

STATE OF VERMONT JOINT FISCAL OFFICE

MEMORANDUM

To: Joint Fiscal Committee members

From: Sorsha Anderson, Senior Staff Associate

Date: May 30, 2025

Subject: Limited-Service Positions - JFO #3256

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

JFO #3256: Two (2) limited-service positions to help manage several USDA grants for child nutrition programs at the Vermont Agency of Education. One (1) position, Grants and Contracts Specialist, will reside within the Agency of Education and one (1) position, Configuration Analyst, will reside within the Vermont Agency of Digital Services to maintain the digital management systems used by the AOE. The positions are funded through 9/30/28 by previously approved JFO #3086. [*Received May 29, 2025*]

Please review the enclosed materials and notify the Joint Fiscal Office (Sorsha Anderson: sanderson@leg.state.vt.us) if you have questions or would like this item held for legislative review. Please submit concerns by **June 25, 2025**, or we will assume that you agree to consider as final the Governor's acceptance of this request.

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 <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 **must** be attached to this form. Please attach additional pages as necessary to provide enough detail.

Date:

Agency/Department:

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): USDA, Child Nutrition Technology Innovation Grant Program

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 |
|---------------------------------|----------------|------------------|---|
| Grants and Contracts Specialist | 1 | AOE/FESP | 9/27/24-9/30/28 |
| Configuration Analyst | 1 | ADS | same |

*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:

These two positions are being created to manage work related to oversight and reporting associated with several USDA IT grants, management of several child nutrition digital training platform contracts, UAT testing of system enhancements and production fixes for the AOE Child Nutrition Team's application and claims management system, management of production issues including compliance with SLAs and trouble-shooting of production problems related to this system, and support of requirements gathering for two grants management system contracts utilized by AOE Child Nutrition Programs to manage applications, reimbursement requests, and payments of state and federal child nutrition grant funds.

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).

Date

Date

Date

David Fuller

Signature of Agency or Department Head

Digitally signed by David Fuller Date: 2025.03.20 09:58:59 -04'00'

Approved/Denied by Department of Human Resources Adam Greshin Digitally signed by Adam Greshin Date: 2025.05.21 09:59:05 -04/00

Approved/Demied by Finance and Management

can Brown

Approved/Denied by Secretary of Administration

Date

5/21/2025 | 3:19:58 EDT

Approved/Denied by Governor (required as amended by 2019 Leg. Session)

REVIEWED

Comments:

Docusign Envelope ID: 11DECB24-E392-42C0-A7F0-610B74452ECF

Docusign Envelope ID: 427C0E84-13A1-4201-B241-7685FED6E623



LEADERSHIP | SUPPORT | OVERSIGHT

(802) 828-1130 | education.vermont.gov

MEMORANDUM

| TO: FROM: | Sarah Clark, Secretary of Administration Zoie Saunders, Secretary of Education; Denise Reilly-Hughes, Secretary of Digital Services | Docusigned by: Denise Reillig / 4R/2824 604147673547442 |
|--------------|---|---|
| SUBJECT: | Assignment of a AOE Grant-Funded Limited-Service I grant #3086 | Position to ADS; JFO |
| DATE: | December 12, 2024 | |
| | ~ | |

Purpose

This memo is intended to clarify that one of two limited-service positions approved in the Agency of Education's 2024 USDA Non-Competitive Technology Innovation Grant (nTIG) application will be "housed" within ADS. This position will provide additional capacity necessary to perform "Harvest" IT system contract management work on behalf of AOE's child nutrition programs.

Background

AOE successfully applied for the third in a sequence of nTIG grants offered by USDA in summer 2024. The Agency currently holds 2021 and 2023 grants as well, both of which are being used in part to underwrite contractual and project management (PM) costs associated with implementation of AOE's new child nutrition application and claiming system called "Harvest."

Over the past five years, AOE Child Nutrition Programs staff and ADS project management staff, as well as AOE and ADS leadership, have been heavily invested in managing the implementation of the new system, while also managing production issues for the built parts of the system. In addition, while the Agency was able to get permission to extend the contract through 2028, the procurement process will need to begin again in 2026 in preparation for the 2028 expiration. Managing this contract has been enormously time-consuming for both the AOE Child Nutrition Team and our ADS Partners.

To free up child nutrition program staff to concentrate their expertise on enhancing access to child nutrition programs and ensuring accountability for program quality, safety, and financial compliance and integrity, while ensuring that individuals with expertise in IT project management oversee the IT



Contact: TK Division, AOE.DivisionEmail@vermont.gov

Docusign Envelope ID: 427C0E84-13A1-4201-B241-7685FED6E623

portions of the work, a decision was made to include a position responsible for such oversight in the AOE's 2024 nTIG application. This position also will create capacity within ADS for this work, releasing current PM and leadership staff from involvement in the day-to-day management of this IT project.

The responsibilities of the position, which will be sufficiently funded for approximately three years of service, are detailed in the RFR.

ADS Secretary, Denise Reilly-Hughes, is in full support of assignment of this LSP position to ADS, with responsibilities as outlined in the RFR.



RFR Form A October 2003

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 formprotected 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 <u>must be complete</u>, 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 CatEEO CatFLSA | |
| New Mgt Level B/UOT CatEEO CatFLSA | |
| | Effective Date: |
| Comments: | Date Processed: |
| Willis Rating/Components: Knowledge & Skills: Mental Demands: Working Conditions: Total: | Accountability: |
| 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 lo address, please provide mailing address: | ocation or other |
| New Position/Vacant Position Information: New Position Authorization: <u>3086</u> Request Job/Class Title: Contracts and C | Grants Administrator, Grade 24 |
| Position Type: 🗌 Permanent or 🔀 Limited / Funding Source: 🗌 Core, 🗌 F | Partnership, or 🗌 Sponsored |
| Vacant Position Number: Current Job/Class Title: | |
| Agency/Department/Unit: AOE/FESP/Child Nutrition Work Station: Mont | tpelier Zip Code: 05620 |
| Supervisor's Name, Title and Phone Number: Conor Floyd, Grant Programs | s Manager, 8025952817 |

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.

nTIG Contracts Management

Manages the Agency's noncompetitive technology implementation grants (nTIG) and the technological aspects of other Agency Child Nutrition (CN) grants by providing budget oversight, completing mandatory reports, and drafting amendments to ensure the successful execution of projects.

