MEMORANDUM

To: Joint Fiscal Committee members
From: Daniel Dickerson, Fiscal Analyst
Date: April 22, 2020
Subject: 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; ddickerson@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 May 5, 2020 we will assume that you agree to consider as final the Governor’s acceptance of this request.
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.

<table>
<thead>
<tr>
<th>Agency/Department:</th>
<th>Date: 2/21/20</th>
</tr>
</thead>
</table>

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

Request is for:
- [ ] Positions funded and attached to a new grant.
- [X] Positions funded and attached to an existing grant approved by JFC # 2882

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:

<table>
<thead>
<tr>
<th>Title* of Position(s) Requested</th>
<th># of Positions</th>
<th>Division/Program</th>
<th>Grant Funding Period/Anticipated End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Tech III (PC 22)</td>
<td>1</td>
<td>FES/PChild Nutrition</td>
<td>6/30/2022</td>
</tr>
</tbody>
</table>

*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)).

   [Signature]

   [Date]

   [Approved/Denied by Department of Human Resources]

   [Signature] Adam Greshin

   [Date]

   [Approved/Denied by Finance and Management]

   [Signature] Bradley L Ferland

   [Date]

   [Approved/Denied by Secretary of Administration]

   [Signature]

   [Date]

   [Approved/Denied by Governor (required as amended by 2019 Leg. Session)]

   [Signature]

   [Date]

   [Comments]

   Performance award funds can be used for any purpose allowable change to the SAE.
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
**STATE OF VERMONT REQUEST FOR GRANT (*) ACCEPTANCE (Form AA-1)**

### BASIC GRANT INFORMATION
1. **Agency:** VT Agency of Education  
2. **Department:** General Supervision & Monitoring Team  
3. **Program:** Child Nutrition Programs  
4. **Legal Title of Grant:** Direct Certification Outstanding Performance Award  
5. **Federal Catalog #:** 10,589

### 6. Grant/Donor Name and Address:
US Department of Agriculture

### 7. Grant Period: From: To:

### 8. Purpose of Grant:
Vermont has been selected to receive an FY 2013 Direct Certification Performance Award for Outstanding Performance in directly certifying children for free school meals using data from the Supplemental Nutrition Assistance Program.

### 9. Impact on existing program if grant is not Accepted:
This award will help us fund critically needed updates to our financial management system for processing claims for reimbursement for all sub-recipients participating in the Child Nutrition Programs to improve the infrastructure and make us better able to meet the needs of our program participants.

### 10. BUDGET INFORMATION

<table>
<thead>
<tr>
<th>Expenditures</th>
<th>SFY 1 FY 2014</th>
<th>SFY 2 FY 2015</th>
<th>SFY 3 FY 2016</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal Services</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td></td>
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<tr>
<td>Operating Expenses</td>
<td>$</td>
<td>$201,923</td>
<td>$</td>
<td></td>
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<tr>
<td>Grants</td>
<td>$</td>
<td>$</td>
<td>$</td>
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<tr>
<td><strong>Total</strong></td>
<td>$</td>
<td>$</td>
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<tr>
<td>Revenues:</td>
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<tr>
<td>State Funds:</td>
<td>$</td>
<td>$</td>
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<tr>
<td>Cash</td>
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<td>In-Kind</td>
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<tr>
<td>Federal Funds:</td>
<td>$</td>
<td>$201,923</td>
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<tr>
<td>(Direct Costs)</td>
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<tr>
<td>(Statewide Indirect)</td>
<td>$</td>
<td>$</td>
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<tr>
<td>(Departmental Indirect)</td>
<td>$</td>
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<tr>
<td>Other Funds:</td>
<td>$</td>
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<td>$</td>
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<tr>
<td>Grant (source)</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$</td>
<td>$201,923</td>
<td>$</td>
<td></td>
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</table>

**Appropriation No:** 5100070000  
**Amount:** $201,923
STATE OF VERMONT REQUEST FOR GRANT (*) ACCEPTANCE  (Form AA-1)

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<th>$</th>
<th>Total $</th>
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</table>

Has current fiscal year budget detail been entered into Vantage? □ Yes □ No

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: William Talbott, Dep Secretary/CFO    Agreed by: [signature] (initial)

