

STATE OF VERMONT JOINT FISCAL OFFICE

MEMORANDUM

To:Joint Fiscal Committee membersFrom:Daniel Dickerson, Fiscal AnalystDate:April 22, 2020Subject:Grant Requests – JFO #3001

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

JFO #3001 – One (1) limited-service position within the VT Agency of Education. This position would provide subject matter expertise, on behalf of the Agency, in working with a new vendor that will be taking over the Child Nutrition claims and management system. The position would be funded through an ongoing federal grant provided by the U.S. Dept. of Agriculture (USDA). This grant was previously approved by the Joint Fiscal Committee in 2014 (JFO #2682) The anticipated end date for the position is 6/30/2022. [*JFO received 04/21/20*]

Please review the enclosed materials and notify the Joint Fiscal Office (Daniel Dickerson at (802) 828-2472; <u>ddickerson@leg.state.vt.us</u>) if you have questions or would like this item held for legislative review. Unless we hear from you to the contrary by <u>May 5, 2020</u> we will assume that you agree to consider as final the Governor's acceptance of this request.

JFO received 4/21/2020 JFO #3001

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.

Education Agency/Department:

2/21/20 Date:

Anne Bordonaro, Division Director, Federal & Educ Support Programs Name and Phone (of the person completing this request)

Request is for:

Positions funded and attached to a new grant.

Positions funded and attached to an existing grant approved by JFO # 2682

1. Name of Granting Agency, Title of Grant, Grant Funding Detail (attach grant documents): U.S. Department of Agriculture, Direct Certification Outstanding Performance Award

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
Program Tech III (PG 22)	Ť.	FESP/Child Nutrition	6/30/2022

*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:

Participation in the Child and Adult Care Food and Summer Food Service Programs have each increased approximately 75% over the past 10 years with no increase in staffing, USDA rules require monitoring of every program every 3 years; therefore, the monitoring caseload also has increased substantially. The Agency currently is poised to contract with a new vendor for its Child Nutrition application and claims management system. This vendor is new to the field, therefore, substantial professional staff time, which already is overtaxed, will be required over the next 12 months to provide Subject Matter Expertise to ensure that the system is precisely built to meet program needs and requirements.

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)

available (required by 32 VSA Sec. 5(b).	, ,
featured 12	2/25/20
Signature of Agency or Department Hodd	Djate /
Spin a (-Go	3/12/2020
Approved/Denied by Department of Human Brand Signed by Adam Greshin Date: 2020.03.23 14:47:31 -04'00'	Date /
Approved/Denied by Finance and Management Bradley L Ferland Digitally signed by Bradley L Ferland Date: 2020.03.25 12:39:11 -04'00'	Date
Approved Denied by Secretary of Administration	Date 4/21/20
Approved/Denied by Governor (required as amended by 2019 Leg. Session)	Øate (
Performance award finds can be used for any purpose allowable.	thank to the SAE: DHR-08/12/
	RECEIVED MAR 1 6 2020

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1 BALDWIN STREET MONTPELIER, VT 05633-5701 PHONE: (802) 828-2295 FAX: (802) 828-2483



STATE OF VERMONT JOINT FISCAL OFFICE

MEMORANDUM

To: James Reardon, Commissioner of Finance & Management

From: Nathan Lavery, Fiscal Analyst

Date: June 19, 2014

Subject: JFO #2682

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

JFO #2682 - \$201,923 grant from the U.S. Department of Agriculture to the Vermont Agency of Education. These funds will be used to upgrade the Child Nutrition Program's financial management system for processing reimbursement claims. [JFO received 05/20/14]

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: Rebecca Holcombe, Secretary

