



**Department for Children and Families**  
**Child Development Division**  
 NOB 1 North, 280 State Drive  
 Waterbury, VT 05671-1040  
<http://dcf.vermont.gov/cdd>

[toll free] 800-649-2642  
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*Agency of Human Services*

**REQUEST FOR APPLICATIONS**  
 Child Development Division  
 Special Accommodation Grant  
**CDD-SAG 08-20-24**

**RFGA RELEASE DATE:** August 21, 2024

For this grant, there are twelve rounds of application submissions, contingent on the availability of funds.

<b>ROUND 1</b>		
APPLICATIONS DUE BY:	6-Sep-24	4:30 PM (ET)
<b>ROUND 2</b>		
APPLICATIONS DUE BY:	4-Oct-24	4:30 PM (ET)
<b>ROUND 3</b>		
APPLICATIONS DUE BY:	1-Nov-24	4:30 PM (ET)
<b>ROUND 4</b>		
APPLICATIONS DUE BY:	6-Dec-24	4:30 PM (ET)
<b>ROUND 5</b>		
APPLICATIONS DUE BY:	3-Jan-25	4:30 PM (ET)
<b>ROUND 6</b>		
APPLICATIONS DUE BY:	7-Feb-25	4:30 PM (ET)

<b>ROUND 7</b>		
APPLICATIONS DUE BY:	7-Mar-25	4:30 PM (ET)
<b>ROUND 8</b>		
APPLICATIONS DUE BY:	4-Apr-25	4:30 PM (ET)
<b>ROUND 9</b>		
APPLICATIONS DUE BY:	2-May-25	4:30 PM (ET)
<b>ROUND 10</b>		
APPLICATIONS DUE BY:	6-Jun-25	4:30 PM (ET)
<b>ROUND 11</b>		
APPLICATIONS DUE BY:	4-Jul-25	4:30 PM (ET)
<b>ROUND 12</b>		
APPLICATIONS DUE BY:	1-Aug-25	4:30 PM (ET)

**Please be advised that all notifications, releases, and addendums associated with this Request for Grant Applications (RFGA) will be posted at the website below. The State will make no attempt to contact interested parties with updated information.**

[Vermont Business Registry and Bid System - Bid Detail](http://www.vermontbusinessregistry.com/BidPreview.aspx?BidID=61528)  
<http://www.vermontbusinessregistry.com/BidPreview.aspx?BidID=61528>

**STATE CONTACT:** Eric Myser, DCF Grants and Contracts Manager  
**TELEPHONE:** 802-279-2747  
**E-MAIL:** [ahs.dcfcdsag@vermont.gov](mailto:ahs.dcfcdsag@vermont.gov)

## 1. OVERVIEW:

1.1. The Agency of Human Services, Department for Children and Families, Child Development Division (referred to as the “State”) invites Vermont Regulated Specialized Child Care Programs to apply for funds to support the safe and successful inclusion of one or more children in their program. These funds are designed to support the safe and successful inclusion, access, and participation of one or more children with identified needs in your group or classroom. You have the flexibility to apply for grant funds to purchase specialized equipment or materials, provide consultation, training, or coaching for your child care staff tailored to the child/children's needs, and/or hire an Inclusion Support Staff. This Inclusion Support staff will work with *all children in your classroom* to support the safe participation and engagement of the child or children identified in your application.

Specialized Child Care Programs (SCC) must be in compliance with their SCC Agreement and in good standing\* with Vermont child care licensing regulations. SCC programs may apply on behalf of *one or more children* with identified needs who require additional support to access or remain enrolled in their program. Child care programs must complete the SAG application in partnership with the child’s team, which includes the *child’s parent/caregiver* and the *professionals* working together to support the child’s successful inclusion within the program.

