



STATE OF VERMONT
JOINT FISCAL OFFICE

MEMORANDUM

To: Joint Fiscal Committee members
From: Daniel Dickerson, Fiscal Analyst
Date: November 7, 2016
Subject: Grant Request #2857

The Joint Fiscal Office has received a request from the Administration for expedited review of a grant from the U.S. Food and Drug Administration in the amount of \$3,625,000 to support the design, development and implementation of a Produce Safety Program in Vermont. The recipient of the grant would be the Agency of Agriculture, Food and Markets, which has also requested approval to establish five (5) new limited service positions for program implementation. This new program would be created to comply with the FDA's rule, *Standards for Growing, Harvesting, Packing and Holding of Produce for Human Consumption*. The Agency would utilize \$500,000 of the grant funding in FY17.

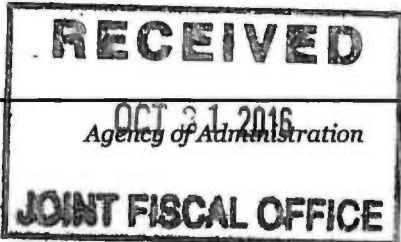
Senator Kitchel has asked for the item to be held for review at the Joint Fiscal Committee meeting scheduled for November 14, 2016. This grant packet is being sent for informational purposes only as you will be asked to formally approve/deny the request at the meeting.

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.



VERMONT

JFO 2857



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

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

STATE OF VERMONT
FINANCE & MANAGEMENT GRANT REVIEW FORM

Grant Summary:	Federal grant for VT Agency of Agriculture so that the Agency can develop a statewide produce safety program that will enable Vermont producers to comply with new FDA regulations.				
Date:	10/5/2016				
Department:	Agency of Agriculture				
Legal Title of Grant:	Support for the design, development, and implementation of Vermont's Produce Safety Program				
Federal Catalog #:	93.103				
Grant/Donor Name and Address:	Department of Health and Human Services Food and Drug Administration Office of Partnerships Office of Regulatory Affairs Denise Beuttenmuller, Project Officer P.O. Box 6021 Rockville, MD 20852				
Grant Period:	From: 9/5/2016		To: 6/30/2021		
Grant/Donation	\$3,625,000				
	SFY 1	SFY 2	SFY 3	Total	Comments
Grant Amount:	\$500,000	\$725,000	\$725,000	\$3,625,000	Funding extends for five years.
Position Information:	# Positions	Explanation/Comments			
	5	Positions include: Agriculture Development Coordinator, Senior Agriculture Development Coordinator, Program Technician II, IT Systems Developer, General Counsel. In future years Agriculture expects to request three more positions for a total of eight.			
Additional Comments: Grant provides federal funding to implement statewide produce food safety program that will comply with federal regulations. This funding will be expended over a five year period and will					

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

allow the state the fleximbilty to implement its own program instead of relying on federal officials and FDA regulation. After the initial year all funds will be budgeted through the regular appropriations process. Required paperwork is present and the department has requested an expidited review.

Has Vantage budget detail been reviewed and reconciled? Yes No *STW 10/17/16* (Analyst Initial)

Department of Finance & Management	<i>BH</i>	(Initial)
Secretary of Administration	<i>ME</i>	(Initial)
Sent To Joint Fiscal Office		Date <i>10/27/16</i>





Agency of Agriculture Food & Markets
116 State Street
Montpelier, VT 05620
www.VermontAgriculture.com

Memorandum

TO: Joint Fiscal Office and Finance & Management

FROM: Jolinda LaClair, Deputy Secretary
Agency of Agriculture, Food & Markets

DATE: September 29, 2016

SUBJECT: REQUEST EXPEDITED REVIEW OF RECEIPT OF FDA FUNDING FOR THE CREATION OF VERMONT'S STATE PRODUCE SAFETY PROGRAM

This memo is to request an expedited review of our receipt of FDA funding to create a VT state produce safety program. The first year of the cooperative agreement funding from FDA is only 10 months, beginning on 9/5/16 through 6/30/17. To take full advantage of these federal resources to design, develop and implement our VT Produce Safety Program, we will need to create additional staff capacity within the Vermont Agency of Agriculture, Food, and Markets (VAAFAM) and hope to initiate this hiring process as soon as possible. Consequently, an expedited review of the receipt of this federal funding and request for additional Limited Service Positions would be most appreciated.

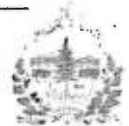
Thank you for your consideration in an expedited review of this request.

Position Forms to HR 10/4/16

The State of Vermont is an Equal Opportunity / Affirmative Action Employer and Provider

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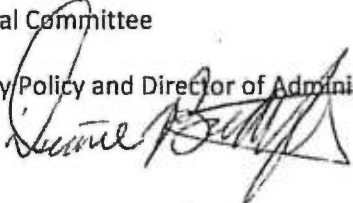




Agency of Agriculture Food & Markets
116 State Street
Montpelier, VT 05620
www.VermontAgriculture.com

Memorandum

TO: Sam Winship, Budget Analyst, Finance & Management
Daniel Dickerson, Fiscal Analyst, Joint Fiscal Committee

FROM: Diane Bothfeld, Deputy Secretary for Dairy Policy and Director of Administrative Services
Agency of Agriculture, Food & Markets 

DATE: September 29, 2016

SUBJECT: RECEIPT OF FDA FUNDING FOR THE CREATION OF VERMONT'S STATE PRODUCE SAFETY PROGRAM

This memo is to inform the Agency of Administration that the Vermont Agency of Agriculture, Food, and Markets (VAAFAM) has been guaranteed \$500,000 for year 1 and a total commitment of \$3,625,000 over 5-years (pending congressional allocation for years 2-5) from Food and Drug Administration (FDA) for the design, development, and implementation of Vermont's state Produce Safety Program. Enclosed is FDA's Notice of Grant Award outlining the funding and cooperative agreement terms and conditions, over the year 1 budget period of 9/5/16-6/30/17 and five-year committed project period through 6/30/21.

The year 1 committed funding of \$500,000 initiates the creation and implementation of this state produce safety program. FDA's Notice of Award contains budget summaries for all five years, totaling \$3,625,000 through 6/30/2021.

This federal funding from FDA will allow VAAFAM to design, develop, and implement a Vermont State Produce Safety Program that advances efforts for a nationally integrated food safety system by encouraging the safe production of fresh fruits and vegetables and promoting understanding and compliance with the requirements of FDA's Rule, *Standards for the Growing, Harvesting, Packing, and Holding of Produce for Human Consumption* ("Produce Safety Rule").

To establish the Vermont Produce Safety Program over the next five years, VAAFAM will:

- Create and utilize a multi-year strategic plan that identifies resources needed to implement a produce safety program, that aligns with FDA's Produce Safety Rule, and that contains metrics and outcomes to evaluate its effectiveness.
- Develop a state-level produce safety inspectional program that meets FDA requirements and supports public health. VAAFAM will undergo a comprehensive self-assessment to determine the components needed to create a regulatory and enforcement program, which includes conducting legislative research and infrastructure development along with determining organizational structure and human resources needed.





Agency of Agriculture Food & Markets

116 State Street
Montpelier, VT 05620

www.VermontAgriculture.com

- Establish a strong education and technical assistance component to the regulatory program that ensures producers feel educated and supported with tools to achieve compliance with the Produce Safety Rule.
- Implement a program that includes Produce Safety Rule education and training for produce farmers covered under the rule as well as robust regulator training for our VAAFAM staff.

To execute this scope of work, VAAFAM will need to increase staff capacity. Creation of positions are outlined throughout the five years. Beginning in year one, five (5) Limited Service Positions will be created to address outreach and education, produce farm inventory creation, industry and stakeholder communication, and legislative priorities.

Limited Service Position requests:

- Ag Development Coordinator
- Senior Ag Development Coordinator
- IT Systems Developer
- Program Technician II
- General Counsel

Over the entire five-year period, as the program is developed and roles expand to include compliance and enforcement in addition to education and technical assistance, we will create a total of eight (8) positions.

This memo is accompanied by our Agency's five (5) Limited Service Position (LSP) Request Forms and position justifications. The LSPs are also outlined in the AA-1 form.

Thank you for your consideration in reviewing this request.



