

PHONE: (802) 828-2295 FAX: (802) 828-2483 WEBSITE: www.leg.state.vt.us/jfo/

# STATE OF VERMONT LEGISLATIVE JOINT FISCAL OFFICE

#### **MEMORANDUM**

TO: Members, Joint Fiscal Committee

FROM: Maria Belliveau, Associate Fiscal Officer

DATE: August 11, 2015

SUBJECT: JFO #2775 Request from Office of Veterans Affairs for One Limited Service

Position

The Joint Fiscal Committee received a request from the Vermont Office of Veterans Affairs to authorize the establishment of one new limited service position. This position will be an Education Consultant 1 and will be supported by the U.S. Department of Veterans Affairs.

The position will replace a contract and will be responsible for providing services to education and training institutions as well as veterans as they relate to veterans GB Bill benefits. This includes compliance, technical assistance, outreach, and liaison activities, among others.

Please review the enclosed materials and notify the Joint Fiscal Office (Maria Belliveau at (802) 828-5971; mbelliveau@leg.state.vt.us) if you have questions or would like this item held for legislative review. Unless you respond to the contrary by August 25, 2015 it will be assumed that you agree to consider as final the Governor's acceptance of this request.

JFO # 2775

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

RECEIVED

AUG 11 2015

JOINT FISCAL OFFICE

7 July 2015

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 <u>must</u> be obtained <u>prior to</u> 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 <u>must</u> be attached to this form. Please attach additional pages as necessary to provide enough detail.

Office of Veterans Affairs/Military Department

Agency/Department:

| Name and Phone (of the person cor  | mpleting this red   | quest): Robert E. Bu   | rke 802.828.3                      | 3380  |   |
|--|---|--|------------------------------------|---|---|
| Request is for:  ☐Positions funded and attache ☐Positions funded and attache   | d to a new gran<br>d to an existing                           | it.<br>grant approved by J   | JFO#                               |   | · .   |
| 1. Name of Granting Agency, Title  | of Grant, Grant   | Funding Detail (attac  | ch grant docu                      | ments):   |   |
| Department of Veterans Affairs,  |   |  |                                    |   |   |
| <ol><li>List below titles, number of positi<br/>based on grant award and should m<br/>final approval:</li></ol>  |   |  |                                    |   |   |
| Title* of Position(s) Requested  | # of Positions  | Division/Program   | Grant Fund                         | ing Period/Anticipated                          | End Date                                    |
| Education Consultant I   | 1.  | State Approving A  | uthority                           | 10/01/15 - 09/30/2016                           | 3 ,   |
|  | . ·   |  |                                    |   | •   |
| :  |   |  | ٠.                                 |   |   |
| *Final determination of title and pay grade to<br>Request for Classification Review.   | be made by the De   | partment of Human Reso   | urces Classificati                 | on Division upon submission                     | on and review of                            |
| <ol> <li>Justification for this request as ar<br/>Since 2007 the Office of Veterar<br/>education and training institutes<br/>outreach to students and instituti<br/>correctly. This is an essential por</li> </ol> | ns Affairs affairs<br>that are certified<br>ions as well as d | has accomplished for<br>the distribution of the distribution of the distribution of the<br>distribution of the distribution of the d | enefits. Additio<br>Insure dollars | onally, this position co<br>spent are processed | nducts                                      |
| I certify that this information is correct available (required by 32 VSA Sec. I  | ct and that nece  | •  |                                    |   | tion(s) are                                 |
| When Thiston   |   |  | Ź                                  | 1 July 15                                       |   |
| Signature of Agency or Department  | Head  |  |                                    | Date  | •   |
| Modern Paul xx   | ٠   |  |                                    | 7/21/15   |   |
| Approved/Denied by Department of   | Human Resour  | ces  |                                    | Date  |   |
| In hust  | <u> </u>  |  | *                                  | 8 rv 18   |   |
| Approved/Devied by Finance and M   | anagement -   | <u> </u>   |                                    | Date  |   |
|  | e-  | De P-V   |                                    | 08/17/15  | •   |
| Approved/Denied by Secretary of Ac   | dministration   | ·  |                                    | Date  |   |
| Comments:  |   | •  |                                    |   | 4   |
|  |   |  |                                    |   | . DHR - 11/7/0                              |
| •  | <i>i</i> .  | •  |                                    | •   | Ȣ   |
| ٠  | • • •   | •  | ×                                  | 2   | eji (m²···································· |

