

#### **MEMORANDUM**

To: Joint Fiscal Committee members

From: Sorsha Anderson, Senior Staff Associate

Date: December 21, 2023

Subject: Grant Request – JFO #3175

Enclosed please find one (1) item, which the Joint Fiscal Office has received from the Administration.

**JFO** #3175: \$1,000,000.00 to the Public Service Department from the U.S. Department of Energy to support installation of solar and other renewable energy systems in schools and other municipal buildings.

[Note: The funds require a cost-share total of \$250,000.00 over 2 years from the sub-award recipients. Sub-award recipients are the Vermont schools and municipalities.] [Received December 20, 2023]

Please review the enclosed materials and notify the Joint Fiscal Office (Sorsha Anderson: sanderson@leg.state.vt.us) if you have questions or would like this item held for legislative review. Unless we hear from you to the contrary by January 10, 2024, we will assume that you agree to consider as final the Governor's acceptance of this request.

PHONE: (802) 828-2295

FAX: (802) 828-2483



**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

	FIN	ANCE (				VERMON NT GRANT	T REVIEW FOR	M			
Grant Summary:			Clean	Ene	rgy Dev	elopment for S	chools				
Date:			11/1/2023								
Department:			Public Service Department								
Legal Title of Gra	nt:		Sustai	nabl	le Energy	in Schools an	d Public Building	S			
Federal Catalog #	•		DE-EI	E001	10167						
Grant/Donor Nan	ne and Add	ress:	U.S. Department of Energy 1000 Independence Avenue, S.W. Washington DC 20585								
Grant Period:	From:		7/1/2023 <b>To:</b> 10/31/2			10/31/2025	5				
Grant/Donation Grant Amount:	<b>SFY</b> \$625,					SFY 3 \$100,000	<b>Total</b> \$1,250,000	Comments \$1,000,000 in federal funding,\$250,000			
								in sub-grantee cost share			
Position Informati	ion:	# Positi	ons	Ex	planatio	n/Comments					
Additional Comm	ents:						oproval. Grant wil structure at Vermo	l be used to install ont schools.			
			10,								
Department of Fina	ınce & Ma	nagemen	t				Adam  Oppuly signed by Adam Carphin  Greshi Docu Signed by:	(Initial)			
Secretary of Admin	istration						Scan Brown	(Initial)			
Sent To Joint Fisca	l Office							Date			



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

BASIC GRANT INFORMA	ATION												
1. Agency:													
2. Department:	Public Service Departm	nent											
2. Department.	Tuone service Beparts	TOTAL STATE OF THE PARTY OF THE											
3. Program:	Clean Energy Development												
ov z rogrum.	Cream Emergy Develop												
4. Legal Title of Grant:	Sustainable Energy in Schools and Public Buildings												
5. Federal Catalog #:		[This is Congressional Directed Spending, Grant #DE-EE0010167]											
	[11110 10 0 01181 0001011011	z needed spending, erun	E E E E E E E E E E E E E E E E E E E										
6. Grant/Donor Name and A	ldress:												
	ergy 1000 Independence Avenue, S.W. Washington DC 20585												
7. Grant Period: Fro													
8. Purpose of Grant:													
_	nd other renewable ener	gy systems on Schools ar	nd other municipal b	uildings									
9. Impact on existing progra													
		ore pressure on other sch	ool energy & infrus	tructure programs.									
10. BUDGET INFORMATI	ON												
	SFY 1	SFY 2	SFY 3	Comments									
Expenditures:	FY 24	FY 25	FY 26	Comments									
Personal Services	\$17,063	\$14,656	\$3,056										
Operating Expenses	\$8,419	\$8,417	\$1,651	Includes Indirect									
Grants	\$474,518	\$377,927	\$94,293	merades maneet									
Tota		\$400,000	\$100,000										
Revenues:	\$500,000	\$400,000	\$100,000										
State Funds:	\$	\$	\$										
Cash	\$	\$0	\$0										
In-Kind	\$0	\$	\$										
m-Killu	Ψ0	Ψ	Ψ										
Federal Funds:	\$495,043	\$395,045	\$98,349										
(Direct Costs)	\$	\$	\$										
(Statewide Indirect)	\$	\$	\$										
(Departmental Indirect)	\$4,957	\$4,955	\$1,651										
(Beparimental meneer)	ψ1,757	ψ1,755	Ψ1,051										
Other Funds:	\$	\$	\$										
Grant (source : sub-			Ψ	Subrecipients' Cost									
recipients)	\$125,000	\$125,000	\$0	Share									
Tota		\$525,000	\$100,000										
Appropriation No:		Amount:	\$										
			\$										
			\$										
			\$										
			\$										
			\$										
			\$										
		7	Total \$										
			1										

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

PERSONAL SERVICE IN	FORMATION		
		e or more Personal Service Contracts?	
If "Yes", appointing authorit	y must initial here to indi-	cate intent to follow current competitive biddi	ng process/policy.
Appointing Authority Name	e: Agreed by:	(initial)	
12. Limited Service			
Position Information:	# Positions	Title	
Total Positions			
12a. Equipment and space	for these Is pr	resently available.	h available funds.
positions:			
13. AUTHORIZATION AC	GENCY/DEPARTMENT	T	
I/we certify that no funds	Signature E. Tiern		10) 2te 2023   11:
beyond basic application preparation and filing costs	3B0ACAACB54C46E		
have been expended or	Commissioner	, Public Service Department	
committed in anticipation of	Signature:		Date:
Joint Fiscal Committee	Signature.		Date.
approval of this grant, unless previous notification was	Title:		
made on Form AA-1PN (if	Title.		
applicable):			
14. SECRETARY OF ADM	MINISTRATION	DocuSigned by:	
SB	(Secretary or designee signature)		Date:/6/2023
Approved:		F043104EBC83432	
15. ACTION BY GOVERN	JOB V		
	i N		
Check One Box: Accepted			
/ recepted	(Governor s/signature)		Date:
Deigotod	//W/ WX		12/19/28
Rejected	1/. /		11911/65
16. DOCUMENTATION R	REQUIRED		
	Required G	RANT Documentation	
Request Memo	V [	Notice of Donation (if any)	
Dept. project approval (if	applicable)	Grant (Project) Timeline (if applicable)	
<ul><li>✓ Notice of Award</li><li>✓ Grant Agreement</li></ul>		Request for Extension (if applicable) Form AA-1PN attached (if applicable)	
Grant Budget			
	End	d Form AA-1	
(*) The term "grant" refers to an		am of money or thing of value to be accepted by an	y agency,
department, commission, board	, or other part of state govern	nment (see 32 V.S.A. §5).	

