



STATE OF VERMONT
JOINT FISCAL OFFICE

MEMORANDUM

To: Joint Fiscal Committee members
From: Daniel Dickerson, Fiscal Analyst
Date: April 18, 2016
Subject: Grant Request #2817, #2818, #2819, #2820

Enclosed please find four (4) items that the Joint Fiscal Office has received from the administration, including one (1) limited-service position.

JFO #2817 – \$20,000 grant from the Trust for Public Land to the VT Department of Forests, Parks and Recreation. The funds will be used by the Department to replaced undersized and failed culverts on the Dowsville Forest property, a 2,085 acre parcel of land that the Department has purchased for addition to neighboring Camel's Hump State Park.
[JFO received 4/15/16]

JFO #2818 – \$264,233 grant from the Federal Emergency Management Agency (FEMA) to the VT Department of Public Safety. The funds will be used to complete hazard mitigation projects to mitigate future problems identified following a storm in April 2014. The communities that would receive funds from this grant are Jamaica for drainage improvements and Ripton for a new town office generator.
[JFO received 4/15/16]

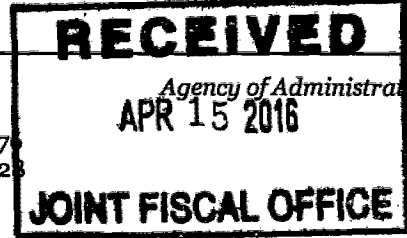
JFO #2819 – \$113,650 grant from the Nature Conservancy to the VT Department of Fish and Wildlife. Of the grant funds, \$61,350 would go towards the purchase of a 78.8 acre parcel of land along Mallets Creek in Colchester and \$52,300 would go towards implementing a restoration plan for wetlands within the parcel. The Department will use State funds of approximately \$123,650, from Duck Stamp proceeds, to fund the remaining costs of purchasing this parcel.
[JFO received 4/15/16]

JFO #2820 – \$337,128 grant from the U.S. Food and Drug Administration to the VT Department of Health. The funds will be used over a 5-year period to advance efforts to support conformance with FDA Voluntary National Retail Food Regulatory Program Standards (VNRFRPS). **One (1) limited-service position**, titled Food & Lodging Specialist/Inspector, is associated with this request. The Department would utilize approximately \$6,322 of these funds during the remainder of State FY2016 and the remainder would be included in future appropriations requests.
[JFO received 4/15/16]

Please review the enclosed materials and notify the Joint Fiscal Office (Daniel Dickerson at (802) 828-2472; ddickerson@leg.state.vt.us) if you have questions or would like an item held for legislative review. Unless we hear from you to the contrary by May 02, 2016 we will assume that you agree to consider as final the Governor's acceptance of these requests.

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

[phone] 802-828-2370
 [fax] 802-828-2428



STATE OF VERMONT
FINANCE & MANAGEMENT GRANT REVIEW FORM

Grant Summary:		Grant from the FDA for \$337,128 over a 5-year period to advance efforts to support conformance with FDA Voluntary National Retail Food Regulatory Program Standards (VNRFRPS). A limited service position, Food & Lodging Specialist is included in this grant package.			
Date:		3/30/2016			
Department:		VDH			
Legal Title of Grant:		Voluntary National Retail Food Regulatory Program Standards Grant			
Federal Catalog #:		93.103			
Grant/Donor Name and Address:		US Department of Health and Human Services, Food and Drug Administration 10903 New Hampshire Avenue Silver Spring, MD 20993			
Grant Period:		From:	To:		
		9/10/2015	6/30/2020		
Grant/Donation		\$337,128			
	SFY 1	SFY 2	SFY 3	Total	Comments
Grant Amount:	\$6,322	\$67,987	\$67,987	\$337,128	Strategic Plan, Positon
Position Information:		# Positions	Explanation/Comments		
		1	Food & Lodging Specialist and Inspector, Pay Grade 21		
Additional Comments:		The funds will be used to establish a Food & Lodging Specialist and Inspector position to coordinate implementation of the Strategic Plan, to manage assigned tasks and projects related to program.			
Department of Finance & Management		4/15/16	BZF	(Initial)	
Secretary of Administration		04/14/16	NE	(Initial)	
Sent To Joint Fiscal Office				Date 4/14/16	



