunization to increase demand in this area. Educational effort will include brochures, pod casts, and presentations.
- c. Improve the timeliness and completeness of vaccination records in the Immunization Registry, which will improve surveillance for vaccine preventable diseases.
- d. Increase the use of the Immunization Registry by VDH staff to improve the response to outbreaks or potential outbreaks of vaccine-preventable diseases.

Measures of Impact and Effectiveness:

- a. Pilot program communication strategy will be developed by January 2011.
- b. Number and type of educational materials developed.
- c. Number of adults who have vaccinations recorded in the Immunization Registry.
- d. Number and percent of outbreaks of vaccine-preventable diseases for which the Immunization Registry is used to obtain vaccination records.

Vermont Department of Health  
ACA ELC: CDC-RFA-CI10-1012

**Objective 3:** Update and create fact sheets and web pages about zoonotic, vectorborne and emerging diseases of concern in Vermont.

Tickborne diseases are increasing in Vermont. Lyme disease is already endemic in many counties in the state, and the first indigenous case of anaplasmosis was reported in 2010. Healthcare providers and the public need more information about tickborne diseases and other vectorborne diseases. As new diseases emerge or rare diseases are diagnosed, the Health Education Epidemiologist will help with the development and dissemination of public health messages about the disease of concern.

The Health Education Epidemiologist will:

- a. Create a tickborne disease web page which will serve as a portal for information about all of the tickborne diseases.
- b. Create or update fact sheets about tickborne diseases, including babesiosis, ehrlichiosis, and Rocky Mountain spotted fever.
- c. Update the West Nile virus web page and fact sheets.
- d. Work with the Zoonotic Disease Program Manager to develop a strategy to educate healthcare providers about Lyme disease and other tickborne diseases in Vermont.
- e. Prepare an educational response plan for eastern equine encephalitis virus.

Measures of Impact and Effectiveness:

- a. Tickborne disease web page created.
- b. Tickborne disease fact sheets are updated annually.
- c. West Nile virus web page is updated annually.
- d. Number of presentations and other educational materials developed.
- e. Educational plan prepared by June 2011, prior to the beginning of the 2011 arbovirus season.

**Objective 4:** Assist with educational efforts addressing healthcare-associated infection prevention.

The Health Educator Epidemiologist will assist the ELC-funded Healthcare-associated Infections (HAI) Prevention Coordinator with a variety of tasks, including:

- a. Outreach to healthcare providers regarding the epidemiology of healthcare-associated infections in Vermont acute and long-term care facilities;
- b. Feedback to acute care settings on the results of a data validation study of NHSN central line-associated blood stream (CLABSI) infection data; and
- c. Training long-term care facility staff in the use of NHSN for Vermont's MDRO Prevention Collaborative

Measures of Impact and Effectiveness:

Vermont Department of Health  
ACA ELC: CDC-RFA-CI10-1012

- a. Number and type of outreach efforts to healthcare providers regarding the epidemiology of HAIs in Vermont.
- b. Number of acute care settings that receive feedback on their CLABSI data.
- c. Number of long-term care facilities that have enrolled in NHSN.

**Activity B: Laboratory Capacity**

**1. Background, Current Capacity, Need and Understanding**

In recent years, the Vermont Department of Health Laboratory (VDHL) has expanded and enhanced its capability and capacity to employ molecular assays for disease surveillance and diagnosis. The VDHL can perform real-time polymerase chain reaction (PCR) to detect the presence of West Nile Virus in avian brain tissue as well as Varicella-Zoster virus, orthopoxviruses, noroviruses, *Bordetella pertussis*, and influenza A:H1, H3, H5, H7, 2009 H1 and B virus in human clinical specimens. The VDHL is a member of the Laboratory Response Network (LRN) and the Food Emergency Response Network (FERN) and can detect bio-threat agents, such as *Bacillus anthracis* and *Yersinia pestis* in human, food, and environmental samples.

The VDHL is a member of PulseNet and is certified to submit molecular subtyping (DNA fingerprint) data to the national database located at CDC for *Escherichia coli*, *Salmonella*, *Shigella*, *Listeria*, *Campylobacter*, and for Shiga-toxin producing non-O157 *E. coli*. The VDHL is a recent member of CaliciNet, the molecular subtyping network for norovirus disease surveillance in the US. The VDHL is also skilled at performing nucleic acid amplification tests (NAATs) for the detection of *Chlamydia trachomatis* and/or *Neisseria gonorrhoeae*, and *Mycobacterium tuberculosis* in human clinical specimens. Currently the VDHL does not have the capability to perform molecular testing methods for viral vaccine-preventable diseases such as measles, mumps, and rubella and does not have the capability to do nucleic acid sequencing.

The VDHL recognizes that some of its PCR protocols need updating given advances that have been taking place. For example, the analyte specific reagents (ASR) used for the detection of pertussis have performed inconsistently, and the VDHL needs to move to a newer CDC-validated assay. Similarly, the VDHL needs to move to a multi-well real-time assay format for screening specimens for norovirus, validate newer versions of the CDC real-time and conventional PCR assays for noroviruses, as well as validate newer CDC sequencing assays for noroviruses.

While a competent member of PulseNet, the VDHL needs to enhance its surveillance efforts for *Listeria* and *Campylobacter* and to build a better database of “fingerprint” patterns for these pathogens. This need has gained importance with the passage of a Vermont act allowing for an increase in the amount of unpasteurized milk that can be sold by Vermont farmers to the public. Enhanced surveillance can be accomplished by working more closely with Vermont hospital laboratory partners and encouraging them to submit additional foodborne bacterial pathogen isolates.

Vermont Department of Health  
ACA ELC: CDC-RFA-CI10-1012

The VDHL also needs to work with hospital laboratory partners to build awareness of and compliance with CDC's Recommendations for Clinical Diagnosis of Shiga toxin-producing *E. coli* (STEC).

While the VDHL can isolate *E. coli*, *Salmonella*, *Shigella*, and *Listeria* from food, it is unable to isolate *Campylobacter* from food. This gap needs to be addressed, as molecular subtyping of bacterial pathogens isolated from food is an important aspect of foodborne outbreak investigations. In addition, having the ability to determine the genotype of pathogens involved in foodborne and other infectious disease outbreaks and to compare the nucleotide sequence with other sequences obtained from disease surveillance can provide clues to the source of an outbreak. While the VDHL does not plan to establish a DNA sequencing laboratory, it has developed a good working relationship with the Vermont Cancer Center DNA Analysis Facility at the University of Vermont and can use their services at a reasonable cost. The VDHL would like to validate the use of these services by initially determining the specific nucleotide sequences of the noroviruses and mumps viruses detected in validation studies.

VDH is asking for funds for laboratory supplies to improve molecular diagnostics and food testing and to expand Shiga-toxin testing. At this time, there is adequate funding for personnel from the ELC grant and other sources for these activities, and no additional funding for staff time is being requested.

## **2. Operational Plan:**

VDHL Challenge: Enhance VDH laboratory surveillance for foodborne pathogens. Build VDH Laboratory capabilities to detect and characterize foodborne pathogens.

Objective 1: Validate updated CDC real-time and conventional PCR protocols for detecting noroviruses in clinical specimens and establish these assays at the VDHL:

Plan: Obtain updated PCR CDC protocols. Obtain necessary supplies. Validate assays with previously tested specimens and/or panels received from the CDC.

Timeline: All assay protocols obtained by November 1, 2010; all assays validated by February 1, 2011; three microbiologists trained by June 1, 2011.

Outcome Measures: % CDC PCR assay protocols obtained; % assays validated; three microbiologists trained.

Objective 2: Validate VDHL process to generate nucleic acid sequences on amplification products produced using revised CDC protocols that target different regions of the norovirus genome.

Plan: Using amplification products produced with updated CDC conventional PCR protocol for detect noroviruses (Objective 1) prepare purified DNA and, with CDC designed primers, have sequencing performed at the Vermont Cancer Center DNA Analysis Facility at the University of Vermont. Import raw sequence data into BioNumerics for analysis. Upload data to CDC CaliciNet National Server for review.

Timeline: June 1, 2011

Outcome measure: Successful review of submitted data by the CDC.

Vermont Department of Health  
ACA ELC: CDC-RFA-CI10-1012

Objective 3: Partner with VDH epidemiology in asking additional Vermont hospital laboratories to submit all *Campylobacter* isolates to the VDHL for molecular subtyping.

Plan: Contact three additional hospitals to submit isolates, including Vermont's largest hospital lab. Supply transport media if needed.

Timeline: Three hospitals contacted and submitting specimens by July 2011

Outcome measure: % increase in *Campylobacter* submissions during FY 2011 vs. FY 2010.

Objective 4: Establish capability of VDHL to isolate *Campylobacter* from food.

Plan: Work with bioMérieux technical consultant to evaluate bioMérieux's *Campylobacter* (CAM) system for detection of *Campylobacter*. The VDHL already has the automated VIDAS instrument which is required for this assay. Validate assay with spiked food specimens. Train three microbiologists to perform the assay.

Time line: Components for assay purchased by November 1, 2010. Evaluation/validation completed by May 1, 2011. Three microbiologists trained by September 1, 2011.

Outcome Measure: Validation successful or not; three microbiologists trained.

Objective 5: Build awareness of and compliance with CDC's Recommendations for Clinical Diagnosis of STEC.

Plan: Begin pilot project with subset of Vermont hospital labs to increase surveillance for STEC's. Supply MacConkey Broth to hospital labs to be inoculated with stool specimens for submission to the VDHL for Shiga-toxin testing.

Timeline: Identify 3 hospital laboratories to participate in pilot by October 1, 2010. Supply partners with media as needed and work out specimen transport issues by December 1, 2010.

Outcome measure: Number of inoculated MacConkey broths received from partners. Number of Shiga-toxin positive broths detected from partners.

Objective 6: Maintain capacity to submit PFGE (fingerprint) patterns to the national PulseNet databases for *Salmonella*, *E. coli*, *Shigella*, *Listeria*, and *Campylobacter* and be an active member of the PulseNet national molecular subtyping network.

Plan: Purchase required supplies. Maintain all PulseNet certifications to submit "fingerprints" to national database.

Timeline: June 30, 2011.

Outcome measure: % fingerprint patterns of *Salmonella*, *E. coli*, *Shigella*, and *Listeria* isolates submitted to the PulseNet national database at the CDC within 4 working days of receipt in the VDHL molecular lab.

Objective 7: Enhance skills and maintain pace with cutting-edge laboratory techniques.

Plan: Have Microbiology Program Chief participate in the 2011 Association of Public Health Laboratories Annual Meeting in Omaha, Nebraska. Have second PulseNet microbiologist participate in the 2011 Annual PulseNet Update Meeting. Have a CaliciNet certified microbiologist participate in the 2011 CaliciNet Users Group Meeting.

Timeline: Completed during CY2011

Outcome measure: yes or no

VDHL Challenge: Enhance VDH laboratory surveillance for respiratory and vaccine-preventable disease agents. Build/enhance VDHL molecular capabilities to detect pertussis and mumps.

Vermont Department of Health  
ACA ELC: CDC-RFA-CI10-1012

Objective 8: Validate CDC's real-time PCR protocol for detecting pertussis in clinical specimens and establish this assay at the VDHL.

Plan: Obtain CDC PCR protocols for pertussis. Obtain necessary supplies. Validate assay with proficiency panels received from the CDC.

Timeline: Obtain CDC protocols by October 1, 2010. Obtain necessary supplies by December 1, 2010. Participate in CDC proficiency test in 2011.

Outcome measure: Successful completion of CDC proficiency panel.

Objective 9: Validate CDC's real-time PCR protocol for detecting mumps in clinical specimens and establish this assay at the VDHL.

Plan and Timeline: Obtain CDC PCR protocol for detection of mumps by October 1, 2010. Obtain necessary supplies by November 1, 2010. Perform validation study with previously tested specimens by April 1, 2011.

Outcome measure: Validation study completed.

## **Activity C: Health Information Systems Capacity**

### **1. Background, Current Capacity, Need and Understanding**

VDH is committed to maximizing the use of electronic technology for disease reporting and information exchange. VDH has implemented CDC's National Electronic Disease Surveillance System (NEDSS) Base System for the tracking of reportable diseases. The department receives laboratory test results on paper once a week from the hospital-based labs in Vermont. These reports need to be manually entered in the NEDSS system. The NEDSS system is capable of receiving electronic laboratory reports (ELRs) using a HL7 standard message. ELRs are received daily from the national reference labs, Mayo and LabCorp. Work has started with one Vermont hospital lab, and to date, lab reports for giardiasis, cryptosporidiosis, campylobacteriosis and viral hepatitis are being received daily. The plan is to expand electronic reporting to all reportable diseases from all 14 Vermont hospitals.

The VDH laboratory is currently implementing a new laboratory information management system called StarLIMS. The first test modules are scheduled to be put into production in September 2010. StarLIMS has the capability to receive orders for lab tests and send test results as HL7 messages. As additional test modules are brought online in StarLIMS, the VDH laboratory will implement Electronic Test Order and Result (ETOR) with the Vermont hospital-based labs.

The Vermont Information Technology Leaders (VITL) is authorized and funded by the State of Vermont as Vermont's statewide Health Information Exchange (HIE). To date, VITL has linked 8 of the state's 14 hospitals and has developed a plan to complete bi-directional interfaces to all 14 hospitals, as well as to a neighboring New Hampshire hospital, in 2011. VITL is providing

Vermont Department of Health  
ACA ELC: CDC-RFA-CI10-1012

assistance to healthcare providers to help them successfully implement new Electronic Health Records (EHR) systems or to optimize the benefits of an EHR that is already in use.

VDH and VITL have recently negotiated a contract that established the HIE as the transport mechanism for data exchange with the state Immunization Registry. A pilot project is set to start in September to receive immunization data into the VDH immunization registry using a HL7 message. When an immunization is recorded in the provider's EHR, it will trigger an HL7 electronic message to the IMR, thereby recording the immunization in the Registry. This electronic message will be transported via our state's HIE.

Over the course of the contract with VITL, VDH will also increase the number of hospital laboratories sending electronic lab test results for disease surveillance. Some hospital labs are already using the HIE to exchange lab test results using HL7. Test results for reportable diseases will be forwarded using the HIE to the VDH and recorded in the NEDSS system.

As part of the multidrug-resistant organism (MDRO) prevention collaborative, throughout the fall of 2010 the ELC-funded HAI Prevention Coordinator and the State Epidemiologist for Infectious Disease will collaborate with acute and long-term care facilities, the CDC, and a CDC contractor to extract the necessary clinical microbiology laboratory data and admission, discharge, transfer (ADT) data from each hospital's information systems. These two data sources will be merged into the correct Clinical Document Architecture (CDA) documents to populate the National Healthcare Safety Network's MDRO Module. The HAI Prevention Coordinator and a Public Health Analyst (who is partially supported by the ARRA ELC cooperative agreement) will be responsible for NHSN data quality assurance and limited data analysis. Additional data analysis will be performed at the CDC.

VDH will continue to focus on building the capacity to receive electronic lab reporting (ELR) of mandatory notifiable diseases from hospital-based labs and to implement a system for the bi-directional exchange of laboratory test orders and results. This work is expected to continue into 2012 and beyond. The VDH IT division would create two positions with this grant: an Informatics position to integrate the department's information systems with the Health Information Exchange, and an Interoperability Project Manager position to lead the Electronic Test Order and Result implementation project.

VDH will enhance its informatics workforce through participation in training sessions, conferences, and conference phone calls. Two staff members will participate in an online HL7 e-Learning introductory course on HL7 standards for V2, V3 and CDA. The annual PHIN Conference sponsored by the Centers for Disease Control and Prevention (CDC) is a source of valuable information on interoperable systems. VDH will send staff members to two training courses for StarLIMS to increase the number of people able to support that system.

The steps for hiring new staff in the Health Department are: (a) create the position; (b) classify the position, and (c) recruit and hire. If the process appears to be unacceptably slow, then we will contract for the work of the position through the State's normal competitive bid process.

## Operational Plan

### Objective 1: Expand Electronic Lab Reporting

The department will expand its capacity to receive electronic HL7 lab reports of notifiable diseases via the statewide Health Information Exchange (HIE) operated by Vermont Information Technology Leaders (VITL). VDH will hire an informatics specialist who will:

- Complete project plan to identify labs ready to convert to electronic reporting of notifiable diseases;
- Map local codes to standard codes, i.e. LOINC & SNOMED;
- Establish a testing plan for clinical laboratories;
- Participate in monthly CSTE ELR workgroup calls and the CSTE-CDC ELR Taskforce.

#### Measures of Impact and Effectiveness

- a. Increase from one (1) to three (3) the number of clinical labs using ELR in jurisdiction.
- b. Attendance at the Public Health Information Network (PHIN) Conference in Atlanta, GA (dates TBD).
- c. Completion of an HL7 e-Learning (online) course.
- d. The number of acute care facilities with clinical microbiology laboratories that are reporting directly into NHSN using electronic information exchange will be measured at the end of October, November, and December 2010. Our goal is to achieve reporting by all 14 Vermont facilities by December 31, 2010.

### Objective 2: Electronic Test Order and Result (ETOR) Capacity

The VDH laboratory will automate receiving of test orders and sending of test results. The VDH laboratory acts as a reference lab for hospital-based labs. These hospital-based labs use Mayo Access™ for Electronic Test Order and Result with both Mayo and Fletcher Allen Health Care (FAHC). The Interoperability Project manager will work with the VDH laboratory to conduct the following activities to implement Mayo Access™:

- Establish contract with Mayo Medical Labs for Mayo Access™
- Complete project plan including list of tests offered
- Establish lab qualification plan including QA test scenarios
- Establish secure connection for transporting electronic HL7 messages
- Execute test plan with first hospital
- “Go Live” with first hospital

#### Measures of Impact and Effectiveness

- a. Number of informatics trainings completed.
- b. One hospital lab is involved in electronic test order and result reporting with the VDH lab by December 2011.
- c. Attendance at the StarLIMS V10 Application Training Course in Hollywood, FL (possible dates November 1 – 5, 2010).