NSO

		ASSIS	STANCE AGI	REEMENT			
1. Award No.		2. Modifica	tion No.	3. Effective Date 07/01/2023		. <b>CFDA No</b> .	
DE-EE0010167  5. Awarded To PUBLIC SERVICE, VERMONI Attn: Carol Flint  112 STATE ST MONTPELIER VT 056202601	E E U 1	5. Sponsoring Office Energy Effcy & Renewable Energy  EE-1 U.S. Department of Energy 1000 Independence Avenue, S.W. Washington DC 20585					
8. Type of Agreement  X Grant Cooperative Agreement Other	9. Authority PL 109-58 EPAC	т, 2005			10. Purchase 23EE00183	•	I ding Document No.
	UBLIC SERVICE, VERMONT DEPARTMENT OF ttn: VERMONT DEPARTMENT OF PUBLIC SERVIC  12 STATE STREET				000.00	13. Funds Oblig This action Total	ated h: \$1,000,000.00 : \$1,000,000.00
			Total	: \$1,250,	000.00		
14. Principal Investigator	Charle	<b>am Manager</b> s F. Llenz 202-586-2		C C	16. Administrator Golden Field Office U.S. Department of Energy Golden Field Office 15013 Denver West Parkway Golden CO 80401		
17. Submit Payment Requests To VIPERS https://vipers.doe.gov Any questions, please by call/email 855-384-VipersSupport@hq.doe.g	7377 or	Any que by call	/vipers.c	lease conta 5-384-7377		19. Submit See Atta	Reports To achment 2
20. Accounting and Appropriation I		00000-0000	0000-0000	000			
21. Research Title and/or Descripti Sustainable Energy in S		lic Buildi	ings				
For t	he Recipient				For the United	States of Americ	a
22. Signature of Person Authorized	I to Sign		25. Si	gnature of Grants		fficer	sh
23. Name and Title		24. Date Sign		me of Officer izabeth A. B	Parrish		27. Date Signed 09/18/2023

NSO REFERENCE NO. OF DOCUMENT BEING CONTINUED PAGE OF CONTINUATION SHEET 2 DE-EE0010167 3

NAME OF OFFEROR OR CONTRACTOR

PUBLIC S	SERVICE, VERMONT DEPARTMENT OF	<b>.</b>	,		
ITEM NO. (A)	(B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	UEI: FXRGN76HPMF3				
	In addition to this Assistance Agreement, this				
	award consists of the items listed on the Cover				
	Page of the Special Terms and Conditions.				
	The Project Period for this award is 07/01/2023				
	through 10/31/2025, consisting of the following				
	Budget Periods:				
	Budget Period 1: 07/01/2023 to 10/31/2025				
	In Block 7 of the Assistance Agreement, the				
	Period of Performance reflects the beginning of the Project Period through the end of the current				
	Budget Period.				
	budget rerrou.				
	Additional future DOE funding and additional				
	budget periods are not contemplated under this				
	award. Funding for all awards and future budget				
	periods is contingent upon the availability of				
	funds appropriated by Congress for the purpose of				
	this program and the availability of future-year				
	budget authority.				
	The Special Terms and Conditions for this award				
	contain specific funding restrictions. Please				
	review the applicable terms for procedures				
	required to lift the restrictions.				
	DOE Award Administrator: Mandy Aden				
	E-mail: mandy.aden@ee.doe.gov				
	Phone: 240-562-1280				
	DOE Project Officer: Charles Llenza				
	E-mail: charles.llenza@ee.doe.gov				
	Phone: 202-586-2192				
	Recipient Business Officer: Christopher Heine				
	E-mail: Christopher.Heine@Vermont.gov				
	Phone: 802-522-7554				
	Doginiont Dringinal Investigators Andrew Develia				
	Recipient Principal Investigator: Andrew Perchlik E-mail: Andrew.Perchlik@Vermont.gov				
	Phone: 802-828-4017				
	"Electronic signature or signatures as used in				
	this document means a method of signing an				
	electronic message that				
	(A) Identifies and authenticates a particular				
	person as the source of the electronic message;				
	Continued				

NSO REFERENCE NO. OF DOCUMENT BEING CONTINUED PAGE OF CONTINUATION SHEET 3 3 DE-EE0010167

NAME OF OFFEROR OR CONTRACTOR

M NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
(, ,)	(B) Indicates such person's approval of the	(0)		(上)	(1)
	information contained in the electronic message;				
	and,				
	(C) Submission via FedConnect constitutes				
	electronically signed documents."				
	ASAP: NO: STD IMMEDIATE Extent Competed: NOT COMPETED Davis-Bacon Act: NO PI: PERCHLIK, ANDREW	i			
	Fund: 05473 Appr Year: 2022 Allottee: 31 Report				
	Entity: 200835 Object Class: 41100 Program:				
	1005883 Project: 0000000 WFO: 0000000 Local Use:				
	0000000				
			1		

DocuSign Envelope ID: 321B13C4-E0BF-4EF3-A2D8-08D9BF4A8		
	NSO	JULY 2004
		3021 2004
1		

EERE T 540.132 01 Budget Justification (3 BPs)

### **Instructions and Summary**

OMB Control Number: 1910-5162 Expiration Date: 04/30/2025

Award Number: DE-EE00010167.0000

Award Recipient: Vermont Public Service Department

Date of Submission: 6/8/2023

Form submitted by: Vermont Public Service Department

(May be award recipient or sub-recipient)

# Please read the instructions on each worksheet tab before starting. If you have any questions, please ask your EERE contact! Do not modify this template or any cells or formulas!