Manages applications for additional nTIG and other USDA technology grants as they become available to secure a reliable stream of funding for technology-related Child Nutrition projects.

IT Contract Management

Manages AOE's ongoing contract with digital training and communications platforms, including renewals, enhancements of functionality, and the procurement of new solutions to meet new training needs. This is done by tracking expenses, maintaining ongoing communication with vendors, and enforcing contract terms as needed to maintain performance in order to ensure the Child Nutrition team and the field have their training and communication needs met.

Technology Procurement

Procure IT solutions to ensure Child Nutrition's compliance with langauge and accessibility requirements in all of Child Nutrition's communications, in collaboration with our Agency's Communication Team, by identifying gaps in Child Nutrition's current accessibility compliance and developing Requests for Proposals to address those gaps.

Collaborate with the Agency of Digital Services (specifically the IT Business Analyst) to facilitate the procurement of a new CN grants management system.

Research and procure additional IT solutions to address challenges around program administration of Child Nutrition programs.

Technology Management

Facilitate the Maintenance and Operations (M&O) of the Child Nutrition Program's claims and application system, Harvest, through regular communication of program priorities and needs with the CN Business Analyst in ADS.

Conduct user acceptance testing of new programmatic features in Harvest before they move to production. When needed, collaborate with subject matter experts (SMEs) on the Child Nutrition team to ensure new features function as expected for the specific Child

Nutrition programs.

Manage content, user accounts, and provide general support to the field and the AOE program team related to use of our digital training and communications platforms. (for example, GoTo, Brighton, KnowledgeWave)

Manages Ad Hoc Reporting requests in Harvest made by the Child Nutrition team and stakeholders (primarily using pivot tables in Excel connected to a MTW database)

Triage HelpDesk requests from the field by determining which can be answered in-house (e.g., "I can't change my password") vs. which need to be escalated to our ADS partner and/or the vendor. Provide primary support to users across Child Nutrition technology platforms for those requests that can be handled in-house.

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.

Collaborates with and supports the Child Nutrition Program team

Works with AOE Comms Team on communications and accessibility related projects

Partners with the ADS Business Analyst in IT contract management and procurement

Manages AOE contractors (such as MTW)

Provides customer service to the field (i.e., school staff)

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.

Product Management- position is responsible for overseeing the development, implementation, and maintenance of the Child Nutrition applications and claims system. Position will need to be able to ensure high quality standards throughout the life cycle of the product and that the product continues to meet stakeholder needs.

Excel- reporting is conducted through excel and the position with need to be familiar with intermediate excel skills such as utilizing pivot tables connected to large data sets

General familiarity with web-based applications- position will be responsible for being the system administrator for a number of Child Nutrition training and program applications and will need to be familiar with navigating and managing system settings.

Technical Writing- position will need to apply for and report on numerous grants

Customer Service- position will be the primary contact for stakeholders experiencing technical difficulties with Child Nutrition platforms and must have the interpersonal skills to support and address a diverse group of stakeholders

Federal and State Procurement- position will lead the procurement process of large, multiyear contracts and must be knowledgeable of state and federal procurement regulations to ensure compliance

Mathematical skills- ability to calculate, analyze, and track grant budgets

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 primarily work independently or in collaboration with others. Weekly check-ins with their supervisor will provide regular guidance. Additional oversight will be provided for the management of the Child Nutrition platforms, grants, and RFPs.

The position will provide IT support to the field with limited supervision.

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.

When developing Requests for Proposals, the position will need to develop specific contract language to meet the Child Nutrition program needs by combining contract language, subject matter expertise, and end-user considerations.

The position will need to become familiar with multiple technology platforms used by the Child Nutrition program team. This position will become the "power user" for each platform and be the go-to contact when troubleshooting is required. This will require the problem solving while exploring system settings.

The position will use excel (specifically pivot tables) connected to an external database to pull data queries for the team and stakeholders. It may not be immediately evident which sub-sets of data need to be used.

Page 5

When interfacing with contractors, it will be required for the position to be firm with contract expectations and work with the contractor to identify acceptable solutions to unforeseen problems.

When providing customer service to system users, it will be required to be supportive and courteous while working with potentially agitated users.

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 ĥ 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 position will manage:

All current and future nTIG grants (three currently active grants total over \$2,000,000).

Child Nutrition technology contracts (Harvest \$1,259,386)

Support the AOE's overall management of the shared Grant Management System (\$1,526,920)

Both systems combined send out over \$62 million in federal and state payments to Child Nutrition grantees.

The position will also lead the procurement of a replacement Child Nutrition applications and claims system when the team is required to go back out to bid. That contract will have an estimated value of \$1 million and impact the daily work of all child nutrition professionals and School Food Authorities in Vermont.

8. Working Conditions

The intent of this guestion 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.

| Туре | How Much of the Time? |
|--|---------------------------------------|
| Tense conversations with contractors about | 5% |
| performance | · · · · · · · · · · · · · · · · · · · |

| Conversations with upset/disgruntled platform users | 5% |
|---|--------|
| | ······ |

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.)

| Туре | | | ŀ | low Much of the Tim | ie? |
|------|---|----------------|---|---------------------|-----|
| N/A | | | | | |
| | | vanne veze tet | | | |
| | · | ٩ | | · · · · | |

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

| Туре | How Heavy? | How Much of the Time? |
|------|------------|-----------------------|
| N/A | | |
| | | , |

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

| Туре | How Much of the Time? |
|-------------------------------------|-----------------------|
| Sitting at computer | 95% |
| Visits in the field and work travel | 5% |

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.

This is a limited service position. The funding is via a grant with an end date of 9/30/2028.

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?

1) Managing the \$2,000,000 of nTIG funding, ensuring that the AOE complies with all reporting requirements, that budgets and deliverables are tracked on an ongoing basis, and timely amendments are submitted if needed.

2) Managing the Harvest platform (testing, prioritizing work items, responding to data requests) and leading the procurement of the next Child Nutrition applications and claims platform. The Child Nutrition team has been engaged in the implementation of Harvest for six years and the project is very delayed. Many of the factors leading to this delay can be traced back to a lack of capacity. An important role for this new position will be to provide capacity to Harvest and make the overall success of the platform their #1 priority.

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?

Primarily, the employee will be a successful product manager, meaning that they are able to work with a number of partners to develop and maintain a technology solution for child nutrition staff throughout the state that addresses their needs and remains easy to use. This position will require someone that can creatively identify solutions that maintain the platforms core functionality without compromising accessibility.