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

BASIC GRANT INFORMATION			
1. Agency:	Agency of Agriculture, Food & Markets		
2. Department:			
3. Program:	Vermont State Produce Safety Program		
4. Legal Title of Grant:	Support for the design, development, and implementation of Vermont's Produce Safety Program		
5. Federal Catalog #:	93.103		
6. Grant/Donor Name and Address:	Department of Health and Human Services Food and Drug Administration Office of Partnerships Office of Regulatory Affairs Denise Beuttenmuller, Project Officer P.O. Box 6021 Rockville, MD 20852		
7. Grant Period:	From:	9/5/2016	To: 6/30/2017 21 STW
8. Purpose of Grant:	<p>The purpose of this funding is to design, develop, and implement a Vermont State Produce Safety Program that advances efforts for a nationally integrated food safety system by encouraging the safe production of fresh fruits and vegetables, ensuring competitiveness in the marketplace for Vermont producers, and promoting understanding and compliance with the requirements of FDA's Rule, Standards for the Growing, Harvesting, Packing, and Holding of Produce for Human Consumption ("Produce Safety Rule").</p> <p>Funds will be allocated to create and implement a multi-year strategic plan for development of a state-level Produce Safety Program. New program development efforts will establish the following components of the Vermont Agency of Agriculture, Food, and Market's outreach, education, technical assistance, regulatory and enforcement program:</p> <ul style="list-style-type: none"> - Establish a Vermont produce farm inventory of covered farms under FDA's Produce Safety Rule - Ensure state legal authority to remain aligned with FDA's Produce Safety Rule (PSR) - Invest in Vermont Produce Safety Program development infrastructure and staffing - Provide education, outreach and technical assistance to the produce industry to achieve compliance with PSR - Develop an outreach and communication plan to reach produce industry and stakeholders - Research, design, and implement an inspectional program for Vermont farms covered under the Produce Safety Rule. - Creation of an inspectional program which will incorporate both education and technical assistance to facilitate compliance as well as standardized, routine inspections. 		
9. Impact on existing program if grant is not Accepted:	<p>This funding will allow for Vermont's Agency of Agriculture, Food and Markets to create a statewide Produce Safety Program that aligns with FDA's Produce Safety Rule and properly prepares our state's produce industry to be in compliance with the new rule requirements. This federal funding, secured for Year 1, and committed by FDA pending congressional allocation for Years 2-5, is necessary to safeguard Vermont produce industry's competitiveness in the marketplace and viability as food businesses, our ability to support public health and access to safe produce by all consumers, and ensure a vibrant and sustainable agricultural economy within Vermont's diversified fruit, vegetable, and berry operations.</p>		

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

Without this FDA funding to support the development and implementation of Vermont's Produce Safety Program, we will be unable to create a state-level program or hire necessary education and regulatory staff, will subject our industry to regulatory compliance by FDA officials (rather than state staff), and will likely experience competitive disadvantage for our produce growers in local and regional marketplace. Creation of a state produce safety program is a monumenal task and completely reliant on FDA funding and support.

10. BUDGET INFORMATION

	SFY 1	SFY 2	SFY 3	Comments
	FY 17	FY	FY	
Expenditures:				<i>Future years will be funded through the appropriation process</i>
Personal Services	\$378,346	\$	\$	
Operating Expenses	\$121,654	\$	\$	
Grants	\$	\$	\$	
Total	\$500,000	\$	\$	<i>STC</i>
Revenues:				
State Funds:				
Cash	\$	\$	\$	
In-Kind	\$	\$	\$	
Federal Funds:				
(Direct Costs)	\$398,425	\$	\$	
(Statewide Indirect)	\$	\$	\$	
(Departmental Indirect)	\$101,575	\$	\$	
Other Funds:				
Grant (source)	\$	\$	\$	
Total	\$500,000	\$	\$	

Appropriation No:	Amount:
2200030000	\$500,000
	\$
	\$
	\$
	\$
	\$
	\$
Total	\$500,000

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: Jolinda LaClair Agreed by: *JHL* (initial)

12. Limited Service Position Information:	# Positions	Title
	2	Ag Development Coordinator & Senior Ag Development Coordinator
	1	Program Technician II
	1	IT Systems Developer
	1	General Counsel
Total Positions	5	

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

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

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:	Date: 10/3/16
Title: Deputy Secretary		
Signature:		Date:
Title:		
14. SECRETARY OF ADMINISTRATION		
<input checked="" type="checkbox"/> Approved:		(Secretary or designee signature)
		Date: 10/29/16
15. ACTION BY GOVERNOR		
Check One Box:		
<input checked="" type="checkbox"/> Accepted	(Governor's signature)	
<input type="checkbox"/> Rejected	Date: 10/27/16	
16. DOCUMENTATION REQUIRED		
Required GRANT Documentation		
<input checked="" type="checkbox"/> Request Memo <input type="checkbox"/> Dept. project approval (if applicable) <input type="checkbox"/> Notice of Award <input checked="" type="checkbox"/> Grant Agreement <input type="checkbox"/> Grant Budget	<input type="checkbox"/> Notice of Donation (if any) <input type="checkbox"/> Grant (Project) Timeline (if applicable) <input type="checkbox"/> Request for Extension (if applicable) <input type="checkbox"/> Form AA-1PN attached (if applicable)	
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).		

**STATE OF VERMONT
Joint Fiscal Committee Review
Limited Service - Grant Funded
Position Request Form**

This form is to be used by agencies and departments when additional grant funded positions are being requested. Review and approval by the Department of Human Resources must be obtained prior to review by the Department of Finance and Management. The Department of Finance will forward requests to the Joint Fiscal Office for JFC review. A Request for Classification Review Form (RFR) and an updated organizational chart showing to whom the new position(s) would report must be attached to this form. Please attach additional pages as necessary to provide enough detail.

Agency/Department: Agency of Agriculture, Food & Markets Date: September 22, 2016

Name and Phone (of the person completing this request): Abbey Willard, (802) 272-2885

Request is for:

- Positions funded and attached to a new grant.
 Positions funded and attached to an existing grant approved by JFO # _____

1. Name of Granting Agency, Title of Grant, Grant Funding Detail (attach grant documents):

Department of Health and Human Services - Food and Drug Administration - Office of Partnership and Office of Regulatory Affairs

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

<u>Title* of Position(s) Requested</u>	<u># of Positions</u>	<u>Division/Program</u>	<u>Grant Funding Period/Anticipated End Date</u>
Agriculture Development Coordinator	1	Ag Development- Food Systems Section	9/5/16-9/30/17

*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:

As VAAFM designs, develops, and implements its Vermont State Produce Safety Program, this position's responsibility to industry and stakeholder outreach, programmatic tracking and reporting, on-farm education around the Produce Safety Rule through conducting On-Farm Readiness Reviews, and supporting both communication and farm inventory tasks will be critical to the launch and long-term success of the program.

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)).

Deanne [Signature] 9/26/16
 Signature of Agency or Department Head Date

Molly Paul [Signature] 10/10/16
 Approved/Denied by Department of Human Resources Date

[Signature] 10/29/16
 Approved/Denied by Finance and Management Date

[Signature] 10/28/16
 Approved/Denied by Secretary of Administration Date

Comments:

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Agency/Department: Agency of Agriculture, Food & Markets Date: September 22, 2016

Name and Phone (of the person completing this request): Chelsea Lewis, 802-522-5573

Request is for:

- Positions funded and attached to a new grant.
 Positions funded and attached to an existing grant approved by JFO # _____

1. Name of Granting Agency, Title of Grant, Grant Funding Detail (attach grant documents):

Department of Health and Human Services - Food and Drug Administration - Office of Partnership and Office of Regulatory Affairs

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

<u>Title* of Position(s) Requested</u>	<u># of Positions</u>	<u>Division/Program</u>	<u>Grant Funding Period/Anticipated End Date</u>
Program Technician II	1	Development Division	9/5/16-9/30/17

*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:

This new limited service position will add the necessary administrative capacity to carry out Development Division functions in accordance with State of Vermont policies and guidelines. Working with the Grants and Contracts Specialist, and under the supervision of the Business Development Section Chief, the Program Technician II will perform administrative duties related to grant and contract development, execution and tracking.

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)).

Shane Bennett 9/26/16
 Signature of Agency or Department Head Date

Molly Paulsen 10/10/16
 Approved/Denied by Department of Human Resources Date

[Signature] 10/24/16
 Approved/Denied by Finance and Management Date

[Signature] 11/22/16
 Approved/Denied by Secretary of Administration Date

Comments:

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**STATE OF VERMONT
Joint Fiscal Committee Review
Limited Service - Grant Funded
Position Request Form**

This form is to be used by agencies and departments when additional grant funded positions are being requested. Review and approval by the Department of Human Resources must be obtained prior to review by the Department of Finance and Management. The Department of Finance will forward requests to the Joint Fiscal Office for JFC review. A Request for Classification Review Form (RFR) and an updated organizational chart showing to whom the new position(s) would report must be attached to this form. Please attach additional pages as necessary to provide enough detail.

Agency/Department: Agency of Agriculture, Food & Markets Date: September 20, 2016

Name and Phone (of the person completing this request): Abbey Willard, (802) 272-2885

Request is for:

- Positions funded and attached to a new grant.
 Positions funded and attached to an existing grant approved by JFO # _____

1. Name of Granting Agency, Title of Grant, Grant Funding Detail (attach grant documents):

Department of Health and Human Services - Food and Drug Administration - Office of Partnership and Office of Regulatory Affairs

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

<u>Title* of Position(s) Requested</u>	<u># of Positions</u>	<u>Division/Program</u>	<u>Grant Funding Period/Anticipated End Date</u>
General Counsel	1	Administration	9/5/16-9/30/17

*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:

As VAAFMD designs, develops, and implements its Vermont State Produce Safety Program, this position's responsibility will be to draft rules for implementation, develop the regulatory framework for farms and determine the regulatory interaction between the state and federal jurisdiction for the Food Safety Modernization Act.

