



STATE OF VERMONT
JOINT FISCAL OFFICE

MEMORANDUM

To: James Reardon, Commissioner of Finance & Management
From: Nathan Lavery, Fiscal Analyst
Date: December 22, 2011
Subject: JFO #2539, #2540, #2541, #2542

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

JFO #2539 – \$52,000 grant from the U.S. Department of Health and Human Services to the Vermont Department of Disabilities, Aging and Independent Living. These funds will reimburse four area agencies on aging for expenses incurred during their response to Tropical Storm Irene.
[JFO received 11/21/11]

JFO #2540 – Donation of land valued at \$93,343 from the Vermont Electric Power Company (VELCO) to the Vermont Department of Fish and Wildlife. The amount of the donation represents the appraised value of a 286.7 acre parcel in Athens and Grafton. The parcel will provide permanent protection of public access for public hunting, trapping, fishing, wildlife viewing, as well as wildlife conservation. The donation is part of a larger property acquisition that has been approved by the Governor.
[JFO received 11/21/11]

JFO #2541 – \$453,279 grant from the U.S. Department of Agriculture to the Vermont Agency of Agriculture, Food and Markets. These funds will be used to help Vermont farmers meet requirements under the Clean Water Act by supporting four positions (3 existing) focused on completing manure and wastewater management systems. **One limited service position is associated with this request.**
[JFO received 11/21/11]

JFO #2542 – \$96,000 grant from the U.S. Department of Agriculture to the Vermont Agency of Agriculture, Food and Markets. These funds will be used to support **one limited service position** to work with agricultural and environmental partners on developing work plans and reporting outcomes of efforts to address water quality goals.
[JFO received 11/21/11]

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: Susan Wehry, Commissioner
Patrick Berry, Commissioner
Chuck Ross, Secretary



STATE OF VERMONT
JOINT FISCAL OFFICE

MEMORANDUM

To: Joint Fiscal Committee Members
From: Nathan Lavery, Fiscal Analyst
Date: November 21, 2011
Subject: Grant Requests

Enclosed please find four (4) items that the Joint Fiscal Office has received from the administration. Two (2) limited service position requests are included among these items.

JFO #2539 – \$52,000 grant from the U.S. Department of Health and Human Services to the Vermont Department of Disabilities, Aging and Independent Living. These funds will reimburse four area agencies on aging for expenses incurred during their response to Tropical Storm Irene.
[JFO received 11/21/11]

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[JFO received 11/21/11]

JFO #2541 – \$96,000 grant from the U.S. Department of Agriculture to the Vermont Agency of Agriculture, Food and Markets. These funds will be used to support **one limited service position** to work with agricultural and environmental partners on developing work plans and reporting outcomes of efforts to address water quality goals.
[JFO received 11/21/11]

Please review the enclosed materials and notify the Joint Fiscal Office (Nathan Lavery at (802) 828-1488; nlavery@leg.state.vt.us) if you have questions or would like an item held for legislative review. Unless we hear from you to the contrary by December 7 we will assume that you agree to consider as final the Governor's acceptance of these requests.

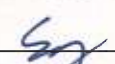

State of Vermont
 Department of Finance & Management
 109 State Street, Pavilion Building
 Montpelier, VT 05620-0401

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

Agency of Administration

JFO 2539

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

Grant Summary:		This grant is to cover extra expenses incurred by the VT Aging Network related to Tropical Storm Irene. It will reimburse three Southern ^{three Southern} area agencies on aging for expenses incurred prior to this grant award that are related to the Irene disaster. It is for eligible expenses that are not paid through other disaster funding sources. CGL			
Date:		11/10/2011			
Department:		Department of Disabilities Aging and Independent Living			
Legal Title of Grant:		Special Programs for the Aging Title VI and Title II Discretionary Projects			
Federal Catalog #:		93.048			
Grant/Donor Name and Address:		US Department of Health and Human Services Administration on Aging			
Grant Period:		From:	To:		
		9/30/2011	9/30/2012		
Grant/Donation		\$52,000			
	SFY 1	SFY 2	SFY 3	Total	Comments
Grant Amount:	\$52,000	\$0	\$0	\$52,000	
Position Information:		# Positions	Explanation/Comments		
		0			
Additional Comments:					
Department of Finance & Management					(Initial)
Secretary of Administration					(Initial) 11/10/11
Sent To Joint Fiscal Office					Date