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

BASIC GRANT INFORMATION				
1. Agency:	Human Services			
2. Department:	Department of Health			
3. Program:	Environmental Health			
4. Legal Title of Grant:	Advancing Conformance with the Voluntary National Retail Food Regulatory Program Standards (VNRFRPS)			
5. Federal Catalog #:	93.103			
6. Grant/Donor Name and Address:	US Department of Health and Human Services, Food and Drug Administration 10903 New Hampshire Avenue, Silver Spring, MD 20993			
7. Grant Period:	From:	9/10/2015	To:	6/30/2020
8. Purpose of Grant:	To support conformance with the FDA Voluntary National Retail Food Regulatory Program Standards			
9. Impact on existing program if grant is not Accepted:	None			
10. BUDGET INFORMATION				
	SFY 1	SFY 2	SFY 3	Comments
	FY 16	FY 17	FY 18	
Expenditures:				
Personal Services	\$4,322	\$58,987	\$58,987	
Operating Expenses	\$2,000	\$9,000	\$9,000	
Grants	\$	\$	\$	
Total	\$6,322	\$67,987	\$67,687	
Revenues:				
State Funds:	\$	\$	\$	
Cash	\$	\$	\$	
In-Kind	\$	\$	\$	
Federal Funds:	\$6,322	\$67,987	\$67,987	
(Direct Costs)	\$5,025	\$50,291	\$50,291	
(Statewide Indirect)	\$78	\$1,062	\$1,062	
(Departmental Indirect)	\$1,219	\$16,634	\$16,634	
Other Funds:	\$	\$	\$	
Grant (source)	\$	\$	\$	
Total	\$6,322	\$67,987	\$67,987	
Appropriation No:	3420010000	Amount:	\$648	
	3420021000		\$5,674	
			\$	
			\$	
			\$	
			\$	
			\$	
		Total	\$6,322	

MAR 21 2016

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

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

PERSONAL SERVICE INFORMATION

11. Will monies from this grant be used to fund one or more Personal Service Contracts? Yes No
 If "Yes", appointing authority must initial here to indicate intent to follow current competitive bidding process/policy.

Appointing Authority Name: _____ Agreed by: _____ (initial)

12. Limited Service
 Position Information:

Positions

Title

1

Food & Lodging Specialist and Inspector

Total Positions

12a. Equipment and space for these positions:

Is presently available. Can be obtained with available funds.

PO

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:

Title: Commissioner

Signature:

Date:

Title:

14. SECRETARY OF ADMINISTRATION

Approved:

(Secretary or designee signature)

Date:

15. ACTION BY GOVERNOR

Check One Box:
 Accepted

(Governor's signature)

Date:

Rejected

16. DOCUMENTATION REQUIRED

Required GRANT Documentation

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

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).

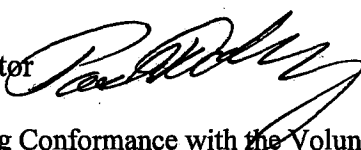
State of Vermont
Department of Health
Business Office
108 Cherry Street-PO Box 70
Burlington, VT 05402-0070
HealthVermont.gov

[phone] 802-863-7736
[fax] 802-865-7754

Agency of Human Services

MEMORANDUM

To: Sarah Clark, AHS CFO

From: Paul Daley, VDH Financial Director 

Re: Grant Acceptance of the Advancing Conformance with the Voluntary National Retail Food Regulatory Program Standards (VNRFRPS) Grant

Date: 03/02/16

The Department of Health has received a grant from the United States Department of Health & Human Services, Food & Drug Administration, providing \$337,128 over five years to enable the Department to advance efforts to support conformance with the FDA Voluntary National Retail Food Regulatory Program Standards (VNRFRPS).

We are requesting approval to receive these funds and are enclosing: the Grant Acceptance Request (AA1) and attached summary, budget summaries, a copy of the grant award document, a copy of the grant application, a Position Request Form for a Food & Lodging Specialist and Inspector, and a RFR for the limited service position.

It is our understanding, based on the advice of Molly Paulger at the Department of Human Resources (DHR) that this AA-1 packet, once approved by the Secretary of Human Services, should be forwarded in its entirety to DHR. DHR will retain the original RFR for classification action upon receipt of approval by all parties, while transmitting a copy of the RFR and all remaining documents to Finance and Management.

We appreciate your support in moving this request forward. Please let me know if you have questions or need additional information. Thank you.