# Request for Classification Action New or Vacant Positions EXISTING Job Class/Title ONLY Position Description Form C/Notice of Action

For Department of Personnel Use Only Date Received (Stamp Notice of Action # Action Taken: New Job Title Current Class Code New Class Code Current Pay Grade New Pay Grade Current Mgt Level B/U OT Cat. EEO Cat. B/U OT Cat. EEO Cat. FLSA Classification Analyst Effective Date: Comments: Date Processed: Willis Rating/Components: Knowledge & Skills: Mental Demands: Accountability Working Conditions: Total: Position Information: Incumbent: Vacant or New Position Position Number: Current Job/Class Title: Education Consultant I Agency/Department/Unit: MIL GUC: Pay Group: Classified Work Station: Montpelier Zip Code: 05620 Position Type: Permanent \( \subseteq \text{Limited Service (end date )} \) Funding Source: Core Sponsored Partnership. For Partnership positions provide the funding breakdown (% General Fund, % Federal, etc.) Supervisor's Name, Title and Phone Number: Robert E. Burke, Director, Office of Veterans Affairs, 802.828.3380 Check the type of request (new or vacant position) and complete the appropriate section. X New Position(s):

REQUIRED: Allocation requested: Existing Class Code 209400 Existing Job/Class Title:

Education Consultant | Position authorized by:

b.

| Request for Classification Action  Position Description Form C   |
|--|
| ☐ Joint Fiscal Office – JFO # Approval Date: ☐   |
| Legislature – Provide statutory citation (e.g. Act XX, Section XXX(x), XXXX session)   |
| Other (explain) — Provide statutory citation if appropriate.   |
| ☐ Vacant Position:   |
| a. Position Number:  |
| b. Date position became vacant:  |
| c. Current Job/Class Code: Current Job/Class Title:  |
| d. REQUIRED: Requested (existing) Job/Class Code: Requested (existing) Job/Class Title:  |
| e. Are there any other changes to this position; for example: change of supervisor, GUC, work station? Yes   No   If Yes, please provide detailed information:   |
|  |
| For All Requests:  |
| List the anticipated job duties and expectations; include all major job duties:  |
| Duties:  |
| Planning, administrative, consultative, and monitoring work at a professional level in providing services to   |
| education and training institutions as well as veterans as they relate to veterans GI Bill benefits.   |
| - Complete the folowing Program Approval Activities:   |
| -Program Approval Activities - Review and respond to program approval requests   |
| -Compliance - Perform compliance surveys and visits  |
| -Technical Assistance - Provide direct assistance to institutions or businesses with any and all aspects of the  |
| approval/training process. Meet with Certifying Officials and other institution administrators for orientation, compliance, and approval. Investigate and follow-up with veterans and institutional officials concerning DVA denial of benefits letters.                         |
| -Outreach - Promote awareness and utilization of GI Bill benefits. Provide up-to-date information concerning GI<br>Bill benefits to individual eligible recipients and institution administrators in various forms.  |
| -Liaison - Participate in meetings, training, and activities of the National Association of State Approving Agencies. Participate in conference calls, and liaison, with other State Approving Agencies to employ best practices in approval and contract compliance activities. |
| -Contract Compliance - Prepare and manage budget. Prepare and submit invoices for Dept. of Veterans  |
| Affairs reimbursement. Prepare and submit quarterly reports of Vernont SAA activities. Prepare and submit  |
| self-assessment for Joint Peer Review Group. Prepare and submit business plan to Dept. of Veterans Affairs.  Prepare and submit contract proposal to Dept. of Veterans Affairs.  |
| Expectations:  |
| Considerable knowledge of the administrative workings of higher education and training programs.   |