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)).

Abbey Willard 9/26/16
 Signature of Agency or Department Head Date

Molly Paul 10/10/16
 Approved/Denied by Department of Human Resources Date

[Signature] 10/29/16
 Approved/Denied by Finance and Management Date

[Signature] 10/24/16
 Approved/Denied by Secretary of Administration Date

Comments:

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**STATE OF VERMONT
Joint Fiscal Committee Review
Limited Service - Grant Funded
Position Request Form**

This form is to be used by agencies and departments when additional grant funded positions are being requested. Review and approval by the Department of Human Resources must be obtained prior to review by the Department of Finance and Management. The Department of Finance will forward requests to the Joint Fiscal Office for JFC review. A Request for Classification Review Form (RFR) and an updated organizational chart showing to whom the new position(s) would report must be attached to this form. Please attach additional pages as necessary to provide enough detail.

Agency/Department: Agency of Agriculture, Food & Markets Date: September 26, 2016

Name and Phone (of the person completing this request): Alison Kosakowski (802) 272-4547

Request is for:

- Positions funded and attached to a new grant.
 Positions funded and attached to an existing grant approved by JFO # _____

1. Name of Granting Agency, Title of Grant, Grant Funding Detail (attach grant documents):

Department of Health and Human Services - Food and Drug Administration - Office of Partnership and Office of Regulatory Affairs

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

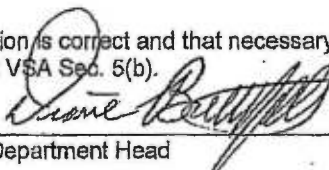
<u>Title* of Position(s) Requested</u>	<u># of Positions</u>	<u>Division/Program</u>	<u>Grant Funding Period/Anticipated End Date</u>
Senior Ag Development Coordinator	1	Ag Dev	9/5/16-9/30/17

*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:

As VAAFM designs, develops, and implements its Vermont State Produce Safety Program, this position's responsibility will be to design and execute a comprehensive outreach and education strategy to ready Vermont's fruit and vegetable farmers in preparation for FSMA compliance.

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).

 9/26/16
 Signature of Agency or Department Head Date

 10/10/16
 Approved/Denied by Department of Human Resources Date

 10/27/16
 Approved/Denied by Finance and Management Date

 10/29/16
 Approved/Denied by Secretary of Administration Date

Comments:

DHR - 11/7/05

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**STATE OF VERMONT
Joint Fiscal Committee Review
Limited Service - Grant Funded
Position Request Form**

This form is to be used by agencies and departments when additional grant funded positions are being requested. Review and approval by the Department of Human Resources must be obtained prior to review by the Department of Finance and Management. The Department of Finance will forward requests to the Joint Fiscal Office for JFC review. A Request for Classification Review Form (RFR) and an updated organizational chart showing to whom the new position(s) would report must be attached to this form. Please attach additional pages as necessary to provide enough detail.

Agency/Department: Agency of Agriculture, Food & Markets Date: September 22, 2016

Name and Phone (of the person completing this request): Hunter Thompson, (802) 828-5002

Request is for:

- Positions funded and attached to a new grant.
 Positions funded and attached to an existing grant approved by JFO # _____

1. Name of Granting Agency, Title of Grant, Grant Funding Detail (attach grant documents):

Department of Health and Human Services - Food and Drug Administration - Office of Partnership and Office of Regulatory Affairs

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

<u>Title* of Position(s) Requested</u>	<u># of Positions</u>	<u>Division/Program</u>	<u>Grant Funding Period/Anticipated End Date</u>
System Developer I	1	Administration	9/5/2016 - 9/30/2017

*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:

The FSMA program is scheduled to be implemented in VT by 9/5/2016 As there is currently no COTS FSMA application Vermont has decided to create the needed functionality internally. In order to accomplish this a System Developer I will work with the IT manager to create a web enabled application for the FSMA Inspectors to use to conduct their inspections.

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 of Agency or Department Head

Diane Burt _____ 9/26/16
Date

Approved/Denied by Department of Human Resources

Molly Paul _____ 10/10/16
Date

Approved/Denied by Finance and Management

[Signature] _____ 10/27/16
Date

Approved/Denied by Secretary of Administration

[Signature] _____ 10/27/16
Date

Comments:

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Vermont Produce Safety Program Development: Position Justifications

The Vermont Agency of Agriculture, Food and Markets (VAAFAM) will establish the following Limited Service Positions:

Ag Development Coordinator

Under the supervision of the Food Systems Section Chief, this new Limited Service Position will be responsible for coordinating outreach and education to the produce industry around FDA's Food Safety Modernization Act (FSMA) Produce Safety Rule requirements and the execution of the Vermont Produce Safety Program.

This program coordinator will support VAAFAM's team and additional partners' in offering the produce industry and stakeholders in understanding the implications of this new federal rule. Their scope of work will likely include:

- Assisting with industry outreach and to establish a statewide produce farm inventory;
- Conduct On Farm Readiness Reviews to assess producers' compliance with the Produce Safe Rule requirements;
- Support stakeholder cooperation and engagement in the produce safety program;
- Lead grant management, tracking and reporting, and program logistics;
- Research mechanisms to develop, review, verify, and update farm inventory information

This program coordinator position is new to VAAFAM's Ag Development Division and will be fully funded with FSMA cooperative agreement funding.

Senior Ag Development Coordinator

Under the advisement of the Director of Communications, this Limited Service Position will develop and execute a communications strategy to educate and prepare Vermont farming community for the new educational and regulatory framework set in place by the Produce Safety Rule. This new federal rule represents a significant cultural shift in the relationship between technical assistance providers and regulators with Vermont fruit and vegetable producers. Many produce will now be required to comply with significant regulatory requirements and likely make operational and infrastructural changes to their operation. The industry will need significant outreach and education plus access to resources in order to ensure they are prepared for this unprecedented shift in attention to produce safety.

This communication position will work closely with a to-be-assembled VAAFAM team to outreach to the produce community to understand their needs and develop and implement an outreach strategy, which will likely include:

- Development of educational materials- fact sheets, advertisements, website, in-person training tools;
- Facilitation of public meetings and other public outreach efforts;
- Assistance in developing produce contact list;
- Support to constituent and stakeholder communications; and
- Key message delivery around the Vermont Produce Safety Program.

VAAFM currently has a 0.6 FTE temporary position dedicated to Dairy Promotion, supported by Vermont Dairy Promotion funds. The Agency seeks to utilize FSMA cooperative agreement funding to create a full-time Limited Services Produce Safety Communication position.

IT Systems Developer

The Vermont Agency of Agriculture, Foods and Markets (VAAFM) will develop a web application to track the information required to adequately track the FSMA program. This work will be done by a System Developer I under the direction of the agency IT Manager.

System Developer I duties will include:

Database implementation: This position will create, and maintain the relational database which will store the FSMA data.

- Create database tables to store FMSA information.
- Define relationships within the database to ensure data integrity
- Implement maintenance plans on the database server to ensure data security

Database Reporting: The System Developer I will create reports based on user needs.

- This position will work with users to develop custom reports to support FSMA requirements.
- This position will work with users to develop custom reports to support agency requested data analytics.
- This position will work with users to develop reports which will be given to the public to support FSMA findings as they relate to specific program areas.

Application and framework development: This position will implement the FSMA application as a web application.

- This position will program the web application under the direction of the IT manager.

Application and framework maintenance. This position will maintain and modify the FSMA application to meet the needs of the business unit.

- Following deployment this position will make bug fixes and enhancements to the FSMA web application as per user request.

Documentation

- This position will document all code in a predefined standard to ensure developer continuity.

Source Control

- This position is expected to keep all their code and revision in a centralized source control repository accessible by appropriate parties.

VAAFM currently has a temporary position dedicated to IT system development and support. The Agency seeks to utilize FSMA cooperative agreement funding to create a full-time Limited Services System Developer I position.

Legal – General Counsel

Under the supervision of the Director of Administrative Services IV, this new limited service position would evaluate the existing statutory language and the regulatory authority for produce safety and determine if changes are necessary to establish, operate and maintain a Produce Safety Program aligned with the requirements of FDA's Produce Safety Rule. This position would then determine a defensible administrative program for compliance and determine the interface between the FDA and State regulatory authorities. The scope of work would likely include:

Jurisdictional Self-Assessment and Planning

- Producing written evaluation of jurisdiction's existing produce regulatory resources to identify the components that shall be included as part of the new or enhanced Produce Safety Program
- Review of and discussion with program team about statutes and regulations
- Consulting with staff if they need assistance in determining infrastructure needs, organizational structure and human resources needed, and staffing and operational financial resources needed
- Researching, drafting and implementing memorandums of understanding between/among relevant organizations

Legislative Research

- Evaluation of existing statutory and/or regulatory authority related to produce safety, research changes needs, and determine whether to adopt rule in its entirety or through FDA's authority regarding inspections

Education and Outreach and Technical Assistance

- Assist in training of personnel
- Assist in developing a continuing education program
- Establish ties with FDA's Produce Safety and Technical Assistance Networks

Inspectional Program Development

- Assist in research, design and implementation of compliance program
- Engagement in compliance actions, as needed
- Review of existing statute and collaboration with legislative counsel to determine authority

This is a new position that will utilize FSMA cooperative agreement funding as well as indirect earnings attributable to the newly awarded FSMA cooperative agreement and cost will be offset by Section 248 work.