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

BASIC GRANT INFORMATION

1. Agency:	Agency of Human Services		
2. Department:	Department of Disabilities Aging and Independent Living		
3. Program:	Vermont's Tropical Storm Irene Disaster Assistance		
4. Legal Title of Grant:	Special Programs for the Aging Title VI and Title II Discretionary Projects		
5. Federal Catalog #:	93.048		
6. Grant/Donor Name and Address:	Department of Health and Human Services Administration on Aging		
7. Grant Period:	From:	9/30/2011	To: 9/30/2012
8. Purpose of Grant:	To cover extra disaster-related expenditures incurred by the Aging Network in the time immediately following the flooding. This includes staff time and overtime as we as direct costs for damage repairs.		
9. Impact on existing program if grant is not Accepted:	Responding to the emergency, the three southern Area Agencies on Aging, spent funds that had been budgeted for other services provided over the course of the year. Without these funds to make up for those spent during the flooding, the AAAs will have to cut back on services during the remaining months of the fiscal year.		

10. BUDGET INFORMATION

	SFY 1	SFY 2	SFY 3	Comments
	FY 2012	FY	FY	
Expenditures:				
Personal Services	\$	\$	\$	
Operating Expenses	\$	\$	\$	
Grants	\$52,000	\$	\$	
Total	\$	\$	\$	
Revenues:				
State Funds:				
Cash	\$	\$	\$	
In-Kind	\$	\$	\$	
Federal Funds:				
(Direct Costs)	\$52,000	\$	\$	
(Statewide Indirect)	\$	\$	\$	
(Departmental Indirect)	\$	\$	\$	
Other Funds:				
Grant (source)	\$	\$	\$	
Total	\$52,000	\$	\$	

Appropriation No:	3460020000 - DAIL Grants	Amount:	\$52,000
			\$
			\$
			\$
			\$
			\$

code to Irene Revenue class code
+ Expenses
REC'D MAY 10 2011
Grants to

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

			\$
	Total		\$

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
Total Positions		

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

13. AUTHORIZATION AGENCY/DEPARTMENT

I/we certify that no funds beyond basic application preparation and filing costs have been expended or committed in anticipation of Joint Fiscal Committee approval of this grant, unless previous notification was made on Form AA-1PN (if applicable):	Signature: <i>Simon Wells</i>	Date: <i>10/25/11</i>
	Title: <i>Commissioner</i>	
	Signature: <i>Patricia Floss</i>	Date: <i>11/3/11</i>
	Title: <i>Deputy Secretary</i>	

14. SECRETARY OF ADMINISTRATION

<input checked="" type="checkbox"/>	Approved:	(Secretary or designee signature) <i>[Signature]</i> <i>Deputy</i>	Date: <i>11/9/11</i>
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15. ACTION BY GOVERNOR

<input checked="" type="checkbox"/>	Check One Box: Accepted	(Governor's signature) <i>[Signature]</i>	Date: <i>11/17/11</i>
<input type="checkbox"/>	Rejected		

16. DOCUMENTATION REQUIRED

Required GRANT Documentation

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

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

Vermont Tropical Storm Irene Disaster Assistance Project
Grant Overview
October 12, 2011

The attached grant award is from the US Administration on Aging's program for Disaster Assistance for State Units on Aging (SUAs) and Title VI Tribal Organizations in National Disasters Declared by the President. It is designed to reimburse area agencies for expenses incurred prior to the grant award related to the current disaster and to OAA related costs. Acceptable costs include outreach, information and assistance, counseling, case management, advocacy on behalf of older persons unable or reluctant to speak for themselves, and staff overtime. Funds may be used for additional food, supplies, extra home delivered meals, home clean up and safety, emergency medications, transportation and other such immediate needs. OAA funds may be used for permissible expenses incurred which are not or can not be paid for through other disaster funding resources.