Additionally, strong organizational skills are key in ensuring compliance with all current and future nTIG grants.

Other important skills include task management, familiarity with technology platforms, and the ability to coordinate work being completed by multiple others.

This position will need to collaborate with many internal and external partners to complete their work, the ability to track those concurrent tasks while managing their own workload will be crucial.

Important to note, this position does not require software developer knowledge/skills.

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, both sections were completed by the supervisor.

4. Suggested Title and/or Pay Grade:

Contracts and Grants Administrator, Grade 24

Supervisor's Signature (required):

Conor Floyd

Date: 12/20/24

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?

 \Box Yes \boxtimes 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).

Not anticipated

Suggested Title and/or Pay Grade:

As requested per classification review

Personnel Administrator's Signature (required):______Rachel Kennedy_____Date:____2/25/25

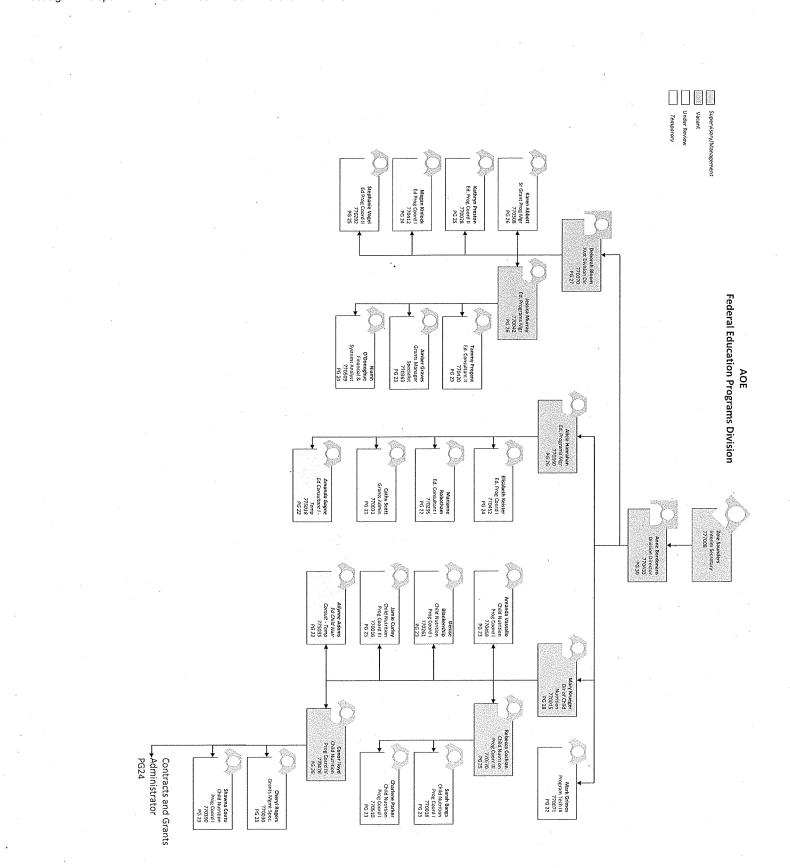
Appointing Authority's Section:

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.

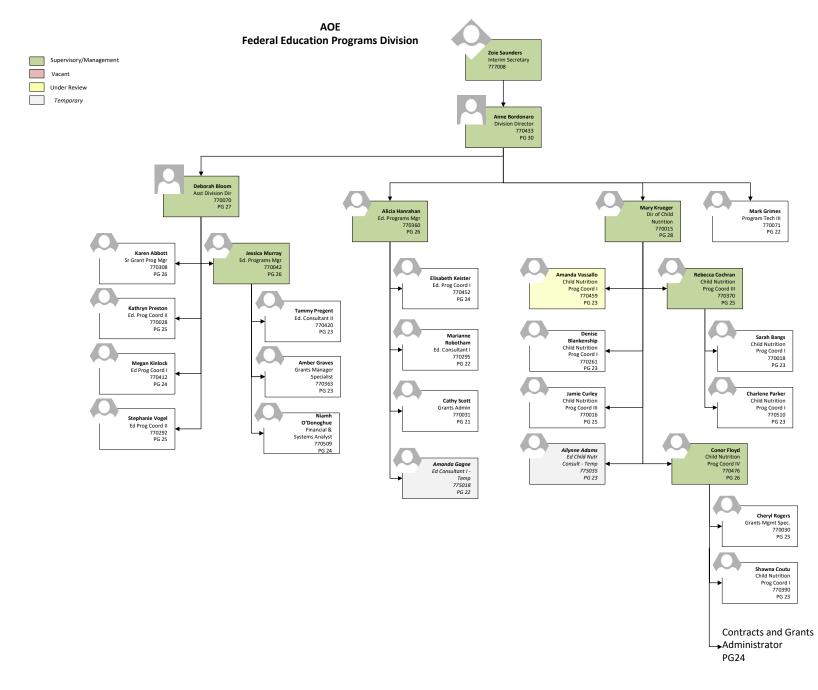
Suggested Title and/or Pay Grade:

Date

Appointing Authority or Authorized Representative Signature (required)



Docusign Envelope ID: 11DECB24-E392-42C0-A7F0-610B74452ECF



RFR Form A October 2003

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.
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- > 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.
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- > 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.

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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.

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 CatEEO CatFLSA | _ | | | |
| New Mgt Level B/UOT CatEEO CatFLSA | - | | | |
| Classification AnalystDate Comments: | _ Effective Date: | | | |
| | Date Processed: | | | |
| Willis Rating/Components: Knowledge & Skills: Mental Demand Working Conditions: Total: | ds: Accountability: | | | |
| 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: | | | | |
| New Position/Vacant Position Information: | | | | |
| New Position Authorization: 3086 Request Job/Class Title: Configuration | n Analyst | | | |
| Position Type: 🗌 Permanent or 🔀 Limited / Funding Source: 🗌 Core, 🗌 |] Partnership, or 🗌 Sponsored | | | |
| Vacant Position Number: Current Job/Class Title: | | | | |
| Agency/Department/Unit: ADS Work Station: Montpelier Zip Code: 05620 | | | | |
| Supervisor's Name, Title and Phone Number: Brian Treacy, IT Manager | I, +1 8028281324 | | | |

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.*

What: Resolves production issues in the Child Nutrition (CN) applications and claims system (Harvest) and CN grants within AOE Grants Management System (GMS) within a specific scope of complexity. How: Troubleshooting, Interaction with State staff and vendors. Why: To ensure operational stability, availability, and accuracy of CN systems.