Request for Classification Action Position Description Form C

| Position Description Form C Page 3  |
|---|
| - Working knowledge of the educational resources, training programs, and the application of veterans  |
| benefits.   |
| - Complete all Business Plan and contractual requirements on time and in accordance with Dept. of Veterans  |
| Affairs rules and requirements.   |
| - Ability to establish and maintain effective working relationships with employees, other agencies and the  |
| public; ability to work outside in all kinds of weather; ability to communicate effectively both verbally and in  |
| writing.  |
|   |
| Environmental Factors:  |
| - Normal office working conditions generally prevail. Incumbent must be able to interact, work, and deal with   |
| department staff, education and training institutions, and veterans.  |
| Considerable in-State travel is necessary to perform outreach and compliance duties.  |
| Some evening or overtime work may be necessary.   |
| ,   |
| Qualifications:   |
| Bachelors degree AND four (4) years or more of professional work experience in a field related to education   |
| and training services and/or providing veteran's services.  |
| – A valid Vermont drivers license.  |
|   |
|   |
|   |
| 2. Provide a brief justification/explanation of this request: In 2007 the State Approving Authority position was  |
| transferred for the Agency of Education to the Office of Veterans Affairs. During the ensuing years the Office of   |
| Veterans Affairs performed this task under an annual contract with the Department of Veterans Affairs. In   |
| federal fiscal year 2014 a partial year contract was offered because the VA was concerned with the  |
| performance of the contract. A contract was not offered in fiscal year 2015 because of performance issues.  |
| The position was eliminated in a RIF due to the loss of the funding stream. When I took over as director in   |
| September of 2014 I persued a return of the contract. The attached contract offer was received on 1 July. The   |
| return of this position will allow the State of Vermont to better serve its veteran students and the institutions that are providing them education and training. |
| unat are providing them education and training.   |
|   |
| 3. If the position will be supervisory, please list the names and titles of all classified employees reporting to this  |
| position (this information should be identified on the organizational chart as well).   |
|   |

### Personnel Administrator's Section:

- 4. If the requested class title is part of a job series or career ladder, will the position be recruited at different levels? Yes ☐ No⊠
- 5. The name and title of the person who completed this form: Robert E. Burke, Director, Office of Veterans Affairs
- 6. Who should be contacted if there are questions about this position (provide name and phone number): Robert E. Burke, Director, Office of Veterans Affairs, 802.828.3380

| 7. How many other positions are allocated to the requested class title in the department: 0  |
|--|
| 8. Will this change (new position added/change to vacant position) affect other positions within the organization? (For example, will this have an impact on the supervisor's management level designation; will duties be shifted within the unit requiring review of other positions; or are there other issues relevant to the classification process.) |
|  |
| Attachments:   |
| Organizational charts are required and must indicate where the position reports.   |
| ☐ Class specification (optional).  |
| For new positions, include copies of the language authorizing the position, or any other information that would help us better understand the program, the need for the position, etc.   |
| Other supporting documentation such as memos regarding department reorganization, or further explanation regarding the need to reallocate a vacancy (if appropriate).  |
|  |
| Jay Bars 7/20/2015   |
| Personnel Administrator's Signature (required)*  |
|  |
|  |
| sul a Me 07/07/2015  |
|  |
| Supervisor's Signature (required)* Date  |
|  |
| Whenhart History 21 July 15  |
| Appointing Authority or Authorized Representative Signature (required)*  |

<sup>\*</sup> Note: Attach additional information or comments if appropriate.

Managers



# **Department of Human Resources** State of Vermont

|          | VERMONT .gov           |
|----------|------------------------|
|          | official state website |
| 2 Search |                        |
|          |                        |

**Employees** 

Job Seekers

Classification and Hiring

Job Specifications

Back to Job Specifications List (job specifications list? iobcode=209400&letter=&paygrade=&category=&keyword=&result=Search)

#### **EDUCATION CONSULTANT I**

Job Code: 209400

Pay Plan: Classified

Pay Grade: 22

Occupational Category: Education & Library Services

Effective Date: 10/10/2013

Class Definition: Planning, administrative, consultative, and monitoring work at a professional level in providing education services. Extensive interaction occurs with other Department staff members, local school officials, and education professionals. Project assignments of a department-wide nature may occur.