1.RECIPIENT
Department of Health and Human Services
Administration On Aging
Notice of Award (NOA)

SAI NUMBER:

PMS DOCUMENT NUMBER:
 90DA286701

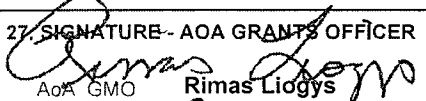
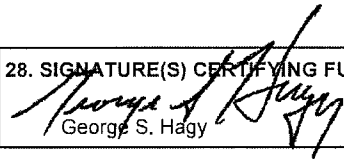

1. AWARDING OFFICE: Administration On Aging		2. ASSISTANCE TYPE: Discretionary Grant	3. AWARD NO.: 90DA2867/01	4. AMEND. NO.:
5. TYPE OF AWARD: OTHER	6. TYPE OF ACTION: New		7. AWARD AUTHORITY: 42 USC 3031-3037B	
8. BUDGET PERIOD: 09/30/2011 THRU 09/29/2012		9. PROJECT PERIOD: 09/30/2011 THRU 09/29/2012		10. CAT NO./CFDA: 93.048
11. RECIPIENT ORGANIZATION: VT Dept. of Disabilities, Aging and Independent Living 289 Hurricane Lane Williston VT 05495 2070 Camille George, Deputy Commissioner, DAII			12. PROJECT / PROGRAM TITLE: Vermont's Tropical Storm Irene Disaster Assistance Project	
13. COUNTY:	14. CONGR. DIST:	15. PRINCIPAL INVESTIGATOR OR PROGRAM DIRECTOR: Merle Edwards-Orr		

16. APPROVED BUDGET:		17. AWARD COMPUTATION:		
Personnel.....	\$ 0	A. NON-FEDERAL SHARE.....	\$ 0	0.00 %
Fringe Benefits.....	\$ 0	B. FEDERAL SHARE.....	\$ 52,000	100.00 %
Travel.....	\$ 0	18. FEDERAL SHARE COMPUTATION:		
Equipment.....	\$ 0	A. TOTAL FEDERAL SHARE.....	\$ 52,000	
Supplies.....	\$ 0	B. UNOBLIGATED BALANCE FEDERAL SHARE.....	\$	
Contractual.....	\$ 52,000	C. FED. SHARE AWARDED THIS BUDGET PERIOD..	\$ 52,000	
Facilities/Construction.....	\$ 0	19. AMOUNT AWARDED THIS ACTION:		
Other.....	\$ 0			\$ 52,000
Direct Costs.....	\$ 52,000	20. FEDERAL \$ AWARDED THIS PROJECT PERIOD:		
Indirect Costs.....	\$ 0			\$ 52,000
At % of \$		21. AUTHORIZED TREATMENT OF PROGRAM INCOME:		
In Kind Contributions.....	\$ 0	ADDITIONAL COSTS		
Total Approved Budget.....	\$ 52,000	22. APPLICANT EIN:	23. PAYEE EIN:	24. OBJECT CLASS:
		1-036000264-D2	1-036000264-D2	41.51

25. FINANCIAL INFORMATION:						DUNS: 809376155 0000	
ORGN	DOCUMENT NO.	APPROPRIATION	CAN NO.	NEW AMT.	UNOBLIG.	NONFED %	
AoA	90DA286701	75-1-0142	2011 2993150	\$52,000			

26. REMARKS: (Continued on separate sheets)

Paid by DHHS Payment Management System (PMS), see attached for payment information.
 This award is subject to the requirements of the HHS Grants Policy Statement (HHS GPS) that are applicable to you based on your recipient type and the purpose of this award.
 This includes requirements in Parts I and II (available at <http://www.hhs.gov/grantsnet/adminis/gpd/index.htm>) of the HHS GPS. Although consistent with the HHS GPS, any applicable statutory or regulatory requirements, including 45 CFR Part 74 or 92, directly apply to this award apart from any coverage in the HHS GPS.
 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, go to http://www.acf.hhs.gov/grants/award_term.html.