Vermont Department of Health  
ACA ELC: CDC-RFA-CI10-1012

- d. Attendance at the Starlims V10 Configuration Training Course in Hollywood, FL (possible dates November 8 – 12, 2010).
- e. Completion of an HL7 e-Learning (online) course.

**ACA ELC: Budget Justification  
Vermont Department of Health (VDH)  
9/30/2010 – 7/31/2011**

**Activity A: Epidemiology Capacity**

**Personnel** **\$34,167**

| PERSONNEL                          | ANNUAL<br>SALARY | PERCENTAGE<br>OF TIME | AMOUNT<br>REQUESTED<br>(10 month budget<br>period) |
|------------------------------------|------------------|-----------------------|--|
| Health Education<br>Epidemiologist | \$41,000         | 100%                  | \$34,167   |

Health Education Epidemiologist

New position. The Health Education Epidemiologist will focus on improving educational and outreach efforts to healthcare providers, public health partners, and the general public. This person will focus on vaccine preventable diseases, hospital acquired infections, and zoonotic, vectorborne and foodborne diseases. This person will also provide additional epidemiology capacity as required. The position reports to the Health Surveillance Epidemiologist.

**Indirect Costs** **\$20,500**

The Vermont Department of Health uses a Cost Allocation Plan, not an indirect rate. The Vermont Department of Health is a department of the Vermont Agency of Human Services, a public assistance agency, which uses a Cost Allocation Plan in lieu of an indirect rate agreement as authorized by OMB Circular A-87, Attachment D. This Cost Allocation Plan was approved by the US Department of Health and Human Services effective October 1, 1987. A copy of a recent approval letter is attached. The Cost Allocation Plan summarizes actual, allowable costs incurred in the operation of the program. These costs include items which are often shown as direct costs, such as telephone and general office supply expenses, as well as items which are often included in an indirect rate, such as the cost of office space and administrative salaries. These costs are allocated to the program based on the salaries and wages paid in the program. Because these are actual costs, unlike an Indirect Cost Rate, the ratio of allocated costs to salary will vary from quarter to quarter. Based on costs allocated to similar programs during recent quarters, we would currently estimate these allocated costs at 60% of the direct salary line item.

**Fringe Benefits** **\$11,958**

The actual cost of fringe benefits (not a fringe benefit rate) will be reported as a direct cost of the program. The actual cost of fringe benefits varies from employee to employee based on salary, employee choice of health care plan, and employee election of certain benefits. The usual components of these fringe benefits are FICA at 7.65% of salary,

retirement at 7% of salary, dental and medical and life insurance coverage at 80% of the actual costs of the insurance premium if and as elected by the employee, and \$1.50 per pay period for the employee assistance program. The cost of each employee's fringe benefits will be allocated to the program based on hours worked in the program relative to all hours worked by the employee. Based on the current cost of fringe benefits for employees working in similar programs, we are estimating the cost of these fringe benefits at 35% of salary.

**Contractual** **\$0**

**Supplies** **\$5800**

\$1800

This position will need to be provided with a PC and the Microsoft Office Suite of Software

Estimated Cost: \$1800

\$4000

Printing and distribution of the Child Care Immunization Resource Booklet  
1000 x \$4.00/copy

**Other** **\$2000**

\$2000

Regional meetings for childcare providers

4 meetings x \$500 for each meeting  
25 participants @ \$20 each for each meeting  
for meeting space and supplies

**In-state Travel** **\$1000**

Funds for travel to give presentations:  
2000 miles x 0.50/mile = \$1000

**Out-of-state Travel** **\$1730**

\$1730

Funds are requested for the Health Education Epidemiologist to attend the CSTE Annual Conference in June 2011. Estimated expenses are:

|                                    |       |
|------------------------------------|-------|
| Airfare                            | \$400 |
| Hotel (5 nights @ \$149/night)     | \$745 |
| Meal allowance (5 days @ \$32/day) | \$160 |

Registration

\$425

**TOTAL FUNDS REQUESTED: ACTIVITY A: \$77,155**

**ACA ELC: Budget Justification**  
**Vermont Department of Health (VDH)**  
**9/30/2010 – 7/31/2011**

**Activity B: Laboratory Capacity**

**Supplies** **\$35,093**

\$2,895

VIDAS Heat and Go

Purpose: Dry heating block used in Vidas assays to detect pathogens in food.

Enhances safety, traceability and productivity for pathogen detection in food.

\$6,825

Capacity for molecular identification of noroviruses

*RNA extraction from patient specimens:*

\$875 QIAmp Viral RNA Mini-Kit 250 reactions

*Real-time RT-PCR for the screening of patient samples:*

\$140 Ag-Path One Step RT-PCR kit (100 reactions)

\$140 Forward and Reverse Primers

\$750 Probes

*Conventional RT-PCR on extracted nucleic acid:*

\$80 RNase Inhibitor

\$512 QIAgen One Step RT-PCR Kit (100 reactions)

\$140 Forward and Reverse Primers

*Gel electrophoresis of conventional RT-PCR patient samples:*

\$128 NuSieve GTG Agarose

\$151 SeaPlaque Agarose

\$100 Tris-Acetate EDTA Buffer

\$242 DNA Marker

\$29 Ethidium Bromide

*Sequencing patient samples:*

\$96 QIAgen QIAquick gel extraction kit (50 reactions)

\$140 Forward and Reverse Primers

\$460 UVM DNA Sequencing Facility fee for sequencing 20 sense and 20 antisense strands

\$202 Quant-iT™ dsDNA BR Assay Kit (2-1000ng for use with Qubit™ fluorometer)

*Supplies needed for all norovirus procedures:*

\$2,640 Pipet tips, microcentrifuge tubes, PCR tubes, SmartCycler tubes, RNase

Away, gloves

Purpose: Costs associated with the validation of all CDC norovirus assays, supplies needed for enhanced capacity for the detection of Norovirus in patient samples and for sequencing of isolated norovirus nucleic acid.

\$11,911

Surveillance for Shiga toxin-producing *E. coli* supplies

|         |   |
|---------|---|
| \$1,105 | MacConkey Broth (1300@\$0.85 each)                      |
| \$8,774 | Meridan Premier EHEC EIA kits (17@\$522 each)           |
| \$1,280 | Remel <i>E. coli</i> O157:H7 latex test (10@\$128 each) |
| \$752   | <i>E. coli</i> antisera (6@\$127/vial)                  |

Purpose: Supplies needed to enhance capability to isolate and characterize *E. coli* O157:H7 and non-O157 Shiga-toxin-producing *E. coli* (STEC). The VDHL will be partnering with one of the largest hospital laboratories in Vermont to increase surveillance of non-O157 Shiga toxin-producing *E. coli* (STEC). This hospital serves a large percentage of the population in Vermont which may result in a higher recovery rate of non-O157 Shiga toxin producing *E. coli*. There are currently no other facilities besides the VDHL performing Shiga toxin testing on stool specimens.

\$1,244

Surveillance for *Campylobacter* species in stool specimens supplies

|       |                              |
|-------|------------------------------|
| \$699 | Anoxomat Accessory Kit       |
| \$320 | Anoxomat Jar (Qty 12 plates) |
| \$225 | Anoxomat Jar (Qty 6 plates)  |

Purpose: Supplies for the Anoxomat system which ensures the correct gas mixture is supplied to glass jars for *Campylobacter* culture.

\$4,218

Develop capacity to detect *Campylobacter* spp. in food

|         |                                |
|---------|--------------------------------|
| \$1,127 | GenBox Microaer (18@\$62.63)   |
| \$598   | Campy Food broth (6@\$99.60)   |
| \$315   | Campy Food ID agar (5@\$63.05) |
| \$2,178 | VIDAS Cam (6@\$363)            |

Purpose: Supplies needed to develop capability to detect *Campylobacter* in food.

\$4,000

Enhance capacity to perform CDC multi-target real-time PCR for the detection of *B. pertussis*

|       |  |
|-------|--|
| \$205 | ATCC strain 51541 <i>Bordetella holmesii</i>     |
| \$595 | Qiagen DNA Mini Kit 250                          |
| \$40  | Forward and reverse IS481 <sup>a</sup> Primers   |
| \$250 | IS481 <sup>a</sup> Probe                         |
| \$40  | Forward and reverse hIS1001 <sup>c</sup> Primers |
| \$250 | hIS1001 <sup>c</sup> Probe                       |

\$40 Forward and reverse pIS1001<sup>e</sup> Primers  
 \$250 pIS1001<sup>e</sup> Probe  
 \$40 Forward and reverse ptxS1<sup>g</sup> Primers  
 \$250 ptxS1<sup>g</sup> Probe  
 \$40 Forward and reverse rnasePi Primers  
 \$250 rnasePi Probe  
 \$706 TaqMan® Gene Expression Master Mix 2 Pack  
 \$500 Cepheid ASRBP kit (0.5 kit)  
 \$100 Cepheid SmartMix (40 reactions)  
 \$444 Gloves, RNaseAway, microfuge tubes, tips  
 Purpose: Supplies needed to validate CDC's Real-time PCR Procedures for the Detection and Identification of *Bordetella pertussis*, *B. parapertussis*, and *B. holmesii* using AB7500 assay.

\$4,000

Develop capability to perform real-time PCR for the detection of mumps virus

\$893 Qiagen Viral RNA Mini Kit 250  
 \$70 Forward and reverse Mumps N gene Primers  
 \$255 Mumps N gene Probe  
 \$70 RNase P gene Primers: forward and reverse  
 \$250 RNase P gene Probe  
 \$1460 Invitrogen SuperScript III Platinum One Step Quantitative RT-PCR kit  
 \$1002 Gloves, RNaseAway, microfuge tubes, tips, ABI multiwell plates/caps  
 Purpose: Supplies needed to develop capability to perform CDC's Real-time (TaqMan®) RT-PCR Assays for the Detection of Mumps Virus N gene mRNA and human RNase P mRNA (a cellular reference gene) using the ABI 7500 real-time thermocycler.

**Out-of-state Travel**

**\$3,720**

\$1,240

One microbiologist to attend the 2011 Annual PusleNet Update Meeting and Annual Meeting for OutbreakNet. Estimated expenses are:

|                                    |       |
|------------------------------------|-------|
| Airfare & ground transportation    | \$600 |
| Hotel (4 nights @149/night)        | \$480 |
| Meal allowance (5 days @ \$32/day) | \$160 |

\$1,240

One microbiologist to attend the 2011 Annual PusleNet Update Meeting and Annual Meeting for OutbreakNet. Estimated expenses are:

|                                 |       |
|---------------------------------|-------|
| Airfare & ground transportation | \$600 |
| Hotel (4 nights @149/night)     | \$480 |

Meal allowance (5 days @ \$32/day)            \$160

\$1,240

One microbiologist to attend the 2011 Annual PusleNet Update Meeting and Annual Meeting for OutbreakNet. Estimated expenses are:

|                                    |       |
|------------------------------------|-------|
| Airfare & ground transportation    | \$600 |
| Hotel (4 nights @149/night)        | \$480 |
| Meal allowance (5 days @ \$32/day) | \$160 |

**TOTAL FUNDS REQUESTED: ACTIVITY B: \$38,813**



**ACA ELC: Budget Justification  
Vermont Department of Health (VDH)  
9/30/2010 – 7/31/2011**

**Activity C: Health Information Systems Capacity**

**Personnel** **\$77,397**

| PERSONNEL                        | ANNUAL SALARY | PERCENTAGE OF TIME | AMOUNT REQUESTED<br>(10 month budget period) |
|----------------------------------|---------------|--------------------|--|
| Interoperability Project Manager | \$41,000      | 100%               | \$34,167                                     |
| Informatics Specialist           | \$51,875      | 100%               | \$43,230                                     |

Informatics Specialist – 1 FTE – new position

The position will serve as the Department of Health expert on medical informatics and the use of information systems in clinical and public health settings. The position will serve as the translator between the disciplines of clinical medicine, public health and information technology and systems; analyze the business and clinical requirements and the population health information needed by public health agencies and health system users; and help to set standards for health informatics such as HL7, LOINC and SNOMED.

Interoperability Project Manager – 1 FTE – new position

The position will serve as the Department of Health laboratory project manager to implement an automated system for laboratory electronic test ordering and result reporting using the new Starlims laboratory information management system currently being implemented. Hospital laboratories in Vermont manually request tests from the VDH lab. This position would work with each hospital lab to enable the electronic ordering and reporting with the Public Health lab.

**Indirect Costs** **\$46,438**

The Vermont Department of Health uses a Cost Allocation Plan, not an indirect rate. The Vermont Department of Health is a department of the Vermont Agency of Human Services, a public assistance agency, which uses a Cost Allocation Plan in lieu of an indirect rate agreement as authorized by OMB Circular A-87, Attachment D. This Cost Allocation Plan was approved by the US Department of Health and Human Services effective October 1, 1987. A copy of a recent approval letter is attached. The Cost Allocation Plan summarizes actual, allowable costs incurred in the operation of the program. These costs include items which are often shown as direct costs, such as telephone and general office supply expenses, as well as items which are often included in an indirect rate, such as the cost of office space and administrative salaries. These costs are allocated to the program based on the salaries and wages paid in the program. Because these are actual costs, unlike an Indirect Cost Rate, the ratio of allocated costs to

salary will vary from quarter to quarter. Based on costs allocated to similar programs during recent quarters, we would currently estimate these allocated costs at 60% of the direct salary line item.

**Fringe Benefits**

**\$27,090**

The actual cost of fringe benefits (not a fringe benefit rate) will be reported as a direct cost of the program. The actual cost of fringe benefits varies from employee to employee based on salary, employee choice of health care plan, and employee election of certain benefits. The usual components of these fringe benefits are FICA at 7.65% of salary, retirement at 7% of salary, dental and medical and life insurance coverage at 80% of the actual costs of the insurance premium if and as elected by the employee, and \$1.50 per pay period for the employee assistance program. The cost of each employee's fringe benefits will be allocated to the program based on hours worked in the program relative to all hours worked by the employee. Based on the current cost of fringe benefits for employees working in similar programs, we are estimating the cost of these fringe benefits at 35% of salary.

**Contractual**

**\$0**

**Supplies**

**\$3600**

\$3,600

Equipment and Software

Each position will need to be provided with a PC and the Microsoft Office Suite of Software

Estimated Cost: \$ 3,600 (2 positions \* \$1800)

**Other**

**\$46,000**

\$45,000

Orion's Rhapsody Integration Engine Support and Maintenance

VDH uses Orion's Rhapsody Integration Engine for the parsing of electronic messages. The Rhapsody license has no limit on 'Communications Points' allowing the department to process any number of messages from any number of sources. The amounts listed below are the Support and Maintenance cost for Orion's Rhapsody.

Estimated cost: July 1, 2011 - \$45,000  
July 1, 2012 - \$67,500

\$1,000

HL7 e-Learning Course

Introductory online course: HL7 Standards V2, V3, CDA  
Creating and exchanging electronic healthcare information

Estimated Cost: \$1,000 (\$500 per person \*2)

**In-state Travel** **\$0**  
**Out-of-state Travel** **\$8,035**

\$6,500

Starlims Application Training Course, Hollywood, FL - 2 people

|                      |                        |
|----------------------|------------------------|
| Estimated Cost       | \$3,250/per person     |
| Air Travel:          | \$ 400                 |
| Lodging:             | \$ 175 * 6 days        |
| Per Diem:            | \$ 32 per day * 6 days |
| Misc (ground travel) | \$100                  |

\$1,535

PHIN Conference Attendance, Atlanta, GA – 1 person

|                       |                       |
|-----------------------|-----------------------|
| Estimated cost:       | \$1,535               |
| Air Travel:           | \$ 400                |
| Lodging:              | \$ 175 * 5 days       |
| Per Diem:             | \$ 32per day * 5 days |
| Misc (ground travel): | \$100.                |

**TOTAL FUNDS REQUESTED: ACTIVITY C: \$208,560**

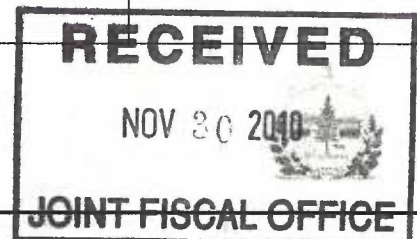
**State of Vermont**  
 Department of Finance & Management  
 109 State Street, Pavilion Building  
 Montpelier, VT 05620-0401