What: Reports and tracks Harvest and GMS production issues that arise through our vendor's ticketing system to ensure that system issues are resolved promptly.How: Through the vendor's and State's ticketing and other systems and various methods of documentation. Why: To ensure operational stability, availability, and accuracy of CN Systems

What: Manages requests for enhancements to the Harvest or to the GMS system related to CN grants by soliciting Child Nutrition staff needs, developing technical language, helping the team to prioritize requests, and submitting the requests to the contractor. How: Analyzing value and priority of enhancements/changes to various systems with their associated potential costs. Why: To ensure alignment of systems to better meet business process and needs.

What: Manages the technical aspects of the annual rollover of grants and data collections in both systems. How: updating dates within the application and settings and making content updates to align with staff/user needs. Why: To ensure alignment of systems to better meet business and process needs.

What: Tracks Harvest and GMS support hours and response times against the respective contracted Service Level Agreements (SLAs). How: Coordination with internal staff and vendor, analyzing reports based on SLA. Why: To ensure the State is receiving the anticipated uptimes and response times as indicated in the contractual requirements.

Why: Conducts QA testing for technical production fixes and enhancements to Harvest and the GMS related to CN grants. How: Adheres to test plans and promptly reporting and discrepancies or unintended consequences and ensuring sign off by AOE staff that all testing is accepted. Why: To ensure system is functioning as ancitipated/required prior to pushing any changes into the production environment.

What: Manages Ad Hoc Reporting requests in Harvest made by the CN Team and stakeholders. How: Primarily using pivot tables in Excel connected to the vendor's database. Why: Reporting is essential to any system or solution.

What: Manages announcements, email notifications and general settings within Harvest. How: Within the system. Why: communication, notification, and transparency is integral to ensuring system is easily understandable, as are upcoming deadlines and notices.

What: Per state procurement regulations, the Agency of Education will need to go out to bid for a new child nutrition grants management system with a contract starting in 2028. This work will begin in earnest in 2026. In addition, the Agency of Education will begin procurement of a new education grants management system in 2024, with a contract starting in October 2026. This position will begin formal documentation of child nutrition program needs ("functional requirements gathering") first with the GMS and then with Harvest. It will continue to provide technical and programmatic support throughout the procurement process for the new child nutrition grants management system. How: Through standard procurement processes. Why: Procurement is a required process.

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*.

Collaborates with and supports the Child Nutrition Program team

Collaborates with ADS colleagues on technical fixes and updates to shared platforms

Works with AOE Comms Team on communications and accessibility related projects

Partners with the Child Nutrition Contracts and Grants Administrator on IT contract management and procurement.

Manages AOE CN contractors (such as MTW).

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.

This position will act as a product owner; skills needed are the combination of business analyst and system administrator combined with knowledge and ability to perform software development tasks within the software development lifecycle.

Vendor Engagement - ability to hold contractors accountable to deliverables and SLAs

Excel- reporting is conducted through excel and the position will need to be familiar with intermediate excel skills such as utilizing pivot tables connected to large data sets

Technical Writing- position will need to have writing skills sufficient to document processes and how those process are incorporated into technology solutions.

Customer Service- position will be the primary contact for AOE stakeholders experiencing technical difficulties with Child Nutrition platforms and must have the interpersonal skills to support and address a diverse group of stakeholders with varying levels of technical aptitude.

Federal and State Procurement- position will be integral to the procurement process of

large, multi-year contracts and must be knowledgeable of state and federal procurement regulations to ensure compliance.

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.

This position will report to the team's IT Manager. The IT Manager will assign and review work through in-place processes. Prioritization will occur in coordination with ADS IT Manager, ADS Enterprise Services Director. IT Manager and Enterprise Services Director will consult with Child Nutrition staff to inform that prioritization.

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.

QA testing requires a strong attention to detail and the ability to stay focused on repetitive tasks over a long period of time.

Fixes to problems in Harvest or the GMS may not be immediately apparent and require problem solving and troubleshooting.

Holding the contractor accountable to the terms and conditions of the contract may become contentious.

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 promote operational alignment between AOE's Child Nutrition programs and the technology in place to provide those services.

Overseeing child nutrition vendors for ensuring continuity of operations for AOE and field users.

Focusing on service level agreement adherence and financial stage gates and performance per contractual requirements. The two primary technology contracts have a combined value of about \$2.8 million.

Both systems combined send out over \$62 million in federal and state payments to Child Nutrition grantees.

Succesful procurement and implementation of both systems with no interruption in service

8. Working Conditions

The intent of this question is to describe any adverse conditions that are routine and expected in your job. It is <u>not</u> 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.

| Туре | How Much of the Time? |
|--|-----------------------|
| Difficult conversations with contractors | 5% |
| Balancing competing needs and timelines | 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.)

| Туре | 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?

| Туре | How Heavy? | How Much of the Time? |
|------|------------|-----------------------|
| | | |
| | | |

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

| Туре | How Much of the Time? |
|---|-----------------------|
| Working at a computer (sitting or standing) | 95% |
| | |

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.

This is a limited services position that will coincide with the nTIG Grant funding. This grant funding is available through 9/30/2028.

| 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 are (1) Understanding operational processes and applying those in the solutions; (2) providing back-end support to the Child Nutrtion team within Harvest and the GMS and (3) managing and procuring Child Nutrition technology contracts.

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?

Technical ability to work within the child nutrition systems and implement fixes when not complex in scope.

Interpersonal ability to hold others accountable when working with contractors.

Organziational skill to track progress on multiple projects and keep timelines clear and on track.

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:

| Configuration Analyst I-III (PG | 22-26); will be posted at | three level | ls. | |
|------------------------------------|---------------------------------|-------------|------------|-----------|
| | | DS | 12/31/2024 | 1/9/2025 |
| | DocuSigned by: | 10 | | $-\Theta$ |
| Supervisor's Signature (required): | Brisn Trescy 3A69DOCAA3E84B0 | | Date | ə: |

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).

Not anticipated

Suggested Title and/or Pay Grade:

As requested per classification review

Personnel Administrator's Signature (required): Rachel Kennedy _Date:<u>2/25/25</u>

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.