27. SIGNATURE - AOA GRANTS OFFICER  AoA GMO Rimas Liogys		DATE: 09/29/2011	28. SIGNATURE(S) CERTIFYING FUND AVAILABILITY  George S. Hagy	
29. SIGNATURE AND TITLE - PROGRAM OFFICIAL(S)  Edwin L. Walker, Deputy Asst Sec for Policy and Programs		DATE: 09/29/2011		

Budget Narrative

Vermont Tropical Storm Irene Disaster Response Request

Object Class Category	Federal Funds	Non-Federal Cash	Non-Federal In-Kind	Total	Justification
Personnel					
Total Personnel	0.00	0.00	0.00	0.00	None requested
Fringe Benefits					
Total Fringe	0.00	0.00	0.00	0.00	None requested
Travel					
Total Travel	0.00	0.00	0.00	0.00	None requested
Equipment					
Total Equipment	0.00	0.00	0.00	0.00	None requested
Supplies					
Total Supplies	0.00	0.00	0.00	0.00	None requested
					<ul style="list-style-type: none"> • Central Vermont Council on Aging - \$11,634 • Southwest Vermont Council on Aging - \$14,633 • Senior Solutions-Council on Aging for Southeast Vermont - \$19,633 • Northeast Vermont Area Agency on Aging - \$7,000
Contractual	\$ 52,000.00	\$ -	\$ -	\$ 52,000.00	
Total Contractual	\$ 52,000.00	\$ -	\$ -	\$ 52,000.00	
Other					
Total Other	\$ -	\$ -	\$ -	\$ -	
Total Direct Charges	\$ 52,000.00	\$ -	\$ -	\$ 52,000.00	
Indirect Charges					
Total Indirect Charges	\$ -	\$ -	\$ -	\$ -	
Total Charges	\$ 52,000.00	\$ -	\$ -	\$ 52,000.00	

1.RECIPIENT

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADMINISTRATION ON AGING
FINANCIAL ASSISTANCE AWARD**

SAI NUMBER:

PMS DOCUMENT NUMBER:
90DA286701

1. AWARDING OFFICE: Administration On Aging		2. ASSISTANCE TYPE: Discretionary Grant	3. AWARD NO.: 90DA2867/01	4. AMEND. NO.
5. TYPE OF AWARD: OTHER	6. TYPE OF ACTION: New		7. AWARD AUTHORITY: 42 USC 3031-3037B	
8. BUDGET PERIOD: 09/30/2011 THRU 09/29/2012		9. PROJECT PERIOD: 09/30/2011 THRU 09/29/2012		10. CAT NO./CFDA: 93.048
11. RECIPIENT ORGANIZATION: VT Dept. of Disabilities, Aging and Independent Living				

26. REMARKS: (Continued from previous page)

This grant is subject to the requirements set forth in 45 CFR part 74 (for non-profit organizations and educational institutions) or 45 CFR Part 92 (for state, local, and federally recognized tribal governments). Initial expenditure of funds by the grantee constitutes acceptance of this award. No future support is anticipated.

New Terms and Conditions:

See the Federal Financial Accountability and Transparency Act Requirements at the following link:
<http://www.aoa.gov/AoARoot/Grants/FFATA/Index.aspx>

See the Central Contractor Registration and Data Universal Numbering System requirements at the following link: http://www.aoa.gov/aoaroot/Grants/CCR_DUNS_requirements.aspx

New Financial Reporting Requirements:

See the attached document for Federal Financial Reporting requirements:

Final Year Closeout Requirements:

This award is in its final year. A Final Federal Financial Report (SF-425), Final Property Disposition Statement and a Final Progress Report must be submitted within 90 days of the expiration date of this award. The Final Reports should be sent to the addresses above or to: Grants.Office@aoa.hhs.gov.

