

MEMORANDUM

To:

James Reardon, Commissioner of Finance & Management

From:

Nathan Lavery, Fiscal Analyst

Date:

August 25, 2011

Subject:

JFO #2512, #2513, #2514, #2515, #2516

No Joint Fiscal Committee member has requested that the following items be held for review:

JFO #2512 — Request from the Vermont Department of Labor to establish five limited service positions to increase the department's ability to re-employ unemployment claimants and reduce erroneous payments. These positions will be funded through an increase in grant funding from the U.S. Department of Labor.

[JFO received 7/18/11]

JFO #2513 — \$1,201,250 grant from the U.S. Department of Labor to the Vermont Department of Labor. These funds will be used to employ 75 unemployed Vermonters in the running of a temporary relief program for victims of the April 2011 flooding.

[JFO received 7/22/11]

JFO #2515 — \$500,000 grant from Maidstone Rehold, LLC to the Vermont Department of Fish and Wildlife. These funds will be used to conduct a GPS-based bear study to evaluate the impact of the Deerfield Wind Project on bear habitat.

[JFO received 7/25/11]

JFO #2516 — \$248,800 donation from Maidstone Rehold, LLC to the Vermont Department of Fish and Wildlife. This amount represents the value of three parcels of land (3.14 acres) being donated. [JFO received 7/25/11]

The Governor's approval may now be considered final. We ask that you inform the Secretary of Administration and your staff of this action.

cc: Annie Noonan, Commissioner Patrick Berry, Commissioner

PHONE: (802) 828-2295

FAX: (802) 828-2483



STATE OF VERMONT JOINT FISCAL OFFICE

MEMORANDUM

To:

Joint Fiscal Committee Members

From:

Nathan Lavery, Fiscal Analyst

Date:

July 25, 2011

Subject:

Position Requests

Enclosed please find one (1) limited service position request that the Joint Fiscal Office has received from the administration.

JFO #2512 — Request from the Vermont Department of Labor to establish five limited service positions to increase the department's ability to re-employ unemployment claimants and reduce erroneous payments. These positions will be funded through an increase in grant funding from the U.S. Department of Labor.

[*JFO* received 7/18/11]

Please review the enclosed materials and notify the Joint Fiscal Office (Nathan Lavery at (802) 828-1488; nlavery@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 August 8 we will assume that you agree to consider as final the Governor's acceptance of these requests.

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

JF0 2512

Date: 7/5/2011

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.

Agency/Department: Vermont Department of Labor

Name and Phone (of the person completing this request):				
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):				
U.S. Department of Labor, Employment and Training Administration Reemployment and Eligibility Assessment (REA) Grant.				
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 <u>only</u> after JFC final approval:				
Title* of Position(s) Requested # of Positions Division/Program Grant Funding Period/Anticipated End Date				
Reemployment Assistance Facilitator five (5) Dept of Labor/UI & Wages Div 6/24/11 - 3/31/2012				
*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:				
To increase the department's ability to re-employ claimants and reduce erroneous payments. The foundation of the grant proposal is based on a number of studies which found attention to UI beneficiaries' efforts to find employment relative to their reemployment service needs results in shorter claim durations and fewer payments. Building on the success thus far, VDOL has recently been granted an additional award of \$848,012 to expand these services.				
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).				
Anne M. Nooven, Commences 7/5/11				
Signature of Agency or Department Head Date				
Molintan x				
Approved/Denied by Department of Human Resources Date				
7/13/11 7/13/20				
Approved/Denied by Finance and Management Date				
PECFIVEDICAL.				
Approved/Denied by Secretary of Administration Date				
Comments: JUL 18 2011 DHR - 11/7/05				
JOINT FISCAL OFFICE				



U.S. Department of Labor

Employment and Training Administration 200 Constitution Avenue, N.W. Washington, D.C. 20210



JUN 2 4 2011

Ms. Valerie Rickert
Deputy Commissioner
Vermont Department of Labor
5 Green Mountain Drive
P.O. Box 488
Montpelier, Vermont 05601-0488

Dear Ms. Rickert:

I am pleased to inform you that your agency's request for the 2011 Supplemental Budget Request (SBR) funds to continue operation of your Reemployment and Eligibility Assessment (REA) initiative has been approved in the amount of \$848,012, in accordance with the prior allotment to your state and under authority of Section 302 of the Social Security Act. As designated by the appropriation language, these funds are limited to expenditures for REA activities provided in accordance with Unemployment Insurance Program Letter (UIPL) No. 11-11 and your state's 2011 SBR. REA activities must be charged to an REA activity code to document the proper expenditure of funds.

REAs are a critical initiative to help unemployed workers successfully reenter the workforce and to simultaneously ensure the integrity of the Unemployment Insurance (UI) program. We are pleased that this worthwhile initiative will continue in your agency and look forward to your implementation of the new provisions in the UIPL to move to a more uniform REA program nationally. We will continue to offer both general and individualized technical assistance to REA states, as appropriate.

The Federal Grant Officer will issue a Notice of Obligation to provide these funds under the Fiscal Year (FY) 2011 UI Annual Funding Agreement. As a condition of this award, cumulative expenditures during the life of these projects should be reported in the remarks section of the U.S. Department of Labor's Employment and Training Administration (ETA) Financial Report (ETA 9130). Also, please coordinate your state's reporting with your regional ETA Federal Project Officer.