Examples of Work: Incumbents provide consulting services to school districts, professional organizations, vocational programs, other state and local agencies, in areas such as effective schools, lifelong learning, guidance, health and safety, early childhood education, adult education, core curriculum areas, technical education, special education, nutrition and school construction. Work with schools to monitor and evaluate facilities, instructional aids, teacher qualifications, general education programs, educational outcomes, and conformance with accreditation, fiscal or other guidelines. Promotes and consults on establishing organizational missions, planning and policy documents, special programs, improving or restructuring existing programs and assists with problems arising during developing, organizing or operating such programs. Provides leadership and direction in developing or revising materials for use in specific grades, subject areas, building and equipment facilities or other special programs.

Environmental Factors: Normal office working conditions generally prevail. Incumbent must be able to interact, work, and deal with department staff, educators, state, federal, and local officials, and the general public. Evening and weekend work may be required. Considerable travel is necessary for which an incumbent must possess private means of transportation.

#### Minimum Qualifications

Knowledge, Skills and Abilities: Considerable knowledge of state regulations and standards relating to educational programs. Considerable knowledge of the organization, facilities, and capabilities of Vermont school systems. Working knowledge of the educational resources and delivery systems of the State Department of Education.

#### Education and Experience:

Bachelor's degree AND four (4) years or more of professional level work experience in a field related to teaching or provision of educational support services.

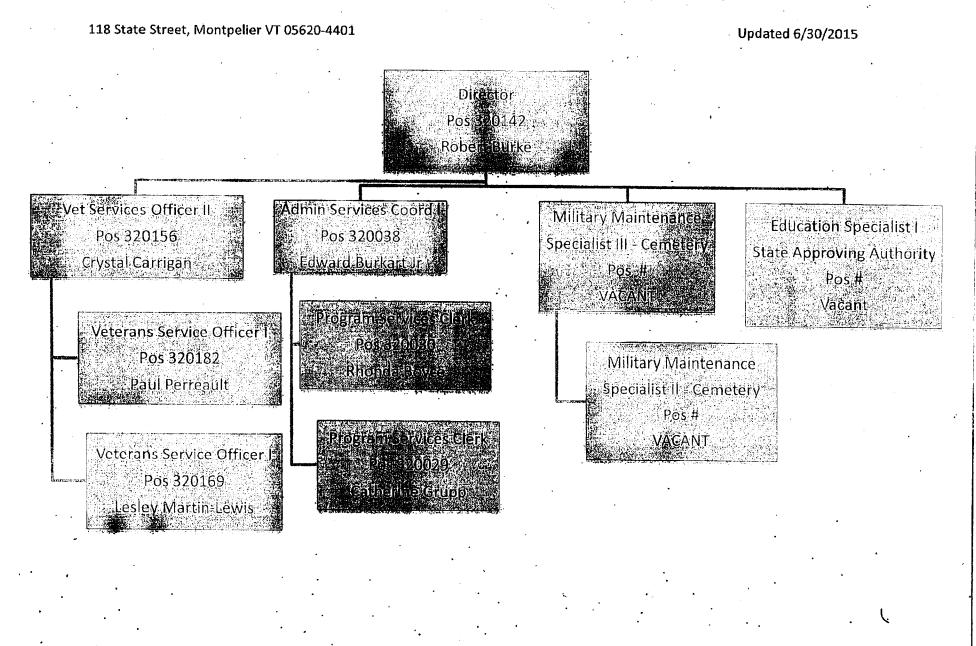
OR

Master's degree AND three (3) years or more of professional level work experience in a field related to teaching or provision of educational support services.