Program Technician II

This new limited service position will add the necessary administrative capacity to carry out Development Division functions in accordance with State of Vermont policies and guidelines. Working with the Grants and Contracts Specialist, and under the supervision of the Business Development Section Chief, the Program Technician II will perform administrative duties such as:
Support with all aspects of grants and contracts management, including:

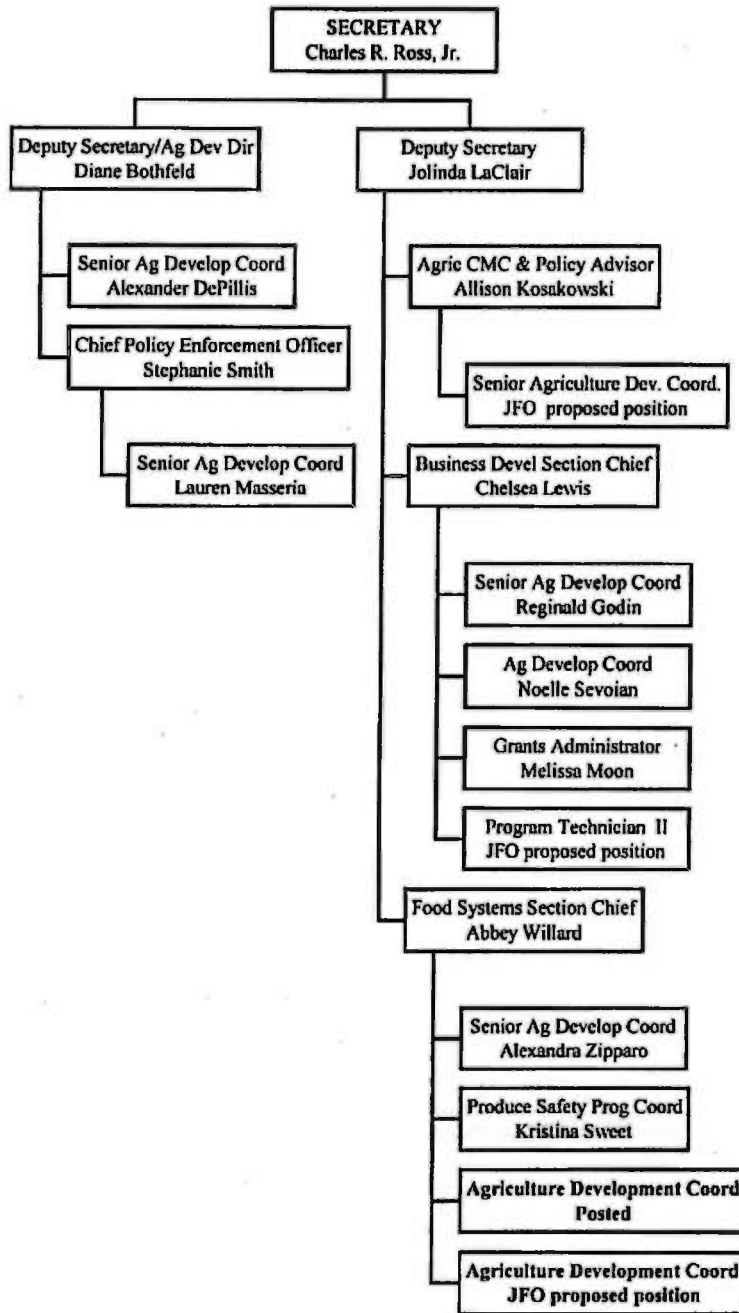
- Assist in the development and editing of Grants Management System (GMS) forms

- Draft grant agreements by uploading applicant data from GMS into grant templates
- Collect required documentation from grantees and contractors
- Assist with keeping grantees and contractors on track and aware of upcoming due dates
- Assist with data management and records retention
- Review reports and invoices received from grantees and contractors for accuracy

Additionally, this position will support program staff with the implementation of the grant-making process, including compiling materials for reviewers, collecting reviewer scores, and developing packets for Board members and other decision makers.

This is a new position that will be funded by indirect earnings attributable to the newly awarded FSMA cooperative agreement.

AGRICULTURAL DEVELOPMENT DIVISION





FOOD AND DRUG ADMINISTRATION

Grant Number: 1U18FD005897-01
FAIN: U18FD005897

Principal Investigator:
Abbey M Willard

Project Title: Vermont State Produce Safety Program: Design, Development & Implementation

Sweet, Kristina
Senior Agriculture Development Coordinator
116 State Street
Montpelier, VT 056202901

Award e-mailed to: marcey.hodgdon@state.vt.us

Budget Period: 09/05/2016 – 06/30/2017
Project Period: 09/05/2016 – 06/30/2021

Dear Business Official:

The Food and Drug Administration hereby awards a grant in the amount of \$500,000 (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to VT STATE AGENCY/AGRICULTURE/FOOD/MARKETS in support of the above referenced project. This award is pursuant to the authority of PHS Act, Sec 1706, 42 USC 300u-5, as amended; Sec 2(d), PL 98-551 and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

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

If you have any questions about this award, please contact the Grants Management Specialist and the Project Officer listed in the terms and conditions.

Sincerely yours,

Kimberly Pendleton
Grants Management Officer
Office of Acquisitions & Grants Services
Division of Acquisition Support and Grants
Grants & Assistance Team
FOOD AND DRUG ADMINISTRATION

See additional information below

SECTION I – AWARD DATA – 1U18FD005897-01

Award Calculation (U.S. Dollars)

Salaries and Wages	\$175,924
Fringe Benefits	\$100,847
Personnel Costs (Subtotal)	\$276,771
Consultant Services	\$62,400
Supplies	\$6,005
Travel Costs	\$43,400
Other Costs	\$9,849
Federal Direct Costs	\$398,425
Federal F&A Costs	\$101,575
Approved Budget	\$500,000
Federal Share	\$500,000
TOTAL FEDERAL AWARD AMOUNT	\$500,000
AMOUNT OF THIS ACTION (FEDERAL SHARE)	\$500,000

SUMMARY TOTALS FOR ALL YEARS			
YR	THIS AWARD	CUMULATIVE TOTALS	
1	\$500,000	\$500,000	\$500,000
2	\$725,000	\$725,000	\$725,000
3	\$755,000	\$755,000	\$755,000
4	\$770,000	\$770,000	\$770,000
5	\$875,000	\$875,000	\$875,000

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

Fiscal Information:

CFDA Number: 93.103
 EIN: 1036000264E5
 Document Number: UFD005897A
 PMS AccountType P(Subaccount)
 Fiscal Year: 2016

IC	CAN	2016	2017	2018	2019	2020
FD	6990928	\$500,000	\$725,000	\$755,000	\$770,000	\$875,000

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

FDA Administrative Data:

PCC: ORA17 / OC: 4141 / Processed: FDAKPU 09/02/2016

SECTION II – PAYMENT/HOTLINE INFORMATION – 1U18FD005897-01

Grant payments will be made available through the DHHS Payment Management System (PMS). PMS is administered by the Division of Payment Management, Program Support Center (PSC), DHHS, Office of the Deputy Assistant Secretary, Finance. Requests for downloadable forms and inquiries regarding payment should be directed to:

Regular Mailing Address:

Division of Payment Management
P.O. Box 6021
Rockville, MD 20852
Telephone: (301) 443-1660

Included are the following Links & Instructions for drawing down funds, reporting expenditures, required forms, and the help desk info:

Homepage: <http://www.dpm.psc.gov/Default.aspx>

Grant Recipient Information:

http://www.dpm.psc.gov/grant_recipient/grant_recipient.aspx?explorer.event=true

Grant Recipient Forms:

http://www.dpm.psc.gov/grant_recipient/grantee_forms.aspx?explorer.event=true

PMS Help Desk: <http://www.dpm.psc.gov/help/help.aspx?explorer.event=true>

The ONE-DHHS Help Desk for PMS Support is now available Monday – Friday from 7 a.m. to 9 p.m. EST (except Federal Holidays). Phone (877) 614-5533; Email PMSSupport@psc.gov

SECTION III – TERMS AND CONDITIONS – 1U18FD005897-01

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

- a. The grant program legislation and program regulation cited in this Notice of Grant Award.
- b. The restrictions on the expenditure of federal funds in appropriations acts to the extent those restrictions are pertinent to the award.
- c. 45 CFR Part 75.
- d. The HHS Grants Policy Statement, including addenda in effect as of the beginning date of the budget period.
- e. Federal Award Performance Goals: As required by the periodic report in the RPPR or in the final progress report when applicable.
- f. A required Federal Financial Report (FFR) SF-425 must be submitted annually. FDA now requires all annual financial expenditure reports to be submitted electronically using the Federal Financial Report (FFR) system located in the eRA Commons. Annual FFRs must be submitted for each budget period no later than 90 days after the end of the calendar quarter in which the budget period ended. The reporting period for an annual FFR will be that of the budget period for the particular grant; however, the actual submission date is based on the calendar quarter. Failure to submit timely reports may affect future funding
- g. Closeout Requirements (when applicable): A Final Program Progress Activity Report, Final Federal Financial Report SF-425, Final Invention Statement HHS-568 (if applicable), Tangible Personal Property Report SF-428, and Statement of Disposition of Equipment (if applicable) must be submitted within 90 days after the expiration date of the project period.
- h. This award notice, INCLUDING THE TERMS AND CONDITIONS CITED BELOW.