### Inclusion in Early Childhood Programs\*

Young children with disabilities must be given access to the early childhood programs, services, and experiences that children without disabilities have within a State or local community. Specifically, high-quality inclusive early childhood programs are ones that:

- Include children with disabilities in early childhood programs they would participate in if they did not have a disability, so they can learn together with their peers without disabilities.
- Provide high-quality teaching and learning environments that support children’s development and allow all children to meet high expectations.
- Intentionally promote children’s participation in all learning and social activities, facilitated by individualized accommodations and differentiated interventions and instruction.
- Use high-quality, evidence-based services and supports that are developmentally appropriate, culturally and linguistically responsive and that foster children’s—
  - acquisition and use of knowledge and skills,
  - use of appropriate behaviors to meet their needs,
  - positive social emotional skills, including friendships with peers, and
  - sense of belonging.
- Provide services and supports to children with disabilities in early childhood programs with peers without disabilities, and within daily routines and learning and social activities.
- Recognize families as collaborative partners, experts, and engaged decision-makers in their children’s lives and value and treat children with disabilities and their families with respect; and
- Ensure supports, such as screening and identification processes, early childhood program and school partnerships, access to and use of data, and PD are in place to enable early childhood programs and providers to include children with disabilities and their families successfully

Policy excerpt from the Policy Statement on Inclusion of Children with Disabilities in Early Childhood Programs. <https://www.acf.hhs.gov/sites/default/files/documents/ecd/policy-statement-on-inclusion.pdf>

- 1.2. **AVAILABLE FUNDING:** The grant funds are intended to *cover any gap left after all entitled or eligible services are provided for the child(ren)*. For detailed requirements and objectives, see Attachment A—Scope of Work to be performed. Funding for this set of rounds is anticipated to be a combination of State General Funds, CCDF Supplemental Discretionary Funds, and/or ESSA Preschool Development Grants Birth Through Five (PDG B-5).
- 1.3. **AWARD PERIOD:** Awards arising from this Request for Grant Application (RFGA) will be issued to approved eligible applicants beginning in August 2024 for a minimum of 5 weeks and up to 12 months, subject to the Applicant’s identified need submitting in their SAG application and CDD’s available funding.
- 1.3.1. An application's proposed grant start date cannot be prior to the current RFGA round submission deadline. For example, for applications due by October 4, 2024, for Round 2, the earliest grant start date allowable is October 4, 2024.
- 1.4. **Technical Assistance:** If an Applicant requires assistance in preparing their proposal or needs guidance on socioeconomic certifications, the Applicant may contact the Procurement Technical Assistance Center (PTAC). PTAC specializes in helping small businesses navigate the documentation associated with State and Federal procurement. Their website is: <https://accd.vermont.gov/economic-development/programs/ptac>.
- 1.4.1. For general technical assistance in building budgets for grant applications, you may contact **First Children’s Finance** at [infovt@firstchildrensfinance.org](mailto:infovt@firstchildrensfinance.org).
- 1.4.2. **SINGLE POINT OF CONTACT:** All communications concerning this Request for Grant Applications (RFGA) must have the Requisition Number **CDD-SAG 08-15-24** in the subject line and are to be emailed to the following email: [ahs.dcfcdsag@vermont.gov](mailto:ahs.dcfcdsag@vermont.gov).

**APPLICANT INFORMATION SESSIONS:** A Specialized Child Care Program Administrator or Designee will be available to assist applicants every Thursday beginning August 22, 2024, from 12 to 1 p.m. unless otherwise posted.  
**The link to the weekly reoccurring SAG information sessions is:**  
[Join the meeting now](#)  
 Meeting ID: 248 350 950 435

Passcode: bVMjnu  
**Dial in by phone**  
 +1 802-552-8456,,256713490# United States, Montpelier  
[Find a local number](#)  
 Phone conference ID: 256 713 490#  
 For organizers: Meeting options | Reset dial-in PIN

- 1.4.3. **QUESTIONS AND ANSWERS:** Any applicant requiring clarification of any section of this RFGA or wishing to comment on any requirement of the RFGA must submit specific questions in writing or attend the applicant information sessions as specified in 1.4.2. All questions concerning this Request for Grant Applications (RFGA) must have the Requisition Number **CDD-SAG 08-15-24** in the subject line and are to be emailed to the following email: [ahs.dcfcdsag@vermont.gov](mailto:ahs.dcfcdsag@vermont.gov). Responses will be posted on the State’s website at <https://dcf.vermont.gov/cdd/providers/funding/programs> and [Vermont](#)

[Business Registry and Bid System - Bid Detail](#). Every effort will be made to post this information as soon as possible, contingent on the number and complexity of the questions.

**1.5 CHANGES TO THIS RFGA:** The State will make any modifications to this RFGA in writing by issuing an Addendum and posting it online at: [Vermont Business Registry and Bid System - Bid Detail](#). Verbal or written instruction from any other source is not to be considered.