MAR 21 2016

Request for Grant Acceptance

Advancing Conformance with the Voluntary National Retail Food Regulatory Program Standards (VNRFRPS)

Summary 03/02/16

The Department of Health has received a grant from the Department of Health & Human Services, Food and Drug Administration, providing \$337,128 over five years to enable the Department to advance efforts to support conformance with VNRFRPS and the overall goal of improving food safety and protection from farm to table in Vermont.

This funding will strengthen the Department's capacity to coordinate the implementation of the Strategic Plan and VNRFRPS. Current state retail food service regulations are modeled after the 2001 FDA Food Code with licensing of retail food establishments comprising the largest program area in the Department's Food & Lodging program. Goals include: (1) completing statute updates; (2) implementing standards; and 3) increasing educational outreach and evaluation.

The funds will be used to establish a Food & Lodging Specialist and Inspector position to coordinate implementation of the Strategic Plan, to manage assigned tasks and projects that advance elements of the retail program standards and to prepare documentation required for demonstrating and reporting progress. Supplies and travel expenditures will also be funded.

The Health Department is hereby seeking approval to receive \$6,322 in new Federal funds in State Fiscal Year 2016 and the establishment of a limited service position. The remainder of the Federal funding will be included in the Department's future budget requests. We have attached the grant award document, a copy of the grant application, the Position Request Form as well as a copy of the RFR.

VERMONT DEPARTMENT OF HEALTH

SFY16 VNRFPS Budget

<u>VISION Account</u>	<u>Admin & Support</u> (3420010000)	<u>Public Health</u> (3420021000)	<u>VDH Total</u>
Employee Salaries	\$0	\$2,161	\$2,161
Fringe Benefits	\$0	\$864	\$864
3rd Party Contracts	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>
Total Personal Services	\$0	\$3,025	\$3,025
Equipment	\$0	\$0	\$0
Supplies	\$0	\$2,000	\$2,000
Other	\$0	\$0	\$0
Travel	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>
Total Operating Expenses	\$0	\$2,000	\$2,000
Subgrants	\$0	\$0	\$0
Total Direct Costs	\$0	\$5,025	\$5,025
Total Indirect Costs	<u>\$648</u>	<u>\$648</u>	<u>\$1,297</u>
Total SFY16 Grant Costs	\$648	\$5,673	\$6,322

Appropriation Summary

Total Personal Services	\$648	\$3,673	\$4,322
Total Operating Expenses	\$0	\$2,000	\$2,000
Total Subgrants	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>
	\$648	\$5,673	\$6,322

VERMONT DEPARTMENT OF HEALTH

SFY17 VNRFPS Budget

<u>VISION Account</u>	<u>Admin & Support</u> (3420010000)	<u>Public Health</u> (3420021000)	<u>VDH Total</u>
Employee Salaries	\$0	\$29,494	\$29,494
Fringe Benefits	\$0	\$11,797	\$11,797
3rd Party Contracts	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>
Total Personal Services	\$0	\$41,291	\$41,291
Equipment	\$0	\$0	\$0
Supplies	\$0	\$7,000	\$7,000
Other	\$0	\$0	\$0
Travel	<u>\$0</u>	<u>\$2,000</u>	<u>\$2,000</u>
Total Operating Expenses	\$0	\$9,000	\$9,000
Subgrants	\$0	\$0	\$0
Total Direct Costs	\$0	\$50,291	\$50,291
Total Indirect Costs	<u>\$8,848</u>	<u>\$8,848</u>	<u>\$17,696</u>
Total SFY17 Grant Costs	\$8,848	\$59,139	\$67,987

Appropriation Summary

Total Personal Services	\$8,848	\$50,139	\$58,987
Total Operating Expenses	\$0	\$9,000	\$9,000
Total Subgrants	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>
	\$8,848	\$59,139	\$67,987

**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 Human Services, VT Department of Health Date: 03/02/16

Name and Phone (of the person completing this request): Jaime Griggs, 802-651-1876

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 & Human Services, Food & Drug Administration
Advancing Conformance with the Voluntary National Retail Food Regulatory Program Standards (VNRFRPS)

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>
Food & Lodging Specialist & Inspector	1	EH/F&L	09/10/2015 to 06/30/2020

*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 position will accomplish the program objectives for the Voluntary National Retail Food Regulatory Program Standards grant as described in the budget justification submitted as part of the federal application and approved by the granting agency.