This award has been assigned the Federal Award Identification Number (FAIN) U18FD005897. Recipients must document the assigned FAIN on each consortium/subaward issued under this award.

Treatment of Program Income:
Additional Costs

In accordance with the regulatory requirements provided at 45 CFR 75.113 and Appendix XII to 45 CFR Part 75, recipients that have currently active Federal grants, cooperative agreements, and procurement contracts with cumulative total value greater than \$10,000,000 must report and maintain information in the System for Award Management (SAM) about civil, criminal, and administrative proceedings in connection with the award or performance of a Federal award that reached final disposition within the most recent five-year period. The recipient must also make semiannual disclosures regarding such proceedings. Proceedings information will be made publicly available in the designated integrity and performance system (currently the Federal Awardee Performance and Integrity Information System (FAPIIS)). Full reporting requirements and procedures are found in Appendix XII to 45 CFR Part 75.

SECTION IV – FD Special Terms and Condition – 1U18FD005897-01

Expanded Authorities do NOT apply to this award.

REPORTING REQUIREMENTS:

Periodic program monitoring will be conducted by FDA on an ongoing basis which may include telephone conversations between the Principal Investigator and the Project Officer, Technical Lead, Grants Management Officer/Grants Management Specialist, site visits and the review of written reports.

The results of these monitoring activities will be recorded in the official cooperative agreement file and will be available to the grant recipient, upon request, consistent with applicable disclosure statutes and FDA disclosure regulations.

A corrective action plan must be submitted if the objectives and goals of the cooperative agreement are not being met. The corrective action plan must detail the tasks, responsible personnel, and updated timeframes to ensure satisfactory performance and meet the deliverables required under the grant.

Two (2) Progress Reports are required on grant activities in the budget period:

A. A Mid-Year Progress Report is to be submitted 30 days following the end of the first 4 months of the budget period. This report should provide the following reporting elements:

- i. Overall progress on the activities of the State Produce Safety project.
- ii. Projected timeline for uncompleted grant activities (expected accomplishments/milestones by the end of the current budget period of the grant).
- iii. Pending issues/concerns.
- iv. Estimated unobligated balance: funds expended and funds remaining on this project as of report submission date.

B. The Annual Progress Report will be due as part of the Research Performance Progress Report (RPPR).

Grants with Multiple Years: In order to receive future funding, the grantee is required to submit the Research Performance Progress Report (RPPR): This report should cover all activities/work that took place during the current budget performance period noted in your Notice of Grant Award (NGA) and at a minimum include the following information:

General progress on the activities of the State Produce Safety project to include the project status in relation to established timeline:

- Jurisdictional self-assessment and planning
- Farm inventory
- Legislative research
- Infrastructure development

- Strategic multi-year planning
 - On-farm advisory reviews (if applicable)
- A. Performance measure(s) development and data collection efforts
 - B. Development of an IT system for tracking and data sharing purposes
 - C. Projected timeline for uncompleted grant projects and or activities (expected accomplishments/milestones by the end of the current budget period of the grant)
 - D. Pending issues/concerns
 - E. Estimated unobligated balance: funds expended and funds remaining on this project as of report submission date

Financial Reporting:

A. Cash Transaction Reports

The Federal Financial Report (FFR) has a dedicated section to report Federal cash receipts and disbursements. For recipients this information must be submitted quarterly directly to the Payment Management System (PMS) using the web-based tool. Quarterly reports are due 30 days following the end of each calendar quarter. The reporting period for this report continues to be based on the calendar quarter. Questions concerning the requirements for this quarterly financial report should be directed to the PMS.

B. Financial Expenditure Reports

A required Federal Financial Report (FFR) must be submitted annually. FDA now requires all annual financial expenditure reports to be submitted electronically using the Federal Financial Report (FFR) system located in the eRA Commons. This includes all initial FFRs being prepared for submission and any revised FSR/FFRs being submitted or re-submitted to FDA. Paper expenditure/FFR reports will not be accepted.

Annual FFRs must be submitted for each budget period no later than 90 days after the end of the calendar quarter in which the budget period ended. The reporting period for an annual FFR will be that of the budget period for the particular grant; however, the actual submission date is based on the calendar quarter. Failure to submit timely reports may affect future funding.

Closeout Requirements (when applicable): A Final Program Progress Activity Report, Final Federal Financial Report SF-425, Final Invention Statement HHS-568 (if applicable), Tangible Personal Property Report SF-428, and Statement of Disposition of Equipment (if applicable) must be submitted within 90 days after the expiration date of the project period. All forms can be found at: <http://grants.nih.gov/grants/forms.htm>.

A non-Federal entity that expends \$750,000 or more during the non-Federal entity's fiscal year in Federal awards must have a single or program-specific audit conducted for that year in accordance with the provisions of 45 CFR 75, Subpart F-Audit Requirements. Audits must be completed and submitted electronically to the Federal Audit Clearinghouse (FAC) within 30 days after receipt of the auditor's report(s), or 9 months after the end of the audit period, i.e., the end of the organization's fiscal year, whichever is earlier. If you need information on your organization's obligations, please visit the following website: <http://harvester.census.gov/sac/>. Valuable information is included under the "Frequently Asked Questions" section of that website.

PROGRAMMATIC TERMS AND CONDITIONS

FDA will take any action that may be necessary to ensure compliance with this cooperative agreement.

FDA retains the right to conduct audits and/or request meetings with the awardee management to discuss project activities. FDA shall be responsible for funding the travel and travel related costs for FDA personnel. Any travel cost incurred by the awardee to meet with FDA is the responsibility of the awardee under this grant.

The grantee organization must comply with all special terms and conditions of the cooperative agreement, including those which state that future funding of the project will depend on recommendations from the Project Officer.

All resources, records, and other documents will be made available upon request to FDA for purposes of monitoring program progress towards meeting the goals of the cooperative agreement.

Future funding will be dependent on recommendations from the Project Officer and the availability of funds. The Project Officer will base the recommendation on whether acceptable progress has been made in achieving full conformance with the cooperative agreement within the required timeframes, and, if applicable, whether a corrective action plan has been developed and corrective actions are being satisfactorily implemented. The grantee must implement corrective action plans for all observations reported by the FDA officials during full program audits.

A determination of the grantee's conformance with the cooperative agreement will be made based upon multiple factors, including the grantee's assessment, progress reports, on-site visits, and audits. If progress concerns are identified, then the grantee will be placed in special condition status and required to implement corrective actions. Failure to implement corrective actions may result in reduction of funding or termination of the cooperative agreement.

The grantee will ensure accessibility and awareness of all resources developed as a result of this cooperative agreement to FDA personnel.

Applicants shall reserve and utilize a portion of their funding for travel of Principal Investigators and/or project staff to attend at least two (2) meetings per year of the National Consortium for Produce Safety Program Development.

Unless another governance structure is mutually agreed upon, the PO will serve as the primary point of contact for the dissemination of FDA policy and milestones/objectives work planning.

FUNDING RESTRICTIONS

Program funds may not be used for any purpose other than those directly supporting the goals of the cooperative agreement.

Non-allowable costs:

- Vehicle purchases are not permitted.
- Cooperative agreement funds may not be utilized for new building construction or remodeling.
- Food

Subcontracting to third parties is limited to 40% of each year's award. Subcontracting with these award funds to awardees receiving funding under cooperative agreement program RFA-FD-16-030 "Limited Competition for Revision Applications for National Research Project to Assess State Agricultural Laws, Regulations and Resources Related to Produce Safety" is prohibited during the entirety of the project period.

Competition B: Program funding recipients who have no plans to adopt the FDA Produce Safety Rule in its entirety or pursue inspections through jurisdiction's employees with an FDA commission are not eligible for Competition B funding.

Facilities, salaries, training, and other expenses reimbursed under other funding mechanisms must remain distinct and separate from the cooperative agreement.

Please also refer to the HHS Grants Policy Statement for additional information regarding costs.

Budgets will be reviewed as ongoing process throughout the budget year and grantees may be asked to justify costs or revise budgets as needed to be compliant with government grant policies.

PRIOR APPROVAL:

All requests that require prior approval must include the award number and bear the signature of an authorized official of the grantee business office as well as that of the PI/PD. Any requests involving budgetary issues must include a new proposed budget and a narrative justification of the requested changes. If there are any questions regarding the need or requirement for prior approval for any activity or cost, the grantee is to contact the assigned Grants Management Specialist prior to expenditure of funds.