VT LEG #301592 v.1

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

1. Agency:	VT Agency of Education				
2. Department:	General Supervision & Monitoring Team				
2 Program	Child N		a attanta data		
3. Program:	Child Nutrition Programs				
4. Legal Title of Grant:	Direct Certification	Outstanding Performance Av	ward		
5. Federal Catalog #:	10.589				
6. Grant/Donor Name and A	L d duoros				
US Department of Ag				×	
7. Grant Period: Fro		To:			
			1. A.	12	
8. Purpose of Grant:					
Vermont has been sel	ected to receive an F	Y 2013 Direct Certification 1	Performance Aw	ard for Outstanding	
	ly certifying children	n for free school meals using	data from the Su	pplemental Nutrition	
Assistance Program					
9. Impact on existing progra	m if grant is not A	ccepted:			
This award will help	us fund critically ne	eded updates to our financial	management sys	tem for processing	
claims for reimbursen	nent for all sub-recip	ients participating in the Chi	ld Nutrition Prog	rams to improve the	
	the state of the s	neet the needs of our program	participants.		
10. BUDGET INFORMATI	and share and the state of the	A CONTRACTOR OF THE OWNER	Coldination	The second second second	
	SFY 1	SFY 2	SFY 3	Comments	
Expenditures:	FY 2014				
	FI 2014	FY 2015	FY		
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Department of Finance & Management Version 1.7_6/19/2013

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APR 2 2 2014

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

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Has current fiscal year bu	dget detail been o	entered into V	antage?	Yes No	
PERSONAL SERVICE IN			A.c.		
11. Will monies from this If "Yes", appointing authori Appointing Authority Nam	ty must initial her	e to indicate in	tent to follow	current competitive bi	X Yes □ No dding process/policy. (initial)
12. Limited Service	1				
Position Information:	# Positions	Title		and the second s	د الشيبالانسور سالياني
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			- 10 - 10		in the second
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Total Positions					
12a. Equipment and space positions:			y available.	Can be obtained	with available funds.
13. AUTHORIZATION A	and the second se	TMENT	Martin and and	and the second second	
I/we certify that no funds	Signature	411-00-			Date
beyond basic application preparation and filing costs	Title:	1465 21	line de la compañía d		
nave been expended or	÷.				8
committed in anticipation of Joint Fiscal Committee	Signature:	22			Date:
approval of this grant, unless		1 			
previous notification was	Title:				
made on Form AA-IPN (if applicable):					
14. SECRETARY OF AD	MINISTRATION	۷			
Approved:	(Secretary or designe	ee signature)	Ku	Dep	Date 05/07/14
15. ACTION BY GOVER	NOR		_}		~)
Check One Box: Accepted	UA	7			5/8/14
1	(Governor's signatur	c)	>		Date
Rejected	1		alema (militare		
16. DOCUMENTATION	REQUIRED				
	Req	uired GRANT			
Request Memo Depl. project approval (i	f applicable)	Gra		on (if any) "imeline (if applicable) nsion (it applicable)	
Notice of Award Grant Agreement				ttached (if applicable)	
Grant Budget				······································	
		End For			والمتعادية والأراب فياستان المتعارف والمتعادية
*) The term "grant" refers to a lepartment, commission, board	ny grant, gift, loan,	or any sum of m	toncy or thing	of value to be accepted by	y any agency,
repartment, commission, poarc	, or other part of sta	are Bosenment	1000 JA V.J.A	. 3-7	



New Limited Service Position, Program Technician III, PG 22

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

This form is to be used by managers and supervisors to request classification of a position (filled or vacant) when the duties have changed, and by managers and supervisors to request the creation of a new job class/title (for a filled, vacant, or new position), and by employees to request classification of their position.

This form was designed in Microsoft Word to download and complete on your computer. This is a formprotected document, so information can only be entered in the shaded areas of the form.

> If you prefer to fill out a hard copy of the form, contact your Personnel Officer.

- To move from field to field use your mouse, the arrow keys or press Tab. Each form field has a limited number of characters. Use your mouse or the spacebar to mark and unmark a checkbox.
- Where additional space is needed to respond to a question, you might need to attach a separate page, and number the responses to correspond with the numbers of the questions on the form. Please contact your Personnel Officer if you have difficulty completing the form.
- The form <u>must be complete</u>, including required attachments and signatures or it will be returned to the department's personnel office. All sections of this form are required to be completed unless otherwise stated.