Limited service position aligned with the nTIG Grant for the Agency of Education

Suggested Title and/or Pay Grade:

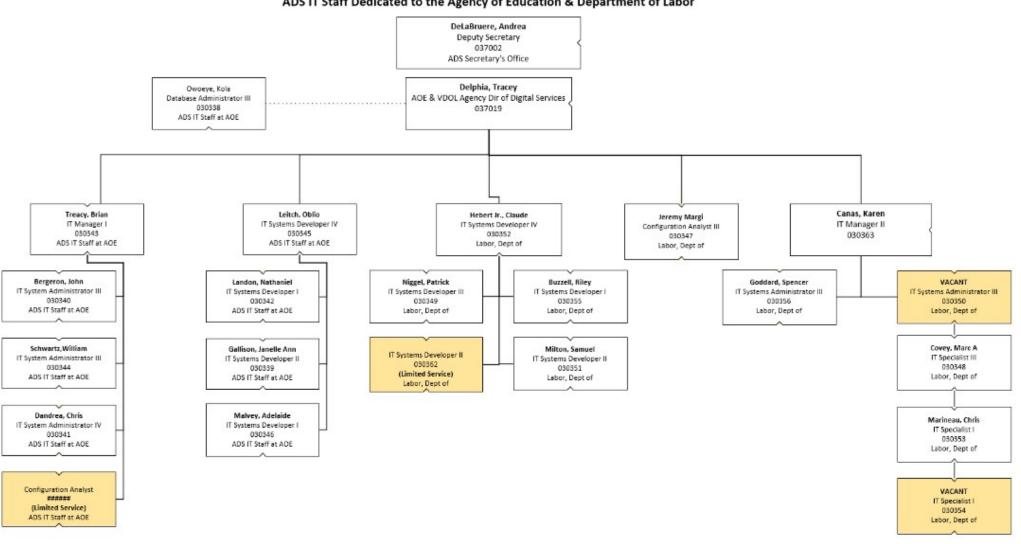
Configuration Analyst I-III (PG 22-26)

Signed by: drea Delabrur

1/10/2025

Appointing Authority or Authorized Representative Signature (required)

Date



Agency of Digital Services Organizational Chart ADS IT Staff Dedicated to the Agency of Education & Department of Labor

| UNITED STATES DEPARTMENT OF AGRICULTURE - FOOD AND | | | 2. FEDERAL A | WARD DATE |
|---|---|---------------------------------|-------------------------------------|--|
| NUTRITION SERVICE | USDA-FNS-CN-24-nTIG-V | | 09/19/2024 | 1 |
| GRANT/COOPERATIVE AGREEMENT | 3. IS THIS AN R&D AWARD? | 5. UNIQUE IDENTIFIER | | 6. FEDERAL AWARD IDENTIFICATION NUMBER (FAIN) |
| | | | (02.) | |
| | 🗆 YES 🖾 NO | GLRKHDJA | 5WH9 | |
| | | | | |
| | 4. CFDA NUMBER | | | |
| | 10.541 | | | |
| 7. FEDERAL AWARDING AGENCY Greg Walton | 8. CFDA NAME | | | |
| USDA Food and Nutrition Service | CN Technology Innovatio | on Grant Prog | gram | |
| 9. RECIPIENT NAME | 10. ACCOUNTING AND AF | PROPRIATIO | N DATA | |
| Vermont Agency of Education | FN.CN.3076.01; 232424, | 242524 | | |
| 1 National Life Drive | 11. AMOUNT OF FEDERA | L FUNDS | 12. TOTAL AN | OUNT OF FEDERAL FUNDS |
| Davis 5 | OBLIGATED BY THIS ACTIO | N | OBLIGATED | |
| Montpelier, VT 05620-2501 | \$728,650.00 | | \$728,650.00 | |
| | 13. TOTAL AMOUNT OF T \$728,650.00 | HE FEDERAL | AWARD | |
| 14. PLACE OF PERFORMANCE | 15. BUDGET APPROVED B | | SAGENCY | |
| VT: Vermont | \$728,650.00 | | SAGENCI | |
| | 16. TOTAL APPROVED CO | | | COST RATE FOR THE FEDERAL |
| | SHARING/MATCHING (W APPLICABLE) | /HERE | AWARD (PLEA | ASE INCLUDE IF THE DE MINIMIS |
| | \$0.00 | | 18.00% | |
| 18. MAIL REQUESTS FOR REIMBURSEMENT TO | 19. SPONSOR(SPONSORIN | IG FNS PROG | iram) | |
| Payments made via ASAP Letter of Credit | Lauren Gerald | | | |
| | FY24 Technology Innovat | | | |
| | 20. START DATE 09/27/2024 | 21. END DA 09/30/2023 | | |
| 22. FEDERAL AWARD PROJECT DESCRIPTION | 03/21/2024 | 05/50/2020 | 0 | |
| FY24 VT nTIG Grant- Funding for additional technology staff. | | | | |
| | | | | |
| | | | | |
| The Grantee/Cooperator hereby assures and certifies that they will con | mply with the regulations, poli | cies, guideline | s and requireme | nts as they relate to the applications, |
| acceptance, and use of Federal funds for this Federally-assisted projec Grants and Agreements) and Chapter II (Office of Management and Bud | ct including: 2 CFR Chapter I get Guidance) as well as 2 CFR | (Office of Mar Part 200 (Uni | nagement and Bi form Administrat | udget Government-wide Guidance for ive Requirements, Cost Principles, and |
| Audit Requirements for Federal Awards); and any USDA implementing re | egulations, such as 2 CFR Part | 400 (Uniform A | Administrative Re | quirements, Cost Principles, and Audit |
| Requirements for Federal Awards), 2 CFR Part 415 (General Program Adn Cooperative Agreements to State and Local Governments), and 2 CFR Part | ninistrative Regulations), 2 CFR t 418 (New Restrictions on Lobb | Part 416 (Gen oying). | eral Program Adı | ministrative Regulations for Grants and |