## 2. GENERAL REQUIREMENTS:

**2.1. STATEMENT OF RIGHTS:** The State shall have the authority to evaluate applications and select the applicant(s) as may be determined to be in the best interest of the State and consistent with the goals and performance requirements outlined in this RFGA. The State of Vermont reserves the right to obtain clarification or additional information necessary to evaluate an application properly. Failure of applicant to respond to a request for additional information or clarification could result in rejection of that applicant's application. To secure a project that is deemed to be in the best interest of the State, the State reserves the right to accept or reject all applications, in whole or in part, with or without cause, and to waive technicalities in submissions.

**2.2. METHOD OF AWARD:** Awards will be made in the best interest of the State. The State may award one (1) or more grants and reserves the right to make additional awards to other compliant applicants at any time if such award is deemed to be in the best interest of the State. Priority will be given based on the evaluation findings and other eligibility criteria deemed relevant for ensuring the decision is made in the best interest of the State.

**2.3 ELIGIBILITY CRITERIA:** The following eligibility criteria are required for a bidder to be eligible to apply for a Special Accommodation Grant. See SAG application for a glossary of terms:

2.3.1 The Bidder (Child Care Program) shall be a Vermont-regulated specialized Child Care Provider in good standing\* with the Child Development Division and actively participate in the Child Care Financial Assistance program

2.3.1.1.1 The Bidder shall be a fully approved Specialized Child Care program committed to continuous quality improvement, as evidenced *by having three or more STARS* and completing six hours of Advanced Specialized Training annually.

2.3.1.1.2 The Bidder shall be a Provisional Specialized Child Care program committed to continuous quality improvement, *as evidenced by actively working towards 3 or more STARS*, completing their required training, and in compliance with the Vermont Child Care Licensing Regulations.

2.3.2 The Bidder should be currently caring for, or considering caring for, a child or children who need additional support to safely access, participate or remain in the child care program. The child/children must have:

2.3.2.1.1 A documented physical, medical, developmental, or behavioral diagnosis or be in the process of being evaluated and assessed for supports AND

2.3.2.1.1.1 An active or interim One Plan, Individual Educational Plan, EST plan, 504 Plan, or Mental Health treatment plan that addresses their specialized need(s) OR

2.3.2.1.1.2 If a child does not yet have a formal plan in place, the application must include supporting evidence, such as referrals made on behalf of the child, along with any screenings, assessments, or evaluations that demonstrate the child's need for additional support."

2.3.3 The Bidder shall have a plan that explains how the Inclusion support staff will receive training and supervision throughout the grant period. This plan should be developed in partnership with the child or children's team and reflect how the child will receive this support alongside their peers during the grant period.

2.3.4. **SCORING CRITERIA:** The application responses should reflect the childcare program's need for the requested funds. Eligible applications shall be scored in the following areas based on the application information, individual child's needs, and submitted documentation.

Enrollment Concerns	Status of Access to Child Care Program.	8 points
Danger/Safety Concerns	Risk to self or others.	10 points
Child Protection Involvement	Historical or current involvement with DCF-Family Services Division	8 points
Child's Plan	Referrals, Evaluations, Assessments, and Individualized Plan	8 points
Social, Emotional, and Behavior Needs	Ability to engage with peers and adults	8 points
Inclusionary practices to meet children's needs	Practices regularly implemented to foster inclusion	6 points
Service Delivery and Collaboration	Relationships with additional members of the child's team	6 points
Funding Request	Creative and integrated efforts to meet funding needs	3 points
Equipment or Consultation/Training	Explanation of how programs will use the Equipment/Materials, Consultation, Coaching, or Training to benefit all children in the classroom or group	3 points
<b>Total</b>		<b>60 points</b>
Programs that score between 48-60 points will be considered eligible for award funding if they also meet the eligibility criteria		

2.4. **AWARD NEGOTIATION:** Upon completion of the evaluation process, the State may select one (1) or more applicants to negotiate an award based on the evaluation findings and other criteria deemed relevant for ensuring that the decision made is in the best interest of the State. In the event the State is not successful in negotiating an award with a selected applicant, the State reserves the option of negotiating with another applicant or to end the application process entirely.

2.5. **COST OF PREPARATION:** Applicants shall be solely responsible for all expenses incurred in the preparation of a response to this RFGA and shall be responsible for expenses associated with any presentations or demonstrations associated with this request and/or any applications.

