



STATE OF VERMONT
JOINT FISCAL OFFICE

MEMORANDUM

To: Joint Fiscal Committee members
From: Daniel Dickerson, Fiscal Analyst *DWD*
Date: February 28, 2020
Subject: Grant Requests – JFO #2998

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

JFO #2998 – \$44,644 from the U.S. Dept. of Transportation (DOT) to the VT Public Service Dept. This funding will be used to support Department staff time working on pipeline safety issues, including investigations related to Dig Safe inquiries and follow-up for Dig Safe violations. This is an ongoing State service so the grant funding will be used to offset the use of State funds that would be required otherwise. The grant would be utilized in State FY2020.

[JFO received 02/13/20]

Please review the enclosed materials and notify the Joint Fiscal Office (Daniel Dickerson at (802) 828-2472; ddickerson@leg.state.vt.us) if you have questions or would like an item held for legislative review. Unless we hear from you to the contrary by March 13, 2020 we will assume that you agree to consider as final the Governor's acceptance of these requests.

JFO 2998

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

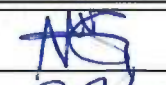
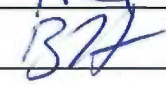
[phone] 802-828-2376
 [fax] 802-828-2428

RECEIVED

FEB 13 2020

JOINT FISCAL OFFICE

STATE OF VERMONT
FINANCE & MANAGEMENT GRANT REVIEW FORM

Grant Summary:		This funding will be used to cover a portion of the expenses associated with the Dig Safe program - which handles Dig Safe inquiries and violations.			
Date:		2/5/2020			
Department:		PSD			
Legal Title of Grant:		Pipeline Safety			
Federal Catalog #:		20.721			
Grant/Donor Name and Address:		US Department of Transportation, Pipeline Hazardous Materials Safety Administration, 1200 New Jersey Avenue, SE, Washington, DC 20590			
Grant Period:		From:	To:		
		9/30/2019	9/29/2020		
Grant/Donation		44,644			
	SFY 1	SFY 2	SFY 3	Total	Comments
Grant Amount:	\$44,644	\$0	\$0	\$44,644	
Position Information:		# Positions	Explanation/Comments		
		0			
Additional Comments:		Per the AA-1, PSD will perform these operations regardless of federal funding, so this grant doesn't expand scope but rather helps to cover existing costs.			
Department of Finance & Management				(Initial)	
Secretary of Administration				(Initial)	
Sent To Joint Fiscal Office		2/13/20		Date	



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FEB 13 2020
JOINT FISCAL OFFICE


112 STATE STREET
MONTPELIER, VT 05620-2601

FAX: (802) 828-2342
TEL: (802) 828-2811



MEMORANDUM

To: Joint Fiscal Committee

From: June Tierney, Public Service Department 

Date: December 15, 2019

Subject: Request for Grant Acceptance

We are requesting approval to accept our annual Dig Safe One Call Program Grant Award from the U.S. Department of Transportation (DOT) Pipeline Hazardous Materials Safety Administration (PHMSA).

The DOT funds will be used to pay for Department time to manage calls inquiries and investigations during the Grant year relative to Dig Safe inquiries or follow up to Dig Safe violations. All funds will be used to support existing Department staff's time working on pipeline safety related issues.

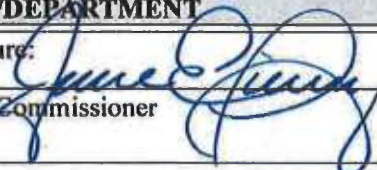
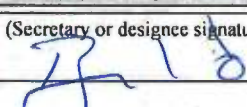
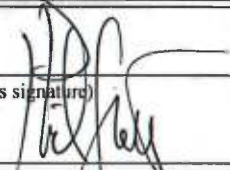
In support of this request, attached is the Request for Grant Acceptance Form and DOT Grant Award information.

Please contact Bill Jordan at 828-4038 or Stacey Drinkwine at 828-4075 if you have any questions regarding this request or need any additional information.