| 23. | RE | MA | RKS |
|-----|----|----|-----|
|-----|----|----|-----|

| | | 1 | |
|-----------------------------------|---------|---|-----------------------------------|
| SIGNATURE OF GRANTEE/COO | PERATOR | UNITED ST | ATES OF AMERICA |
| SIGNATURE (Authorized Individual) | DATE | SLEXANNE RODGERS- | Digitally signed by LYNN |
| - 47 JOR 00 | alastan | | RODGERS-KUPERMAN |
| and pundles | 9/23/24 | KUPERMAN | Date: 2024.09.24 20:16:05 -04'00' |
| NAME (Type) | | NAME (TYPE) | - <u> </u> |
| Zoie W. Saunder | | Lynn Rodgers-Kuperman | |
| TITLE | | TITLE | |
| Interim Secretary | | Director, Grants and Fiscal Policy Divi | ision |
| TELEPHONE NUMBER | | TELEPHONE NUMBER | |
| RN-828-1130 | | 703-305-2595 | |
| FNS 529 (05-15) | | | |

| В | udget Request by Federal F | 1 | 1 |
|---|----------------------------|-----------|---|
| 1. PERSONNEL | CALCULATION | TOTAL | NARRATIVE EXPLANATION (explain need for cost and how cost aligns with the project narrative) |
| Contract and Grants Specialist II | \$75,000/year x 3 years | \$225,000 | Position will manage Agency's nTIG grants, manage existing contracts with IT platforms for training of CN sponsors and programs, and lead procurement process for identifying and procuring digital tools to ensure accessibility in all forms of Child Nutrition program communications. |
| IT Business Analyst II | \$75,000/year x 3 years | \$225,000 | Position will manage existing "Harvest" CN application and claims system contract throughout post-implementation and M&O and will lead Team's efforts to conduct development of user case stories and requirements gathering in preparation for next CN system procurement process (t0 begin in 2026). |
| Total Funding for Personnel | | \$450,000 | |
| | | | |
| 2. FRINGE BENEFITS | CALCULATION | TOTAL | NARRATIVE EXPLANATION (explain need for cost and how cost aligns with the project narrative) |
| Contract and Grants Specialist II | \$225,000 x .35% fringe | 78,750 | Fringe benefits for all full-time employees include health insurance, annual and sick leave, retirement contributions, disability insurance, life insurance, etc. |
| IT Business Analyst II | \$225,000 x .35% fringe | 78,750 | Fringe benefits for all full-time employees include health insurance, annual and sick leave, retirement contributions, disability insurance, life insurance, etc. |
| | | | |
| Total Funding for Fringe | | 157,500 | |
| 3. TRAVEL | CALCULATION | TOTAL | NARRATIVE EXPLANATION (explain need for cost and how cost aligns with the project narrative) |
| a. Air-Bus-Rail (incl. from XX to XX, company) | \$530 X 4 | \$2,120 | Calculated for 4 staff to attend CNAAT 2026, based on a three day conference and five total days of travel. Sending 4 staff allows for representation from the Agency of Digital Services, Agency of Education leadership, and Agency of Education implmenetation staff. Buy in from all three stakeholder groups is required to effectively implement technology changes. |
| b. Mileage (incl. from XX to XX) | \$150 X 4 | 600 | " |
| c. Airport Parking (incl. name of airport and type of parking - daily, long term, etc.) | \$70 X 4 | 280 | " |
| d. Ground Transportation and Tolls (incl. from XX to XX, method of transportation) | \$100 X 4 | 400 | <i>n</i> |
| e. Lodging (incl. name, location of hotel) | \$1,250 X 4 | 5000 | " |
| f. Per diem | \$400 X 4 | 1600 | <i>"</i> |
| Total Funding for Travel | | \$10,000 | |
| 4. SUPPLIES | CALCULATION | TOTAL | NARRATIVE EXPLANATION (explain need for cost and how cost aligns |
| | | | with the project narrative) |
| a. Computers b. Wi/Fi Hot Spot | | | with the project harrative) |

| 5. CONTRACTUAL | CALCULATION | TOTAL | NARRATIVE EXPLANATION (explain need for cost and how cost aligns with the project narrative) |
|---|---|---------|--|
| a. Contractor (incl. name of contractor/company, area of expertise) | | | Include a brief description of what the contractor will be working on, including the name of any software they will be developing or project management tools they will contribute to the project, and what CN programs will be impacted. Plesae provide quote or contract if available) |
| b. Contractor (incl. name of contractor/company, area of expertise) | | | |
| Contractual Total | | | |
| 6. OTHER | CALCULATION | TOTAL | NARRATIVE EXPLANATION (explain need for cost and how cost aligns with the project narrative) |
| a. Sub-Grants | | | |
| b. Software (developed in-house) | | | |
| | | | |
| Other Total | | | |
| 7. TOTAL CHARGES | CALCULATION | TOTAL | |
| a. Total Direct Charges | | 617,500 | |
| b. Total Indirect Charges | 617,500 for salary and benefits x 18% non- restricted indirect rate | 111,150 | Indirects are taken on salaries, benefits, and travel. |
| | | | |
| 7c. TOTAL CHARGES (7a. + 7b.) | | 728,650 | |

,

1 BALDWIN STREET, MONTPELIER, VT 05633-5701



STATE OF VERMONT JOINT FISCAL OFFICE

MEMORANDUM

To: Joint Fiscal Committee members

From: Sorsha Anderson, Senior Staff Associate

Date: January 18, 2022

Subject: Updated Grant Request – JFO #3086

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

JFO #3086 – \$925,840 to the VT Agency of Education from the U.S. Department of Agriculture Food and Nutrition Services. The grant will be used to fund two projects: Phase II of a current IT systems upgrade to improve interconnectivity and data transfer functionalities of the system; and a pilot of the Ed-Fi data model to explore improvements for data transfers between local education agencies, child nutrition programs and other state agencies. Edfi is a national data standard in education. Please see this link for more information on the data system: https://www.ed-fi.org/.

[Received January 4, 2022]

Please review the enclosed materials and notify the Joint Fiscal Office (Sorsha Anderson: sanderson@leg.state.vt.us) if you have questions or would like this item held for legislative review. Unless we hear from you to the contrary by January 30, 2022, we will assume that you agree to consider as final the Governor's acceptance of this request.