- 1. If using this form for award application, negotiation, or budget revision, fill out the blank white cells in workbook tabs a. through j. with total project costs.
- 2. Blue colored cells contain instructions, headers, or summary calculations and should not be modified. Only blank white cells should be populated.
- 3. Enter detailed support for the project costs identified for each Category line item within each worksheet tab to autopopulate the summary tab.
- 4. The total budget presented on tabs a. through i. must include both Federal (DOE) and Non-Federal (cost share) portions.
- **5.** All costs incurred by the preparer's sub-recipients, contractors, and Federal Research and Development Centers (FFRDCs), should be entered only in section f. Contractual. All other sections are for the costs of the preparer only.
- **6.** Ensure all entered costs are allowable, allocable, and reasonable in accordance with the administrative requirements prescribed in 2 CFR 200, and the applicable cost principles for each entity type: FAR Part 31 for For-Profit entities; and 2 CFR Part 200 Subpart E Cost Principles for all other non-federal entities.
- 7. Add rows as needed throughout tabs a. through j. If rows are added, formulas/calculations may need to be adjusted by the preparer. Do not add rows to the Instructions and Summary tab. If your project contains more than three budget periods, consult your EERE contact before adding additional budget period rows or columns.
- 8. ALL budget period cost categories are rounded to the nearest dollar.

#### BURDEN DISCLOSURE STATEMENT

Public reporting burden for this collection of information is estimated to average 24 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Office of Information Resources Management Policy, Plans, and Oversight, AD-241-2 - GTN, Paperwork Reduction Project (1910-5162), U.S. Department of Energy 1000 Independence Avenue, S.W., Washington, DC 20585; and to the Office of Management and Budget, Paperwork Reduction Project (1910-5162), Washington, DC 20503.

		SUMMARY	OF BUDGET CA	TEGORY COSTS	PROPOSED				
The va	alues in this sumn	nary table are fro	m entries made in	subsequent tabs	, only blank whit	e cells require data entry			
Section A - Budget Summary									
		Federal	Cost Share	Total Costs	Cost Share %	Proposed Budget Period Dates			
	Budget Period 1	\$1,000,000	\$250,000	\$1,250,000	20.00%	7.1.2023 to 10.31.2025			
	Budget Period 2	\$0	\$0	\$0	0.00%				
	Budget Period 3	\$0	\$0	\$0	0.00%				
	Total	\$1,000,000	\$250,000	\$1,250,000	20.00%				
Section B - Budget Categories								or the AA-1 Calulation	
CATEGORY	Budget Period 1	Budget Period 2	Budget Period 3	Total Costs	% of Project	Comments (as needed)			FY26
a. Personnel	\$22,910	\$0	\$0	\$22,910	1.83%		12,406	9,000	2,504
b. Fringe Benefits	\$10,865	\$0	\$0	\$10,865	0.87%	\$388.04	4,657	4,656	1,552
c. Travel	\$6,924	\$0	\$0	\$6,924	0.55%		8,419	8,417	1,651
d. Equipment	\$0	\$0	\$0	\$0	0.00%		500,000	400,000	100,000
e. Supplies	\$0	\$0	\$0	\$0	0.00%		474,518	377,927	94,293
f. Contractual									
Sub-recipient	\$1,197,738	\$0	\$0	\$1,197,738	95.82%		_		
Contractor	\$0	\$0	\$0	\$0	0.00%				
FFRDC	\$0	\$0	\$0	\$0	0.00%				
Total Contractual	\$1,197,738	\$0	\$0	\$1,197,738	95.82%				
g. Construction	\$0	\$0	\$0	\$0	0.00%				
h. Other Direct Costs	\$0	\$0	\$0	\$0	0.00%				
<b>Total Direct Costs</b>	\$1,238,437	\$0	\$0	\$1,238,437	99.07%		\$495,043.00	\$395,045.0	\$98,349.00
i. Indirect Charges	\$11,563	\$0	\$0	\$11,563	0.93%	\$412.96	\$4,957.00	4955	1651
Total Costs	\$1,250,000	\$0	\$0	\$1,250,000	100.00%		\$125,000.0	\$125,000.0	\$0.00

Additional Explanation (as needed):

946,738

#### a. Personnel

#### **INSTRUCTIONS - PLEASE READ!!!**

- 1. List project costs solely for employees of the entity completing this form. All personnel costs for subrecipients and contractors must be included under f. Contractual.
- 2. All personnel should be identified by position title and not employee name. Enter the amount of time (e.g., hours or % of time) and the base hourly rate and the total direct personnel compensation will automatically calculate. Rate basis (e.g., rate negotiated for each hour worked on the project, labor distribution report, state civil service rates, etc.) must also be identified.
- 3. If loaded labor rates are utilized, a description of the costs the loaded rate is comprised of must be included in the Additional Explanation section below. DOE must review all components of the loaded labor rate for reasonableness and unallowable costs (e.g. fee or profit).
- 4. If a position and hours are attributed to multiple employees (e.g. Technician working 4000 hours) the number of employees for that position title must be identified.
- 5. Each budget period is rounded to the nearest dollar.