2.6. **AWARD TERMS:** The selected applicant(s) will be expected to sign a grant agreement with the State, including the Standard State Attachments, **within sixty (60) calendar days of award notice.**

2.6.1. **Business Registration:** It is Subrecipient's responsibility to contact the Vermont Department of Taxes to determine if, by law, Subrecipient is required to have a Vermont Department of Taxes Business Account Number.

2.6.2. **Payment Terms:** Refer to **Attachment B - Payment Provisions.**

2.7. **APPLICATION SUBMISSION INSTRUCTIONS:** Applications will be completed by each program directly in JotForm by using the following link: Guidance will be provided within the SAG Application – <https://hipaa.jotform.com/230264946292056>

The following documentation is required and must be uploaded into the SAG Application in Jot Form. The forms are included below as a reference so information can be gathered before opening the [SAG Application in JotForm](#).

**2.7.1. CIS Parent/Legal Guardian Authorization Consent Form must be reviewed with the child/children's parent or legal guardian** for each child identified in the SAG grant application. <https://outside.vermont.gov/dept/DCF/Shared%20Documents/CDD/Funding/SAG-App-Parent-Guardian-Consent.pdf>

**2.7.2. SAG Health Service/Provider letter of support** for each child by going to the following link: [SAG Health Provider Letter of Support](#) We will not accept a SAG Letter of Support completed by a staff person of the child care program.

**2.7.3. Child(ren)'s plan(s)** An active or interim One Plan, Individual Educational Plan, EST plan, 504 Plan, or Mental Health treatment plan that addresses their specialized need(s) within the past 6 months. If a child does not have a formal plan in place, the application must include supporting evidence, such as referrals made on behalf of the child, along with any screenings, assessments, or evaluations that demonstrate the child's need for additional support.

**2.7.4. Certificate of Insurance (COI)** consistent with the requirements set forth in Attachment C, Section 8 (Insurance), and any additional insurance requirements as may be set forth elsewhere in this RFGA must be submitted with the application.

**2.7.5. Current IRS Form W-9** (signed within the last six (6) months).

**2.7.6. SAM Unique Entity ID (UEI)** – Applicants are required to have a UEI assigned by registering on SAM.gov. If you have requested a UEI, but have not yet received it, you will need to provide a copy of the email from SAM.gov showing that you have requested the UEI and/or the help desk email confirmation regarding any follow-up on the issuance of a UEI. If your UEI is in process, you will need to upload a signed and dated Certification of Suspension and Debarment. If you have a UEI, but your SAM registration is not currently active, you will need to upload a signed and dated Certification of Suspension and Debarment. See the bid registry site for the attached form: [Vermont Business Registry and Bid System - Bid Detail](#).

## 2.8. ATTACHMENTS

- Standard Grant Agreement
- Attachment A – Scope of Work
- Attachment B – Payment Provisions
- Attachment C – Standard State Provisions for Contracts and Grants
- Attachment E – Business Associate Agreement
- Attachment F – Agency of Human Services' Customary Contract/Grant Provisions
- Attachment G – Other Grant Provisions / Reporting Forms
- Attachment H – Parent/Legal Guardian Consent Form
- Attachment I – Service/Health Provider Letter of Support Form
- Attachment J – SAG Application