DocuSign Envelope ID: A76B64E0-D049-4B34-A425-FB5DE3D34FF2

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

| 1. Agency: | Education | | | |
|---|---|---|---|---|
| 2. Department: | | | | |
| 3. Program: | | | | |
| b. i rogram. | | | | |
| 4. Legal Title of Grant: | CNP Training and Tech | nical Assistance | | |
| 5. Federal Catalog #: | 10.541 | | | |
| 6. Grant/Donor Name and A | Address: | | | |
| | gricult-Food and Nutrition | n Service | | |
| 7. Grant Period: Fro | m: 9/30/2021 | To: 9/30 | 0/2024 | |
| save staff time, reduc capabilities. The first state has already begu will allow AOE to fur and data transfer func | e errors, and provide bett project will fund Phase I an. Phase I of this project and all of the additional ite | th the shared goal of usin ter service to program spo I development costs asso t was funded with State A ems included in Phase II, and which the state would ilitate improved data tran | onsors through impr ciated with a techno dministrative Fund which will improve d otherwise be unab | roved data sharing ology project that the ds. The nTIG funding e interconnectivity ble to fund. The |
| child nutrition progra 9. Impact on existing progra Several of the items new Harvest system v state, and other state a Team and many other | ms sponsoring organizati im if grant is not Accep in Phase II which are essevill not get built and the r agencies, which is essenting r Agency teams, will not built | ons, the Agency of Educa ted: ential to garner the full be needed functionality to im ial to streamline and impr | ation, and other stat enefit of the AOE's aprove data transfer | investment in the between LEAs, the |
| child nutrition progra 9. Impact on existing progra Several of the items new Harvest system v state, and other state a Team and many other | ms sponsoring organizati m if grant is not Accept in Phase II which are esse will not get built and the r agencies, which is essenti r Agency teams, will not ON | ons, the Agency of Educa ted: ential to garner the full be needed functionality to im ial to streamline and impr be created. | ation, and other stat enefit of the AOE's aprove data transfer ove the work of the | te agencies. investment in the between LEAs, the child Nutrition |
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STATE OF VERMONT REQUEST FOR GRANT^(*) **ACCEPTANCE** (Form AA-1)

| Appropriation No: | 5100070000 | Amount: | \$925,840 |
|--|------------------------------|--|------------------------------------|
| Appropriation No. | 5100070000 | Amount. | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | Total | \$925,840 |
| | | | ¢7201010 |
| | | | |
| PERSONAL SERVICE | | | |
| | | one or more Personal Service C | Contracts? Vas No |
| | | | ompetitive bidding process/policy, |
| Appointing Authority N | ame: Agreed by: | (initial) | |
| 12. Limited Service | | | |
| Position Information: | # Positions | Title | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total Positio | | 1 | |
| 12a. Equipment and sp | ace for these | Is presently available. 🗌 Can | be obtained with available funds. |
| positions: | | | |
| 13. AUTHORIZATION | AGENCY/DEPARTM | ENT DocuSigned by: | |
| I/we certify that no funds | Signature: | Daniel French | Date: 1291/2021 |
| beyond basic application | | 7D9C2D7960AD438 | 12/1/2021 |
| preparation and filing costs | Title: Agency Secre | etary | |
| have been expended or committed in anticipation o | .f | | |
| Joint Fiscal Committee | Signature: | | Date: |
| approval of this grant, unles | ss | | |
| previous notification was | Title: | | |
| made on Form AA-1PN (if | | | |
| applicable): | | | |
| 14. SECRETARY OF A | DMINISTRATION | | |
| 94 | (Secretary or designee signa | Farnham | Date: |
| X Approved: | | Farnham Date: 2021/12/29 15:37:14 -05'00' | |
| | | | |
| 15. ACTION BY GOVI | ERNOR | | |
| Check One Box: | | | |
| Accepted | | | |
| 7 9 | (Governor's signature) | | Date: |
| Delected | / MX/ WX | | 1/4/22 |
| Rejected | | | 17 400 |
| 16. DOCUMENTATIO | N REQUIRED | | |
| | Require | d GRANT Documentation | |
| Request Memo | | Notice of Donation (if any) | |
| Dept. project approva | l (if applicable) | Grant (Project) Timeline (if | |
| Notice of Award | | Request for Extension (if a | |
| Grant Agreement | | Form AA-1PN attached (if | |

Department of Finance & Management Version 1.8_6/2016 DocuSign Envelope ID: A76B64E0-D049-4B34-A425-FB5DE3D34FF2

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

| Grant Budget | |
|--|--|
| | nd 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 gov | ernment (see 32 V.S.A. §5). |

| 1. GRAN | | | GRANT AWARD DUCUMENT | T NITTAIN T | | | |
|---|--|---|---|---|---|---|--|
| | GRANTOR AGENCY: USDA - Food and Nutrition Service | - Food and Nutriti | on Service | 2. APPROPRIATION: | i. See below under Appropriation column | priation column | |
| 3. VERM | VERMONT DEPT OF EDUCATION | NOIL | | 4 TITLE OF GRANT | 4. TITLE OF GRANT: Child Nutrition (2 Year) | | |
| DEPT (| DEPT OF EDUCATION | | | | | | |
| MONT | MONTPELIER VENDOR NO. S5091501 000 | | VT 05602-2702 | | | | |
| 5. APPORTIONMENT YEAR: GAD NUMBER: | NMENT YEAR: 2021 GAD NUMBER: 8VT300788 | 788 | AMENDMENT: 000 | 6. ESTIMATED AN | ESTIMATED ANNUAL GRANT AWARD: | | |
| 7. GRANT PERIOD FROM GRANT PERIOD TO: | D FROM: 09/30/2021 RIOD TO: 09/30/2024 | | | | | | |
| APPROPRIATION | I FAIN | ACCOUNT ID 1 | PCA TITLE | CFDA NO. | PREVIOUS LEVEL | INCREASE/DECREASE | CURRENT LEVEL |
| 121/23539 | 218VT788N7603 | 202121N760330 | - CNP TRAINING AND TECH ASSIS | 10.541 | \$0.00 | \$925,840.00 | \$925,840_00 |
| | | Total: | | | \$0.00 | \$925,840.00 | S925,840.00 |
| 9. SPECIAL INST | SPECIAL INSTRUCTIONS/COMMENTS | STV | | | | | |
| Please note that numbers(ABA/ in the event that | the Financial Official (FXTN) and bank account the FO entered the inco | O) assigned by the a numbers have been e rrect ABA/RTN or b | Please note that the Financial Official (FO) assigned by the above grantee organization is responsible for maintaining valid banking information for this grant. This includes certifying that correct routing and transit numbers(ABA/RTN) and bank account numbers have been entered into the ASAP.gov payment system. The Food and Nutrition Service and the United States Treasury are not responsible for a misdirected payment in the event that the FO entered the incorrect ABA/RTN or bank account number information. | aaintaining valid banking he Food and Nutrition Se | s information for this grant, srvice and the United States | This includes certifying that corre Treasury are not responsible for a | ect routing and transit a misdirected payment |
| 10. AUTHORIZATION ALLOWANCE HOI | AUTHORIZATION ALLOWANCE HOLDER (DESIGNEE) | Ē | | SIGNATURE: - Elec | SIGNATURE: - Electronically Signed by - ROY PERRY | PERRY | |
| USDA, Food & | USDA, Food & Nutrition Service 65745 | | | | | | |
| Test Telephone | DC 22079 | | | DATE: 09/30/2021 | | TELEPHONE NO: (703) 305-2060 | 35-2060 |
| | | | | _ | - | | |