		В	udget Pe	riod 1	Е	Budget Pe	eriod 2	E	Budget Po	eriod 3	Project	Project	
SOPO Task #	Position Title	Time (Hrs)	Hourly Rate (\$/Hr)	Total Budget Period 1	Time (Hrs)	Hourly Rate (\$/Hr)	Total Budget Period 2	Time (Hrs)	(∌/⊓r)	Total Budget Period 3	Total Hours	Total Dollars	Rate Basis
1	Sr. Engineer (EXAMPLE!!!)	2000	\$85.00	\$170,000	200	\$50.00	\$10,000	200	\$50.00	\$10,000	2400	\$190,000	
2	Technicians (2)	4000	\$20.00	\$80,000	0	\$0.00	\$0	0	\$0.00	\$0	4000	\$80,000	
1	Director Clean Energy Developmen	80	\$49.29	\$3,943	0	\$0.00	\$0	0	\$0.00	\$0	80	\$3,943	Actual Salary
1	Energy Program Specialist I	120	\$27.70	\$3,324	0	\$0.00	\$0	0	\$0.00	\$0	120	\$3,324	Actual Salary
2	Director Clean Energy Developmen	40	\$49.29	\$1,972			\$0			\$0	40	\$1,972	Actual Salary
2	Energy Program Specialist I	80	\$27.70	\$2,216			\$0			\$0	80	\$2,216	Actual Salary
3	Director Clean Energy Developmen	50	\$49.29	\$2,465			\$0			\$0	50	\$2,465	Actual Salary
3	Energy Program Specialist I	90	\$27.70	\$2,493			\$0			\$0	90	\$2,493	Actual Salary
4	Director Clean Energy Developmen	70	\$49.29	\$3,450			\$0			\$0	70	\$3,450	Actual Salary
4	Energy Program Specialist I	110	\$27.70	\$3,047			\$0			\$0	110	\$3,047	Actual Salary
				\$0			\$0			\$0	0	\$0	
				\$0			\$0			\$0	0	\$0	
				\$0			\$0			\$0	0	\$0	
				\$0			\$0			\$0	0	\$0	
				\$0			\$0			\$0	0	\$0	
				\$0			\$0			\$0	0	\$0	
				\$0			\$0			\$0	0	\$0	
				\$0			\$0			\$0	0	\$0	
				\$0			\$0			\$0	0	\$0	
				\$0			\$0			\$0	0	\$0	
				\$0			\$0			\$0	0	\$0	
				\$0			\$0			\$0	0	\$0	
				\$0			\$0			\$0	0	\$0	
				\$0			\$0			\$0	0	\$0	
				\$0			\$0			\$0	0	\$0	
	TOTAL PERSONNEL	640		\$22,910	0		\$0	0		\$0	640	\$22,910	

Detailed Budget Justification

#### b. Fringe Benefits

#### **INSTRUCTIONS - PLEASE READ!!!**

- 1. Fill out the table below by position title. If all employees receive the same fringe benefits, you can show "Total Personnel" in the Labor Type column instead of listing out all position titles.
- 2. The rates and how they are applied should not be averaged to get one fringe cost percentage. Complex calculations should be described/provided in the Additional Explanation section below.
- 3. The fringe benefit rates should be applied to all positions, regardless of whether those funds will be supported by Federal Share or Recipient Cost Share.
- 4. Each budget period is rounded to the nearest dollar.

Labor Type	Budget	Period 1		Budget F	Period 2		Budget F	Total Project		
	Personnel Costs	Rate	Total	Personnel Costs	Rate	Total	Personnel Costs	Rate	Total	
EXAMPLE!!! Sr. Engineer	\$170,000	20%	\$34,000	\$10,000	20%	\$2,000	\$10,000	20%	\$2,000	\$38,000
Director, Clean Energy Development Fund	11,830	60.00%	\$7,098			\$0			\$0	\$7,098
Energy Program Specialist I	11,080	34.00%	\$3,767			\$0			\$0	\$3,767
			\$0			\$0			\$0	\$0
			\$0			\$0			\$0	\$0
TOTAL FRINGE	\$22,910		\$10,865	\$0		\$0	\$0		\$0	\$10,865

A federally approved fringe benefit rate agreement, or a proposed rate supported and agreed upon by DOE for estimating purposes is required at the time of award negotiation if reimbursement for fringe benefits is requested. Please check (X) one of the options below and provide the requested information if not previously submitted.

\_x\_\_\_\_ A fringe benefit rate has been negotiated with, or approved by, a federal government agency. A copy of the latest rate agreement is/was included with the project application.\*

There is not a current federally approved rate agreement negotiated and available.\*\*

\*Unless the organization has submitted an indirect rate proposal which encompasses the fringe pool of costs, please provide the organization's benefit package and/or a list of the components/elements that comprise the fringe pool and the cost or percentage of each component/element allocated to the labor costs identified in the Budget Justification.

\*\*When this option is checked, the entity preparing this form shall submit an indirect rate proposal in the format provided in the Sample Rate Proposal at https://www.energy.gov/eere/funding/downloads/sample-indirect-rate-proposal-and-profit-compliance-audit, or a format that provides the same level of information and which will support the rates being proposed for use in the performance of the proposed project.

Additional Explanation (as necessary): Please use this box (or an attachment) to list the elements that comprise your fringe benefits and how they are applied to your base (e.g. Personnel) to arrive at your fringe benefit rate.

The Personnel costs and fringe rate costs were taken from actual payroll costs for the Director, Program Specialist II and Program Specialist III. The following fringe benefits are included in the labor overhead billing: payroll taxes, retirement, unemployment, health & disability insurance, worker's compensation and longevity for classified positions.

Detailed Budget Justification

#### c. Travel

#### **INSTRUCTIONS - PLEASE READ!!!**

- 1. Identify Foreign and Domestic Travel as separate items. Examples of Purpose of Travel are subrecipient site visits, DOE meetings, project mgmt. meetings, etc. Examples of Basis for Estimating Costs are past trips, travel quotes, GSA rates, etc.
- 2. All listed travel must be necessary for performance of the Statement of Project Objectives.
- 3. Only travel that is directly associated with this award should be included as a direct travel cost to the award.
- 4. Federal travel regulations are contained within the applicable cost principles for all entity types.
- 5. Travel costs should remain consistent with travel costs incurred by an organization during normal business operations as a result of the organizations written travel policy. In absence of a written travel policy, organizations must follow the regulations prescribed by the General Services Administration.
- 6. Columns E, F, G, H, I, J, and K are per trip.

- 7. The number of days is inclusive of day of departure and day of return.
- 8. Recipients should enter City and State (or City and Country for International travel) in the Depart from and Destination fields.
- 9. Each budget period is rounded to the nearest dollar.