Activities that require prior approval

The following activities require prior approval by FDA before being implemented by the grantee, its employees, or designee:

- Change in scope or objectives
- Change in key personnel
- Change in grantee organization
- Change in key partner organization(s)
- Any deviation from the terms and conditions of the award
- Carryover of unobligated balances
- No cost extensions
- Significant rebudgeting of 10% or more of the total funds authorized under the current year's award
- Grantee must notify FDA when rebudgeting <10% even though FDA approval is not required. This rebudgeting shall be reported in the mid-year and annual progress reports. The 10% threshold is cumulative over the course of each budget period.

ACKNOWLEDGEMENT OF FEDERAL SUPPORT:

When issuing statements, press releases, publications and other documents describing projects or programs funded in whole or in part with Federal money, all awardees receiving Federal funds, including and not limited to state and local governments and recipients of Federal research grants, shall clearly indicate:

Funding for this statement, publication, press release, etc. was made possible, in part, by the Food and Drug Administration through grant PAR-16-137. The views expressed in written materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does any mention of trade names, commercial practices, or organization imply endorsement by the United States Government.

PROGRAM INCOME:

1. The grantee is required to report any Program Income generated during the Project Period of this grant. Except for royalty income generated from patents and inventions, the amount and disposition of Program Income must be identified on lines 10 (l), (m), (n), and (o) of the grantee's Federal Financial Report (FFR) SF-425.

2. Examples of Program Income include (and not limited to): fees for services performed during the grant or sub-grant period, proceeds from sale of tangible personal or real property, usage or rental fees, patent or copyright royalties, and proceeds from the sale of products and technology developed under the grant.

3. Any Program Income generated during the Project Period of this grant by the grantee or sub-grantee is subject to the Addition Alternative for Program Income and, therefore, must only be used to further the goals of the project for which this grant was awarded.

EQUIPMENT AND PRODUCTS:

To the greatest extent practicable, all equipment and products purchased with FDA funds should be American-made.

PAYMENT MANAGEMENT SYSTEM (PMS):

The Payment Management System is administered by the Program Support Center (PSC), DHHS, and payments for FDA grant awards are made through the Division of Payment Management. Applicant organizations are assigned a 12-digit Entity Identification Number for payment and accounting purposes. That number is an expansion of the 9-digit Employer Identification Number assigned to an organization by the Internal Revenue Service.

Included are the following Links & Instructions for drawing down funds, reporting expenditures, required forms, and the help desk info:

Homepage: <http://www.dpm.psc.gov/Default.aspx>

Grant Recipient Information:

http://www.dpm.psc.gov/grant_recipient/grant_recipient.aspx?explorer.event=true

Grant Recipient Forms:

http://www.dpm.psc.gov/grant_recipient/grantee_forms.aspx?explorer.event=true

PMS Help Desk: <http://www.dpm.psc.gov/help/help.aspx?explorer.event=true>

The ONE-DHHS Help Desk for PMS Support is now available Monday – Friday from 7 a.m. to 9 p.m. EST (except Federal Holidays). Phone (877) 614-5533; Email pmssupport@psc.gov">PMSSupport@psc.gov">PMSSupport@psc.gov

FDA CONTACT INFORMATION:

All formal correspondence/reports regarding the grant should be signed by an authorized institutional official and the Principal Investigator and should be sent to the attention of the grants management specialist and program contact, unless otherwise explicitly directed.

STAFF CONTACTS

Grant's Management Specialist: Dan Lukash

Email: daniel.lukash@fda.hhs.gov

Phone: 240-402-7596

Programmatic Contact:

Denise Beuttenmuller

Project Officer

Office of Partnerships

Office of Regulatory Affairs

Phone: 240-506-7618

Email: denise.beuttenmuller@fda.hhs.gov

Failure to comply with the above stated Program Terms and Conditions could result in the suspension or termination of this grant project.

Direct inquiries regarding scientific programmatic issues to the official listed below.

Direct inquiries regarding fiscal and/or administrative matters to the grants management specialist listed below.

All formal correspondence/reports regarding the grant should be signed by an authorized institutional official and the Principal Investigator and should be sent to the attention of the grants management specialist, unless otherwise explicitly directed.

STAFF CONTACTS

Grants Management Specialist: Daniel Lukash
Email: daniel.lukash@fda.hhs.gov **Phone:** 240-402-7596

SPREADSHEET SUMMARY

GRANT NUMBER: 1U18FD005897-01

INSTITUTION: VT STATE AGENCY/AGRICULTURE/FOOD/MARKETS

Budget	Year 1	Year 2	Year 3	Year 4	Year 5
Salaries and Wages	\$175,924	\$255,430	\$281,411	\$292,802	\$336,751
Fringe Benefits	\$100,847	\$144,386	\$172,276	\$177,840	\$204,688
Personnel Costs (Subtotal)	\$276,771	\$399,816	\$453,687	\$470,642	\$541,439
Consultant Services	\$62,400	\$83,400	\$44,400	\$44,400	\$44,400
Supplies	\$6,005	\$6,535	\$6,535	\$6,600	\$11,135
Travel Costs	\$43,400	\$63,400	\$39,500	\$29,500	\$29,500
Other Costs	\$9,849	\$25,117	\$44,386	\$46,133	\$49,822
TOTAL FEDERAL DC	\$398,425	\$578,268	\$588,508	\$597,275	\$676,296
TOTAL FEDERAL F&A	\$101,575	\$146,732	\$166,492	\$172,725	\$198,704
TOTAL COST	\$500,000	\$725,000	\$755,000	\$770,000	\$875,000

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 # _____	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 Cat _____	EEO Cat _____ FLSA _____
New Mgt Level _____ B/U _____ OT Cat _____	EEO Cat _____ FLSA _____
Classification Analyst _____	Date _____ Effective Date _____
Comments: _____	Date Processed: _____
Wills 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: *Senior Ag Dev. Coordinator*
Position Type: Permanent or Limited / Funding Source: Core, Partnership, or Sponsored
Vacant Position Number: Current Job/Class Title:
Agency/Department/Unit: Work Station: Zip Code:
Supervisor's Name, Title and Phone Number:

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.

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.

The duties of the Senior Agricultural Development Specialist (PG 25) will encompass the work requirements of the Agriculture Development Specialist II (PG 24), with these increased knowledge, skills and abilities:

Leadership - This position takes a leadership role in the Agency and with our partners - within the state and the region - around particular programs. This senior position also has responsibilities of intern management, when appropriate, as well as a leadership role supporting other Division staff regarding program development and partner relations.

Accountability - This position takes an active role in representing the Agency at a variety of venues. They provide policy recommendations internally and externally to partners and the legislature. They are responsible for leading program development, impact analysis, and partner collaboration.

Independence - This position takes a leadership role within a programmatic team. They work directly with partners to develop markets and promote agricultural products and correspond with the media and the legislature on behalf of the Agency.

Fund Management - This position is responsible for fund acquisition and management including program design and implementation, budget tracking, and results reporting.

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*.

The individual will interact with Federal (USDA Rural Development; Farm Service Agency, Small Business Administration, and Natural Resource Conservation Service), Vermont agencies and departments, and State and national non-profit and for profit partner organizations, and the media. This individual has frequent interaction with commodity representatives, food buyers, chain stores, independent grocers determines next steps to promote and facilitate development of new markets, and relocation of farmers and

agricultural businesses to the State. The individual in this position takes the lead on collaboration with key contacts.

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.

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:

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.

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.*

Individual must develop systems for organizing activities and accomplishing objectives in timely and cost effective manner. Requires work in sometimes contentious, challenging and potentially hostile situations requiring tact and discretion to work toward a favorable outcome, and public speaking to a variety of audiences. Must navigate applicable federal and state rules, regulations and procedures.

[Redacted box]

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 individual must take a leadership role in promotion, marketing, land use planning and development work of the Agency. This position will create programs, support innovative strategies, develop technical and financial assistance efforts applicable to a wider variety of agricultural stakeholders, producers, and grantees engaged with the Agency. He or she will be responsible for fund management, program development and sustainability, as well as creation of metrics aligned with state goals.

Leading market expansion initiatives for Vermont agricultural products is a requirement for our food suppliers to be successful. Recommending policy, designing and implementing programs, and serving as a subject-matter expert for the Agency are required to support Vermont's working landscape, agricultural heritage, and healthy communities.

B. 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.

Type	How Much of the Time?

- 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.)

Type	How Much of the Time?

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

Type	How Heavy?	How Much of the Time?

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

Type	How Much of the Time?

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): N/A 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?

This position will take a leadership role in developing a programmatic communication plan that represents the Agency and engages all constituents, including partners and agricultural community representatives.

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?

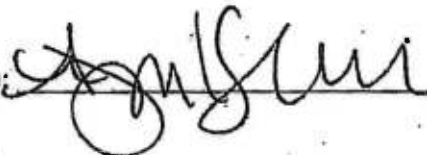
Leadership role in promotion, marketing, and communication development work in the Agency. Ability to anticipate and proactively address challenges or conflicts. Ability to anticipate the needs of target audiences and address those needs through strategic communications. Ability to clearly define objectives and develop a comprehensive execution strategy.