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

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

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

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

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

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

Request for Classification Review Position Description Form A

For Department of Personnel Use Only	a. *
Notice of Action #	Date Received (Stamp)
Action Taken:	
New Job Title	
Current Class Code New Class Code	
Current Pay Grade New Pay Grade	, *
Current Mgt Level B/U OT CatEEO CatFLSA	
New Mgt Level B/UOT CatEEO CatFLSA	
Classification AnalystDate	Effective Date:
Comments:	Date Processed:
Willis Rating/Components: Knowledge & Skills: Mental Demands: Working Conditions: Total:	Accountability:
Incumbent Information:	
Employee Name: Employee Number:	
Position Number: Current Job/Class Title:	
Agency/Department/Unit: Work Station: Zip Code:	
Supervisor's Name, Title, and Phone Number:	
How should the notification to the employee be sent: employee's work to address, please provide mailing address:	ocation or other
New Position/Vacant Position Information:	
New Position Authorization: Request Job/Class Title: Program Tech	nician III
Position Type: Dermanent or Dilimited / Funding Source: Core, P	artnership, or 🗌 Sponsored
Vacant Position Number: Current Job/Class Title:	
Agency/Department/Unit: AOE/FESP/Child Nutrition Work Station: Mont	pelier Zip Code: 05620
Supervisor's Name, Title and Phone Number: Rebecca Cochran, Education 828-1690	Programs Coordinator I, 802-

Type of Request:

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

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

1. Job Duties

This is the *most critical* part of the form. Describe the activities and duties required in your job, **noting changes (new duties, duties no longer required, etc.) since the last review**. Place them in order of importance, beginning with the single most important activity or responsibility required in your job. The importance of the duties and expected end results should be clear, including the tolerance that may be permitted for error. Describe each job duty or activity as follows:

- > What it is: The nature of the activity.
- How you do it: The steps you go through to perform the activity. Be specific so the reader can understand the steps.
- Why it is done: What you are attempting to accomplish and the end result of the activity.

For example a Tax Examiner might respond as follows: **(What**) Audits tax returns and/or taxpayer records. **(How)** By developing investigation strategy; reviewing materials submitted; when appropriate interviewing people, other than the taxpayer, who have information about the taxpayer's business or residency. **(Why)** To determine actual tax liabilities.

This position will be responsible for conducting outreach, onboarding, and monitoring of potential sponsors of two federal child nutrition programs - the Child and Adult Care Food Program (CACFP) and the Summer Food Service Program (SFSP), with the goal of increasing participation in these programs. The position will also supplement the monitoring, technical assistance and administrative activities currently conducted by other child nutrition staff members during a software implementation that this team is involved in.

1. Outreach activities. The position will identify and contact potential CACFP and SFSP sponsoring organizations to make them aware of the program. The position will represent the agency at conferences, meetings and events that potential sponsors may attend. The position will identify partners in state government who already work with potential sponsors and collaborate with those partners to get outreach information to their contacts. The position will create handouts and web-based materials that can be provided to potential sponsors.

2. Technical assistance and training. The position will create and provide training on program requirements, regulations and best practices aimed at existing and potential sponsors. The position will create and provide training on potential expansion opportunities for existing sponsors. The position will provide individual technical assistance to potential and existing sponsors by conducting technical assistance visits to evaluate needs and provide suggestions for how the sponsor can be most successful. The position will provide ad hoc technical assistance via telephone and email to potential and existing sponsors. The position will create training materials such as handouts and webinars that potential and existing sponsors can access as needed.

3. Onboarding. Once potential sponsors have indicated an interest in participation in the programs, the position will work with them to guide them through the onboarding process, including completing the application process, assessing the program to determine whether it meets USDA requirements for viability, capability and accountability, conducting preapproval visits, and ensuring that they have the tools they need to be successful.