Staff Contacts:

The Grants Management Specialist, Rebecca Mann (202-357-3423) is responsible for the negotiation, award and administration of this project and for interpretation of grants administration policies and provisions. The Program Official, Robert Logan (202-357-3585) is responsible for the programmatic and technical aspects of this project.

Opportunity Title:	Disaster Assistance for State Units on Aging (SUAs) and
Offering Agency:	Administration on Aging
CFDA Number:	93.048
CFDA Description:	Special Programs for the Aging Title IV and Title II Di
Opportunity Number:	HHS-2011-AOA-DA-1110
Competition ID:	
Opportunity Open Date:	02/01/2011
Opportunity Close Date:	09/15/2011
Agency Contact:	Rebecca Mann Grants Management Specialist E-mail: rebecca.mann@aoa.gov

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 Tropical Storm Irene Assistance

Mandatory Documents

Move Form to Complete

Move Form to Delete

Mandatory Documents for Submission

Application for Federal Assistance (SF-424)

Assurances for Non-Construction Programs (SF-42)

Project/Performance Site Location(s)

Budget Information for Non-Construction Program

Project Narrative Attachment Form

Budget Narrative Attachment Form

Grants.gov Lobbying Form

Optional Documents

Faith Based EEO Survey

Disclosure of Lobbying Activities (SF-LLL)

Move Form to Submission List

Move Form to Delete

Optional Documents for Submission

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

*** 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:**

Completed by Grants.gov upon submission.

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:** VT Dept. of Disabilities, Aging and Independent Living

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

03-6000264

*** c. Organizational DUNS:**

8093761550000

d. Address:

* Street1: 289 Hurricane Lane

Street2:

* City: Williston

County/Parish: Chittenden

* State: VT: Vermont

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code: 05495-2070

e. Organizational Unit:

Department Name:

VT DAIL

Division Name:

Disability and Aging Services

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

Prefix: * First Name: Merle

Middle Name:

* Last Name: Edwards-Orr

Suffix:

Title: Manager, State Unit on Aging

Organizational Affiliation:

DAIL/DDAS

* Telephone Number: 802-241-4496

Fax Number:

* Email: merle.edwards-orr@ahs.state.vt.us

Application for Federal Assistance SF-424

*** 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:**

Administration on Aging

11. Catalog of Federal Domestic Assistance Number:

93.048

CFDA Title:

Special Programs for the Aging Title IV and Title II Discretionary Projects

*** 12. Funding Opportunity Number:**

HHS-2011-AOA-DA-1110

*** Title:**

Disaster Assistance for State Units on Aging (SUAs) and Tribal Organizations in National Disasters Declared by the President

13. Competition Identification Number:

Title:

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

Areas Affected by Tropical Storm Irene.doc

Add Attachment

Delete Attachment

View Attachment

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

Vermont's Tropical Storm Irene Disaster Assistance Project

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

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="52,000.00"/>
* 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="52,000.00"/>

*** 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 in attachment.)**

Yes No

If "Yes", provide explanation and attach

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:

BUDGET INFORMATION - Non-Construction Programs

OMB Number: 4040-0006
Expiration Date: 06/30/2014

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. Disaster Assistance for State Units on Aging (SUAs) and Title VI Tribal Organizations in National Disasters	93.048	\$ <input type="text"/>	\$ <input type="text"/>	\$ 52,000.00	\$ 0.00	\$ 52,000.00
2. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. Totals		\$ <input type="text"/>	\$ <input type="text"/>	\$ 52,000.00	\$ <input type="text"/>	\$ 52,000.00