Agency of Administration

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

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

|   |              |   |  |              |                 |
|---|--------------|---|--|--------------|-----------------|
| <b>Grant Summary:</b>                         |              | This two year grant is to build capacities of the Health Department's epidemiology, laboratory and health information systems. It is a federal Affordable Care Act (ACA) related grant. |  |              |                 |
| <b>Date:</b>                                  |              | 11/5/2010   |  |              |                 |
| <b>Department:</b>                            |              | Health Department   |  |              |                 |
| <b>Legal Title of Grant:</b>                  |              | The Affordable Care Act: Building Epidemiology, Laboratory, and Health Information Systems Capacity   |  |              |                 |
| <b>Federal Catalog #:</b>                     |              | 93.521  |  |              |                 |
| <b>Grant/Donor Name and Address:</b>          |              | Centers for Disease Control and Prevention, United States Department of Health and Human Services   |  |              |                 |
| <b>Grant Period:</b>                          |              | <b>From:</b>  | <b>To:</b>   |              |                 |
|   |              | 9/30/2010   | 7/31/2012  |              |                 |
| <b>Grant/Donation</b>                         |              | \$639,446   |  |              |                 |
|   | <b>SFY 1</b> | <b>SFY 2</b>  | <b>SFY 3</b>   | <b>Total</b> | <b>Comments</b> |
| <b>Grant Amount:</b>                          | \$151,268    | \$362,779   | \$125,399  | \$639,446    |                 |
| <b>Position Information:</b>                  |              | <b># Positions</b>  | <b>Explanation/Comments</b>  |              |                 |
|   |              | 3   | The three 2-year limited service professional positions are to carry out the three activities described in this grant. |              |                 |
| <b>Additional Comments:</b>                   |              |   |  |              |                 |
|   |              |   |  |              |                 |
| <b>Department of Finance &amp; Management</b> |              |   |  | (Initial)    |                 |
| <b>Secretary of Administration</b>            |              |   |  | (Initial)    |                 |
| <b>Sent To Joint Fiscal Office</b>            |              |   |  | Date         |                 |
|   |              |   |  | 11/29/10     |                 |



|  |   |                                 |  |                 |
|--|---|---------------------------------|--|-----------------|
| <b>VERMONT GRANT ACCEPTANCE REQUEST</b>                        |   | Priority Level (check one box): |  |                 |
| Affordable Care Act (Form AA-1-ACA)                            |   | Expedited 14 Days               | Normal 30 days <input checked="" type="checkbox"/> |                 |
| <b>BASIC GRANT INFORMATION</b>                                 |   |                                 |  |                 |
| <b>1. Agency:</b>  | Agency of Human Services  |                                 |  |                 |
| <b>2. Department:</b>  | Health  |                                 |  |                 |
| <b>3. Program:</b>   | Health Surveillance   |                                 |  |                 |
| <b>4. Legal Title of Grant:</b>                                | The Affordable Care Act: Building Epidemiology, Laboratory, and Health Information Systems Capacity |                                 |  |                 |
| <b>5. Federal Catalog #:</b>                                   | 93.521  |                                 |  |                 |
| <b>6. Grant/Donor Name and Address:</b>                        | Centers for Disease Control and Prevention, United States Department of Health and Human Services   |                                 |  |                 |
| <b>7. Grant Period:</b>  | <b>From:</b>  | 9/30/2010                       | <b>To:</b> 7/31/2012                               |                 |
| <b>8. Purpose of Grant:</b>                                    | Please see summary attached.  |                                 |  |                 |
| <b>9. Impact on existing program if grant is not Accepted:</b> | none  |                                 |  |                 |
| <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 2011</b>  | <b>FY 2012</b>                  | <b>FY 2013</b>                                     |                 |
| Personal Services  | \$100,406   | \$261,056                       | \$60,244   |                 |
| Operating Expenses   | \$50,862  | \$101,723                       | \$65,155   |                 |
| Grants   | \$0   | \$0                             | \$0  |                 |
| <b>Total</b>   | <b>\$151,268</b>  | <b>\$362,779</b>                | <b>\$125,399</b>                                   |                 |
| <b>Revenues:</b>   |   |                                 |  |                 |
| State Funds:   | \$0   | \$0                             | \$0  |                 |
| Cash   | \$0   | \$0                             | \$0  |                 |
| In-Kind  | \$0   | \$0                             | \$0  |                 |
| Federal Funds:   | \$151,268   | \$362,779                       | \$125,399  |                 |
| (Direct Costs)   | \$120,374   | \$282,454                       | \$106,862  |                 |
| (Statewide Indirect)   | \$1,854   | \$4,820                         | \$1,112  |                 |
| (Departmental Indirect)  | \$29,040  | \$75,505                        | \$17,425   |                 |
| Other Funds:   | \$  | \$                              | \$   |                 |
| Grant (source )  | \$  | \$                              | \$   |                 |
| <b>Total</b>   | <b>\$151,268</b>  | <b>\$362,779</b>                | <b>\$125,399</b>                                   |                 |
| <b>Appropriation No:</b>                                       |   | <b>Amount:</b>                  | \$   |                 |
|  | 3420010000  |                                 | \$93,657   |                 |
|  | 3420021000  |                                 | \$57,611   |                 |
|  |   |                                 | \$   |                 |
|  |   |                                 | \$   |                 |
|  |   |                                 | \$   |                 |
|  |   |                                 | \$   |                 |
|  |   | <b>Total</b>                    | <b>\$151,268</b>                                   |                 |

**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: \_\_\_\_\_ (initial)

| 12. Limited Service Position Information: | # Positions | Title                           |
|---|-------------|---------------------------------|
|   | 1           | Health Education Epidemiologist |
|   | 1           | Systems Developer II            |
|   | 1           | Informatics Specialist          |
| <b>Total Positions</b>                    | <b>3</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: <i>Dixie Henry</i>                      | Date: <i>11/1/10</i><br><i>10/20/2010</i> |
| Title: <i>Deputy for</i><br>Commissioner of Health |   |
| Signature: <i>Patrick Flood</i>                    | Date: <i>11/4/10</i>                      |
| Title: <i>Deputy Secretary</i>                     |   |

**14. SECRETARY OF ADMINISTRATION**

Approved: \_\_\_\_\_ (Secretary or designee signature) \_\_\_\_\_ Date: *11/15/10*

**15. ACTION BY GOVERNOR**

Check One Box: Accepted  
 Rejected

\_\_\_\_\_  
(Governor's signature) \_\_\_\_\_ Date: *11/24/10*

**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 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 type="checkbox"/> Grant Budget                           |   |

**End Form AA-1**



Request for Grant Acceptance and Establishment of Positions  
ACA Epidemiology and Laboratory Capacity  
Summary 10/20/2010

The Department of Health has received a grant from the Centers for Disease Control and Prevention, providing \$639,446 over two years, to build and strengthen the capacities of the Department's epidemiology, laboratory and health information systems. This funding is available through the new Prevention and Public Health Fund created by the Affordable Care Act.

The Department will initiate three activities under this grant. First, we will establish a Health Education Epidemiologist position within the Division of Health Surveillance. This position will provide outreach and education to the public and healthcare providers regarding vaccination safety, benefits, and requirements; healthcare-associated infections; foodborne diseases; zoonotic and vector borne diseases and emerging and novel infections. Second, we will establish two positions within the Information Technology section to build our capacity to receive electronic lab reporting from hospital-based labs and to implement a system for bidirectional electronic exchange of laboratory test orders and results. The Informatics Specialist will work to integrate the Department's information systems with the Health Information Exchange and the Systems Developer II will manage the Electronic Test Order and Result implementation project. Third, the grant will provide funding for laboratory supplies need to improve the ability to detect certain pathogens in food and to expand molecular diagnostic capabilities.

Funds will be used to cover the costs of these three new positions, including related travel and supply costs, and to purchase laboratory supplies. The Health Department is hereby seeking approval to receive \$151,268 in new Federal funds in State Fiscal Year 2011 and the establishment of these three limited service positions. The remainder of the Federal funding under this grant will be included in the Department's future budget requests. The "Position Request Form" is attached and a copy of the grant application and award document are included for your information.



**VERMONT DEPARTMENT OF HEALTH**

SFY11 ELC ACA Budget

| <u>VISION Account</u>    | <u>Admin &amp; Support</u><br>(3420010000) | <u>Public Health</u><br>(3420021000) | <u>VDH Total</u> |
|--------------------------|--|--------------------------------------|------------------|
| Employee Salaries        | \$35,721                                   | \$15,769                             | \$51,490         |
| Fringe Benefits          | \$12,503                                   | \$5,519                              | \$18,022         |
| 3rd Party Contracts      | <u>\$0</u>                                 | <u>\$0</u>                           | <u>\$0</u>       |
| Total Personal Services  | \$48,224                                   | \$21,288                             | \$69,512         |
| Equipment                | \$0  | \$0                                  | \$0              |
| Supplies                 | \$0  | \$22,247                             | \$22,247         |
| Other                    | \$24,000                                   | \$0                                  | \$24,000         |
| Travel                   | <u>\$0</u>                                 | <u>\$4,615</u>                       | <u>\$4,615</u>   |
| Total Operating Expenses | \$24,000                                   | \$26,862                             | \$50,862         |
| Subgrants                | \$0  | \$0                                  | \$0              |
| Total Direct Costs       | \$72,224                                   | \$48,150                             | \$120,374        |
| Total Indirect Costs     | <u>\$21,433</u>                            | <u>\$9,461</u>                       | <u>\$30,894</u>  |
| Total SFY11 Grant Costs  | \$93,657                                   | \$57,611                             | \$151,268        |

Appropriation Summary

|                          |            |            |            |
|--------------------------|------------|------------|------------|
| Total Personal Services  | \$69,657   | \$30,749   | \$100,406  |
| Total Operating Expenses | \$24,000   | \$26,862   | \$50,862   |
| Total Subgrants          | <u>\$0</u> | <u>\$0</u> | <u>\$0</u> |
|                          | \$93,657   | \$57,611   | \$151,268  |

**VERMONT DEPARTMENT OF HEALTH**

SFY12 ELC ACA Budget

| <u>VISION Account</u>    | <u>Admin &amp; Support</u><br>(3420010000) | <u>Public Health</u><br>(3420021000) | <u>VDH Total</u> |
|--------------------------|--|--------------------------------------|------------------|
| Employee Salaries        | \$92,875                                   | \$41,000                             | \$133,875        |
| Fringe Benefits          | \$32,506                                   | \$14,350                             | \$46,856         |
| 3rd Party Contracts      | <u>\$0</u>                                 | <u>\$0</u>                           | <u>\$0</u>       |
| Total Personal Services  | \$125,381                                  | \$55,350                             | \$180,731        |
| Equipment                | \$0  | \$0                                  | \$0              |
| Supplies                 | \$0  | \$44,493                             | \$44,493         |
| Other                    | \$48,000                                   | \$0                                  | \$48,000         |
| Travel                   | <u>\$0</u>                                 | <u>\$9,230</u>                       | <u>\$9,230</u>   |
| Total Operating Expenses | \$48,000                                   | \$53,723                             | \$101,723        |
| Subgrants                | \$0  | \$0                                  | \$0              |
| Total Direct Costs       | \$173,381                                  | \$109,073                            | \$282,454        |
| Total Indirect Costs     | <u>\$55,725</u>                            | <u>\$24,600</u>                      | <u>\$80,325</u>  |
| Total SFY12 Grant Costs  | \$229,106                                  | \$133,673                            | \$362,779        |

Appropriation Summary

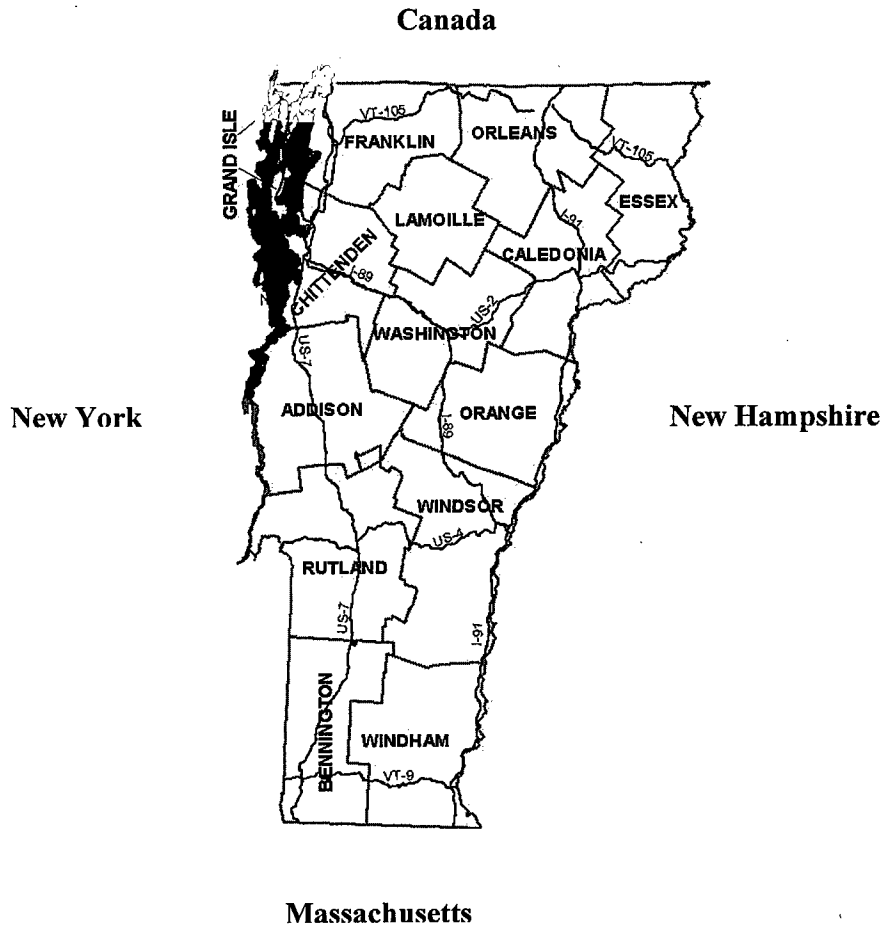
|                          |            |            |            |
|--------------------------|------------|------------|------------|
| Total Personal Services  | \$181,106  | \$79,950   | \$261,056  |
| Total Operating Expenses | \$48,000   | \$53,723   | \$101,723  |
| Total Subgrants          | <u>\$0</u> | <u>\$0</u> | <u>\$0</u> |
|                          | \$229,106  | \$133,673  | \$362,779  |

## Section 2. – Project Narrative

### 1. Background, Current Capacity, Need and Understanding: General

Vermont is the second largest state in New England (second to Maine), and covers an area of 9,614 square miles. The eastern boundary is formed mainly by the Connecticut River. On the west the Vermont boundary is defined mainly by Lake Champlain, the sixth largest body of fresh water in the United States. The Green Mountains bisect the state from north to south and the land is divided into 14 counties.

#### Map of Vermont



In 2008, Vermont's population was estimated at 621,270 people. The state's most populated county is Chittenden County, located on the eastern shoreline of Lake Champlain, with a population of 152,782 people. Burlington is the state's largest city (located in Chittenden County) with a population of 38,897 people.

**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: Human Services/Health Date: 10/15/10

Name and Phone (of the person completing this request): Leo Clark (802)863-7284

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):

Centers for Disease Control and Prevention, United States Department of Health and Human Services  
 The Affordable Care Act: Building Epidemiology, Laboratory, and health information Systems Capacity

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

| Title* of Position(s) Requested | # of Positions | Division/Program | Grant Funding Period/Anticipated End Date |
|---------------------------------|----------------|------------------|---|
| Health Education Epidemiologist | 1              | Surveillance     | 9/30/2010 thru 7/31/2012                  |
| Systems Developer II            | 1              | Administration   | 9/30/2010 thru 7/31/2012                  |
| Informatics Specialist          | 1              | Administration   | 9/30/2010 thru 7/31/2012                  |

\*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:

These are the positions described in our application, approved for funding by the Centers for Disease Control and Prevention, and necessary to carry out the proposed activities.

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)).

*Dirce H.* \_\_\_\_\_ Date: 11/1/10  
 Signature of Agency or Department Head

*Molly Paulsen* \_\_\_\_\_ Date: 11/5/10  
 Approved/Denied by Department of Human Resources

*[Signature]* \_\_\_\_\_ Date: 11/10/10  
 Approved/Denied by Finance and Management

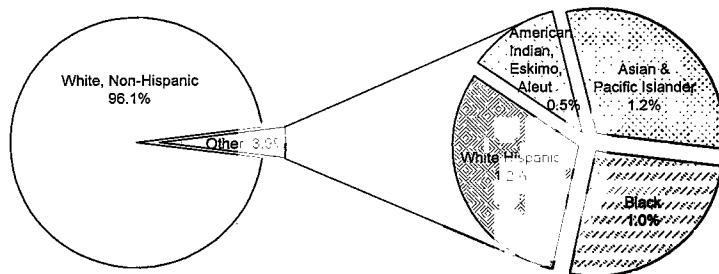
*[Signature]* \_\_\_\_\_ Date: 11.15/10  
 Approved/Denied by Secretary of Administration

Comments:

Vermont Department of Health  
ACA ELC: CDC-RFA-CI10-1012

The overwhelming majority, 96.1%, of Vermont's population self-identifies as White non-Hispanic.

Distribution of Vermont Population by Race and Ethnicity: 2007



In 2008 Burlington, Vermont was named the healthiest city in the nation by the Centers for Disease Control and Prevention with 92% of its residents reporting that they are in good or great health. In 2008, Vermont was rated as the healthiest state in the nation for the second year in a row by the United Health Foundation.

In 2008, 7.6% of Vermonters did not have health insurance, but 13% of lower income people, those who make less than 200% of the poverty level, were uninsured. Vermont passed landmark health care reforms in 2006, including Catamount Health, a comprehensive insurance plan in cooperation with the state, Blue Cross and Blue Shield of Vermont and MVP Health Care. Catamount Health is included in Green Mountain Care Programs, a collection of programs that also includes Employer-Sponsored Insurance (ESI) Pre-Assistance (to help uninsured Vermonters pay their employer premiums), Dr. Dynasaur (low cost or free coverage for children, teens and pregnant women), VHAP (insurance for low-income adults who have been uninsured for 12 months or more or who have recently lost their insurance), as well as several prescription assistance programs (VPharm, VHAP-Pharmacy, VScript, and Healthy Vermonters).

Vermont has one academic medical center, which is in Burlington, thirteen community hospitals, and one Veterans Administration Medical Center. Vermont residents also access New Hampshire's Dartmouth-Hitchcock Medical Center, which is located near White River Junction, Vermont and Albany Medical Center in Albany, NY.

## Activity A: Epidemiology Capacity

### 1. Background, Current Capacity, Need and Understanding

The Vermont Department of Health (VDH) has a central office in Burlington and twelve district offices around the state. These offices provide health promotion and disease prevention services. Each district office has a public health nurse who works closely with the Infectious Disease Epidemiology Program in the central office on the surveillance, prevention, and control of communicable diseases.

The five-year medians and 2009 incidence rates for selected reportable infectious diseases are presented in the table below:

| Reportable Disease            | Five-year Median | 2009 IR (per 100,000) |
|-------------------------------|------------------|-----------------------|
| Campylobacter                 | 155              | 25                    |
| Cryptosporidium               | 53               | 14                    |
| Shiga toxin-producing E. coli | 19               | 4                     |
| Giardia                       | 191              | 35                    |
| Hepatitis A                   | 5                | 0.8                   |
| Listeriosis                   | 2                | 0.3                   |
| Salmonella                    | 83               | 13                    |
| Shigella                      | 5                | 0.8                   |

Although Vermont's overall numbers of reportable diseases are relatively low, for certain diseases, such as campylobacteriosis, cryptosporidiosis, STEC infections and giardiasis, the incidence rates are high. In addition, Lyme disease is an emerging infection in Vermont, and reported cases have tripled from 2005 through 2008. In 2009, there were 322 confirmed cases of Lyme disease in Vermont which is approximately 52 cases per 100,000 people. About two-thirds of these infections were likely acquired within the state. The first confirmed indigenous case of anaplasmosis was reported in 2010.