4. Monitoring. The position will conduct a portion of the USDA-required annual monitoring for all programs. This monitoring includes site visits, review of production records, finances, counting and claiming procedures, civil rights requirements and other federal regulatory requirements. Once monitoring visits are completed, the position will be responsible for determining findings and required corrective actions, writing a report summarizing the visit, reviewing corrective action documentation submitted for any

findings, and writing the closure letter once all corrective action documentation has been received.

5. Program renewals. The position will assist with program agreement renewals for existing programs sponsors. This work includes reviewing documentation submitted by the sponsor and comparing it against a check list. The position may need to provide technical assistance if documentation is incomplete.

6. Administrative support. The position will be responsible for scheduling training venues, making travel arrangements, and handling training registration.

2. Key Contacts

This question deals with the personal contacts and interactions that occur in this job. Provide brief typical examples indicating your primary contacts (**not** an exhaustive or all-inclusive list of contacts) other than those persons to whom you report or who report to you. If you work as part of a team, or if your primary contacts are with other agencies or groups outside State government describe those interactions, and what your role is. For example: you may collaborate, monitor, guide, or facilitate change.

1. Outreach to potential program sponsors (non-profits, schools, local government entities)

2. Collaborate with state government agencies who may work with potential program sponsors (such as the Vermont Department of Libraries, Department of Health, Department of Parks and Recreation, Child Care Licensing).

3. Communicate with USDA regional office officials when additional guidance is needed on certain situations, or to provide data requested by USDA.

4. Work as part of the Child Nutrition Programs team to identify potential sponsors participating in other programs, identify training needs, and conduct onboarding and monitoring activities.

3. Are there licensing, registration, or certification requirements; or special or unusual skills necessary to perform this job?

Include any special licenses, registrations, certifications, skills; (such as counseling, engineering, computer programming, graphic design, strategic planning, keyboarding) including skills with specific equipment, tools, technology, etc. (such as mainframe computers, power tools, trucks, road equipment, specific software packages). Be specific, if you must be able to drive a commercial vehicle, or must know Visual Basic, indicate so.

Knowledge of USDA program regulations, business writing skills for writing reports and creating outreach materials, driving, keyboarding, public speaking, food safety knowledge

4. Do you supervise?

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

		A DECEMBER OF A		
No.				

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

Request for Classification Review Position Description Form A Page 4

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

The position will report to the CACFP Education Programs Coordinator I. The position will have weekly check-ins with this supervisor. During the summer months, some work will be assigned by the SFSP Education Programs Coordinator I. The two Education Programs Coordinators will coordinate on assigning work during the summer months. Monitoring visits and renewal of program agreements will be assigned and overseen by the CACFP and SFSP Education Programs Coordinator. Reports, formal communications with the field, and technical assistance publications will be reviewed by the supervisor prior to publication. Outreach activities to the field and others in state government will be somewhat self-directed, with some oversight by the supervisor.

6. Mental Effort

This section addresses the mental demands associated with this job. Describe the most mentally challenging part of your job or the most difficult typical problems you are expected to solve. Be sure to give a specific response and describe the situation(s) by example.

- For example, a purchasing clerk might respond: In pricing purchase orders, I frequently must find the cost of materials not listed in the pricing guides. This involves locating vendors or other sources of pricing information for a great variety of materials.
- Or, a systems developer might say: Understanding the ways in which a database or program will be used, and what the users must accomplish and then developing a system to meet their needs, often with limited time and resources.

Understanding which organizations might be potential sponsors and then determining the best way to approach those organizations to invite them to participate in the programs.

Remembering complex program regulations, or understanding where to look up program regulations.

Determining the severity of issues observed during monitoring visits and deciding which corrective actions to require.

Designing and providing training for adult learners on program regulations...

7. Accountability

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

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

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

For example:

• A social worker might respond: To promote permanence for children through coordination and delivery of services;

A financial officer might state: Overseeing preparation and ongoing management of division budget: \$2M Operating/Personal Services, \$1.5M Federal Grants.

The goal of the position is to increase program particiaption in the two programs by 5% per year (in terms of # meals served) by onboarding new programs and assisting exisiting programs with expansion efforts.