<table>
<thead>
<tr>
<th>12. Limited Service Position Information:</th>
<th># Positions</th>
<th>Title</th>
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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: [signature] Date: [date]

Title: [title]

Signature: [signature] Date: [date]

Title: [title]

14. SECRETARY OF ADMINISTRATION

Approved: [signature] Date: [date]

15. ACTION BY GOVERNOR

Check One Box:

☑ Accepted

☑ Rejected

(Governor’s signature) Date: [date]

16. DOCUMENTATION REQUIRED

Required GRANT Documentation

☐ Request Memo
☐ Dept. project approval (if applicable)
☐ Notice of Award
☐ Grant Agreement
☐ Grant Budget
☐ Notice of Donation (if any)
☐ Grant (Project) Timeline (if applicable)
☐ Request for Extension (if applicable)
☐ Form AA-1PN attached (if applicable)

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).
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 form-protected document, so information can only be entered in the shaded areas of the form.

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

➤ To move from field to field use your mouse, the arrow keys or press Tab. Each form field has a limited number of characters. Use your mouse or the spacebar to mark and unmark a checkbox.

➤ Where additional space is needed to respond to a question, you might need to attach a separate page, and number the responses to correspond with the numbers of the questions on the form. Please contact your Personnel Officer if you have difficulty completing the form.

➤ The form must be complete, including required attachments and signatures or it will be returned to the department’s personnel office. All sections of this form are required to be completed unless otherwise stated.

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

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

➤ Tell the facts about what an employee in this position is actually expected to do.

➤ Give specific examples to make it clear.

➤ Write in a way so a person unfamiliar with the job will be able to understand it.

➤ Describe the job as it is now; not the way it was or will become.

➤ Before answering each question, read it carefully.

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

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

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

For Department of Personnel Use Only

Notice of Action # ____________________________
Action Taken: ____________________________________________
New Job Title: ____________________________________________
Current Class Code: __________ New Class Code: __________
Current Pay Grade: __________ New Pay Grade: __________
Current Mgt Level: ______ B/U ______ OT Cat. ______ EEO Cat. ______ FLSA ______
New Mgt Level: ______ B/U ______ OT Cat. ______ EEO Cat. ______ FLSA ______
Classification Analyst: ______________________ Date: ______ Effective Date: ______
Comments: ____________________________________________
Date Processed: ______
Willis Rating/Components: Knowledge & Skills: ______ Mental Demands: ______ Accountability: ______
Working Conditions: ______ Total: ______

Incumbent Information:
Employee Name: _____ Employee Number: _____
Position Number: _____ Current Job/Class Title: _____
Agency/Department/Unit: _____ Work Station: _____ Zip Code: _____
Supervisor’s Name, Title, and Phone Number: ______
How should the notification to the employee be sent: □ employee’s work location _____ or □ other address, please provide mailing address: ______

New Position/Vacant Position Information:
New Position Authorization: _____ Request Job/Class Title: Program Technician III
Position Type: □ Permanent or ✗ Limited / Funding Source: □ Core, □ Partnership, or □ Sponsored
Vacant Position Number: _____ Current Job/Class Title: _____
Agency/Department/Unit: AOE/FESP/Child Nutrition Work Station: Montpelier Zip Code: 05620
Supervisor’s Name, Title and Phone Number: Rebecca Cochran, Education Programs Coordinator I, 802-828-1690

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 pre-approval 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. 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:

No.

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

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 participation in the two programs by 5% per year (in terms of # meals served) by onboarding new programs and assisting existing 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 *not* to identify special situations such as overcrowded conditions or understaffing.

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

<table>
<thead>
<tr>
<th>Type</th>
<th>How Much of the Time?</th>
</tr>
</thead>
<tbody>
<tr>
<td>May need to determine that a sponsor is out of compliance, resulting in that sponsor losing access to federal funds or having to re-pay federal funds</td>
<td>1%</td>
</tr>
</tbody>
</table>

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.)

<table>
<thead>
<tr>
<th>Type</th>
<th>How Much of the Time?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Winter Driving</td>
<td>5%</td>
</tr>
</tbody>
</table>

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### Additional Information:

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

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: __________________________

**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’Brien 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 or Authorized Representative Signature (required) Date: 2/25/20
AOE
Legal Division