SOPO Task #	Purpose of Travel	Depart From	Destination	No. of Days	No. of Travelers	Lodging per Traveler	Flight per Traveler	Vehicle per Traveler	Per Diem Per Traveler	Cost per Trip	Basis for Estimating Costs	
	Domestic Travel				Budget Pe	riod 1						
1	EXAMPLE!!! Visit to PV manufacturer			2	2	\$250	\$500	\$100	\$80		Current GSA rates	
3.1.1	Vermont Schools/Municipalities - Site Visit	Montpelier	School/Muni # 1	1	2	\$0	\$0	\$130	\$120		Travel costs based on estimated 200 mi. roundtrip	
3.1.2	Vermont Schools/Municipalities - Site Visit	Montpelier	School/Muni # 2	1	2	\$0	\$0	\$130	\$120		Travel costs based on estimated 200 mi. roundtrip	
3.1.3	Vermont Schools/Municipalities - Site Visit	Montpelier	School/Muni # 3	1	2	\$0	\$0	\$130	\$120		Travel costs based on estimated 200 mi. roundtrip	
3.1.4	Vermont Schools/Municipalities - Site Visit	Montpelier	School/Muni # 4	1	2	\$0	\$0	\$130	\$120		Travel costs based on estimated 200 mi. roundtrip	
3.1.5	Vermont Schools/Municipalities - Site Visit	Montpelier	School/Muni # 5	1	2	\$0	\$0	\$130	\$120		Travel costs based on estimated 200 mi. roundtrip	
	Better Buildings Summit	Montpelier	Washington DC	4	2	\$ 258	\$ 700	\$ -	\$ 120		Estimated based on current	
4.4											accomodation and travel expenses for travel to DC for the Better Buildings Summit '25	
	International Travel										Detter Buildings Guillinit 25	
										\$0		
	Budget Period 1 Total									\$6,924		
	Domestic Travel				Budget Pe	riod 2						
										\$0		
										\$0		
										\$0		
										\$0		
	International Travel											
										\$0		
	Budget Period 2 Total									\$0		
	Domestic Travel				Budget Pe	eriod 3						
										\$0		
										\$0		
										\$0		
										\$0		
	International Travel											
										\$0		
	Budget Period 3 Total									\$0		
	TOTAL TRAVEL									\$6,924		

**Detailed Budget Justification** 

### d. Equipment

#### INSTRUCTIONS - PLEASE READ!!!

- 1. Equipment means tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds the lesser of the capitalization level established by the non-Federal entity for financial statement purposes, or \$5,000. Please refer to the applicable Federal regulations in 2 CFR 200 for specific equipment definitions and treatment.
- 2. List all equipment below, providing a basis of cost (e.g. contractor quotes, catalog prices, prior invoices, etc.). Briefly justify items as they apply to the Statement of Project Objectives. If it is existing equipment, provide logical support for the estimated value shown.
- 3. During award negotiations, provide a contractor quote for all equipment items over \$50,000 in price. If the contractor quote is not an exact price match, provide an explanation in the additional explanation section below. If a contractor quote is not practical, such as for a piece of equipment that is purpose-built, first of its kind, or otherwise not available off the shelf, provide a detailed engineering estimate for how the cost estimate was derived.

4. Each budget period is rounded to the nearest dollar.

SOPO Task #	Equipment Item	Qty	Unit Cost	Total Cost	Basis of Cost	Justification of need					
				Budget Period 1							
3,4,5	EXAMPLE!!! Thermal shock chamber	2	\$70,000	\$140,000	Contractor Quote - Attached	Reliability testing of PV modules- Task 4.3					
				\$0							
				\$0							
				\$0							
				\$0							
				\$0 \$0							
	Budget Period 1 Total			\$0 \$0							
	Budget Feriod 1 Total				Period 2						
			l i	_	renou z						
				\$0 \$0							
				\$0 \$0							
				\$0							
				\$0							
				\$0							
	Budget Period 2 Total			\$0							
				Budget	Period 3						
				\$0							
				\$0							
				\$0							
				\$0							
				\$0 \$0							
	Durdwet Berlie Lo Treat			\$0 \$0							
	Budget Period 3 Total			\$0							
	TOTAL EQUIPMENT			\$0							

#### e. Supplies

#### **INSTRUCTIONS - PLEASE READ!!!**

- 1. Supplies are generally defined as an item with an acquisition cost of \$5,000 or less and a useful life expectancy of less than one year. Supplies are generally consumed during the project performance. Please refer to the applicable Federal regulations in 2 CFR 200 for specific supplies definitions and treatment. A computing device is a supply if the acquisition cost is less than the lesser of the capitalization level established by the non-Federal entity for financial statement purposes or \$5,000, regardless of the length of its useful life.
- 2. List all proposed supplies below, providing a basis of costs (e.g. contractor quotes, catalog prices, prior invoices, etc.). Briefly justify the need for the Supplies as they apply to the Statement of Project Objectives. Note that Supply items must be direct costs to the project at this budget category, and not duplicative of supply costs included in the indirect pool that is the basis of the indirect rate applied for this project.
- 3. Multiple supply items valued at \$5,000 or less used to assemble an equipment item with a value greater than \$5,000 with a useful life of more than one year should be included on the equipment tab. If supply items and costs are ambiguous in nature, contact your DOE representative for proper categorization.
- **4.** Add rows as needed. If rows are added, formulas/calculations may need to be adjusted by the preparer.
- 5. Each budget period is rounded to the nearest dollar.

SOPO Task#	General Category of Supplies	Qty	Unit Cost	Total Cost	Basis of Cost	Justification of need					
	Budget Period 1										
4,6	EXAMPLE!!! Wireless DAS components	10	\$360.00	\$3,600		For Alpha prototype - Task 2.4					
				\$0							
				\$0							
				\$0							
				\$0							
				\$0 \$0							
				\$0 \$0							
	Budget Period 1 Total			<b>\$0</b>							
	Budget i enou i Total			Budget Period	2						
				\$0	_						
				\$0							
				\$0							
				\$0							
				\$0							
				\$0							
				\$0							
	Dudget Devied 2 Tetal			\$0 \$0							
	Budget Period 2 Total			Budget Period	2						
					<u> </u>						
				\$0 \$0							
				\$0							
				\$0							
				\$0							
				\$0							
				\$0							
				\$0							
	Budget Period 3 Total			\$0							
	TOTAL SUPPLIES			\$0							

#### f. Contractual

#### **INSTRUCTIONS - PLEASE READ!!!**

- 1. The entity completing this form must provide all costs related to subrecipients, contractors, and FFRDC partners in the applicable boxes below.
- 2. Subrecipients (partners, sub-awardees): Subrecipients shall submit a Budget Justification describing all project costs and calculations when their total proposed budget exceeds either (1) \$250,000 or (2) 25% of total award costs.