These FY 2011 funds should be obligated by the state in adherence to the timeline contained in your REA proposal, which is by March 31, 2012. However, to allow for potential changes that might occur, the obligation date specified by the Grant Officer on the Notice of Obligation for these funds is September 30, 2012. Funds must be liquidated within 90 days of the obligation deadline.

We recognize that proposals include cost estimates that may change. If changes of twenty percent or more in any specific budget category on the Standard Form 424A occur, a letter requesting approval of the change along with applicable grant documents must be submitted by the agency signatory official to the ETA Regional Office to amend the budget and plan. Because approval of the Grant Officer is required, requests for these proposed changes, including an explanation of the changes and applicable budgetary information, should be submitted as soon as the required information is available. Pursuant to 29 CFR 97.23, requests to amend the plan/budget should be submitted at least thirty days prior to the end of the obligation period, and requests to extend the expenditure/liquidation period should be submitted at least 30 days prior to the end of the liquidation period. Please reference the SBR name and the UI Agreement grant number in any future correspondence relating to this SBR.

We are always eager to identify best practices for the REA program and welcome information about your successes through our new Community of Practice on Workforce3 One at https://reemploymentworks.workforce3one.org. Please share your initiatives and review valuable information from states facing similar challenges.

Best wishes for the continued success of your REA initiative.

Sincerely,

Gay M. Gilbert

Administrator

Office of Unemployment Insurance

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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 New Class Code _____ Current Class Code _____ New Pay Grade _____ Current 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: _____ Knowledge & Skills: _____ Mental Demands: ____ Accountability: _____ Willis Rating/Components: Working Conditions: _____ Total: ____ Position Information: Incumbent: Vacant or New Position Position Number: Current Job/Class Title: Re-Employment Assistance Facilitator Agency/Department/Unit: Vermont Dept. of Labor GUC: 82179 (Bennington), 82190 (Morrisville), 82200 (Newport), 82210)St. Albans, (82215 St. Johnsbury). Five (5) new positions. Pay Group: 82A Work Station: Bennington, Morrisville, Newport, St. Albans, and St. Johnsbury Code: |05201, 05661, 05855, 05478 and 05819| Position Type: Permanent Limited Service (end date) 3/31/2012 Funding Source: Core Sponsored Partnership. For Partnership positions provide the funding breakdown (% General Fund, % Federal, etc.) 100% Federal Funds/REA Grant Supervisor's Name, Title and Phone Number: Tracy Phillips, UI Director, 828-4242 Check the type of request (new or vacant position) and complete the appropriate section. \boxtimes **New Position(s):** REQUIRED: Allocation requested: Existing Class Code 500520 Existing Job/Class Title: Re-

employment Assistance Facilitator

	b.	Position authorized by:
		☑ Joint Fiscal Office – JFO # 2451 Approval Date: July 2010
		Legislature – Provide statutory citation (e.g. Act XX, Section XXX(x), XXXX session)
		Other (explain) Provide statutory citation if appropriate.
г	٧a	cant Position:
	Va	
	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:
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•		
		anticipated job duties and expectations; include all major job duties: Interviewing unemployment
		claimants' in person. Determine appropriate referral services for clients by utilizing a broad range of
		nt techniques including testing and in-depth interviewing. Creating employability development plans by analyzing and integrating information obtained from in-depth interviews, appropriate assessments
		market information. Monitor and revise plans based on each client's progress at obtaining
		ent. Facilitate clients' achievement of plans by arranging for services, coaching and/or connecting
		partner agencies. Will conduct periodic eligibility reviews to ensure compliance with program
		nts and refer to adjudication as appropriate. Adhere to performance standards as directed by REA
		Coordinator. Document and maintain case management records. Perform other related duties as
requir	ea.	
2 Pr	ovide	e a brief justification/explanation of this request: A modification of the Employment and Training
		ation Reemployment and Eligibility Assessment (REA) Grant has been received from the Federal
		ent. This modification will allowVDOL to expand REA services to other geographic locations around
Verm		
		osition will be supervisory, please list the names and titles of all classified employees reporting to this his information should be identified on the organizational chart as well). No
Perso	onne	I Administrator's Section:
		equested class title is part of a job series or career ladder, will the position be recruited at different
		es No

5. The name and title of the person who completed this form: Deborah L. Bru	ıce, HR Administrator
6. Who should be contacted if there are questions about this position (provide Tracy Phillips, 828-4242	e name and phone number):
7. How many other positions are allocated to the requested class title in the d	epartment: Four (4)
8. Will this change (new position added/change to vacant position) affect other organization? (For example, will this have an impact on the supervisor's manduties be shifted within the unit requiring review of other positions; or are there classification process.) No	agement level designation, will
Attachments:	ı
oxtimes Organizational charts are required and must indicate where the po	sition reports.
Class specification (optional).	
For new positions, include copies of the language authorizing the position that would help us better understand the program, the need for the positions.	
Other supporting documentation such as memos regarding departs explanation regarding the need to reallocate a vacancy (if appropriate)	
Deboran & Bruce	7/5/2011
Personnel Administrator's Signature (required)*	Date
JacqMAMa_	7-1-11
Supervisor's Signature (required)*	Date
Ann U. Noonen	7 - 5 -11
Appointing Authority or Authorized Representative Signature (required)*	 Date

^{*} Note: Attach additional information or comments if appropriate.