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1)	(2)	(3)	(4)	
	Disaster Assistance for State Units on Aging (SUAs) and Title VI Tribal Organizations in National Disasters				
a. Personnel	\$ 0.00	\$ 0.00	\$	\$	\$
b. Fringe Benefits	0.00	0.00			
c. Travel	0.00	0.00			
d. Equipment	0.00	0.00			
e. Supplies	0.00	0.00			
f. Contractual	52,000.00	0.00			52,000.00
g. Construction	0.00	0.00			
h. Other	0.00	0.00			
i. Total Direct Charges (sum of 6a-6h)	52,000.00	0.00			\$ 52,000.00
j. Indirect Charges					\$
k. TOTALS (sum of 6i and 6j)	\$ 52,000.00	\$ 0.00	\$	\$	\$ 52,000.00
7. Program Income	\$	\$	\$	\$	\$

SECTION C - NON-FEDERAL RESOURCES

(a) Grant Program		(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
8.	Disaster Assistance for State Units on Aging (SUAs) and Title VI Tribal Organizations in National Disasters D	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
9.					
10.					
11.					
12. TOTAL (sum of lines 8-11)					

SECTION D - FORECASTED CASH NEEDS

	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$ 52,000.00	\$ 8,000.00	\$ 44,000.00		
14. Non-Federal					
15. TOTAL (sum of lines 13 and 14)	\$ 52,000.00	\$ 8,000.00	\$ 44,000.00		

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.	Disaster Assistance for State Units on Aging (SUAs) and Title VI Tribal Organizations in National Disasters D	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
17.					
18.					
19.					
20. TOTAL (sum of lines 16 - 19)					

SECTION F - OTHER BUDGET INFORMATION

21. Direct Charges:	52,000	22. Indirect Charges:	0.00
23. Remarks:			

ASSURANCES - NON-CONSTRUCTION PROGRAMS

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

<p>* SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL</p> <p>Completed on submission to Grants.gov</p>	<p>* TITLE</p> <p>Deputy Commissioner, DAIL</p>
<p>* APPLICANT ORGANIZATION</p> <p>VT Dept. of Disabilities, Aging and Independent Living</p>	<p>* DATE SUBMITTED</p> <p>Completed on submission to Grants.gov</p>

Project/Performance Site Location(s)

Project/Performance Site Primary Location I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name: Vermont Dept. of Disabilities, Aging and Independent Living

DUNS Number:

* Street1: 289 Hurricane Lane

Street2:

* City: Williston County: Chittenden

* State: VT: Vermont

Province:

* Country: USA: UNITED STATES

* ZIP / Postal Code: 05495-2070

* Project/ Performance Site Congressional District: VT-all

Project/Performance Site Location 1 I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name:

DUNS Number:

* Street1:

Street2:

* City: County:

* State:

Province:

* Country: USA: UNITED STATES

* ZIP / Postal Code:

* Project/ Performance Site Congressional District:

Additional Location(s)

Add Attachment

Delete Attachment

View Attachment

Project Narrative File(s)

* **Mandatory Project Narrative File Filename:** Vermont Tropical Storm Irene Disaster Assistance Appli

Add Mandatory Project Narrative File

Delete Mandatory Project Narrative File

View Mandatory Project Narrative File

To add more Project Narrative File attachments, please use the attachment buttons below.

Add Optional Project Narrative File

Delete Optional Project Narrative File

View Optional Project Narrative File

Budget Narrative File(s)

* Mandatory Budget Narrative Filename:

To add more Budget Narrative attachments, please use the attachment buttons below.

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

*** APPLICANT'S ORGANIZATION**

VT Dept. of Disabilities, Aging and Independent Living

*** PRINTED NAME AND TITLE OF AUTHORIZED REPRESENTATIVE**

Prefix: * First Name: Middle Name:

* Last Name: Suffix:

* Title:

* SIGNATURE:

* DATE:

Other Attachment File(s)

* Mandatory Other Attachment Filename:

To add more "Other Attachment" attachments, please use the attachment buttons below.