# Standard Grant Agreement

STATE OF VERMONT GRANT AGREEMENT				Part 1-Grant Award Detail			
SECTION I - GENERAL GRANT INFORMATION							
<sup>1</sup> Grant #:				<sup>2</sup> Original <input checked="" type="checkbox"/>		Amendment # <input type="checkbox"/>	
<sup>3</sup> Grant Title: Special Accommodation Grant							
<sup>4</sup> Amount Previously Awarded: \$0.00		<sup>5</sup> Amount Awarded This Action: \$0.00		<sup>6</sup> Total Award Amount: \$0.00			
<sup>7</sup> Award Start Date:			<sup>8</sup> Award End Date:		<sup>9</sup> Subrecipient Award: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
<sup>10</sup> Supplier #:		<sup>11</sup> Grantee Name:					
<sup>12</sup> Grantee Address:							
<sup>13</sup> City:				<sup>14</sup> State:		<sup>15</sup> Zip Code:	
<sup>16</sup> State Granting Agency: AHS/DCF/Child Development Division						<sup>17</sup> Business Unit: 03440	
<sup>18</sup> Performance Measures: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		<sup>19</sup> Match/In-Kind: \$0.00		Description:			
<sup>20</sup> If this action is an amendment, the following is amended: Amount: <input type="checkbox"/> Funding Allocation: <input type="checkbox"/> Performance Period: <input type="checkbox"/> Scope of Work: <input type="checkbox"/> Other: <input type="checkbox"/>							
SECTION II - SUBRECIPIENT AWARD INFORMATION							
<sup>21</sup> Grantee Identifier [UEI] #:				<sup>22</sup> Indirect Rate: %		<sup>23</sup> FFATA: YES <input type="checkbox"/> NO <input type="checkbox"/>	
<sup>24</sup> Grantee Fiscal Year End Month (MM format):				(Approved rate or de min/mis 10%)		<sup>25</sup> R&D: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<sup>26</sup> UEI Registered Name (If different than VISION Supplier Name in Box 11):							
SECTION III - FUNDING ALLOCATION							
STATE FUNDS							
Fund Type		<sup>27</sup> Awarded Previously	<sup>28</sup> Award This Action	<sup>29</sup> Cumulative Award	<sup>30</sup> Special & Other Fund Descriptions		
General Fund				\$0.00			
Special Fund				\$0.00			
Global Commitment (non-subrecipient funds)				\$0.00			
Other State Funds				\$0.00			
FEDERAL FUNDS (includes subrecipient Global Commitment funds)					Required Federal Award Information		
<sup>31</sup> ALN#	<sup>32</sup> Program Title	<sup>33</sup> Awarded Previously	<sup>34</sup> Award This Action	<sup>35</sup> Cumulative Award	<sup>36</sup> FAIN	<sup>37</sup> Fed Award Date	<sup>38</sup> Total Federal Award
93.434	ESSA Preschool Development Grants Birth through Five			\$0.00	90TP0098	11/03/2023	\$7,744,080.00
<sup>39</sup> Federal Awarding Agency: U.S. Department of Health and Human Services - Admin for Children and Families			<sup>40</sup> Federal Award Project Descr: Preschool Development Grants Birth to Five (PDG B-5) Renewal Grant - Vermont				
				\$0.00			
Federal Awarding Agency:			Federal Award Project Descr:				
				\$0.00			
Federal Awarding Agency:			Federal Award Project Descr:				
				\$0.00			
Federal Awarding Agency:			Federal Award Project Descr:				
				\$0.00			
Federal Awarding Agency:			Federal Award Project Descr:				
Total Awarded - All Funds		\$0.00	\$0.00	\$0.00			
SECTION IV - CONTACT INFORMATION							
<sup>41</sup> STATE GRANTING AGENCY				<sup>42</sup> GRANTEE			
NAME: Jill Pearl				NAME:			
TITLE: CIS Specialized Child Care Program Manager				TITLE:			
PHONE: (802) 734-9352				PHONE:			
EMAIL: jill.pearl@vermont.gov				EMAIL:			

Form Effective 12/26/2014  
Revised: 1/8/2024

## Part 2 - GRANT AGREEMENT

1. **Parties:** This is a Grant Agreement between State of Vermont, Department for Children and Families, Child Development Division, (hereinafter called “State” or “CDD”) and **Vendor Name** with principal place of business at: vendor address (hereinafter called “Subrecipient”).

It is the Subrecipient’s responsibility to contact the Vermont Department of Taxes to determine if, by law, the Subrecipient is required to have a Vermont Department of Taxes Business Account Number.

2. **Subject Matter:** The subject matter of this Grant Agreement is the provisions of child care program accommodations to support a child or children’s safe and successful inclusion within the Subrecipient’s child care program.
3. **Award Details:** Amounts, dates and other award details are as shown in the attached *Grant Agreement Part 1-Grant Award Detail*. A detailed scope of work covered by this award is described in Attachment A.
4. **Amendment:** No changes, modifications, or amendments in the terms and conditions of this Grant Agreement shall be effective unless reduced to writing, numbered, and signed by the duly authorized representative of the State and Subrecipient.
5. **Cancellation:** This Grant Agreement may be suspended or cancelled by either party by giving written notice at least thirty (30) calendar days in advance.
6. **Federal Funding Requirements:** As a Subrecipient of federal funds, the Subrecipient is required to adhere to the following federal regulations: OMB Guidance – 2 CFR Chapter I, Chapter II, Part 200 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards. This guidance can be found at: [https://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200\\_main\\_02.tpl](https://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl)
7. **Attachments:** This Grant consists of XX pages including the following attachments that are incorporated herein:
  - Grant Agreement – Part 1 and Part 2
  - Attachment A – Scope of Work to Be Performed
  - Attachment B – Payment Provisions
  - Attachment C – Standard State Provisions for Contracts and Grants
  - Attachment D – Other Provisions (if applicable)
  - Attachment E – Business Associate Agreement
  - Attachment F – Agency of Human Services’ Customary Contract/Grant Provisions
  - Attachment G – Other Grant Provisions / Reporting Forms
8. **Order of Precedence:** Any ambiguity, conflict or inconsistency in the Grant Documents shall be resolved according to the following order of precedence:
  - 1) Grant Agreement – Part 1 and Part 2
  - 2) Attachment D (if applicable)
  - 3) Attachment C
  - 4) Attachment A
  - 5) Attachment B
  - 6) Attachment E
  - 7) Attachment F
  - 8) Attachment G