8. Working Conditions

The intent of this question is to describe any adverse conditions that are routine and expected in your job. It is <u>not</u> to identify special situations such as overcrowded conditions or understaffing.

a) What significant mental stress are you exposed to? All jobs contain some amount of stress. If your job stands out as having a significant degree of mental or emotional pressure or tension associated with it, this should be described.

Туре	How Much of the Time?
May need to determine that a sponsor is out of compliance, resulting in that sponsor loosing access to federal funds or having to re-pay federal funds	1%

b) What hazards, special conditions or discomfort are you exposed to? (Clarification of terms: hazards include such things as potential accidents, illness, chronic health conditions or other harm. Typical examples might involve exposure to dangerous persons, including potentially violent customers and clients, fumes, toxic waste, contaminated materials, vehicle accident, disease, cuts, falls, etc.; and discomfort includes exposure to such things as cold, dirt, dust, rain or snow, heat, etc.)

Туре	How Much of the Time?		
Winter Driving	5%		

c) What weights do you lift; how much do they weigh and how much time per day/week do you spend lifting?

Туре	How Heavy?	How Much of the Time?	
Boxes of training materials	25lbs	less than 1%	

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

Туре	How Much of the Time?	
•Driving	12%	

Additional Information:

Request for Classification Review Position Description Form A Page 6

Carefully review your job description responses so far. If there is anything that you feel is important in understanding your job that you haven't clearly described, use this space for that purpose. Perhaps your job has some unique aspects or characteristics that weren't brought out by your answers to the previous questions. In this space, add any additional comments that you feel will add to a clear understanding of the requirements of your job.

Employee's Signature (required):

Date:

Supervisor's Section:

Carefully review this completed job description, but **do not** alter or eliminate any portion of the original response. Please answer the questions listed below.

1. What do you consider the most important duties of this job and why?

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

3. Comment on the accuracy and completeness of the responses by the employee. List below any missing items and/or differences where appropriate.

4. Suggested Title and/or Pay Grade:

Supervisor's Signature (required): ______Date:____Date:____Date:____Date:____Date:____Date:____Date:____Date:____Date:____Date:____Date:____Date:____Date:____Date:____Date:____Date:___Date:____Date:____Date:____Date:____Date:____Date:____Date:____Date:____Date:____Date:____Date:___Date:____Date:______AAte:_____AAte:_____AAte:_____AAte:_____AAte:____AAte:_____AAte:_____AAte:_____AAte:_____AAte:_____AAte:_____AAte:_____AAte:_____AAte:_____AAte:_____AAte:_____AAte:_____AAte:_____AAte:_____AAte:_____AAte:_____AAte:____AAte:____AAte:____AAte:_____AAte:___

Personnel Administrator's Section:

Please complete any missing information on the front page of this form before submitting it for review.

Are there other changes to this position, for example: Change of supervisor, GUC, work station?

X Yes No If yes, please provide detailed information.

Will assign supervisory function to 770370, but position will not supervise 2 or more classified ee's and union designation will not change.

Attachments:

X Organizational charts are **required** and must indicate where the position reports,

Draft job specification is **required** for proposed new job classes.

Will this change affect other positions within the organization? If so, describe how, (for example, have duties been shifted within the unit requiring review of other positions; or are there other issues relevant to the classification review process).

770370, Education Programs Coordinator I will become a supervisor.

**From DHR Admin - See above note

Suggested Title and/or Pay Grade:

Program Tech III, contingent on review of DHR Classification Analyst

Personnel Administrator's Signature (required): Courtney O'Brian Date: 02/27/20

Appointing Authority's Section:

Please review this completed job description but **do not alter** or eliminate any of the entries. Add any clarifying information and/or additional comments (if necessary) in the space below.

Suggested Title and/or Pay Grade:

Pay Grade 22, Program Technician III

Appointing Authority of Authorized Representative Signature (required)

Date



AOE Administration Division



AOE Legal Division