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

N/A

4. Suggested Title and/or Pay Grade:

Senior Ag Development Coordinator PG 25

Supervisor's Signature (required):  Date: 10/20/16

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?

Yes No If yes, please provide detailed information.

Attachments:

- Organizational charts are **required** and must indicate where the position reports.
- Draft job specification is **required** for proposed new job classes.

- 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.)

Type	How Much of the Time?

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

Type	How Heavy?	How Much of the Time?

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

Type	How Much of the Time?

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):

N/A

Date:

Suggested Title and/or Pay Grade:

[Empty box for suggested title and/or pay grade]

Personnel Administrator's Signature (required): Jane Modica Date: 10/14/16

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.

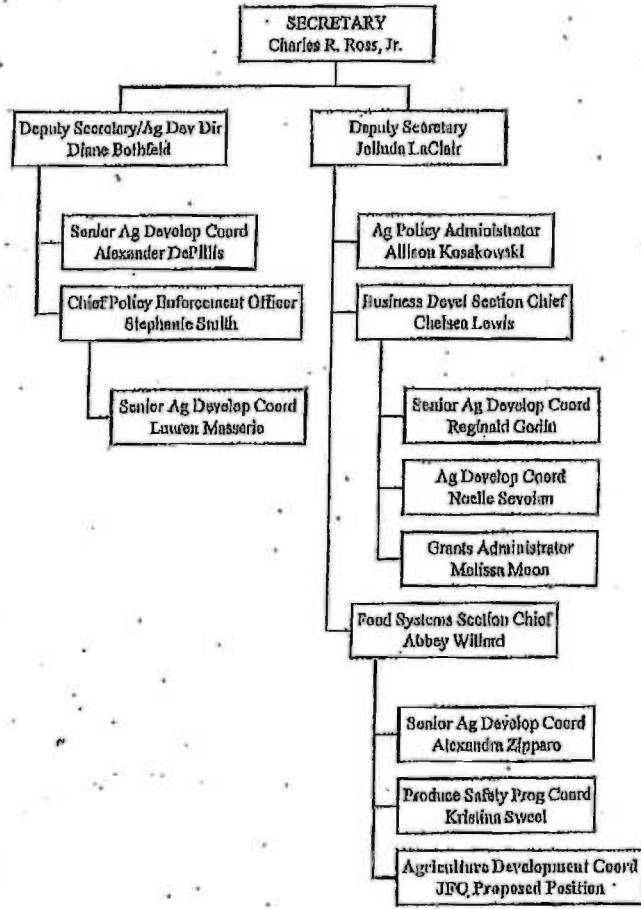
[Empty box for appointing authority's comments]

Suggested Title and/or Pay Grade:

[Empty box for suggested title and/or pay grade]

Jane H. Malone Date: 10/18/16
Appointing Authority or Authorized Representative Signature (required)

AGRICULTURAL DEVELOPMENT DIVISION



Request for Classification Review Position Description Form A

For Department of Personnel Use Only

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 Cat	EEO Cat FLSA
New Mgt Level	B/U	OT Cat	EEO Cat FLSA
Classification Analyst	Date		Effective Date
Comments			Date Processed
Wills 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:

Position Type: Permanent or Limited / Funding Source: Core, Partnership, or Sponsored

Vacant Position Number: Current Job/Class Title: Agriculture Development Coordinator

Agency/Department/Unit: 02200- Agric/Agric Dev/ Gen Ad Work Station: Montpelier Zip Code: 05602

Supervisor's Name, Title and Phone Number: Abbey Willard, Food System Section Chief

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.

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.

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.

Promotional, marketing ; land use planning and development work for the Agency of Agriculture Food & Markets This work may involve the expansion of markets for Vermont agricultural products or land use development review in a regulatory context. Duties include assistance to the agricultural community with advocacy, infrastructure development and technical assistance. Work is performed under the supervision of the Food Systems Section Chief in conjunction with senior staff in the Ag Development Division or the Administration. Interaction with various agricultural producers, marketing groups, consultants, state agencies and quasi state agencies is involved.

Examples of Work:

Job duties include advocating on different aspects of the farming industry including preservation of farmland, promotion of local foods to school and institutions, and providing technical assistance. Assists in the implementation of comprehensive programs to address the Agency's mission of promoting agriculture as a business, protecting the farmland base in the state and developing the necessary infrastructure, market to make farms more profitable, and to protect the Agency's interests when appropriate. As part of technical assistance, the individual will conduct detailed analysis, and share information with appropriate state officials, or industry representatives to further the goals of a specific program such as Working Lands Enterprise program, Farm to School program, Act 250-Criterion 9(B). The individual may

- share information with commodity representatives, food buyers, chain stores, independent grocers, and the media, which develop markets and effective procedures for the promotion of specific agricultural products.
- coordinate and provide information on sources of technical assistance to agricultural producers in developing new products and more efficient production methods.
- provide assistance by preparing materials to arrange funding from governmental, industry, and interest groups for promotional campaigns.
- review development plans for conformance with state land use law and provide recommendations to the District Environmental Commissions.
- develop and implement outreach, communications and/or marketing plans for meeting the needs of a particular program within the purview of the Agency.
- assist with the management of funding, including reports of outcomes from funding and or

quarterly reporting of goals.

prepare a variety of promotional materials and/or program reports including writing articles for publication in the Agency's newspaper – Agriview.

- Make presentations in a variety of forums.
- assist in Agency participation in in-state trade shows.
- Be primary liaison with quasi-state boards or commissions. (What) Justifies the continued funding of the grant funded position.

(How) Reports quarterly on work to the Vermont Housing and Conservation Board.

(Why) To ensure continued technical support to the Act 250 District Commissions on the 9(B) Criterion this furthers the states ability to plan development so as to maintain the historic settlement pattern of compact village and urban centers separated by rural countryside [24 V.S.A. §4302 (c)].

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*.

Vermont Office of the Attorney General
Vermont Housing and Conservation Board
Natural Resources Board
Act 250 District Coordinators
Working Lands Enterprise Board
Vermont Agriculture and Forestry Development Board
Agency of Agriculture and Department of Forest and Parks personnel
Agricultural Industry in Vermont – farmers, value added processors, ag related businesses
Forestry Industry in Vermont – forest owners, loggers, value added processors and forestry related businesses
Partners in Agriculture and Forestry – UVM Extension, USDA County Foresters, Vermont Feed Dealers Association, Northeast Organic Farmers Association, Forest Products Association, Vermont Farm Bureau, Northern Woodlands Association, USDA Farm Services Agency, USDA Natural Resource Conservation Service and Vermont Association of Conservation Districts.

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.

Education: Bachelor's degree in the field of agriculture, land use planning, natural resource management, forestry, economics, marketing, public relations or communications AND two (2) years or more at or above a technical level in agriculture, marketing, public relations, communications, land use or natural resource planning, or advertising.

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.

Position will work under supervision of Food Systems Section Chief or other senior staff member in a team environment. Work product will be determined weekly depending on a particular program assignment.

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.*

Considerable knowledge of marketing principles and/ or land use principles.

Familiarity with Federal and state rules, regulations and procedures.

Working knowledge of the basic laws of economics.

Working knowledge of the methodology of statistical data gathering, compilation and evaluation.

Ability to interpret plans and use online mapping programs.

Considerable ability to organize activities to accomplish objectives in a timely and cost effective manner.

Comfortable with public speaking and engaging a variety of audiences in a positive and persuasive manner.

Ability to communicate in multiple written formats such as technical writing, articles and correspondence.

Ability to establish and maintain effective work relationships.

Detail oriented and able to evaluate complex and controversial issues.

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, \$1.6M Federal Grants.*

Individual may be involved in assisting with potential granting programs by developing Requests for Proposals, reviewing incoming applications and assisting senior staff in review of applications. Individual may be involved assisting with the preservation of farmland and ensuring it's available for future producers throughout the state by assisting in the advocacy of the Agency's interests in the Act 250 permitting process. Individual may be involved in assisting in the development and implementation of marketing and promotion programs with senior staff.

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.

Type	How Much of the Time?
Multitasking and deadline management	25%

- 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.)

Type	How Much of the Time?
N/A	

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

Type	How Heavy?	How Much of the Time?
promotional materials in boxes	25 lbs.	25%

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

Type	How Much of the Time?
Sitting	75%
walking/standing/driving	25%

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):

N/A

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?

This position will establish a direct consumer marketing program focused on consumer access and producer marketing relationships with farmers' markets, farm stands and CSA (community supported agriculture) farms.

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?

Experience in working with food and farm businesses, understanding marketing principles, and collaboratively managing relationships within a network of agricultural producers, state and federal agencies, nonprofit partners, funders, and service providers. Communication, data collection and analysis experience is desired. Knowledge of local food systems or agritourism, event coordination, and strong group facilitation skills are key.

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

N/A

4. Suggested Title and/or Pay Grade:

Agriculture Development Coordinator, PG 23

Supervisor's Signature (required):



Date: 8/2/16

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?

Yes No If yes, please provide detailed information.

Attachments:

- 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).