Note: Some positions may have certification requirements or other special requirements

Special Requirements: n/a

# **OFFICE OF VETERANS AFFAIRS**



| AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT  |   |  |  | V101 (223C)                            | PAGE 1 OF 2 PAGES        |
|---|---|--|--|--|--------------------------|
| 2.AMENDMENT/MODIFICATION/NO.  | 3 EFFECTIVE DATE<br>10/01/2015                          | s. REQUISITION/PURCHASE REQ. NO. 5. PROJECT NO. If applied V101 (223C) F-5669  |  | ECT NO. (ff upplicable)                |                          |
| 6.ISSUED BY COD   |   |  | 7. ADMINISTERED BY (If-ather-than Item-6) CODE |  |                          |
| Department of Veterans Affair<br>Education Service<br>810 Vermont Avenue, N.W.<br>Washington, DC 20420  | <u> </u>  |  | .*   | ······································ |                          |
| 8. NAME AND ADDRESS OF CONTRACTOR (No. Sire   | I; Camp, State and ZIP Gode)                            |  | -(X)   | BALAMENDMENT OF S                      | OLICITATION NO.          |
| Vermont Office of Veterans Af<br>118 State Street, Drawer 20<br>Montpelier, VT 05620-4401   | fairs   |  | .×   | V101 (223C)P-                          |                          |
| • •   |   | , ,  | ~,   | 10B. DATED (See Item 31)               |                          |
| ÇODE  | FACILITY-CODE   | :  |  | 10/01/2013                             |                          |
| . 11.TH   | S ITEM ONLY APPLIES                                     | TO AMENDMENTS OF SOLICIT   | ATIC   | NS                                     |                          |
| offer submitted; or (c) By-separate letter or telegrain will BE RECEIVED ATTHE PLACE DESIGNATED FOI YOUR OFFER. If by virtue of this amendment you do makes reference to the solicitation and this amendment. | RTHE RECEIPT OF OFFER<br>ire-to-change-an offer niready | S.PRIOR TO THE HOUR AND DA<br>submitted, such change may be mu   | ATE S  | PECIFIED MAY RESU                      | LT IN REJECTION OF       |
| 12. ACCOUNTING AND APPROPRIATION DATA (If required)   |   | ` `  |  |  | ٠                        |
|   |   | ODIFICATION OF CONTRACT  |  |  |                          |
| CHECK ONE A. THIS CHANGE ORDER IS ISSUED F  | •   | RDER NO. AS DESCRIBED IN<br>MYTHE CHANGES SET, FORTH IN  |  |  | DNTRACT DROER NO. IN     |
| B. THE ABOVE NUMBERED CONTRAC<br>vlage.equ.) SET FORTH IN TEM 14; PUR:  | TIORDER IS MODIFIED TO F                                | REFLECT THE ADMINISTRATIVE CI<br>OF FAR 43:103(B).   | HANG   | EB (sudh as changes in púyl            | ng-áffice, uppropriation |
| C. THIS: SUPPLEMENTAL AGREEMEN  | 14S ENTERED INTO PURSUA                                 | ANT TO AUTHORITY OF:   |  |  |                          |
| D. OTHER (Specify type of modification and Option provision   | -miliarity)   | *  |  |  |                          |
| E. IMPORTANTI Contractor is not, X is requir  | ed to sien this document and                            | rohim 1 copies to the i  | ssuine   | afficio.                               | +                        |
| 14. DESCRIPTION OF AMENDMENT/MODIFICATION (6  | <u> </u>  |  |  |  |                          |
| 1) See attachment for the con<br>2) Modification of Article X.<br>3) Reason - Option Provision/   | Option year fis   | cal FY16 allocation  | ar<br>is                                       | 2014 base year<br>\$100,000.           | r contract.              |
| •   | •   |  |  | *                                      | v                        |
|   |   |  |  | •                                      |                          |
| Except vis provided herein, all terms and conditions of the docu  | igent referinced in New 98 ar 108                       | ! osheretelovexhunecit: remalus wiches   | nged.an  | id to full-force and effect.           | )<br>3-                  |
| 15A. NAME AND TITLE OF SIGNER (Type or print)   |   | 16A, NAME AND TITLE OF CONT  |  |  | in()                     |
|   | •   | Len Wisneski, Con  |  | ,                                      |                          |
| 15B. CONTRACTOR/OFFEROR   | 15C. DATE SIGNED  | 168 UNITED STATES OF AMERI   | CA   | • •                                    | 16C. DATE SIGNED         |
| •   |   | The state of the s |  |  |                          |
| (Signature of person authorized to sign)  | - ]   | , (Signature of Cant   | racting  | Officer)                               | -                        |