VDH's Infectious Disease Epidemiology Program currently has 2 full-time epidemiologists, in addition to the State Epidemiologist, who are responsible for foodborne, zoonotic, and vectorborne diseases as well as tuberculosis control and general disease and outbreak response. A full-time and one part-time epidemiologist work on syndromic surveillance. Two full-time public health nurses and one additional staff member assist the district public nurses with disease control. In addition, the Immunization Program has three full-time public health nurses, including the Program Chief, and two additional staff members. The Immunization Program administers the Vaccines for Children Program and is currently launching an adult immunization program as well as other initiatives. The Immunization Program also maintains an electronic immunization registry and is involved in ongoing efforts to educate healthcare providers about the requirement to use the registry so that vaccination rates are accurately reflected in the registry data.

Vermont Department of Health  
ACA ELC: CDC-RFA-CI10-1012

As part of the healthcare-associated infections (HAI) funding under the ELC cooperative agreement, VDH is partnering with all of Vermont's hospitals and approximately 24 long-term care facilities on a multidrug-resistant organism (MDRO) prevention collaborative. The collaborative is a year-long commitment, beginning in September 2010, with three day-long learning sessions and a final outcomes congress. During the collaborative, hospital and long-term care teams from the same community will work together, forming larger community teams. Two to four persons from each facility will participate, including bedside nursing professionals who understand the patient population and current challenges in the work environment, technical experts who understand the processes of care, and a leader with the authority to institute change in the facility and allocate the time and resources necessary to achieve the team's aim.

One of the long-term goals of the collaborative is to decrease the clinical incidence of healthcare-associated multidrug-resistant organism (MDRO) infections in Vermont. Clinical incidence, as a proxy for infection, will be measured by cluster as well as state-wide. In order to measure progress towards this objective we are striving to utilize electronic information exchange to report directly into NHSN.

The HAI Prevention Coordinator has been invited to attend a regional HAI prevention meeting in Maine in October 2010 to share Vermont's experiences and learn from our regional colleagues. In addition, the HAI Prevention Coordinator and the State Epidemiologist are collaborating with other HHS Region 1 states to form a New England Collaborative focused on (1) generating HAI partnerships between state health departments, dialysis centers, and other regional entities involved in dialysis and/or HAI activities; (2) leveraging these partnerships to plan a pilot project specific to HAI surveillance in dialysis centers using the NHSN system; and (3) executing the pilot surveillance project by September 2011.

The State Epidemiologist and the ELC-funded Health Surveillance Epidemiologist have successfully recruited and matched with a CSTE fellow focusing on HAI. The fellow will begin work at the Vermont Department of Health in October 2010.

The Infectious Disease Epidemiology Section currently does not have a staff person dedicated to educational and outreach initiatives. Educational materials are developed as program leaders have time and available staff to address such projects. Furthermore, there is little formal training about health literacy within the Section. VDH has a Communications Office that has the capability to create and distribute educational materials, but the staff is small and is responsible for all VDH programs. A designated Health Education Epidemiologist is needed to coordinate and improve outreach and education to the public and healthcare providers.

## **2. Operational Plan**

VDH is applying for funds for a Health Education Epidemiologist who will focus primarily on health education activities for the Infectious Disease Epidemiology Section. This person will work on improving educational efforts around healthcare-associated infections, zoonotic diseases, foodborne diseases and vaccine preventable diseases. The Health Education Epidemiologist will also assist with disease response and outbreak investigations as the need

Vermont Department of Health  
ACA ELC: CDC-RFA-CI10-1012

arises. This position will help build VDH's capacity to respond to emerging and novel infectious diseases.

The Health Education Epidemiologist will improve the surveillance and reporting of diseases by providing training and education to healthcare providers and other public health professionals. The person in this position will increase the awareness and prevention of infectious diseases by providing education for the general public. The Health Education Epidemiologist will also support case and outbreak response work of the Infectious Disease Epidemiology Section by providing appropriate education and training as well as epidemiologic capacity. The Health Education Epidemiologist will also be responsible for developing and expanding collaborations and partnerships across VDH programs and with other state agencies. The person in this position will work closely with VDH's Communications Office staff.

The steps for hiring a Health Education Epidemiologist for the Health Department are: (a) create the position; (b) classify the position, and (c) recruit and hire. If the process appears to be unacceptably slow, then we will contract for the work of the position through the State's normal competitive bid process.

### **Program Objectives**

**Objective 1:** Development and implementation of resources for childcare providers to meet the new requirements for immunization.

In May 2008, the Vermont legislature amended legislation to include childcare providers in the statewide immunization regulations. The rules are currently being promulgated and are expected to be implemented in 4-6 months. Childcare providers will need education regarding the need for the immunization requirements, guidance in obtaining required records and instruction about the collection and summary of data for annual reporting. In order to gain compliance, it will be essential to provide easily accessible and comprehensible information. The Health Education Epidemiologist will work with the Immunization Program to develop a manual and make the guidance available on-line via podcasts and written information. Because internet access is not always available in rural Vermont, a printed resource booklet will also need to be created. Educational efforts will be ongoing and will continue into 2012 and beyond.

The Health Education Epidemiologist will:

- a. Develop a communication plan for informing childcare providers of the new rules changes. The plan should include presentations at statewide and regional meetings, news features and a podcast.
- b. Coordinate with Immunization Program and the state's Childcare Licensing Program on the development of materials for these outreach efforts and presentations. Some materials will be developed by June 2011 and creation of educational materials will continue throughout 2012.



Vermont Department of Health  
ACA ELC: CDC-RFA-CI10-1012

- c. Work with the Immunization staff to create a Childcare Immunization Resource Booklet which includes the rationale for rules, steps to adhere to the rules, required forms, and guidance on the use of the Immunization Information System (IIS).

Measures of Impact and Effectiveness:

- a. Licensed childcare communication plan created by March 2011.
- b. Number and type of outreach materials developed.
- c. Childcare Immunization Resource Booklet will be created by July 2011.

**Objective 2: Vaccine Purchasing Pool - Pilot Program**

To promote universal availability of vaccines as part of the health care reform legislation passed in 2009, the Department of Health is required to develop a pilot program in which private insurers are required to reimburse the state for vaccines purchased through the CDC contracts. The pilot will be launched in Jan 2011. A push to improve adult vaccination rates will be part of this program. In order for this to be effective, guidance will need to be created and disseminated to adults and primary care providers regarding the vaccine purchasing program and anticipated benefits.

As part of the Immunization Program Pilot project, the Health Education Epidemiologist will assist with training adult and pediatric healthcare providers to use the Immunization Registry to record vaccine doses administered. In addition, this person will train public health nurses in the Department of Health's District Offices to use the Immunization Registry as a resource for vaccine history information on cases of reportable diseases. Work on this project is expected to continue into 2012.

The Health Education Epidemiologist will:

- a. Work with the Immunization Program manager to develop a communication strategy for outreach to professional organizations and others impacted by this pilot program.
- b. Educate the public about the safety and benefits of adult immunization to increase demand in this area. Educational effort will include brochures, pod casts, and presentations.
- c. Improve the timeliness and completeness of vaccination records in the Immunization Registry, which will improve surveillance for vaccine preventable diseases.
- d. Increase the use of the Immunization Registry by VDH staff to improve the response to outbreaks or potential outbreaks of vaccine-preventable diseases.

Measures of Impact and Effectiveness:

- a. Pilot program communication strategy will be developed by January 2011.
- b. Number and type of educational materials developed.
- c. Number of adults who have vaccinations recorded in the Immunization Registry.
- d. Number and percent of outbreaks of vaccine-preventable diseases for which the Immunization Registry is used to obtain vaccination records.

Vermont Department of Health  
ACA ELC: CDC-RFA-CI10-1012

**Objective 3:** Update and create fact sheets and web pages about zoonotic, vectorborne and emerging diseases of concern in Vermont.

Tickborne diseases are increasing in Vermont. Lyme disease is already endemic in many counties in the state, and the first indigenous case of anaplasmosis was reported in 2010. Healthcare providers and the public need more information about tickborne diseases and other vectorborne diseases. As new diseases emerge or rare diseases are diagnosed, the Health Education Epidemiologist will help with the development and dissemination of public health messages about the disease of concern.

The Health Education Epidemiologist will:

- a. Create a tickborne disease web page which will serve as a portal for information about all of the tickborne diseases.
- b. Create or update fact sheets about tickborne diseases, including babesiosis, ehrlichiosis, and Rocky Mountain spotted fever.
- c. Update the West Nile virus web page and fact sheets.
- d. Work with the Zoonotic Disease Program Manager to develop a strategy to educate healthcare providers about Lyme disease and other tickborne diseases in Vermont.
- e. Prepare an educational response plan for eastern equine encephalitis virus.

Measures of Impact and Effectiveness:

- a. Tickborne disease web page created.
- b. Tickborne disease fact sheets are updated annually.
- c. West Nile virus web page is updated annually.
- d. Number of presentations and other educational materials developed.
- e. Educational plan prepared by June 2011, prior to the beginning of the 2011 arbovirus season.

**Objective 4:** Assist with educational efforts addressing healthcare-associated infection prevention.

The Health Educator Epidemiologist will assist the ELC-funded Healthcare-associated Infections (HAI) Prevention Coordinator with a variety of tasks, including:

- a. Outreach to healthcare providers regarding the epidemiology of healthcare-associated infections in Vermont acute and long-term care facilities;
- b. Feedback to acute care settings on the results of a data validation study of NHSN central line-associated blood stream (CLABSI) infection data; and
- c. Training long-term care facility staff in the use of NHSN for Vermont's MDRO Prevention Collaborative

Measures of Impact and Effectiveness:

Vermont Department of Health  
ACA ELC: CDC-RFA-CI10-1012

- a. Number and type of outreach efforts to healthcare providers regarding the epidemiology of HAIs in Vermont.
- b. Number of acute care settings that receive feedback on their CLABSI data.
- c. Number of long-term care facilities that have enrolled in NHSN.

**Activity B: Laboratory Capacity**

**1. Background, Current Capacity, Need and Understanding**

In recent years, the Vermont Department of Health Laboratory (VDHL) has expanded and enhanced its capability and capacity to employ molecular assays for disease surveillance and diagnosis. The VDHL can perform real-time polymerase chain reaction (PCR) to detect the presence of West Nile Virus in avian brain tissue as well as Varicella-Zoster virus, orthopoxviruses, noroviruses, *Bordetella pertussis*, and influenza A:H1, H3, H5, H7, 2009 H1 and B virus in human clinical specimens. The VDHL is a member of the Laboratory Response Network (LRN) and the Food Emergency Response Network (FERN) and can detect bio-threat agents, such as *Bacillus anthracis* and *Yersinia pestis* in human, food, and environmental samples.

The VDHL is a member of PulseNet and is certified to submit molecular subtyping (DNA fingerprint) data to the national database located at CDC for *Escherichia coli*, *Salmonella*, *Shigella*, *Listeria*, *Campylobacter*, and for Shiga-toxin producing non-O157 *E. coli*. The VDHL is a recent member of CaliciNet, the molecular subtyping network for norovirus disease surveillance in the US. The VDHL is also skilled at performing nucleic acid amplification tests (NAATs) for the detection of *Chlamydia trachomatis* and/or *Neisseria gonorrhoeae*, and *Mycobacterium tuberculosis* in human clinical specimens. Currently the VDHL does not have the capability to perform molecular testing methods for viral vaccine-preventable diseases such as measles, mumps, and rubella and does not have the capability to do nucleic acid sequencing.

The VDHL recognizes that some of its PCR protocols need updating given advances that have been taking place. For example, the analyte specific reagents (ASR) used for the detection of pertussis have performed inconsistently, and the VDHL needs to move to a newer CDC-validated assay. Similarly, the VDHL needs to move to a multi-well real-time assay format for screening specimens for norovirus, validate newer versions of the CDC real-time and conventional PCR assays for noroviruses, as well as validate newer CDC sequencing assays for noroviruses.

While a competent member of PulseNet, the VDHL needs to enhance its surveillance efforts for *Listeria* and *Campylobacter* and to build a better database of “fingerprint” patterns for these pathogens. This need has gained importance with the passage of a Vermont act allowing for an increase in the amount of unpasteurized milk that can be sold by Vermont farmers to the public. Enhanced surveillance can be accomplished by working more closely with Vermont hospital laboratory partners and encouraging them to submit additional foodborne bacterial pathogen isolates.

Vermont Department of Health  
ACA ELC: CDC-RFA-CI10-1012

The VDHL also needs to work with hospital laboratory partners to build awareness of and compliance with CDC's Recommendations for Clinical Diagnosis of Shiga toxin-producing *E. coli* (STEC).

While the VDHL can isolate *E. coli*, *Salmonella*, *Shigella*, and *Listeria* from food, it is unable to isolate *Campylobacter* from food. This gap needs to be addressed, as molecular subtyping of bacterial pathogens isolated from food is an important aspect of foodborne outbreak investigations. In addition, having the ability to determine the genotype of pathogens involved in foodborne and other infectious disease outbreaks and to compare the nucleotide sequence with other sequences obtained from disease surveillance can provide clues to the source of an outbreak. While the VDHL does not plan to establish a DNA sequencing laboratory, it has developed a good working relationship with the Vermont Cancer Center DNA Analysis Facility at the University of Vermont and can use their services at a reasonable cost. The VDHL would like to validate the use of these services by initially determining the specific nucleotide sequences of the noroviruses and mumps viruses detected in validation studies.

VDH is asking for funds for laboratory supplies to improve molecular diagnostics and food testing and to expand Shiga-toxin testing. At this time, there is adequate funding for personnel from the ELC grant and other sources for these activities, and no additional funding for staff time is being requested.

## 2. Operational Plan:

VDHL Challenge: Enhance VDH laboratory surveillance for foodborne pathogens. Build VDH Laboratory capabilities to detect and characterize foodborne pathogens.

Objective 1: Validate updated CDC real-time and conventional PCR protocols for detecting noroviruses in clinical specimens and establish these assays at the VDHL:

Plan: Obtain updated PCR CDC protocols. Obtain necessary supplies. Validate assays with previously tested specimens and/or panels received from the CDC.

Timeline: All assay protocols obtained by November 1, 2010; all assays validated by February 1, 2011; three microbiologists trained by June 1, 2011.

Outcome Measures: % CDC PCR assay protocols obtained; % assays validated; three microbiologists trained.

Objective 2: Validate VDHL process to generate nucleic acid sequences on amplification products produced using revised CDC protocols that target different regions of the norovirus genome.

Plan: Using amplification products produced with updated CDC conventional PCR protocol for detect noroviruses (Objective 1) prepare purified DNA and, with CDC designed primers, have sequencing performed at the Vermont Cancer Center DNA Analysis Facility at the University of Vermont. Import raw sequence data into BioNumerics for analysis. Upload data to CDC CaliciNet National Server for review.

Timeline: June 1, 2011

Outcome measure: Successful review of submitted data by the CDC.

Vermont Department of Health  
ACA ELC: CDC-RFA-CI10-1012

Objective 3: Partner with VDH epidemiology in asking additional Vermont hospital laboratories to submit all *Campylobacter* isolates to the VDHL for molecular subtyping.

Plan: Contact three additional hospitals to submit isolates, including Vermont's largest hospital lab. Supply transport media if needed.

Timeline: Three hospitals contacted and submitting specimens by July 2011

Outcome measure: % increase in *Campylobacter* submissions during FY 2011 vs. FY 2010.

Objective 4: Establish capability of VDHL to isolate *Campylobacter* from food.

Plan: Work with bioMérieux technical consultant to evaluate bioMérieux's *Campylobacter* (CAM) system for detection of *Campylobacter*. The VDHL already has the automated VIDAS instrument which is required for this assay. Validate assay with spiked food specimens. Train three microbiologists to perform the assay.

Time line: Components for assay purchased by November 1, 2010. Evaluation/validation completed by May 1, 2011. Three microbiologists trained by September 1, 2011.

Outcome Measure: Validation successful or not; three microbiologists trained.

Objective 5: Build awareness of and compliance with CDC's Recommendations for Clinical Diagnosis of STEC.

Plan: Begin pilot project with subset of Vermont hospital labs to increase surveillance for STEC's. Supply MacConkey Broth to hospital labs to be inoculated with stool specimens for submission to the VDHL for Shiga-toxin testing.

Timeline: Identify 3 hospital laboratories to participate in pilot by October 1, 2010. Supply partners with media as needed and work out specimen transport issues by December 1, 2010.

Outcome measure: Number of inoculated MacConkey broths received from partners. Number of Shiga-toxin positive broths detected from partners.

Objective 6: Maintain capacity to submit PFGE (fingerprint) patterns to the national PulseNet databases for *Salmonella*, *E. coli*, *Shigella*, *Listeria*, and *Campylobacter* and be an active member of the PulseNet national molecular subtyping network.

Plan: Purchase required supplies. Maintain all PulseNet certifications to submit "fingerprints" to national database.

Timeline: June 30, 2011.

Outcome measure: % fingerprint patterns of *Salmonella*, *E. coli*, *Shigella*, and *Listeria* isolates submitted to the PulseNet national database at the CDC within 4 working days of receipt in the VDHL molecular lab.

Objective 7: Enhance skills and maintain pace with cutting-edge laboratory techniques.

Plan: Have Microbiology Program Chief participate in the 2011 Association of Public Health Laboratories Annual Meeting in Omaha, Nebraska. Have second PulseNet microbiologist participate in the 2011 Annual PulseNet Update Meeting. Have a CaliciNet certified microbiologist participate in the 2011 CaliciNet Users Group Meeting.

Timeline: Completed during CY2011

Outcome measure: yes or no

VDHL Challenge: Enhance VDH laboratory surveillance for respiratory and vaccine-preventable disease agents. Build/enhance VDHL molecular capabilities to detect pertussis and mumps.

Vermont Department of Health  
ACA ELC: CDC-RFA-CI10-1012

Objective 8: Validate CDC's real-time PCR protocol for detecting pertussis in clinical specimens and establish this assay at the VDHL.