  These subrecipient forms may be completed by either the subrecipients themselves or by the preparer of this form. The budget totals on the subrecipient's forms must match the subrecipient entries below. A subrecipient is a legal entity to which a subaward is made, who has performance measured against whether the objectives of the Federal program are met, is responsible for programmatic decision making, must adhere to applicable Federal program compliance requirements, and uses the Federal funds to carry out a program of the organization. All characteristics may not be present and judgment must be used to determine subrecipient vs. contractor status.
- 3. Contractors: List all contractors supplying commercial supplies or services used to support the project. For each Contractor cost with total project costs of \$250,000 or more, a Contractor quote must be provided. A contractor is a legal entity contracted to provide goods and services within normal business operations, provides similar goods or services to many different purchasers, operates in a competitive environment, provides goods or services that are ancillary to the operation of the Federal program, and is not subject to compliance requirements of the Federal program. All characteristics may not be present and judgment must be used to determine subrecipient vs. contractor status.
- 4. <u>Federal Funded Research and Development Centers (FFRDCs):</u> FFRDCs must submit a signed Field Work Proposal during award application. The award recipient may allow the FFRDC to provide this information directly to DOE, however project costs must also be provided below.
- 5. Each budget period is rounded to the nearest dollar.

SOPO	Subrecipient	Subrecipient Unique Entity Identifier	Purpose and Basis of Cost		Budget	Budget	Project
Task #	Name/Organization	(UEI)	Fulpose and basis of cost	Period 1	Period 2	Period 3	Total
2,4	EXAMPLE!!! XYZ Corp.		Partner to develop optimal lens for Gen 2 product. Cost estimate	\$48,000	\$32,000	\$16,000	\$96,000
			based on personnel hours.				
2.6.1	Vermont Schools/Municipalities		Renewable Energy System Support	\$239,548	\$0	\$0	\$239,548
2.6.2	Vermont Schools/Municipalities		Renewable Energy System Support	\$239,548	\$0	\$0	\$239,548
2.6.3	Vermont Schools/Municipalities		Renewable Energy System Support	\$239,548	\$0	\$0	\$239,548
	Vermont Schools/Municipalities		Renewable Energy System Support	\$239,548	\$0	\$0	\$239,548
2.6.5	Vermont Schools/Municipalities		Renewable Energy System Support	\$239,548	\$0	\$0	\$239,548
							\$0
			Sub-total	\$1,197,738	\$0	\$0	\$1,197,738
	0 (			D 1(	D 1(	D 1(	<b>D</b> : 4

428,505.00

147740

197,738 98,869

SOPO Task #	Contractor Name/Organization	Purpose and Basis of Cost	Budget Period 1	Budget Period 2	Budget Period 3	Project Total
6		Contractor for developing robotics to perform lens inspection.  Estimate provided by contractor.	\$32,900	\$86,500	\$0	\$119,400
						\$0
						\$0
						\$0
						\$0
						\$0
		Sub-total	\$0	\$0	\$0	\$0

SOPO	FFRDC	Purpose and Pasis of Cost	Budget	Budget	Budget	Project
Task #	Name/Organization	Purpose and Basis of Cost		Period 2	Period 3	Total
						\$0
						\$0
		Sub-total	\$0	\$0	\$0	\$0
		TOTAL CONTRACTUAL	\$1,197,738	\$0	\$0	\$1,197,738

#### g. Construction

#### PLEASE READ!!!

- 1. Construction, for the purpose of budgeting, is defined as all types of work done on a particular building, including erecting, altering, or remodeling. Construction conducted by the award recipient is entered on this page. Any construction work that is performed by a contractor or subrecipient should be entered under f. Contractual.
- 2. List all proposed construction below, providing a basis of cost such as engineering estimates, prior construction, etc., and briefly justify its need as it applies to the Statement of Project Objectives.
- 3. Each budget period is rounded to the nearest dollar.

Overall description of construction activities: Example Only!!! - Build wind turbine platform

SOPO Task #	General Description	Cost	Basis of Cost	Justification of need						
I dSK #	Budget Period 1									
3	EXAMPLE ONLY!!! Three days of excavation for platform site		Engineering estimate	Site must be prepared for construction of platform.						
		,								
	Budget Period 1 Total	\$0								
			Period 2							
		=9	3 3 3 3 3 3 3 3							
	Pudget Period 2 Tetal	\$0								
	Budget Period 2 Total		Period 3							
		Budget	reliou 3							
	Budget Period 3 Total	\$0								
	TOTAL CONSTRUCTION	\$0								

### h. Other Direct Costs

#### **INSTRUCTIONS - PLEASE READ!!!**

- 1. Other direct costs are direct cost items required for the project which do not fit clearly into other categories. These direct costs must not be included in the indirect costs (for which the indirect rate is being applied for this project). Examples are: tuition, printing costs, etc. which can be directly charged to the project and are not duplicated in indirect costs (overhead costs).
- 2. Basis of cost are items such as contractor quotes, prior purchases of similar or like items, published price list, etc.
- 3. Each budget period is rounded to the nearest dollar.