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)).

Jaime Griggs 3/4/16
Signature of Agency or Department Head Date

Jaime Griggs for MOP 3/29/16
Approved/Denied by Department of Human Resources Date

[Signature] 4/6/16
Approved/Denied by Finance and Management Date

[Signature] 4/6/16
Approved/Denied by Secretary of Administration Date

Comments:

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: _____
	Working Conditions: _____	Accountability: _____
	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 proposed job class is a combination of the Food & Lodging Specialist duties for part-time coordination of grant duties and part-time Public Health Inspector job duties. The job duties reflect that and are a combination of both positions that have previously been approved through the RFR process:

Coordinate program work on FDA Voluntary Retail Program Standards and other cooperative agreements and grants and applicable.

Coordinate Voluntary National Retail Food Regulatory Program Standards implementation and grant activities. Develop and participate in the establishment and operation of quality assurance procedures, including the monitoring of results. Prepare progress report information for grants and contracts. Assist with implementation of standards and train staff on protocols and procedures. Attend grant-related national training workshops to represent the program and standardize program activities conducting inspections and responding to complaints, investigations and emergencies. Other grant duties as assigned.

Inspection, Investigation and Evaluation of Public Health Hazards:

Inspects, investigates and evaluates licensed establishments and environments for public health hazards, environmental conditions and compliance with rules, regulations and federal standards. Activities require knowledge of food science and the causes, impacts, and prevention of public health problems and the ability to apply this knowledge while conducting job duties. Communication of public health hazards and inspection observations is a daily job duty with increased challenges of communicating with diverse audiences where language barriers and cultural differences may challenge effective communication. The types of establishments have expanded to include larger responsibility with food processing facilities and at fairs, festivals and farmers' markets; additional establishments include restaurants, mobile food units, bakeries, seafood and shellfish vendors, lodging facilities, camps, and schools. Responsibility for exercising professional judgment in deciding whether the information collected constitutes violations of regulations and standards for sanitation, and evaluates if food products are safe for human consumption. Uses thermometers, thermocouples and technical equipment to measure temperatures of food products, and conducts field tests for concentration of

chemical sanitizers in dishwashing and plumbing facilities. If food conditions are found unsafe for human consumption, the inspector will either embargo or oversee the disposal of these products and evaluate the facility for imminent hazards to health which warrant closure of the establishment. If regulatory action is necessary, the inspector initiates the action, prepares correspondence, maintains appropriate records of activities and follows up on violations to ensure corrective actions have been taken. Regulatory actions may result in testifying at hearings and court proceedings concerning findings and actions taken. The contentious nature of inspections and investigations require the inspector to have excellent interpersonal, oral, and written communication skills. Voluntary compliance calls for negotiation and innovative thinking to achieve a satisfactory result. The public health inspector must be assertive and have the ability to deal with confrontational situations such as disposal of food products and facility closure.

Responds to Emergencies and Public Health Preparedness Events:

Provides emergency response to foodborne/waterborne outbreaks, fires in food establishments, incidents of food or water contaminations, power outages and natural disasters such as floods or ice storms. Conducts field inspections as needed after hours and on weekends. Responds to complaints of adulterated foods, food and drug tampering recalls, misbranding or false advertising of foods and pest infestations. Assessment of emergency situations requires quick thinking and evaluation of building conditions, equipment, and food product conditions. Collaborates with state and federal agency partners to address public health concerns. Addresses adulterated or contaminated products or environments by closure, discarding products and requiring immediate corrective actions.

Conducts Investigations of Foodborne and Waterborne Illness/Outbreaks:

Responds to incidences of foodborne or waterborne illness as required in collaboration with the Infectious Disease Epidemiology programs. This role demands excellent investigatory and problem-solving skills. Duties are conducted in environments where a global food supply presents new investigation challenges of approved source regulatory definitions. The inspector must be knowledgeable of technology used for preservation of shelf life (reduced oxygen packaging) and potential emerging pathogens associated with global food products. Investigations may involve collecting and transporting food or environmental samples for laboratory analysis according to legal chain of custody requirements. Responsible for making a determination of adulteration, contamination, or documenting sanitation deficiencies.

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*.

Communicates daily with program field staff, business owners, employees, and consultants with licensing or regulatory questions. Informs the general public, who call in with questions