Plan: Obtain CDC PCR protocols for pertussis. Obtain necessary supplies. Validate assay with proficiency panels received from the CDC.

Timeline: Obtain CDC protocols by October 1, 2010. Obtain necessary supplies by December 1, 2010. Participate in CDC proficiency test in 2011.

Outcome measure: Successful completion of CDC proficiency panel.

Objective 9: Validate CDC's real-time PCR protocol for detecting mumps in clinical specimens and establish this assay at the VDHL.

Plan and Timeline: Obtain CDC PCR protocol for detection of mumps by October 1, 2010.

Obtain necessary supplies by November 1, 2010. Perform validation study with previously tested specimens by April 1, 2011.

Outcome measure: Validation study completed.

## **Activity C: Health Information Systems Capacity**

### **1. Background, Current Capacity, Need and Understanding**

VDH is committed to maximizing the use of electronic technology for disease reporting and information exchange. VDH has implemented CDC's National Electronic Disease Surveillance System (NEDSS) Base System for the tracking of reportable diseases. The department receives laboratory test results on paper once a week from the hospital-based labs in Vermont. These reports need to be manually entered in the NEDSS system. The NEDSS system is capable of receiving electronic laboratory reports (ELRs) using a HL7 standard message. ELRs are received daily from the national reference labs, Mayo and LabCorp. Work has started with one Vermont hospital lab, and to date, lab reports for giardiasis, cryptosporidiosis, campylobacteriosis and viral hepatitis are being received daily. The plan is to expand electronic reporting to all reportable diseases from all 14 Vermont hospitals.

The VDH laboratory is currently implementing a new laboratory information management system called StarLIMS. The first test modules are scheduled to be put into production in September 2010. StarLIMS has the capability to receive orders for lab tests and send test results as HL7 messages. As additional test modules are brought online in StarLIMS, the VDH laboratory will implement Electronic Test Order and Result (ETOR) with the Vermont hospital-based labs.

The Vermont Information Technology Leaders (VITL) is authorized and funded by the State of Vermont as Vermont's statewide Health Information Exchange (HIE). To date, VITL has linked 8 of the state's 14 hospitals and has developed a plan to complete bi-directional interfaces to all 14 hospitals, as well as to a neighboring New Hampshire hospital, in 2011. VITL is providing

Vermont Department of Health  
ACA ELC: CDC-RFA-CI10-1012

assistance to healthcare providers to help them successfully implement new Electronic Health Records (EHR) systems or to optimize the benefits of an EHR that is already in use.

VDH and VITL have recently negotiated a contract that established the HIE as the transport mechanism for data exchange with the state Immunization Registry. A pilot project is set to start in September to receive immunization data into the VDH immunization registry using a HL7 message. When an immunization is recorded in the provider's EHR, it will trigger an HL7 electronic message to the IMR, thereby recording the immunization in the Registry. This electronic message will be transported via our state's HIE.

Over the course of the contract with VITL, VDH will also increase the number of hospital laboratories sending electronic lab test results for disease surveillance. Some hospital labs are already using the HIE to exchange lab test results using HL7. Test results for reportable diseases will be forwarded using the HIE to the VDH and recorded in the NEDSS system.

As part of the multidrug-resistant organism (MDRO) prevention collaborative, throughout the fall of 2010 the ELC-funded HAI Prevention Coordinator and the State Epidemiologist for Infectious Disease will collaborate with acute and long-term care facilities, the CDC, and a CDC contractor to extract the necessary clinical microbiology laboratory data and admission, discharge, transfer (ADT) data from each hospital's information systems. These two data sources will be merged into the correct Clinical Document Architecture (CDA) documents to populate the National Healthcare Safety Network's MDRO Module. The HAI Prevention Coordinator and a Public Health Analyst (who is partially supported by the ARRA ELC cooperative agreement) will be responsible for NHSN data quality assurance and limited data analysis. Additional data analysis will be performed at the CDC.

VDH will continue to focus on building the capacity to receive electronic lab reporting (ELR) of mandatory notifiable diseases from hospital-based labs and to implement a system for the bi-directional exchange of laboratory test orders and results. This work is expected to continue into 2012 and beyond. The VDH IT division would create two positions with this grant: an Informatics position to integrate the department's information systems with the Health Information Exchange, and an Interoperability Project Manager position to lead the Electronic Test Order and Result implementation project.

VDH will enhance its informatics workforce through participation in training sessions, conferences, and conference phone calls. Two staff members will participate in an online HL7 e-Learning introductory course on HL7 standards for V2, V3 and CDA. The annual PHIN Conference sponsored by the Centers for Disease Control and Prevention (CDC) is a source of valuable information on interoperable systems. VDH will send staff members to two training courses for StarLIMS to increase the number of people able to support that system.

The steps for hiring new staff in the Health Department are: (a) create the position; (b) classify the position, and (c) recruit and hire. If the process appears to be unacceptably slow, then we will contract for the work of the position through the State's normal competitive bid process.

## **Operational Plan**

### **Objective 1: Expand Electronic Lab Reporting**

The department will expand its capacity to receive electronic HL7 lab reports of notifiable diseases via the statewide Health Information Exchange (HIE) operated by Vermont Information Technology Leaders (VITL). VDH will hire an informatics specialist who will:

- Complete project plan to identify labs ready to convert to electronic reporting of notifiable diseases;
- Map local codes to standard codes, i.e. LOINC & SNOMED;
- Establish a testing plan for clinical laboratories;
- Participate in monthly CSTE ELR workgroup calls and the CSTE-CDC ELR Taskforce.

#### Measures of Impact and Effectiveness

- a. Increase from one (1) to three (3) the number of clinical labs using ELR in jurisdiction.
- b. Attendance at the Public Health Information Network (PHIN) Conference in Atlanta, GA (dates TBD).
- c. Completion of an HL7 e-Learning (online) course.
- d. The number of acute care facilities with clinical microbiology laboratories that are reporting directly into NHSN using electronic information exchange will be measured at the end of October, November, and December 2010. Our goal is to achieve reporting by all 14 Vermont facilities by December 31, 2010.

### **Objective 2: Electronic Test Order and Result (ETOR) Capacity**

The VDH laboratory will automate receiving of test orders and sending of test results. The VDH laboratory acts as a reference lab for hospital-based labs. These hospital-based labs use Mayo Access™ for Electronic Test Order and Result with both Mayo and Fletcher Allen Health Care (FAHC). The Interoperability Project manager will work with the VDH laboratory to conduct the following activities to implement Mayo Access™:

- Establish contract with Mayo Medical Labs for Mayo Access™
- Complete project plan including list of tests offered
- Establish lab qualification plan including QA test scenarios
- Establish secure connection for transporting electronic HL7 messages
- Execute test plan with first hospital
- “Go Live” with first hospital

#### Measures of Impact and Effectiveness

- a. Number of informatics trainings completed.
- b. One hospital lab is involved in electronic test order and result reporting with the VDH lab by December 2011.
- c. Attendance at the StarLIMS V10 Application Training Course in Hollywood, FL (possible dates November 1 – 5, 2010).



Vermont Department of Health  
ACA ELC: CDC-RFA-CI10-1012

- d. Attendance at the Starlims V10 Configuration Training Course in Hollywood, FL (possible dates November 8 – 12, 2010).
- e. Completion of an HL7 e-Learning (online) course.

**ACA ELC: Budget Justification  
Vermont Department of Health (VDH)  
9/30/2010 – 7/31/2011**

**Activity A: Epidemiology Capacity**

**Personnel** **\$34,167**

| PERSONNEL                       | ANNUAL SALARY | PERCENTAGE OF TIME | AMOUNT REQUESTED<br>(10 month budget period) |
|---------------------------------|---------------|--------------------|--|
| Health Education Epidemiologist | \$41,000      | 100%               | \$34,167                                     |

Health Education Epidemiologist

New position. The Health Education Epidemiologist will focus on improving educational and outreach efforts to healthcare providers, public health partners, and the general public. This person will focus on vaccine preventable diseases, hospital acquired infections, and zoonotic, vectorborne and foodborne diseases. This person will also provide additional epidemiology capacity as required. The position reports to the Health Surveillance Epidemiologist.

**Indirect Costs** **\$20,500**

The Vermont Department of Health uses a Cost Allocation Plan, not an indirect rate. The Vermont Department of Health is a department of the Vermont Agency of Human Services, a public assistance agency, which uses a Cost Allocation Plan in lieu of an indirect rate agreement as authorized by OMB Circular A-87, Attachment D. This Cost Allocation Plan was approved by the US Department of Health and Human Services effective October 1, 1987. A copy of a recent approval letter is attached. The Cost Allocation Plan summarizes actual, allowable costs incurred in the operation of the program. These costs include items which are often shown as direct costs, such as telephone and general office supply expenses, as well as items which are often included in an indirect rate, such as the cost of office space and administrative salaries. These costs are allocated to the program based on the salaries and wages paid in the program. Because these are actual costs, unlike an Indirect Cost Rate, the ratio of allocated costs to salary will vary from quarter to quarter. Based on costs allocated to similar programs during recent quarters, we would currently estimate these allocated costs at 60% of the direct salary line item.

**Fringe Benefits** **\$11,958**

The actual cost of fringe benefits (not a fringe benefit rate) will be reported as a direct cost of the program. The actual cost of fringe benefits varies from employee to employee based on salary, employee choice of health care plan, and employee election of certain benefits. The usual components of these fringe benefits are FICA at 7.65% of salary,

retirement at 7% of salary, dental and medical and life insurance coverage at 80% of the actual costs of the insurance premium if and as elected by the employee, and \$1.50 per pay period for the employee assistance program. The cost of each employee's fringe benefits will be allocated to the program based on hours worked in the program relative to all hours worked by the employee. Based on the current cost of fringe benefits for employees working in similar programs, we are estimating the cost of these fringe benefits at 35% of salary.

**Contractual** **\$0**

**Supplies** **\$5800**

\$1800

This position will need to be provided with a PC and the Microsoft Office Suite of Software

Estimated Cost: \$1800

\$4000

Printing and distribution of the Child Care Immunization Resource Booklet  
1000 x \$4.00/copy

**Other** **\$2000**

\$2000

Regional meetings for childcare providers

4 meetings x \$500 for each meeting  
25 participants @ \$20 each for each meeting for meeting space and supplies

**In-state Travel** **\$1000**

Funds for travel to give presentations:  
2000 miles x 0.50/mile = \$1000

**Out-of-state Travel** **\$1730**

\$1730

Funds are requested for the Health Education Epidemiologist to attend the CSTE Annual Conference in June 2011. Estimated expenses are:

|                                    |       |
|------------------------------------|-------|
| Airfare                            | \$400 |
| Hotel (5 nights @ \$149/night)     | \$745 |
| Meal allowance (5 days @ \$32/day) | \$160 |

Registration

\$425

**TOTAL FUNDS REQUESTED: ACTIVITY A: \$77,155**

**ACA ELC: Budget Justification  
Vermont Department of Health (VDH)  
9/30/2010 – 7/31/2011**

**Activity B: Laboratory Capacity**

**Supplies** **\$35,093**

\$2,895

VIDAS Heat and Go

Purpose: Dry heating block used in Vidas assays to detect pathogens in food.  
Enhances safety, traceability and productivity for pathogen detection in food.

\$6,825

Capacity for molecular identification of noroviruses

*RNA extraction from patient specimens:*

\$875 QiAmp Viral RNA Mini-Kit 250 reactions

*Real-time RT-PCR for the screening of patient samples:*

\$140 Ag-Path One Step RT-PCR kit (100 reactions)

\$140 Forward and Reverse Primers

\$750 Probes

*Conventional RT-PCR on extracted nucleic acid:*

\$80 RNase Inhibitor

\$512 QIAgen One Step RT-PCR Kit (100 reactions)

\$140 Forward and Reverse Primers

*Gel electrophoresis of conventional RT-PCR patient samples:*

\$128 NuSieve GTG Agarose

\$151 SeaPlaque Agarose

\$100 Tris-Acetate EDTA Buffer

\$242 DNA Marker

\$29 Ethidium Bromide

*Sequencing patient samples:*

\$96 QIAgen QIAquick gel extraction kit (50 reactions)

\$140 Forward and Reverse Primers

\$460 UVM DNA Sequencing Facility fee for sequencing 20 sense and 20 antisense strands

\$202 Quant-iT™ dsDNA BR Assay Kit (2-1000ng for use with Qubit™ fluorometer)

*Supplies needed for all norovirus procedures:*

\$2,640 Pipet tips, microcentrifuge tubes, PCR tubes, SmartCycler tubes, RNase

Away, gloves

Purpose: Costs associated with the validation of all CDC norovirus assays, supplies needed for enhanced capacity for the detection of Norovirus in patient samples and for sequencing of isolated norovirus nucleic acid.

\$11,911

Surveillance for Shiga toxin-producing *E. coli* supplies

|         |   |
|---------|---|
| \$1,105 | MacConkey Broth (1300@\$0.85 each)                      |
| \$8,774 | Meridan Premier EHEC EIA kits (17@\$522 each)           |
| \$1,280 | Remel <i>E. coli</i> O157:H7 latex test (10@\$128 each) |
| \$752   | <i>E. coli</i> antisera (6@\$127/vial)                  |

Purpose: Supplies needed to enhance capability to isolate and characterize *E. coli* O157:H7 and non-O157 Shiga-toxin-producing *E. coli* (STEC). The VDHL will be partnering with one of the largest hospital laboratories in Vermont to increase surveillance of non-O157 Shiga toxin-producing *E. coli* (STEC). This hospital serves a large percentage of the population in Vermont which may result in a higher recovery rate of non-O157 Shiga toxin producing *E. coli*. There are currently no other facilities besides the VDHL performing Shiga toxin testing on stool specimens.

\$1,244

Surveillance for *Campylobacter* species in stool specimens supplies

|       |                              |
|-------|------------------------------|
| \$699 | Anoxomat Accessory Kit       |
| \$320 | Anoxomat Jar (Qty 12 plates) |
| \$225 | Anoxomat Jar (Qty 6 plates)  |

Purpose: Supplies for the Anoxomat system which ensures the correct gas mixture is supplied to glass jars for *Campylobacter* culture.

\$4,218

Develop capacity to detect *Campylobacter* spp. in food

|         |                                |
|---------|--------------------------------|
| \$1,127 | GenBox Microaer (18@\$62.63)   |
| \$598   | Campy Food broth (6@\$99.60)   |
| \$315   | Campy Food ID agar (5@\$63.05) |
| \$2,178 | VIDAS Cam (6@\$363)            |

Purpose: Supplies needed to develop capability to detect *Campylobacter* in food.

\$4,000

Enhance capacity to perform CDC multi-target real-time PCR for the detection of *B. pertussis*

|       |  |
|-------|--|
| \$205 | ATCC strain 51541 <i>Bordetella holmesii</i>     |
| \$595 | Qiagen DNA Mini Kit 250                          |
| \$40  | Forward and reverse IS481 <sup>a</sup> Primers   |
| \$250 | IS481 <sup>a</sup> Probe                         |
| \$40  | Forward and reverse hIS1001 <sup>c</sup> Primers |
| \$250 | hIS1001 <sup>c</sup> Probe                       |

\$40 Forward and reverse pIS1001<sup>e</sup> Primers  
 \$250 pIS1001<sup>e</sup> Probe  
 \$40 Forward and reverse *ptxS1*<sup>B</sup> Primers  
 \$250 *ptxS1*<sup>B</sup> Probe  
 \$40 Forward and reverse *rnasePi* Primers  
 \$250 *rnasePi* Probe  
 \$706 TaqMan® Gene Expression Master Mix 2 Pack  
 \$500 Cepheid ASRBK kit (0.5 kit)  
 \$100 Cepheid SmartMix (40 reactions)  
 \$444 Gloves, RNaseAway, microfuge tubes, tips  
 Purpose: Supplies needed to validate CDC's Real-time PCR Procedures for the Detection and Identification of *Bordetella pertussis*, *B. parapertussis*, and *B. holmesii* using AB7500 assay.

\$4,000

Develop capability to perform real-time PCR for the detection of mumps virus

\$893 Qiagen Viral RNA Mini Kit 250  
 \$70 Forward and reverse Mumps N gene Primers  
 \$255 Mumps N gene Probe  
 \$70 RNase P gene Primers: forward and reverse  
 \$250 RNase P gene Probe  
 \$1460 Invitrogen SuperScript III Platinum One Step Quantitative RT-PCR kit  
 \$1002 Gloves, RNaseAway, microfuge tubes, tips, ABI multiwell plates/caps  
 Purpose: Supplies needed to develop capability to perform CDC's Real-time (TaqMan®) RT-PCR Assays for the Detection of Mumps Virus N gene mRNA and human RNase P mRNA (a cellular reference gene) using the ABI 7500 real-time thermocycler.

**Out-of-state Travel**

**\$3,720**

\$1,240

One microbiologist to attend the 2011 Annual PulseNet Update Meeting and Annual Meeting for OutbreakNet. Estimated expenses are:

|                                    |       |
|------------------------------------|-------|
| Airfare & ground transportation    | \$600 |
| Hotel (4 nights @149/night)        | \$480 |
| Meal allowance (5 days @ \$32/day) | \$160 |

\$1,240

One microbiologist to attend the 2011 Annual PulseNet Update Meeting and Annual Meeting for OutbreakNet. Estimated expenses are:

|                                 |       |
|---------------------------------|-------|
| Airfare & ground transportation | \$600 |
| Hotel (4 nights @149/night)     | \$480 |

Meal allowance (5 days @ \$32/day) \$160

\$1,240

One microbiologist to attend the 2011 Annual PusleNet Update Meeting and Annual Meeting for OutbreakNet. Estimated expenses are:

|                                    |       |
|------------------------------------|-------|
| Airfare & ground transportation    | \$600 |
| Hotel (4 nights @149/night)        | \$480 |
| Meal allowance (5 days @ \$32/day) | \$160 |

**TOTAL FUNDS REQUESTED: ACTIVITY B: \$38,813**



**ACA ELC: Budget Justification  
Vermont Department of Health (VDH)  
9/30/2010 – 7/31/2011**

**Activity C: Health Information Systems Capacity**

**Personnel** **\$77,397**

| PERSONNEL                        | ANNUAL SALARY | PERCENTAGE OF TIME | AMOUNT REQUESTED<br>(10 month budget period) |
|----------------------------------|---------------|--------------------|--|
| Interoperability Project Manager | \$41,000      | 100%               | \$34,167                                     |
| Informatics Specialist           | \$51,875      | 100%               | \$43,230                                     |

Informatics Specialist – 1 FTE – new position

The position will serve as the Department of Health expert on medical informatics and the use of information systems in clinical and public health settings. The position will serve as the translator between the disciplines of clinical medicine, public health and information technology and systems; analyze the business and clinical requirements and the population health information needed by public health agencies and health system users; and help to set standards for health informatics such as HL7, LOINC and SNOMED.