SOPO Task #	General Description and SOPO Task #	Cost	Basis of Cost	Justification of need					
	Budget Period 1								
5	EXAMPLE!!! Grad student tuition - tasks 1-3	\$16,000	Established UCD costs	Support of graduate students working on project					
	Budget Period 1 Total	\$0							
			Budget Period 2						
-									
	Budget Period 2 Total	\$0							
			Budget Period 3						
	Budget Period 3 Total	\$0							
	TOTAL OTHER DIRECT COSTS	\$0							

Additional Expla	anation (as	needed):
------------------	-------------	----------

#### i. Indirect Costs

#### **INSTRUCTIONS - PLEASE READ!!!**

- 1. Fill out the table below to indicate how your indirect costs are calculated. Use the box below to provide additional explanation regarding your indirect rate calculation.
- 2. The rates and how they are applied should not be averaged to get one indirect cost percentage. Complex calculations or rates that do not do not correspond to the below categories should be described/provided in the Additional Explanation section below. If questions exist, consult with your DOE contact before filling out this section.
- 3. The indirect rate should be applied to both the Federal Share and Recipient Cost Share.
- 4. NOTE: A Recipient who elects to employ the 10% de minimis Indirect Cost rate cannot claim resulting costs as a Cost Share contribution, nor can the Recipient claim "unrecovered indirect costs" as a Cost Share contribution. Neither of these costs can be reflected as actual indirect cost rates realized by the organization, and therefore are not verifiable in the Recipient records as required by Federal Regulation (§200.306(b)(1)).
- 5. Each budget period is rounded to the nearest dollar.

	Budget Period 1	Budget Period 2	Budget Period 3	Total	Explanation of BASE
Provide ONLY Applicable Rates:					
Overhead Rate	28.41%	0.00%	0.00%		As allowed by 2 CFR 200 Append VII
General & Administrative (G&A)	28.41%	0.00%	0.00%		As allowed by 2 CFR 200 Append VII
FCCM Rate, if applicable	0.00%	0.00%	0.00%		
OTHER Indirect Rate	0.00%	0.00%	0.00%		
Indirect Costs (As Applicable):					
Overhead Costs	\$11,563			\$11,563	
G&A Costs				\$0	
FCCM Costs, if applicable				\$0	
OTHER Indirect Costs		\$0		\$0	Maximum Ohd Allowed, 20%
Total Indirect Costs Requested:	\$11,563	\$0	\$0	\$11,563	

A federally approved indirect rate agreement, or rate proposed (supported and agreed upon by DOE for estimating purposes) is required if reimbursement of indirect costs is requested. Please check (X) one of the options below and provide the requested information if it has not already been provided as requested, or has changed.

X	An indirect rate has been approved or negotiated with a federal government agency.	A copy of the latest rate agreement is	included with this application a	and will be provided
electro	nically to the Contracting Officer for this project.			

\_\_ The organization does not have a current, federally approved indirect cost rate agreement and has provided an indirect rate proposal in support of the proposed costs. \_\_ This organization has elected to apply a 10% de minimis rate in accordance with 2 CFR 200.414(f).

#### Provide an explanation of how your indirect cost rate was applied.

Additional Explanation (as needed): \*IMPORTANT: Please use this box (or an attachment) to further explain how your total indirect costs were calculated. If the total indirect costs are a cumulative amount of more than one calculation or rate application, the explanation and calculations should identify all rates used, along with the base they were applied to (and how the base was derived), and a total for each (along with grand total).

Base include: Total Direct Cost, exclusive of Per Diem, Other Personal Services, Other Operating Expenses and pass-through Grants/Sub-grants

#### **Cost Share**

#### PLEASE READ!!!

- 1. A detailed presentation of the cash or cash value of all cost share proposed must be provided in the table below. All items in the chart below must be identified within the applicable cost category tabs a. through i. in addition to the detailed presentation of the cash or cash value of all cost share proposed provided in the table below. Identify the source organization & amount of each cost share item proposed in the award.
- 2. <u>Cash Cost Share</u> encompasses all contributions to the project made by the recipient, subrecipient, or third party (an entity that does not have a role in performing the scope of work) for costs incurred and paid for during the project. This includes when an organization pays for personnel, supplies, equipment, etc. for their own company with organizational resources. If the item or service is reimbursed for, it is cash cost share. All cost share items must be necessary to the performance of the project. **Contractors may not provide cost share.** Any partial donation of goods or services is considered a discount and is not allowable.
- 3. In Kind Cost Share encompasses all contributions to the project made by the recipient, subrecipient, or third party (an entity that does not have a role in performing the scope of work) where a value of the contribution can be readily determined, verified and justified but where no actual cash is transacted in securing the good or service comprising the contribution. In Kind cost share items include volunteer personnel hours, the donation of space or use of equipment, etc. The cash value and calculations thereof for all In Kind cost share items must be justified and explained in the Cost Share Item section below. All cost share items must be necessary to the performance of the project. If questions exist, consult your DOE contact before filling out In Kind cost share in this section. Contractors may not provide cost share. Any partial donation of goods or services is considered a discount and is not allowable.
- **4.** Funds from other Federal sources MAY NOT be counted as cost share. This prohibition includes FFRDC sub-recipients. Non-Federal sources include any source not originally derived from Federal funds. Cost sharing commitment letters from subrecipients and third parties must be provided with the original application.
- 5. Fee or profit, including foregone fee or profit, are not allowable as project costs (including cost share) under any resulting award. The project may only incur those costs that are allowable and allocable to the project (including cost share) as determined in accordance with the applicable cost principles prescribed in FAR Part 31 for For-Profit entities and 2 CFR Part 200 Subpart E Cost Principles for all other non-federal entities.
- 6. NOTE: A Recipient who elects to employ the 10% de minimis Indirect Cost rate cannot claim the resulting indirect costs as a Cost Share contribution.
- 7. NOTE: A Recipient cannot claim "unrecovered indirect costs" as a Cost Share contribution, without prior approval.
- 8. Each budget period is rounded to the nearest dollar.