PAGE NO. : 1

CREATE ID F0022202

FORM FNS 495

| | | LET LEN UF UNEULI | | | |
|--|--|---|--|---|---|
| NOTICE OF REVISED PROGRAM LIMITATIONS FOR LOC NO. LOC AMENDMENT NO. | TATIONS FOR LOC NO: 85031 LOC AMENDMENT NO: 000 | EFFECTIVE DATE: 09/30/2021 | 9/30/2021 | FOR APPORTION | FOR APPORTIONMENT YEAR: 2021 |
| VERMONT DEPT OF EDUCATION DEPT OF EDUCATION | | | | | |
| MONTPELIER | VT 05602-2702 | | | | |
| TO WHOM IT MAY CONCERN: THE ABOVE LETTER OF CREDIT, HELD IN YOUR FAVOR BY THE TI REFLECT THE CHANGE(S) SHOWN BELOW FOR THE PROGRAM(S) I | IN YOUR FAVOR BY THE TREASURY F OW FOR THE PROGRAM(S) INDICATED | REASURY REGIONAL DISBURSING OFFICE NAMED HAS BEEN REVISED TO NDICATED. | AMED HAS BEE | EN REVISED TO | |
| ACCOUNT ID | CFDA NO. | PREVIOUS LEVEL | INCREA | INCREASE/DECREASE | CURRENT LEVEL |
| 202121N760330 | 10.541 | | \$0.00 | \$925,840,00 | \$925,840.00 |
| To | Total: | | S0.00 | \$925,840.00 | S925,840.00 |
| REMARKS: | | | | | |
| Please note that the Financial Official (FO) assigned by the above grantee organization is responsible for maintaining valid banking information for this grant. This includes certifying that correct routing and transit numbers (ABA/RTN) and bank account numbers have been entered into the ASAP gov payment system. The Food and Nutrition Service and the United States Treasury are not responsible for a misdirected payment in the event that the FO entered the incorrect ABA/RTN or bank account number information. | ssigned by the above grantee organization i nt numbers have been entered into the ASA entered the incorrect ABA/RTN or bank as | canization is responsible for maintaining valid bank to the ASAP gov payment system. The Food and N to bank account number information. | ing information fo lutrition Service ar | r this grant. This includes certifyi nd the United States Treasury are r | ig that correct routing and tot responsible for a |
| UNDER NO CIRCUMSTANCE SHALL FUNDS BE REQUESTED WHICH WOULD RESULT IN OVERDRAWING THE CURRENT AUTHORIZATION FOR ANY PROGRAM. IF A REQUEST FOR PAYMENT IS ISSUED IN AN AMOUNT IN EXCESS OF THE LIMITATION FOR THE SPECIFIC PROGRAM, YOU WILL BE FULLY RESPONSIBLE FOR SUCH EXCESS AMOUNT. | NDS BE REQUESTED WHICH WOULD IN EXCESS OF THE LIMITATION FOR T | RESULT IN OVERDRAWING THE C HE SPECIFIC PROGRAM, YOU WILI | URRENT AUTHO | DRIZATION FOR ANY PROGR. | AM, IF A REQUEST FOR S AMOUNT (2) |
| DATE: 10/01/2021 | SIGNATURE OF AUTHORIZING O | DRIZING OFFICIAL: Electronically Signed by - ROY PERRY | toy perry | | |

FORM FNS 374

PAGE NO. : 1



State of Vermont

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

[phone] 802-828-2376 [fax] 802-828-2428 Agency of Administration

STATE OF VERMONT FINANCE & MANAGEMENT GRANT REVIEW FORM

| Grant Summary: | | This o | rant fund | le devu | elonment cos | te accordated wit | h a pre-existing technology | |
|-------------------------------|------------|---|--|-----------|--|--|--|----------|
| Grant Summary. | | | This grant funds development costs associated with a pre-existing technolog project as well as a new pilot to facilitate improved data transfer between loc | | | | | |
| | | educational agencies, child nutrition program sponsoring organizations, the | | | | | | |
| | | Agency of Education, and other state agencies. | | | | | | |
| | | | | | | 2 | <u> </u> | |
| Date: | | | 12/6/2021 | | | | | |
| D | | | | | | | | |
| Department: | | | Agenc | ey of Edu | cation | 1 | | |
| Legal Title of Gra | ant: | | CNP Training and Technical Assistance | | | | | |
| | | | | | | | | |
| Federal Catalog #: | | | 10.541 | | | | | |
| | | | | | | | | |
| Grant/Donor Name and Address: | | | US Department of Agriculture Food and Nutrition Service | | | | | |
| | | | | | | | | |
| Grant Period: From: | | | 9/30/2021 To: 9/30/2024 | | | | | |
| Grunt i crioui | I TOMI. | | 715012 | .021 10. | 1 | 775072024 | | |
| Grant/Donation | | | \$925,8 | 340 | | | | |
| | SFY | 1 | SFY 2 | | | SFY 3 | Total | Comments |
| Grant Amount: | \$350, | 428 | \$286,706 | | | \$288,706 | \$925,840 | |
| | | 1 | | | | | | |
| Position Information | | | | | | | | |
| Position Information: | | | | | | | | |
| Additional Comm | ents: | | | _ | | | | |
| | | | | | | | | |
| Department of Fina | ıt | | | | Adam Digitally signed b Adam Greshin Greshin Date 2021 12 07 14 03:17-05 00 | (Initial) | | |
| | | | | | | Douglas Douglas Douglas Farnham Date 2021.12.29 15.36.47-05'00' | (Initial) | |
| ecretary of Admin | abti ation | | | | | | | |
| Secretary of Admi | | | | | | | Anna Digitally signed b Anna Reinold Date: 2022.01.04 | у |