Interoperability Project Manager – 1 FTE – new position

The position will serve as the Department of Health laboratory project manager to implement an automated system for laboratory electronic test ordering and result reporting using the new Starlims laboratory information management system currently being implemented. Hospital laboratories in Vermont manually request tests from the VDH lab. This position would work with each hospital lab to enable the electronic ordering and reporting with the Public Health lab.

**Indirect Costs** **\$46,438**

The Vermont Department of Health uses a Cost Allocation Plan, not an indirect rate. The Vermont Department of Health is a department of the Vermont Agency of Human Services, a public assistance agency, which uses a Cost Allocation Plan in lieu of an indirect rate agreement as authorized by OMB Circular A-87, Attachment D. This Cost Allocation Plan was approved by the US Department of Health and Human Services effective October 1, 1987. A copy of a recent approval letter is attached. The Cost Allocation Plan summarizes actual, allowable costs incurred in the operation of the program. These costs include items which are often shown as direct costs, such as telephone and general office supply expenses, as well as items which are often included in an indirect rate, such as the cost of office space and administrative salaries. These costs are allocated to the program based on the salaries and wages paid in the program. Because these are actual costs, unlike an Indirect Cost Rate, the ratio of allocated costs to

salary will vary from quarter to quarter. Based on costs allocated to similar programs during recent quarters, we would currently estimate these allocated costs at 60% of the direct salary line item.

**Fringe Benefits**

**\$27,090**

The actual cost of fringe benefits (not a fringe benefit rate) will be reported as a direct cost of the program. The actual cost of fringe benefits varies from employee to employee based on salary, employee choice of health care plan, and employee election of certain benefits. The usual components of these fringe benefits are FICA at 7.65% of salary, retirement at 7% of salary, dental and medical and life insurance coverage at 80% of the actual costs of the insurance premium if and as elected by the employee, and \$1.50 per pay period for the employee assistance program. The cost of each employee's fringe benefits will be allocated to the program based on hours worked in the program relative to all hours worked by the employee. Based on the current cost of fringe benefits for employees working in similar programs, we are estimating the cost of these fringe benefits at 35% of salary.

**Contractual**

**\$0**

**Supplies**

**\$3600**

\$3,600

Equipment and Software

Each position will need to be provided with a PC and the Microsoft Office Suite of Software

Estimated Cost: \$ 3,600 (2 positions \* \$1800)

**Other**

**\$46,000**

\$45,000

Orion's Rhapsody Integration Engine Support and Maintenance

VDH uses Orion's Rhapsody Integration Engine for the parsing of electronic messages. The Rhapsody license has no limit on 'Communications Points' allowing the department to process any number of messages from any number of sources. The amounts listed below are the Support and Maintenance cost for Orion's Rhapsody.

Estimated cost: July 1, 2011 - \$45,000  
July 1, 2012 - \$67,500

\$1,000

HL7 e-Learning Course

Introductory online course: HL7 Standards V2, V3, CDA  
Creating and exchanging electronic healthcare information

Estimated Cost: \$1,000 (\$500 per person \*2)

**In-state Travel**

**\$0**

**Out-of-state Travel**

**\$8,035**

\$6,500

Starlims Application Training Course, Hollywood, FL - 2 people

|                      |                        |
|----------------------|------------------------|
| Estimated Cost       | \$3,250/per person     |
| Air Travel:          | \$ 400                 |
| Lodging:             | \$ 175 * 6 days        |
| Per Diem:            | \$ 32 per day * 6 days |
| Misc (ground travel) | \$100                  |

\$1,535

PHIN Conference Attendance, Atlanta, GA – 1 person

|                       |                       |
|-----------------------|-----------------------|
| Estimated cost:       | \$1,535               |
| Air Travel:           | \$ 400                |
| Lodging:              | \$ 175 * 5 days       |
| Per Diem:             | \$ 32per day * 5 days |
| Misc (ground travel): | \$100.                |

**TOTAL FUNDS REQUESTED: ACTIVITY C: \$208,560**



**STATE OF VERMONT**  
JOINT FISCAL OFFICE

**MEMORANDUM**

To: James Reardon, Commissioner of Finance & Management  
From: Nathan Lavery, Fiscal Analyst  
Date: January 3, 2011  
Subject: JFO #2478, #2479, #2480, #2481

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

**JFO #2478** — \$639,466 grant from the Center for Disease Control and Prevention to the Department of Health. This grant will be used to build the capacities of the Health Department's epidemiology, laboratory, and health information systems. **Three limited service positions are associated with this request.**

*[JFO received 11/30/10]*

**JFO #2479** — \$5,500,000 grant from the Center for Disease Control and Prevention to the Department of Health. This grant will be used to build public health infrastructure and improve the delivery of public health services. **Nine limited service positions are associated with this request.**

*[JFO received 11/30/10]*

**JFO #2480** — \$864,642 grant from the Center for Disease Control and Prevention to the Department of Health. This grant will be used to support efforts to address oral health program deficiencies and disparities. **Three limited service positions are associated with this request.**

*[JFO received 11/30/10]*

**JFO #2481** — \$100,000 grant from the U.S. Department of Justice to State's Attorneys and Sheriffs. This grant will be used create a Model Special Investigation Unit/Child Advocacy Center in Lamoille County.

*[JFO received 12/2/10]*

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: Roger Allbee, Secretary  
Wendy Davis, Commissioner  
Jim Mongeon, Executive Director



**STATE OF VERMONT**  
JOINT FISCAL OFFICE

**MEMORANDUM**

To: Joint Fiscal Committee Members  
From: Nathan Lavery, Fiscal Analyst  
Date: December 2, 2010  
Subject: Grant Request

Enclosed please find four (4) request that the Joint Fiscal Office has received from the administration. Fifteen (15) limited service positions are associated with these items.

**JFO #2478** — \$639,466 grant from the Center for Disease Control and Prevention to the Department of Health. This grant will be used to build the capacities of the Health Department's epidemiology, laboratory, and health information systems. **Three limited service positions are associated with this request.**

*[JFO received 11/30/10]*

**JFO #2479** — \$5,500,000 grant from the Center for Disease Control and Prevention to the Department of Health. This grant will be used to build public health infrastructure and improve the delivery of public health services. **Nine limited service positions are associated with this request.**

*[JFO received 11/30/10]*

**JFO #2480** — \$864,642 grant from the Center for Disease Control and Prevention to the Department of Health. This grant will be used to support efforts to address oral health program deficiencies and disparities. **Three limited service positions are associated with this request.**

*[JFO received 11/30/10]*

**JFO #2481** — \$100,000 grant from the U.S. Department of Justice to State's Attorneys and Sheriffs. This grant will be used create a Model Special Investigation Unit/Child Advocacy Center in Lamoille County.

*[JFO received 12/2/10]*

In accordance with the procedures for processing such requests, we ask you to review the enclosed and notify the Joint Fiscal Office (Nathan Lavery at 802-828-1488; [nlavery@leg.state.vt.us](mailto:nlavery@leg.state.vt.us)) if you have questions or would like an item held for legislative review.

cc: James Reardon, Commissioner  
Wendy Davis, Commissioner  
Jim Mongeon, Executive Director

**Hartrich,Toni**

---

**From:** Clark, Leo [Leo.Clark@ahs.state.vt.us]  
**Sent:** Friday, November 05, 2010 9:30 AM  
**To:** Hartrich,Toni  
**Subject:** FW: Your expedited ACA grant requests

FYI Toni,

I spoke to the grant managers this morning and they both agreed that they will not need the JFC review to be "expedited". They were also very pleased to hear that the DHR position review process will proceed on an expedited basis while the JFC review moves forward.

So would you please white-out the "X" in the 14-day box for me and put it in the Normal 30-day Process box?

Thanks for your help, Toni, and again my apologies for the confusion.

Leo Clark CFO  
VT Department of Health  
(802) 863-7284(0)/(802)578-8510 (C)  
[leo.clark@ahs.state.vt.us](mailto:leo.clark@ahs.state.vt.us)

Please note new email address as of 5/3/10. Thanks.

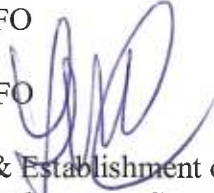
---

**State of Vermont**

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

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

## MEMORANDUM

To: Jim Giffin, AHS CFO  
From: Leo Clark, VDH CFO   
Re: Grant Acceptance & Establishment of Positions Packet  
Epidemiology and Laboratory Capacity ACA  
Date: 10/25/10

.....

The Department of Health has received a grant from the Centers for Disease Control & Prevention, providing \$639,446 over two years, to build the capacities of the Department's epidemiology, laboratory and health information systems. The funds were awarded under the Affordable Care Act (ACA).

We are requesting expedited approval to receive these funds and to establish three limited service positions. We are enclosing the Grant Acceptance Request (AA1-ACA) and attached summary, the Position Request Form, a copy of the grant award document, a copy of the grant application, and the Request for Review forms, with organization charts, for each of the three positions.

It is our understanding, based on the advice of Tammie Ellison at the Department of Human Resources (DHR), that this packet, once approved by the Secretary, should be forwarded in its entirety to DHR, as usual. They will hold the RFR's and begin the classification process immediately, while transmitting the remaining documents to Budget and Management.

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

---



**Grant Number:** 1U50CI000928-01

**Principal Investigator(s):**  
ERICA BERL

**Project Title:** ACTIVITY A: EPIDEMIOLOGIC CAPACITY, ACTIVITY B: LABORATORY CAPACITY, & ACTIVITY C

GARY LEACH, FINANCIAL OFFICER  
STATE OF VERMONT DEPARTMENT OF HEALTH  
108 CHERRY STREET, SUITE 304  
BURLINGTON, VT 05401

**Budget Period:** 09/30/2010 – 07/31/2011  
**Project Period:** 09/30/2010 – 07/31/2012

Dear Business Official:

The Centers for Disease Control and Prevention hereby awards a grant in the amount of \$319,273 (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to VT ST OFFICE OF THE GOVERNOR in support of the above referenced project. This award is pursuant to the authority of 42 USC 241 42 CFR 52 and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

Acceptance of this award including the "Terms and Conditions" is acknowledged by the grantee when funds are drawn down or otherwise obtained from the grant payment system.

If you have any questions about this award, please contact the individual(s) referenced in Section IV.

Sincerely yours,

Sharron Orum  
Grants Management Officer  
Centers for Disease Control and Prevention

Additional information follows



---

**SECTION I – AWARD DATA – 1U50CI000928-01****Award Calculation (U.S. Dollars)**

|                            |           |
|----------------------------|-----------|
| Salaries and Wages         | \$111,564 |
| Fringe Benefits            | \$39,048  |
| Personnel Costs (Subtotal) | \$150,612 |
| Supplies                   | \$44,493  |
| Travel Costs               | \$9,230   |
| Other Costs                | \$48,000  |

|                                   |                  |
|-----------------------------------|------------------|
| Federal Direct Costs              | \$252,335        |
| Federal F&A Costs                 | \$66,938         |
| Approved Budget                   | \$319,273        |
| Federal Share                     | \$319,273        |
| <b>TOTAL FEDERAL AWARD AMOUNT</b> | <b>\$319,273</b> |

**AMOUNT OF THIS ACTION (FEDERAL SHARE) \$319,273**

Recommended future year total cost support, subject to the availability of funds and satisfactory progress of the project.

02 \$319,273

**Fiscal Information:**

CFDA Number: 93.521  
EIN: 1036000274A1  
Document Number: 000928PA10

| IC | CAN     | 2010      | 2011      |
|----|---------|-----------|-----------|
| CI | 921Z5LB | \$100,000 |           |
| CD | 939ZDKP | \$219,273 | \$319,273 |

| SUMMARY TOTALS FOR ALL YEARS |            |           |                   |
|------------------------------|------------|-----------|-------------------|
| YR                           | THIS AWARD |           | CUMULATIVE TOTALS |
| 1                            |            | \$319,273 | \$319,273         |
| 2                            |            | \$319,273 | \$319,273         |

Recommended future year total cost support, subject to the availability of funds and satisfactory progress of the project

**CDC Administrative Data:**

PCC: N / OC: 4151 / Processed: ORUMS 09/24/2010

---

**SECTION II – PAYMENT/HOTLINE INFORMATION – 1U50CI000928-01**

For payment information see Payment Information section in Additional Terms and Conditions.

**INSPECTOR GENERAL:** The HHS Office Inspector General (OIG) maintains a toll-free number (1-800-HHS-TIPS [1-800-447-8477]) for receiving information concerning fraud, waste or abuse under grants and cooperative agreements. Information also may be submitted by e-mail to [hstips@oig.hhs.gov](mailto:hstips@oig.hhs.gov) or by mail to Office of the Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington DC 20201. Such reports are treated as sensitive material and submitters may decline to give their names if they choose to remain anonymous. This note replaces the Inspector General contact information cited in previous notice of award.

---

**SECTION III – TERMS AND CONDITIONS – 1U50CI000928-01**

This award is based on the application submitted to, and as approved by, CDC on the above-titled project and is subject to the terms and conditions incorporated either directly or by reference in the following:

- a. The grant program legislation and program regulation cited in this Notice of Award.
- b. The restrictions on the expenditure of federal funds in appropriations acts to the extent those restrictions are pertinent to the award.
- c. 45 CFR Part 74 or 45 CFR Part 92 as applicable.
- d. The HS Grants Policy Statement, including addenda in effect as of the beginning date of the budget period.
- e. This award notice, INCLUDING THE TERMS AND CONDITIONS CITED BELOW.

This award is funded by the following list of institutes. Any papers published under the auspices of this award must cite the funding support of all institutes.

Office Of The Director, Centers For Disease Control & Prevention (ODCDC)  
National Center For Infectious Diseases (ncid) (CID)

**Treatment of Program Income:**  
Additional Costs

---

**SECTION IV – CI Special Terms and Conditions – 1U50CI000928-01**

**ADDITIONAL TERMS AND CONDITIONS**

Note 1. INCORPORATION. Funding Opportunity Announcement Number CDC-RFA-CI10-1012 titled, U.S Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), Patient Protection and Affordable Care Act, Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) Building and Strengthening Epidemiology, Laboratory and Health Information Systems Capacity in State and Local Health Departments, application dated August 26, 2010.

Note 2. RESPONSE TO SUMMARY STATEMENT: Attached to this Notice of Award is a Summary Statement providing the strengths, weaknesses and recommendations of the application. A response to the Recommendations and Weaknesses within the summary statement must be submitted to the Grants Management Specialist no later than 30 days from the issue date of the Notice of Grant Award. Failure to respond could result in enforcement actions, including withholding of funds or termination.

Note 3. APPROVED FUNDING: Funding in the amount of \$319,273 is approved for the budget period, which is September 30, 2010 through July 31, 2011.

Grantee must submit a revised budget, budget narrative and a statement identifying any initially proposed activities that will no longer be pursued as a result of available funding as stated in the Notice of Award. Grantee shall submit a revised 424a, budget narrative and the statement identifying any initially proposed activities that will no longer be pursued to the Grants Management Specialist identified at Note 19 within 30 days from the effective date of this Notice of Award.

**Note 4. INDIRECT COSTS.**

Indirect costs are approved based on the Cost Allocation Plan dated November 10, 2009. Costs are allocated to the program based on the salaries and wages paid in the program.

**Note 5. RECIPIENT REPORTING REQUIREMENTS.**

Each funded applicant must provide CDC with an annual Interim Progress Report submitted via [www.grants.gov](http://www.grants.gov):

1. The interim progress report is due no later than January 30, 2011 (no less than 90 days before the end of the budget period. The Interim Progress Report will serve as the non-competing continuation application for the 2nd and final budget period under this FOA (August 1, 2011 ? July 31, 2012), and must contain the following elements:

- a. Standard Form (?SF?) 424S Form.
- b. SF-424A Budget Information-Non-Construction Programs.
- c. Budget Narrative.

- d. Indirect Cost Rate Agreement.
- e. Project Narrative.

Additionally, funded applicants must provide CDC with an original, plus two hard copies of the following reports:

- 2. Financial Status Report (SF 269), no more than 90 days after the end of the budget period.
- 3. Final performance and Financial Status Reports, no more than 90 days after the end of the project period.

These reports must be submitted to the attention of the Grants Management Specialist listed in the Section VIII below entitled "Agency Contacts."

Recipients must account for each ACA award separately by referencing the assigned CFDA number for each award.

Note 6. CORRESPONDENCE. ALL correspondence (including emails and faxes) regarding this award must be dated and, identified with the AWARD NUMBER.

Note 7. PRIOR APPROVAL: All requests that require the prior approval of the Grants Management Officer as noted in 45 CFR 92 or 45 CFR 74 must bear the signature of an authorized official of the business office of the grantee organization as well as the principal investigator or program or project director. Any requests received, which reflect only one signature, will be returned to the grantee unprocessed. Additionally, any requests involving funding issues must include a new proposed budget, and a narrative justification of the requested changes.

Note 8. INVENTIONS. Acceptance of grant funds obligates recipients to comply with the standard patent rights clause in 37 CFR 401.14.

Note 9. PUBLICATIONS. Publications, journal articles, etc. produced under a CDC grant support project must bear an acknowledgment and disclaimer, as appropriate, such as,

This publication (journal article, etc.) was supported by the Cooperative Agreement Number above from The Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention.