No

Suggested Title and/or Pay Grade:

Agriculture Development Coordinator, PG 23

Personnel Administrator's Signature (required):

Jane Modica

Date:

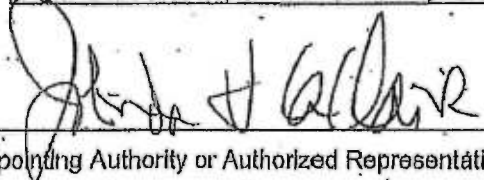
8/2/2016

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:

Agriculture Development Coordinator, PG 23



Appointing Authority or Authorized Representative Signature (required)

8/2/16
Date

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 # _____				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 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:
Position Type: Permanent or Limited / Funding Source: Core, Partnership, or Sponsored
Vacant Position Number: Current Job/Class Title:
Agency/Department/Unit: Work Station: Zip Code:
Supervisor's Name, Title and Phone Number:

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.

Complex and specialized technical work as a paraprofessional, duties involve administering a multi-faceted phase of an agency program including technical and clerical processes. Requires a broad knowledge of an agency program. This is the second level in the Program Technician series and is distinguished from the first level by a broader scope of program responsibility and the need to function with much independence. Work is performed under the general direction of an administrative superior, but with need for significant interaction with other division or department staff, other state or outside agencies.

Responsible for complex and diverse program components including reviewing records and reports submitted by program participants or agency staff for compliance with legal, regulatory or policy standards. Responds to programmatic inquiries from the general public, governmental officials, or other jurisdictions. Responsible for requesting and collecting program data; editing and analyzing the data; and writing comprehensive status reports. May perform in-depth analysis of program needs and recommend policy and procedural modifications. May include reviewing and processing applications for permits or licenses, assisting agency clients with inquiries or problems concerning the assigned program area. May prepare, review, process and/or recommend action or review of contracts, grants and other program implementation. Communicates procedural or program changes to program staff, contractors, and other interested parties. May attend civic meetings or other meetings to gather or distribute program or technical information. Develops and maintains various filing systems, including database systems. May process various types of claims, requisitions, purchase orders and invoices. Interprets statutes, regulations, policies and procedures.

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.*

Agency Staff: works as part of a team to facilitate program implementation

Contractors and Grantees: guides compliance with agreement timelines and terms

Organizational partners: supports collaboration

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.

Must be proficient with Microsoft Office, specifically Excel. Ability to navigate within the Grants Management System and other Agency databases and software systems.

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.

Position will work under supervision of Business Development Section Chief or other senior staff member in a team environment. Work product will be determined weekly depending on a particular program assignment.

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.*

Exceptional attention to detail and ability to organize activities to accomplish objectives in a timely and cost effective manner

Considerable knowledge of federal and state rules, regulations and procedures.

Working knowledge of the basic laws of economics, marketing, and/or land use principles

Working knowledge of the methodology of statistical data gathering, compilation and

evaluation.

Ability to Interpret plans and use online mapping programs

Ability to communicate in multiple written formats such as technical writing (e.g. contracts) and email correspondence.

Ability to establish and maintain effective work relationships.

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.*

Ensures effective delivery of Agency programs through database management, grants and contracts support, and administrative services.

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.

Type	How Much of the Time?
Multitasking and deadline management	50 %

- 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.)

Type	How Much of the Time?

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

Type	How Heavy?	How Much of the Time?

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

Type	How Much of the Time?
Sitting, Walking, Standing	75%

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?

The most important duties of this job pertain to customer service, data management, and policy adherence. Management of the Grants Management System to ensure grants and contracts are developed, tracked, and executed properly will be important role for this position. Additionally, the position will interface with grantees and contractors, providing information regarding their project and strong, clear communication skills will be most important in this role. Understanding of relevant policy and procedures as well as in-depth analysis of program needs will be important to ensure all agreements are properly executed.

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?

Strong commitment to internal and external customer service. Excellent attention to detail, organizational skills and ability to multi-task. Experience in working with food and farm businesses, understanding marketing principles, and collaboratively managing relationships within a network of agricultural producers, state and federal agencies, nonprofit partners, funders, and service providers is desired. Communication, data collection and analysis experience.

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

N/A

4. Suggested Title and/or Pay Grade:

Program Technician II PG 20

Supervisor's Signature (required):



Date: 10/19/16

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?

Yes No If yes, please provide detailed information.

Attachments:

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).

Suggested Title and/or Pay Grade:

Personnel Administrator's Signature (required):

Jane Motiwa Date: 10/19/16

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:

Jonathan L. Clark

Appointing Authority or Authorized Representative Signature (required)

10/19/16
Date

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 # _____					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 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:
Position Type: Permanent or Limited / Funding Source: Core, Partnership, or Sponsored
Vacant Position Number: Current Job/Class Title:
Agency/Department/Unit: Work Station: Zip Code:
Supervisor's Name, Title and Phone Number:

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 is the first level of five in the Systems Developer series. The position is primarily responsible for analysis, design, implementation and maintenance of new or existing software applications within a State of Vermont organization. This level is an entry level Systems Developer position.

1. What: Builds and maintains software solutions.

How: Analyzes, designs, develops and tests quality software solutions that fulfill the business needs of stakeholders. Applies proven programming techniques that improve efficiency and maintainability of code. Employs proven communication, analytical, and problem-solving skills to make good programming decisions. Proactively works toward keeping up with technology and development best practices. Reads and understands requirements documentation. Asks questions for clarification.

Why: To ensure the success of staff, projects and processes within the organization.

2. What: Produces useful, readable, and complete documentation including user manuals, implementation guides and other technical documents.

How: Organizes and presents relevant information in a format that is concise and consistent with current documentation standards.

Why: To ensure the proper use, understanding and maintenance of a process or tool.

3. What: Works to maintain the security of systems and data.

How: Actively ensures systems are performing as needed, that there is a disaster recovery plan for data and code, and that there are security measures appropriate to the data contained within the systems.

Why: To protect systems and data from malicious or unintentional misuse.

4. What: Serve as a member of a project team.

How: When working in the context of an official project, support the assigned project manager in achieving project goals. Communicate ideas, obstacles, work completed and work remaining so that progress is transparent.

Why: To ensure that projects are successfully meeting requirements.

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*.

Agency Project Managers and Business Analysts - Works with project team members to obtain and receive clarification on requirements documentation.

Agency Stakeholders - Works with system stakeholders and users to identify issues and optimize system efficiency.

Other state agencies and colleagues - Collaboration and information exchange.

Vendors - Interacts with vendors as needed to support system evaluation and maintenance.

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.

Working knowledge of software development platforms, computer programming languages, software frameworks, and design patterns. Specific languages may include, but not be limited to C#, Visual Basic, HTML, CSS, Javascript. Frameworks may include .NET, JQuery, MVC, and Bootstrap.

Excellent listening, interpersonal, written, and oral communication skills.

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, this position may not supervise.

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.

Work assignments come from supervisors or Project Managers, in the form of requirements documentation or task descriptions. Specific direction is given. The Systems Developer I is expected to be able to design and implement solutions based on existing specifications and supplied requirements documentation, with assistance and guidance from a supervisor and

more experienced team members. Solutions are tested by the Supervisor or another Developer before release to test or production environments.

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.*

The design, implementation and maintenance of software solutions requires careful planning and constant attention to detail. Software must be built in a manner that is maintainable, reusable, and follows best practices for design patterns and naming conventions. If these details are not considered, the results will include excessive defects and costly rework of programming architecture and code.

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.*

To ensure that a developed solution meets all functional and non functional requirements. To ensure the usability, security, scalability, and maintainability of a developed solution. Without these attributes, a solution will be short lived and require excessive maintenance along with costly rework.

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.

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?

The most important duty of this job is to write software that is well optimized, well documented, and makes use of industry standards and best practices. There are many potential solutions to any software development task, including existing code for other applications. It is important that the possible solutions be vetted for efficiency, accuracy, likelihood of reuse, and ease of maintenance. Once a solution is chosen, it must be well documented so that another developer may be able to maintain or modify the solution with minimal effort.

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?

The most important skills are an understanding of many development tools and an ability to problem solve using a wide range of methodologies. A developer must be willing to take the time to research new and existing technology and seek out best practices so that the software produced will be stable, efficient, easily maintained, and reusable in a similar scenario.

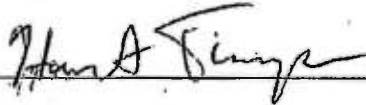
3. Comment on the accuracy and completeness of the responses by the employee. List below any missing items and/or differences where appropriate.

N/A

4. Suggested Title and/or Pay Grade:

Systems Developer I (PG 22)

Supervisor's Signature (required):



Date: 10/19/16

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?

Yes No If yes, please provide detailed information.

Attachments:

- 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).

[Empty box for response]

Suggested Title and/or Pay Grade:

[Empty box for suggested title and/or pay grade]

Personnel Administrator's Signature (required): Jane Modica Date: 10/14/16

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.

[Empty box for clarifying information and/or additional comments]

Suggested Title and/or Pay Grade:

System Developer Pay grade 22

Deane Battaglia Date: 10/18/16
Appointing Authority or Authorized Representative Signature (required) Date

ADMINISTRATIVE DIVISION