Organization/Source	Type (Cash or In Kind)	Cost Share Item	Budget Period 1	Budget Period 2	Budget Period 3	Total Project Cost Share
ABC Company <b>EXAMPLE!!!</b>		Project partner ABC Company will provide 20 PV modules for product development at the price of \$680 per module	\$13,600			\$13,600
Vermont Schools/Municipalities	Cash	Funds contributed to project	\$250,000			\$250,000
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
		TOTAL COST SHARE	\$250,000	\$0	\$0	\$250,000

Total Project Cost: \$1,250,000 Total Project Cost Share Percent: 20.0%

20.0%

0.0%

0.0%

Cost Share Percentage per Budget Period

Applicant Name:	Vermont Public Service	Award Number:	DE-EE00010167.0000
		·	

### **Budget Information - Non Construction Programs**

OMB Approval No. 0348-0044

Section A - Budget Summary						
	Catalog of	Estimated Unob	oligated Funds		New or Revised Budge	et
Grant Program Function or Activity	Federal Domestic		Non Foderal	Fadaral	New Federal	T-1-1
	Assistance Number	Federal	Non-Federal	Federal	Non-Federal	Total
(a)	(b)	(c)	(d)	(e)	(f)	(g)
1. Budget Period 1	. ,	` ,	,	\$1,000,000.00	\$250,000.00	\$1,250,000.00
2. Budget Period 2				\$0.00	\$0.00	\$0.00
3. Budget Period 3				\$0.00	\$0.00	\$0.00
4.						
5. Totals				\$1,000,000.00	\$250,000.00	\$1,250,000.00
Section B - Budget Categories						
6. Object Class Categories			Grant Program,	<b>Function or Activi</b>	Total (5)	
o. Object Class Categories		Budget Period 1	Budget Period 2	Budget Period 3		10tal (5)
a. Personnel		\$22,910.00	\$0.00	\$0.00		\$22,910.00
b. Fringe Benefits		\$10,865.00	\$0.00	\$0.00		\$10,865.00
c. Travel		\$6,924.00	\$0.00	\$0.00		\$6,924.00
d. Equipment		\$0.00	\$0.00	· ·		\$0.00
e. Supplies		\$0.00	\$0.00	·		\$0.00
f. Contractual		\$1,197,738.00	\$0.00	·		\$1,197,738.00
g. Construction		\$0.00	\$0.00	· ·		\$0.00
h. Other		\$0.00	\$0.00	\$0.00		\$0.00
i. Total Direct Charges (sum of 6a-6	6h)	\$1,238,437.00	\$0.00	'		\$1,238,437.00
j. Indirect Charges		\$11,563.00	\$0.00	\$0.00		\$11,563.00
k. <b>Totals</b> (sum of 6i-6j)		\$1,250,000.00	\$0.00	\$0.00		\$1,250,000.00
7. Program Income						\$0

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Applicant Name:	Vermont Public Service	Award Number:	DE-EE00010167.0000
		·	

### **Budget Information - Non Construction Programs**

OMB Approval No. 0348-0044

Section A - Budget Summary							
	Catalog of	Estimated Unobligated Funds		New or Revised Budget			
Grant Program Function or Activity	Federal Domestic						
Grant riogram runction of Activity	Assistance	Federal	Non-Federal	Federal	Non-Federal	Total	
	Number						
(a)	(b)	(c)	(d)	(e)	(f)	(g)	
1. Budget Period 1				\$1,000,000.00	\$250,000.00	\$1,250,000.00	
2. Budget Period 2				\$0.00	\$0.00	\$0.00	
3. Budget Period 3				\$0.00	\$0.00	\$0.00	
4.							
5. Totals				\$1,000,000.00	\$250,000.00	\$1,250,000.00	
Section B - Budget Categories							
6. Object Class Categories		Grant Program, Function or Activity			Total (5)		
		<u> </u>	Budget Period 2	ŭ		Total (0)	
a. Personnel		\$22,910.00				\$22,910.00	
b. Fringe Benefits		\$10,865.00	\$0.00			\$10,865.00	
c. Travel		\$6,924.00	\$0.00			\$6,924.00	
d. Equipment		\$0.00	\$0.00			\$0.00	
e. Supplies		\$0.00	\$0.00			\$0.00	
f. Contractual		\$1,197,738.00	\$0.00			\$1,197,738.00	
g. Construction		\$0.00	\$0.00			\$0.00	
h. Other		\$0.00	\$0.00			\$0.00	
i. Total Direct Charges (sum of 6a-6h)		\$1,238,437.00	\$0.00			\$1,238,437.00	
j. Indirect Charges		\$11,563.00	\$0.00	·		\$11,563.00	
k. Totals (sum of 6i-6j)	\$1,250,000.00	\$0.00	\$0.00		\$1,250,000.00		
7. Program Income					\$0		

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Envelope Updated	Security Checked	10/2/2023 9:28:35 AM		
Envelope Updated	Security Checked	10/2/2023 9:28:35 AM		
Envelope Updated	Security Checked	10/2/2023 9:28:35 AM		
Certified Delivered	Security Checked	10/2/2023 11:53:54 AM		
Signing Complete	Security Checked	10/2/2023 11:54:16 AM		
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If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

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#### How to contact VCBB - VT Community Broadband Board:

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: sov.esign@vermont.gov

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To let us know of a change in your email address where we should send notices and disclosures electronically to you, you must send an email message to us at james.shover@vermont.gov and in the body of such request you must state: your previous email address, your new email address. We do not require any other information from you to change your email address.

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#### To request paper copies from VCBB - VT Community Broadband Board

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an email to sov.esign@vermont.gov and in the body of such request you must state your email address, full name, mailing address, and telephone number. Copy charge 0.10 cents per page for paper copies, billed upon delivery.

#### To withdraw your consent with VCBB - VT Community Broadband Board

To inform us that you no longer wish to receive future notices and disclosures in electronic format you may:

i. decline to sign a document from within your signing session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;

ii. send us an email to sov.esign@vermont.gov and in the body of such request you must state your email, full name, mailing address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

#### Required hardware and software

The minimum system requirements for using the DocuSign system may change over time. The current system requirements are found here: <a href="https://support.docusign.com/guides/signer-guide-signing-system-requirements">https://support.docusign.com/guides/signer-guide-signing-system-requirements</a>.

#### Acknowledging your access and consent to receive and sign documents electronically

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please confirm that you have read this ERSD, and (i) that you are able to print on paper or electronically save this ERSD for your future reference and access; or (ii) that you are able to email this ERSD to an email address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format as described herein, then select the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

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- You can access and read this Electronic Record and Signature Disclosure; and
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- Until or unless you notify VCBB VT Community Broadband Board as described above, you consent to receive exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you by VCBB VT Community Broadband Board during the course of your relationship with VCBB VT Community Broadband Board.