Note 10. CONFERENCE DISCLAIMER AND USE OF LOGOS.

Disclaimer. Where a conference is funded by a grant or cooperative agreement, a subgrant or a contract the recipient must include the following statement on conference materials, including promotional materials, agenda, and Internet sites,

Funding for this conference was made possible (in part) by the cooperative agreement award number above from the Centers for Disease Control and Prevention. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services, nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government

Logos. Neither the HHS nor the CDC logo may be displayed if such display would cause confusion as to the source of the conference or give the false appearance of Government endorsement. A non-federal entity unauthorized use of the HHS name or logo is governed by U.S.C. 1320b-10, which prohibits the misuse of the HHS name and emblem in written communication. The appropriate use of the HHS logo is subject to the review and approval of the Office of the Assistant Secretary for Public Affairs (OASPA). Moreover, the Office of the Inspector General has authority to impose civil monetary penalties for violations (42 C.F.R. Part 1003). Neither the HHS nor the CDC logo can be used on conference materials, under a grant, cooperative agreement, contract or co-sponsorship agreement without the expressed, written consent of either the Project Officer or the Grants Management Officer. It is the responsibility of the grantee (or recipient of funds under a cooperative agreement) to request consent for the use of the logo in sufficient detail to assure a complete depiction and disclosure of all uses of the Government logos, and to assure that in all cases of the use of Government logos, the written consent of either the Project Officer or the Grants Management Officer has been received.

Note 11. EQUIPMENT AND PRODUCTS. To the greatest extent practicable, all equipment and products purchased with CDC funds should be American-made. CDC defines equipment as Tangible non-expendable personal property (including exempt property) charged directly to an award having a useful life of more than one year AND an acquisition cost of \$5,000 or more per unit. However, consistent with recipient policy, a lower threshold may be established. Please provide the information to the Grants Management Officer to establish a lower equipment threshold to reflect your organization policy.

The grantee may use its own property management standards and procedures provided it observes the provisions of the following sections in the Office of Management and Budget (OMB) Circular A-110 and 45 CFR Part 92:

Office of Management and Budget (OMB) Circular A-110, Sections 31 through 37 provides the uniform administrative requirements for grants and agreements with institutions of higher education, hospitals, and other non-profit organizations  
<http://www.whitehouse.gov/omb/circulars/a110/a110.html>

45 CFR Parts 92.31 and 92.32 provide the uniform administrative requirements for grants and cooperative agreements to state, local and tribal governments. [http://www.access.gpo.gov/nara/cfr/waisidx\\_03/45cfr92\\_03.html](http://www.access.gpo.gov/nara/cfr/waisidx_03/45cfr92_03.html)

Note 12. TRAFFICKING IN PERSONS. This award is subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term and condition, go to  
[http://www.cdc.gov/od/pgo/funding/grants/Award\\_Term\\_and\\_Condition\\_for\\_Trafficking\\_in\\_Persons.shtm](http://www.cdc.gov/od/pgo/funding/grants/Award_Term_and_Condition_for_Trafficking_in_Persons.shtm)

Note 13. ACKNOWLEDGMENT OF FEDERAL SUPPORT. When issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with Federal money, all awardees receiving Federal funds, including and not limited to State and local governments and recipients of Federal research grants, shall clearly state (1) the percentage of the total costs of the program or project that will be financed with Federal money, (2) the dollar amount of Federal funds for the project or program, and (3) percentage and dollar amount of the total costs of the project or program that will be financed by nongovernmental sources.

Note 14. PAYMENT INFORMATION:

PAYMENT INFORMATION: Payment under this award will be made available through the Department of Health and Human Services (HHS) Payment Management System (PMS). The Division of Payment Management, Program Support Center, administers PMS, HHS administers PMS. PMS will forward instructions for obtaining payments.

A. PMS correspondence, mailed through the U.S. Postal Service, should be addressed as follows:

Director, Division of Payment Management, OS/ASAM/PSC/FMS/DPM  
P.O. Box 6021  
Rockville, MD 20852  
Phone Number: (877) 614-5533  
Fax Numbers:  
University and Non-Profit Payment Branch (301) 443-2672  
Governmental and Tribal Payment Branch (301) 443-2569  
Cross Servicing Payment Branch: (301) 443-0377  
General Fax: (301) 443-8362

Email [PMSSupport@psc.gov](mailto:PMSSupport@psc.gov)

Website: [http://www.dpm.psc.gov/grant\\_recipient/shortcuts/shortcuts.aspx?explorer.event=true](http://www.dpm.psc.gov/grant_recipient/shortcuts/shortcuts.aspx?explorer.event=true)

B. If a carrier other than the U.S. Postal Service is used, such as United Parcel Service, Federal Express, or other commercial service, the correspondence should be addressed as follows:

Division of Payment Management  
FMS/PSC/HHS  
Rockwall Building #1, Suite 700  
11400 Rockville Pike

Rockville, MD 20852

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

**Note 15. LOBBYING STATEMENT:** We want to remind you that federal law prohibits award recipients and their sub- contractors from using Federal funds for lobbying congress or a Federal agency, or to influence legislation or appropriations pending before the Congress or any State or local legislature.

This includes grants/cooperative agreements that, in whole or in part, involve conferences for which Federal funds cannot be used directly or indirectly to encourage participants to lobby or to instruct participants on how to lobby.

Any activity designed to influence action in regard to a particular piece of pending legislation would be considered lobbying. That is lobbying for or against pending legislation, as well as indirect or grass roots lobbying efforts by award recipients that are directed at inducing members of the public to contact their elected representatives at the Federal , State or local levels to urge support of, or opposition to, pending legislative proposals is prohibited.

Recipients of CDC grants and cooperative agreements need to be careful to prevent CDC funds from being used to influence or promote pending legislation. With respect to conferences, public events, publications, and grassroots activities that relate to specific legislation, recipients of CDC funds should give close attention to isolating and separating the appropriate use of CDC funds from non-CDC funds.

CDC also cautions recipients of CDC funds to be careful not to give the appearance that CDC funds are being used to carry out activities in a manner that is prohibited under Federal law.

All reported activity under the Epidemiology and Laboratory Capacity for Infectious Diseases (ELC), including Recovery Act reporting, must be activity that is consistent with federal law.

For additional guidance, please refer to the FOA, Additional Requirement # 12 on lobbying restrictions and 31 U.S.C. Section 1352; 18 U.S.C. Section 1913.

**Note 16. CERTIFICATION STATEMENT:** By drawing down funds, awardee certifies that proper financial management controls and accounting systems to include personnel policies and procedures have been established to adequately administer Federal awards and funds drawn down are being used in accordance with applicable Federal cost principles, regulations, and the President's Budget and Congressional intent.

**Note 17. AUDIT REQUIREMENT:** An organization that expends \$500,000 or more in a year in Federal awards shall have a single or program-specific audit conducted for that year in accordance with the provisions of OMB Circular A-133, Audit of States, Local Governments, and Non-Profit Organizations. The audit must be completed along with a data collection form, and the reporting package shall be submitted within the earlier of 30 days after receipt of the auditors report(s), or nine months after the end of the audit period. The audit report must be sent to:

Federal Audit Clearing House  
Bureau of the Census  
1201 East 10th Street  
Jeffersonville, IN 47132

Should you have questions regarding the submission or processing of your Single Audit Package, contact the Federal Audit Clearinghouse at: (301) 763-1551, (800) 253-0696 or email: [govs.fac@census.gov](mailto:govs.fac@census.gov)

The grantee is to ensure that the sub-recipients receiving CDC funds also meet these requirements (if total Federal grant or grant funds received exceed \$500,000). The grantee must also ensure that appropriate corrective action is taken within six months after receipt of the sub-recipient audit report in instances of non-compliance with Federal law and regulations. The grantee is to consider whether sub-recipient audits necessitate adjustment of the grantees own accounting records. If a sub-recipient is not required to have a program-specific audit, the Grantee is still required to perform adequate monitoring of sub-recipient activities. The grantee is to require each sub-

recipient to permit independent auditors to have access to the sub-recipients records and financial statements. The grantee should include this requirement in all sub-recipient contracts.

#### Note 18. REDUCING TEXT MESSAGING WHILE DRIVING

The following administrative requirement (AR) is incorporated into this award and is in full effect for the entire project period:

AR 29: Compliance with EO13513, Federal Leadership on Reducing Text Messaging while Driving, October 1, 2009

Recipients and subrecipients of CDC grant funds are prohibited both from texting while driving a Government owned vehicle and/or using Government furnished electronic equipment while driving any vehicle. Texting means reading from or entering data into any handheld or other electronic device, including SMS texting, e-mailing, instant messaging, obtaining navigational information, or engaging in any other form of electronic data retrieval or electronic data communication. Driving means operating a motor vehicle on an active roadway with the motor running, including while temporarily stationary due to traffic, a traffic light, stop sign or otherwise. Driving does not include operating a motor vehicle with or without the motor running when one has pulled over to the side of, or off, an active roadway and has halted in a location where one can safely remain stationary. Grant recipients and subrecipients are responsible for ensuring their employees are aware of this prohibition and adhere to this prohibition.

#### Note 19. CDC CONTACT NAMES

Financial, Grants Management, or Budget Assistance Contact  
DeLisa Simpson, Grants Management Specialist  
US Centers for Disease Control and Prevention, PGO, Branch II  
2920 Brandywine Road, Mail Stop E-09  
Atlanta, GA 30341-4146  
Telephone: 770-488-2905  
Fax: 770-488-2778  
Email: ddsimpson@cdc.gov

ELC Program General Technical Assistance Contact  
Alvin Shultz, ELC Program Coordinator  
US Centers for Disease Control and Prevention  
Division of Emerging Infections and Surveillance Services  
National Center for Emerging and Zoonotic Infectious Diseases  
CDC-Atlanta  
Office: 770-639-7028  
Fax: 404-639-7880  
Email: ashultz@cdc.gov

#### STAFF CONTACTS

**Grants Management Specialist:** De'lisa Simpson  
PGO  
Center for Disease Control and Prevention  
Koger Center/Colgate Bldg/Room 3201  
MS K14  
Atlanta, GA 30331  
**Email:** ino9@cdc.gov **Phone:** 770-488-2905 **Fax:** 770-488-2670

**Grants Management Officer:** Sharron Orum  
Centers for Disease Control and Prevention  
Procurement and Grants Office  
Koger Center, Colgate Building  
2920 Brandywine Road, Mail Stop K 14  
Atlanta, GA 30341  
**Email:** spo2@cdc.gov **Phone:** 770-488-2716

**SPREADSHEET SUMMARY**  
**GRANT NUMBER: 1U50CI000928-01**

**INSTITUTION: VERMONT DEPARTMENT OF HEALTH**

| <i>Budget</i>              | <i>Year 1</i> | <i>Year 2</i> |
|----------------------------|---------------|---------------|
| Salaries and Wages         | \$111,564     |               |
| Fringe Benefits            | \$39,048      |               |
| Personnel Costs (Subtotal) | \$150,612     |               |
| Supplies                   | \$44,493      |               |
| Travel Costs               | \$9,230       |               |
| Other Costs                | \$48,000      | \$252,335     |
| TOTAL FEDERAL DC           | \$252,335     | \$252,335     |
| TOTAL FEDERAL F&A          | \$66,938      | \$66,938      |
| TOTAL COST                 | \$319,273     | \$319,273     |

|                                |  |
|--------------------------------|--|
| <b>Opportunity Title:</b>      | EPIDEMIOLOGY AND LABORATORY CAPACITY FOR INFECTIOUS DIS  |
| <b>Offering Agency:</b>        | Centers for Disease Control and Prevention   |
| <b>CFDA Number:</b>            | 93.521   |
| <b>CFDA Description:</b>       | The Affordable Care Act: Building Epidemiology, Laborat  |
| <b>Opportunity Number:</b>     | CDC-RFA-CI10-1012  |
| <b>Competition ID:</b>         | NCPDCID-NR   |
| <b>Opportunity Open Date:</b>  | 08/03/2010   |
| <b>Opportunity Close Date:</b> | 08/27/2010   |
| <b>Agency Contact:</b>         | Centers for Disease Control and Prevention<br>Procurement and Grants Office<br>TIMS<br>E-mail: PGOTIM@cdc.gov<br>Phone: 770-488-2700 |

This electronic grants application is intended to be used to apply for the specific Federal funding opportunity referenced here.

If the Federal funding opportunity listed is not the opportunity for which you want to apply, close this application package by clicking on the "Cancel" button at the top of this screen. You will then need to locate the correct Federal funding opportunity, download its application and then apply.

**This opportunity is only open to organizations, applicants who are submitting grant applications on behalf of a company, state, local or tribal government, academia, or other type of organization.**

\* **Application Filing Name:** Vermont Department of Health

### Mandatory Documents

Move Form to Complete

Move Form to Delete

### Mandatory Documents for Submission

Application for Federal Assistance (SF-424)

HHS Checklist Form PHS-5161

Project Abstract Summary

Budget Information for Non-Construction Program

Project Narrative Attachment Form

Budget Narrative Attachment Form

Disclosure of Lobbying Activities (SF-LLL)

### Optional Documents

Move Form to Submission List

Move Form to Delete

### Optional Documents for Submission

Other Attachments Form

## Instructions

- 1** Enter a name for the application in the Application Filing Name field.

  - This application can be completed in its entirety offline; however, you will need to login to the Grants.gov website during the submission process.
  - You can save your application at any time by clicking the "Save" button at the top of your screen.
  - The "Save & Submit" button will not be functional until all required data fields in the application are completed and you clicked on the "Check Package for Errors" button and confirmed all data required data fields are completed.
  
- 2** Open and complete all of the documents listed in the "Mandatory Documents" box. Complete the SF-424 form first.

  - It is recommended that the SF-424 form be the first form completed for the application package. Data entered on the SF-424 will populate data fields in other mandatory and optional forms and the user cannot enter data in these fields.
  - The forms listed in the "Mandatory Documents" box and "Optional Documents" may be predefined forms, such as SF-424, forms where a document needs to be attached, such as the Project Narrative or a combination of both. "Mandatory Documents" are required for this application. "Optional Documents" can be used to provide additional support for this application or may be required for specific types of grant activity. Reference the application package instructions for more information regarding "Optional Documents".
  - To open and complete a form, simply click on the form's name to select the item and then click on the => button. This will move the document to the appropriate "Documents for Submission" box and the form will be automatically added to your application package. To view the form, scroll down the screen or select the form name and click on the "Open Form" button to begin completing the required data fields. To remove a form/document from the "Documents for Submission" box, click the document name to select it, and then click the <= button. This will return the form/document to the "Mandatory Documents" or "Optional Documents" box.
  - All documents listed in the "Mandatory Documents" box must be moved to the "Mandatory Documents for Submission" box. When you open a required form, the fields which must be completed are highlighted in yellow with a red border. Optional fields and completed fields are displayed in white. If you enter invalid or incomplete information in a field, you will receive an error message.
  
- 3** Click the "Save & Submit" button to submit your application to Grants.gov.

  - Once you have properly completed all required documents and attached any required or optional documentation, save the completed application by clicking on the "Save" button.
  - Click on the "Check Package for Errors" button to ensure that you have completed all required data fields. Correct any errors or if none are found, save the application package.
  - The "Save & Submit" button will become active; click on the "Save & Submit" button to begin the application submission process.
  - You will be taken to the applicant login page to enter your Grants.gov username and password. Follow all onscreen instructions for submission.



**Application for Federal Assistance SF-424**

Version 02

**\* 1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

**\* 2. Type of Application:**

- New
- Continuation
- Revision

**\* If Revision, select appropriate letter(s):**

**\* Other (Specify)**

**\* 3. Date Received:**

09/26/2010

**4. Applicant Identifier:**

**5a. Federal Entity Identifier:**

**\* 5b. Federal Award Identifier:**

**State Use Only:**

**6. Date Received by State:**

**7. State Application Identifier:**

**8. APPLICANT INFORMATION:**

**\* a. Legal Name:** State of Vermont Department of Health

**\* b. Employer/Taxpayer Identification Number (EIN/TIN):**

03-6000274

**\* c. Organizational DUNS:**

809376155

**d. Address:**

**\* Street1:**

108 Cherry Street

**Street2:**

Suite 304

**\* City:**

Burlington

**County:**

Chittenden

**\* State:**

VT: Vermont

**Province:**

**\* Country:**

USA: UNITED STATES

**\* Zip / Postal Code:**

05401

**e. Organizational Unit:**

**Department Name:**

Health

**Division Name:**

Health Surveillance

**f. Name and contact information of person to be contacted on matters involving this application:**

**Prefix:**

Dr.

**\* First Name:**

Erica

**Middle Name:**

**\* Last Name:**

Berl

**Suffix:**

**Title:** Epidemiologist

**Organizational Affiliation:**

**\* Telephone Number:** 802-951-4063

**Fax Number:** 802-951-4061

**\* Email:** erica.berl@ahs.state.vt.us

**Application for Federal Assistance SF-424**

Version 02

**9. Type of Applicant 1: Select Applicant Type:**

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

**\* 10. Name of Federal Agency:**

Centers for Disease Control and Prevention

**11. Catalog of Federal Domestic Assistance Number:**

93.521

CFDA Title:

The Affordable Care Act: Building Epidemiology, Laboratory, and Health Information Systems Capacity in the Epidemiology

**\* 12. Funding Opportunity Number:**

CDC-RFA-CI10-1012

\* Title:

EPIDEMIOLOGY AND LABORATORY CAPACITY FOR INFECTIOUS DISEASES (ELC) BUILDING AND STRENGTHENING EPIDEMIOLOGY, LABORATORY AND HEALTH INFORMATION SYSTEMS CAPACITY IN STATE AND LOCAL HEALTH DEPARTMENTS

**13. Competition Identification Number:**

NCPDCID-NR

Title:

**14. Areas Affected by Project (Cities, Counties, States, etc.):**

Vermont

**\* 15. Descriptive Title of Applicant's Project:**

Activity A: Epidemiologic Capacity, Activity B: Laboratory Capacity, and Activity C: Health Information Systems Capacity

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

**Application for Federal Assistance SF-424**

Version 02

**16. Congressional Districts Of:**

\* a. Applicant

\* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

**18. Estimated Funding (\$):**

|                     |   |
|---------------------|---|
| * a. Federal        | <input type="text" value="324,528.00"/> |
| * b. Applicant      | <input type="text" value="0.00"/>       |
| * c. State          | <input type="text" value="0.00"/>       |
| * d. Local          | <input type="text" value="0.00"/>       |
| * e. Other          | <input type="text" value="0.00"/>       |
| * f. Program Income | <input type="text" value="0.00"/>       |
| * g. TOTAL          | <input type="text" value="324,528.00"/> |

**\* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- a. This application was made available to the State under the Executive Order 12372 Process for review on
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

**\* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)**

Yes  No

**21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

\*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

**Authorized Representative:**

Prefix:  \* First Name:   
Middle Name:   
\* Last Name:   
Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:  \* Date Signed:

**Application for Federal Assistance SF-424**

Version 02

**\* Applicant Federal Debt Delinquency Explanation**

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.