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

BASIC GRANT INFORMATION				
1. Agency:	Administration			
2. Department:	Public Service Department			
3. Program:	Dig Safe One Call Grant			
4. Legal Title of Grant:	Pipeline Safety			
5. Federal Catalog #:	20.721			
6. Grant/Donor Name and Address:				
US Department of Transportation, Pipeline Hazardous Materials Safety Administration, 1200 New Jersey Avenue, SE, Washington, DC 20590				
7. Grant Period:	From:	9/30/2019	To:	9/29/2020
8. Purpose of Grant:				
Obligate Program Funds for Program Year Activities				
9. Impact on existing program if grant is not Accepted:				
This program would continue with the same level of service even if these grant funds weren't accepted, however the program would then require the usage of additional state funds (to offset the delta).				
10. BUDGET INFORMATION				
	SFY 1	SFY 2	SFY 3	Comments
Expenditures:	FY 20	FY	FY	
Personal Services	\$44,644	\$	\$	
Operating Expenses	\$	\$	\$	
Grants	\$	\$	\$	
Total	\$44,644	\$	\$	
Revenues:				
State Funds:	\$	\$	\$	
Cash	\$	\$	\$	
In-Kind	\$	\$	\$	
Federal Funds:	\$	\$	\$	
(Direct Costs)	\$44,644	\$	\$	
(Statewide Indirect)	\$	\$	\$	
(Departmental Indirect)	\$	\$	\$	
Other Funds:	\$	\$	\$	
Grant (source)	\$	\$	\$	
Total	\$44,644	\$	\$	
Appropriation No:	2240000000	Amount:	\$44,644	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
		Total	\$44,644	

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

PERSONAL SERVICE INFORMATION		
11. Will monies from this grant be used to fund one or more Personal Service Contracts? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes", appointing authority must initial here to indicate intent to follow current competitive bidding process/policy. Appointing Authority Name: Not Applicable Agreed by: _____ (initial)		
12. Limited Service Position Information:	# Positions	Title
Total Positions	0	
12a. Equipment and space for these positions:		<input type="checkbox"/> Is presently available. <input type="checkbox"/> Can be obtained with available funds.
13. AUTHORIZATION AGENCY/DEPARTMENT		
I/we certify that no funds beyond basic application preparation and filing costs have been expended or committed in anticipation of Joint Fiscal Committee approval of this grant, unless previous notification was made on Form AA-1PN (if applicable):	Signature: 	Date: 1/29/2020
	Title: Commissioner	
	Signature: _____	Date: _____
	Title: _____	
14. SECRETARY OF ADMINISTRATION		
<input checked="" type="checkbox"/> Approved:	(Secretary or designee signature) 	Date: 2/10/2020
15. ACTION BY GOVERNOR		
<input checked="" type="checkbox"/> Check One Box: Accepted	(Governor's signature) 	Date: 2/13/20
<input type="checkbox"/> Rejected		
16. DOCUMENTATION REQUIRED		
Required GRANT Documentation		
<input type="checkbox"/> Request Memo <input type="checkbox"/> Dept. project approval (if applicable) <input type="checkbox"/> Notice of Award <input 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).		

REQUEST FOR ADVANCE OR REIMBURSEMENT <i>(See instructions on back)</i>	OMB APPROVAL NO. 0348-0004		PAGE 1	OF 2
	1. TYPE OF PAYMENT REQUESTED a. "X" one or both boxes <input checked="" type="checkbox"/> ADVANCE <input type="checkbox"/> REIMBURSEMENT b. "X" the applicable box <input checked="" type="checkbox"/> FINAL <input type="checkbox"/> PARTIAL		2. BASIS OF REQUEST <input checked="" type="checkbox"/> CASH <input type="checkbox"/> ACCRUAL	

3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED DOT/PHMSA/Office of Pipeline Safety	4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY 693JK31940027PSOC	5. PARTIAL PAYMENT REQUEST NUMBER FOR THIS REQUEST
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6. EMPLOYER IDENTIFICATION NUMBER 03-6000274	7. RECIPIENT'S ACCOUNT NUMBER OR IDENTIFYING NUMBER	8. PERIOD COVERED BY THIS REQUEST FROM (month, day, year) 09/30/2019 TO (month, day, year) 09/29/2020	
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9. RECIPIENT ORGANIZATION

Name:
Vermont Department of Public Service
 Number and Street:
112 State Street
 City, State and ZIP Code:
Montpelier, VT 05620

10. PAYEE (Where check is to be sent if different than item 9)

Name:
 Number and Street:
 City, State and ZIP Code:

11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED				
PROGRAMS/FUNCTIONS/ACTIVITIES ☉	(a)	(b)	(c)	TOTAL
a. Total program outlays to date <i>(As of date)</i>	\$	\$	\$	\$
b. Less: Cumulative program income				
c. Net program outlays (Line a minus line b)				
d. Estimated net cash outlays for advance period				
e. Total (Sum of lines c & d)				
f. Non-Federal share of amount on line e				
g. Federal share of amount on line e				
h. Federal payments previously requested				
i. Federal share now requested (Line g minus line h)				
j. Advances required by month, when requested by Federal grantor agency for use in making prescheduled advances	1st month			
	2nd month			
	3rd month			

12. ALTERNATE COMPUTATION FOR ADVANCES ONLY	
a. Estimated Federal cash outlays that will be made during period covered by the advance	\$ 44,644.46
b. Less: Estimated balance of Federal cash on hand as of beginning of advance period	0.00
c. Amount requested (Line a minus line b)	\$ 44,644.46

13.

CERTIFICATION

I certify that to the best of my knowledge and belief the data on the reverse are correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested.

SIGNATURE OR AUTHORIZED CERTIFYING OFFICIAL



TYPED OR PRINTED NAME AND TITLE

William B. Jordan, Director of Engineering

DATE REQUEST
SUBMITTED

10/25/2019

TELEPHONE (AREA
CODE, NUMBER,
EXTENSION)

(802) 828-4038

This space for agency use

Public reporting burden for this collection of information is estimated to average 60 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0004), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

INSTRUCTIONS

Please type or print legibly. Items 1, 3, 5, 9, 10, 11e, 11f, 11g, 11i, 12 and 13 are self-explanatory; specific instructions for other items are as follows:

<i>Item</i>	<i>Entry</i>	<i>Item</i>	<i>Entry</i>
2	Indicate whether request is prepared on cash or accrued expenditure basis. All requests for advances shall be prepared on a cash basis.		as many additional forms as needed and indicate page number in space provided in upper right; however, the summary totals of all programs, functions, or activities should be shown in the "total" column on the first page.
4	Enter the Federal grant number, or other identifying number assigned by the Federal sponsoring agency. If the advance or reimbursement is for more than one grant or other agreement, insert N/A; then, show the aggregate amounts. On a separate sheet, list each grant or agreement number and the Federal share of outlays made against the grant or agreement.	11a	Enter in "as of date," the month, day, and year of the ending of the accounting period to which this amount applies. Enter program outlays to date (net of refunds, rebates, and discounts), in the appropriate columns. For requests prepared on a cash basis, outlays are the sum of actual cash disbursements for goods and services, the amount of indirect expenses charged, the value of in-kind contributions applied, and the amount of cash advances and payments made to subcontractors and subrecipients. For requests prepared on an accrued expenditure basis, outlays are the sum of the actual cash disbursements, the amount of indirect expenses incurred, and the net increase (or decrease) in the amounts owed by the recipient for goods and other property received and for services performed by employees, contracts, subgrantees and other payees.
6	Enter the employer identification number assigned by the U.S. Internal Revenue Service, or the FICE (institution) code if requested by the Federal agency.	11b	Enter the cumulative cash income received to date, if requests are prepared on a cash basis. For requests prepared on an accrued expenditure basis, enter the cumulative income earned to date. Under either basis, enter only the amount applicable to program income that was required to be used for the project or program by the terms of the grant or other agreement.
7	This space is reserved for an account number or other identifying number that may be assigned by the recipient.	11d	Only when making requests for advance payments, enter the total estimated amount of cash outlays that will be made during the period covered by the advance.
8	Enter the month, day, and year for the beginning and ending of the period covered in this request. If the request is for an advance or for both an advance and reimbursement, show the period that the advance will cover. If the request is for reimbursement, show the period for which the reimbursement is requested.	13	Complete the certification before submitting this request.
Note:	The Federal sponsoring agencies have the option of requiring recipients to complete items 11 or 12, but not both. Item 12 should be used when only a minimum amount of information is needed to make an advance and outlay information contained in item 11 can be obtained in a timely manner from other reports.		
11	The purpose of the vertical columns (a), (b), and (c) is to provide space for separate cost breakdowns when a project has been planned and budgeted by program, function, or activity. If additional columns are needed, use		