[Empty text input area for Applicant Federal Debt Delinquency Explanation]

# Project Abstract Summary

**Program Announcement (CFDA)**

93.521

**\* Program Announcement (Funding Opportunity Number)**

CDC-RFA-CI10-1012

**\* Closing Date**

08/27/2010

**\* Applicant Name**

State of Vermont Department of Health

**\* Length of Proposed Project**

22

**Application Control No.**

**Federal Share Requested (for each year)**

**\* Federal Share 1st Year**

\$ 324,528

**\* Federal Share 2nd Year**

\$ 400,000

**\* Federal Share 3rd Year**

\$ 0

**\* Federal Share 4th Year**

\$ 0

**\* Federal Share 5th Year**

\$ 0

**Non-Federal Share Requested (for each year)**

**\* Non-Federal Share 1st Year**

\$ 0

**\* Non-Federal Share 2nd Year**

\$ 0

**\* Non-Federal Share 3rd Year**

\$ 0

**\* Non-Federal Share 4th Year**

\$ 0

**\* Non-Federal Share 5th Year**

\$ 0

**\* Project Title**

Activity A: Epidemiologic Capacity, Activity B: Laboratory Capacity, and Activity C: Health Information Systems Capacity

## Project Abstract Summary

### \* Project Summary

The Vermont Department of Health (VDH) is applying for funding to support initiatives to improve epidemiology, laboratory and health information systems capacity. Funding is being requested to support a Health Education Epidemiologist to work within the Infectious Disease Section. A designated Health Education Epidemiologist is needed to coordinate and improve outreach and education to the public and healthcare providers about vaccination safety and benefits, new vaccination requirements, healthcare-associated infections, foodborne diseases, zoonotic and vectorborne diseases, and emerging and novel infections. The goal of outreach and education is to improve surveillance for and prevention of infectious diseases of concern in Vermont.

VDH is committed to building the capacity to receive electronic lab reporting (ELR) of mandatory notifiable diseases from hospital-based labs and to implement a system for bi-directional electronic exchange of laboratory test orders and results. Funding is requested to support two positions with the VDH Information Technology program. An Informatics position is needed to integrate the department's information systems with the Health Information Exchange. In addition, an Interoperability Project Manager is needed to lead the Electronic Test Order and Result implementation project.

The VDH laboratory (VDHL) is also applying for funding for supplies to expand and update diagnostic capability. Funding is requested to improve the ability to detect certain pathogens in food. Funding is also needed for supplies to maintain and expand molecular diagnostic capabilities.

\* Estimated number of people to be served as a result of the award of this grant.

600000

# DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C.1352

Approved by OMB

0348-0046

|  |  |  |
|--|--|--|
| <b>1. * Type of Federal Action:</b><br><input type="checkbox"/> a. contract<br><input checked="" type="checkbox"/> b. grant<br><input type="checkbox"/> c. cooperative agreement<br><input type="checkbox"/> d. loan<br><input type="checkbox"/> e. loan guarantee<br><input type="checkbox"/> f. loan insurance   | <b>2. * Status of Federal Action:</b><br><input type="checkbox"/> a. bid/offer/application<br><input checked="" type="checkbox"/> b. initial award<br><input type="checkbox"/> c. post-award   | <b>3. * Report Type:</b><br><input checked="" type="checkbox"/> a. initial filing<br><input type="checkbox"/> b. material change |
| <b>4. Name and Address of Reporting Entity:</b><br><input checked="" type="checkbox"/> Prime <input type="checkbox"/> SubAwardee<br>* Name: <input type="text" value="NA"/><br>* Street 1: <input type="text" value="NA"/> Street 2: <input type="text"/><br>* City: <input type="text" value="NA"/> State: <input type="text"/> Zip: <input type="text"/><br>Congressional District, if known: <input type="text"/>   |  |  |
| <b>5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime:</b><br><input type="text"/>  |  |  |
| <b>6. * Federal Department/Agency:</b><br><input type="text" value="NA"/>  | <b>7. * Federal Program Name/Description:</b><br><input type="text" value="The Affordable Care Act: Building Epidemiology, Laboratory, and Health Information Systems Capacity in the Epidemiology"/><br>CFDA Number, if applicable: <input type="text" value="93.521"/> |  |
| <b>8. Federal Action Number, if known:</b><br><input type="text"/>   | <b>9. Award Amount, if known:</b><br>\$ <input type="text"/>   |  |
| <b>10. a. Name and Address of Lobbying Registrant:</b><br>Prefix <input type="text"/> * First Name <input type="text" value="NA"/> Middle Name <input type="text"/><br>* Last Name <input type="text" value="NA"/> Suffix <input type="text"/><br>* Street 1: <input type="text"/> Street 2: <input type="text"/><br>* City: <input type="text"/> State: <input type="text"/> Zip: <input type="text"/>  |  |  |
| <b>b. Individual Performing Services</b> (including address if different from No. 10a)<br>Prefix <input type="text"/> * First Name <input type="text" value="NA"/> Middle Name <input type="text"/><br>* Last Name <input type="text" value="NA"/> Suffix <input type="text"/><br>* Street 1: <input type="text"/> Street 2: <input type="text"/><br>* City: <input type="text"/> State: <input type="text"/> Zip: <input type="text"/>  |  |  |
| <b>11.</b> Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.<br>* Signature: <input type="text" value="Wendy Davis"/><br>* Name: Prefix <input type="text"/> * First Name <input type="text" value="NA"/> Middle Name <input type="text"/><br>* Last Name <input type="text" value="NA"/> Suffix <input type="text"/><br>Title: <input type="text"/> Telephone No.: <input type="text"/> Date: <input type="text" value="08/26/2010"/> |  |  |
| Federal Use Only:  |  | Authorized for Local Reproduction<br>Standard Form - LLL (Rev. 7-97)   |

| SECTION C - NON-FEDERAL RESOURCES   |                                |  |                         |                         |                         |
|---|--------------------------------|--|-------------------------|-------------------------|-------------------------|
| (a) Grant Program   | (b) Applicant                  | (c) State                                  | (d) Other Sources       | (e) TOTALS              |                         |
| 8. ELC: Lab Capacity  | \$ <input type="text"/>        | \$ <input type="text"/>                    | \$ <input type="text"/> | \$ <input type="text"/> |                         |
| 9. ELC: Health Information Systems  | <input type="text"/>           | <input type="text"/>                       | <input type="text"/>    | <input type="text"/>    |                         |
| 10.   | <input type="text"/>           | <input type="text"/>                       | <input type="text"/>    | <input type="text"/>    |                         |
| 11.   | <input type="text"/>           | <input type="text"/>                       | <input type="text"/>    | <input type="text"/>    |                         |
| <b>12. TOTAL (sum of lines 8-11)</b>  | \$ <input type="text"/>        | \$ <input type="text"/>                    | \$ <input type="text"/> | \$ <input type="text"/> |                         |
| SECTION D - FORECASTED CASH NEEDS   |                                |  |                         |                         |                         |
|   | Total for 1st Year             | 1st Quarter                                | 2nd Quarter             | 3rd Quarter             | 4th Quarter             |
| 13. Federal   | \$ <input type="text"/>        | \$ <input type="text"/>                    | \$ <input type="text"/> | \$ <input type="text"/> | \$ <input type="text"/> |
| 14. Non-Federal   | \$ <input type="text"/>        | <input type="text"/>                       | <input type="text"/>    | <input type="text"/>    | <input type="text"/>    |
| <b>15. TOTAL (sum of lines 13 and 14)</b>                                       | \$ <input type="text"/>        | \$ <input type="text"/>                    | \$ <input type="text"/> | \$ <input type="text"/> | \$ <input type="text"/> |
| SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT |                                |  |                         |                         |                         |
| (a) Grant Program   | FUTURE FUNDING PERIODS (YEARS) |  |                         |                         |                         |
|   | (b) First                      | (c) Second                                 | (d) Third               | (e) Fourth              |                         |
| 16. ELC: Lab Capacity   | \$ <input type="text"/>        | \$ <input type="text"/>                    | \$ <input type="text"/> | \$ <input type="text"/> |                         |
| 17. ELC: Health Information Systems   | <input type="text"/>           | <input type="text"/>                       | <input type="text"/>    | <input type="text"/>    |                         |
| 18.   | <input type="text"/>           | <input type="text"/>                       | <input type="text"/>    | <input type="text"/>    |                         |
| 19.   | <input type="text"/>           | <input type="text"/>                       | <input type="text"/>    | <input type="text"/>    |                         |
| <b>20. TOTAL (sum of lines 16 - 19)</b>   | \$ <input type="text"/>        | \$ <input type="text"/>                    | \$ <input type="text"/> | \$ <input type="text"/> |                         |
| SECTION F - OTHER BUDGET INFORMATION  |                                |  |                         |                         |                         |
| 21. Direct Charges: <input type="text"/>  |                                | 22. Indirect Charges: <input type="text"/> |                         |                         |                         |
| 23. Remarks: <input type="text"/>   |                                |  |                         |                         |                         |



CHECKLIST

Public Burden Statement:

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

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

NOTE TO APPLICANT:

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

Type of Application: [X] NEW [ ] Noncompeting Continuation [ ] Competing Continuation [ ] Supplemental

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

- 1. Proper Signature and Date [X] Included [ ] NOT Applicable
2. Proper Signature and Date on PHS-5161-1 "Certifications" page [X] Included [ ] NOT Applicable
3. Proper Signature and Date on appropriate "Assurances" page [X] Included [ ] NOT Applicable
4. If your organization currently has on file with DHHS the following assurances, please identify which have been filed by indicating the date of such filing on the line provided. (All four have been consolidated into a single form, HHS Form 690)
[X] Civil Rights Assurance (45 CFR 80) 08/15/2010
[X] Assurance Concerning the Handicapped (45 CFR 84) 08/15/2010
[X] Assurance Concerning Sex Discrimination (45 CFR 86) 08/15/2010
[X] Assurance Concerning Age Discrimination (45 CFR 90 & 45 CFR 91) 08/15/2010
5. Human Subjects Certification, when applicable (45 CFR 46) [ ] Included [X] NOT Applicable

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

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

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

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

Name: Prefix: Mr. \* First Name: Gary Middle Name:
\* Last Name: Leach Suffix:
Title: Federal Programs Administrator
Organization: Vermont Department of Health
Address: \* Street1: 108 Cherry Street Street 2:
\* City: Burlington \* State: VT: Vermont Province:
\* Country: USA: UNITED STATES \* Zip / Postal Code: 05401
\* Telephone Number: 802-863-7384
E-mail Address: gary.leach@ahs.state.vt.us
Fax Number:

APPLICANT ORGANIZATION'S 12-DIGIT DHHS EIN (if already assigned)

[ ] - 03-6000274 - [ ]

**PART C (Continued): In the spaces provided below, please provide the requested information.**

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

**Name:** Prefix:  \* First Name:  Middle Name:   
 \* Last Name:  Suffix:   
**Title:**   
**Organization:**   
**Address:** \* Street1:   
 Street2:   
 \* City:   
 \* State:  Province:   
 \* Country:  \* Zip / Postal Code:   
**\* Telephone Number:**   
**E-mail Address:**   
**Fax Number:**

**SOCIAL SECURITY NUMBER****HIGHEST DEGREE EARNED****PART D: A private, nonprofit organization must include evidence of its nonprofit status with the application. Any of the following is acceptable evidence. Check the appropriate box or complete the "Previously Filed" section, whichever is applicable.**

- (a) A reference to the organization's listing in the Internal Revenue Service's (IRS) most recent list of tax-exempt organizations described in section 501(c)(3) of the IRS Code.
- (b) A copy of a currently valid Internal Revenue Service Tax exemption certificate.
- (c) A statement from a State taxing body, State Attorney General, or other appropriate State official certifying that the applicant organization has a nonprofit status and that none of the net earnings accrue to any private shareholders or individuals.
- (d) A certified copy of the organization's certificate of incorporation or similar document if it clearly establishes the nonprofit status of the organization.
- (e) Any of the above proof for a State or national parent organization, and a statement signed by the parent organization that the applicant organization is a local nonprofit affiliate.

If an applicant has evidence of current nonprofit status on file with an agency of PHS, it will not be necessary to file similar papers again, but the place and date of filing must be indicated.

Previously Filed with: \* (Agency)

on \* (Date)

**INVENTIONS**

If this is an application for continued support, include: (1) the report of inventions conceived or reduced to practice required by the terms and conditions of the grant; or (2) a list of inventions already reported, or (3) a negative certification.

**EXECUTIVE ORDER 12372**

Effective September 30, 1983, Executive Order 12372 (Intergovernmental Review of Federal Programs) directed OMB to abolish OMB Circular A-95 and establish a new process for consulting with State and local elected officials on proposed Federal financial assistance. The Department of Health and Human Services implemented the Executive Order through regulations at 45 CFR Part 100 (Inter-governmental Review of Department of Health and Human Services Programs and Activities). The objectives of the Executive Order are to (1) increase State flexibility to design a consultation process and select the programs it wishes to review, (2) increase the ability of State and local elected officials to influence Federal decisions and (3) compel Federal officials to be responsive to State concerns, or explain the reasons.

The regulations at 45 CFR Part 100 were published in *Federal Register* on June 24, 1983, along with a notice identifying the

Department's programs that are subject to the provisions of Executive Order 12372. Information regarding PHS programs subject to Executive Order 12372 is also available from the appropriate awarding office.

States participating in this program establish State Single Points of Contact (SPOCs) to coordinate and manage the review and comment on proposed Federal financial assistance. Applicants should contact the Governor's office for information regarding the SPOC, programs selected for review, and the consultation (review) process designed by their State.

Applicants are to certify on the face page of the SF-424 (attached) whether the request is for a program covered under Executive Order 12372 and, where appropriate, whether the State has been given an opportunity to comment.

**BUDGET INFORMATION - Non-Construction Programs**

OMB Approval No. 4040-0006  
Expiration Date 07/30/2010

**SECTION A - BUDGET SUMMARY**

| Grant Program Function or Activity<br>(a) | Catalog of Federal Domestic Assistance Number<br>(b) | Estimated Unobligated Funds |                    | New or Revised Budget |                    |              |
|---|--|-----------------------------|--------------------|-----------------------|--------------------|--------------|
|   |  | Federal<br>(c)              | Non-Federal<br>(d) | Federal<br>(e)        | Non-Federal<br>(f) | Total<br>(g) |
| 1. ELC: Epi Capacity                      | 93.521   | \$ 0.00                     | \$ 0.00            | \$ 77,155.00          | \$ 0.00            | \$ 77,155.00 |
| 2. ELC: Lab Capacity                      | 93.521   | 0.00                        | 0.00               | 38,813.00             | 0.00               | 38,813.00    |
| 3. ELC: Health Information Systems        | 93.521   | 0.00                        | 0.00               | 208,560.00            | 0.00               | 208,560.00   |
| 4.  |  |                             |                    |                       |                    |              |
| <b>5. Totals</b>                          |  | \$                          | \$                 | 324,528.00            | \$                 | 324,528.00   |

**SECTION B - BUDGET CATEGORIES**

| 6. Object Class Categories                    | GRANT PROGRAM, FUNCTION OR ACTIVITY |                          |  |     | Total<br>(5)  |
|---|-------------------------------------|--------------------------|--|-----|---------------|
|   | (1)<br>ELC: Epi Capacity            | (2)<br>ELC: Lab Capacity | (3)<br>ELC: Health Information Systems | (4) |               |
| <b>a. Personnel</b>                           | \$ 34,167.00                        | \$ 0.00                  | \$ 77,397.00                           | \$  | \$ 111,564.00 |
| <b>b. Fringe Benefits</b>                     | 11,958.00                           | 0.00                     | 27,090.00                              |     | 39,048.00     |
| <b>c. Travel</b>                              | 2,730.00                            | 3,720.00                 | 8,035.00                               |     | 14,485.00     |
| <b>d. Equipment</b>                           | 0.00                                | 0.00                     | 0.00                                   |     |               |
| <b>e. Supplies</b>                            | 5,800.00                            | 35,093.00                | 3,600.00                               |     | 44,493.00     |
| <b>f. Contractual</b>                         | 0.00                                | 0.00                     | 0.00                                   |     |               |
| <b>g. Construction</b>                        | 0.00                                | 0.00                     | 0.00                                   |     |               |
| <b>h. Other</b>                               | 2,000.00                            | 0.00                     | 46,000.00                              |     | 48,000.00     |
| <b>i. Total Direct Charges (sum of 6a-6h)</b> | 56,655.00                           | 38,813.00                | 162,122.00                             |     | \$ 257,590.00 |
| <b>j. Indirect Charges</b>                    | 20,500.00                           | 0.00                     | 46,438.00                              |     | \$ 66,938.00  |
| <b>k. TOTALS (sum of 6i and 6j)</b>           | \$ 77,155.00                        | \$ 38,813.00             | \$ 208,560.00                          | \$  | \$ 324,528.00 |
| <b>7. Program Income</b>                      | \$ 0.00                             | \$ 0.00                  | \$ 0.00                                | \$  | \$            |

Authorized for Local Reproduction

Standard Form 424A (Rev. 7- 97)  
Prescribed by OMB (Circular A -102) Page 1A