**WE, THE UNDERSIGNED PARTIES, AGREE TO BE BOUND BY THIS GRANT AGREEMENT.**

**STATE OF VERMONT**

**BY:**

**SUBRECIPIENT**

**BY:**

---

Signature

Date

---

Signature

Date

Janet McLaughlin, Deputy Commissioner  
Child Development Division  
280 State Drive, NOB 1 North  
Waterbury, VT 05671-1040  
[Janet.McLaughlin@vermont.gov](mailto:Janet.McLaughlin@vermont.gov)

Name, Title  
Program Name  
Address  
Email

**APPROVED AS TO FORM**

**BY:**

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Assistant Attorney General

Date

**ATTACHMENT A**  
**SCOPE OF WORK TO BE PERFORMED**

**A. PROGRAM BACKGROUND**

The Vermont Department for Children and Families' (DCF) mission is to foster the healthy development, safety, well-being, and self-sufficiency of Vermonters. The Department is structured around six Divisions that deliver programs and services to Vermonters; one of those Divisions is the Child Development Division (CDD). CDD's goal is to increase access to high-quality, sustainable services that are developmentally beneficial for children, strengthen families, and meet their needs, in partnership with families, communities, schools, providers and state and federal agencies.

One of the ways that CDD works towards this goal is through the Special Accommodation Grant Program (also referred to as "Program"), which provides financial support to high-quality child-care programs to support the safe and successful inclusion of a child or a group of children with identified special needs in their program. The Program funds are intended to cover any gap left after all entitled or eligible services are provided for the child(ren).

**B. SERVICE DESCRIPTION**

The subrecipient may hire, train, and supervise inclusion support staff, purchase specialized equipment or materials as identified in the child's plan, and/or purchase consultation or training to support the safe and successful inclusion of an identified child or identified children with specialized needs in maintaining or increasing access to their child care program.

**C. SERVICE GOALS & OUTCOMES**

By providing services under this agreement, the subrecipient shall assist the State in achieving the following goals:

1. Children with special needs will have the support needed to be safely and successfully included in the child-care programs chosen by their families.
2. Child-care staff and families shall have the knowledge and skills necessary to identify, implement, and educate on inclusive practices that support all children within child care programs.

The Subrecipient shall measure the Program's impact by tracking performance measures, as outlined below in section E. Performance Measures.

**D. SPECIFICATIONS**

The Subrecipient shall meet the minimum requirements as a classroom aide as outlined below when hiring **inclusion support staff for the identified child/children in the grant.**

1. Hire, train, and provide supervision for an Inclusion support staff who meets the requirements for a classroom aide as outlined on page 98, Regulation 7.3.2.5 in Vermont [Licensing Regulations for Center-Based Child Care and Preschool Program](#). AND:
  - a. The Inclusion support staff must meet required screenings and complete background checks in compliance with [Vermont Licensing Regulations for Center-Based Child Care and Preschool Program Regulations](#); beginning on page 93, Regulation; 7.2
  - b. A classroom aide shall be at least eighteen (18) years of age, able to comprehend basic written format, and meet at least one (1) of the following qualifications:
  - c. Has at least a high school diploma OR has completed a GED and completes the Fundamentals for Early Childhood Professionals' course or the Vermont Afterschool Essentials Certificate within the first twelve (12) months of employment; OR

- d. Has at least a high school diploma OR has completed a GED and a three (3) college credit course in *child or human development* or in *school-age care and education* within the first twelve (12) months of employment.
2. Ensure the inclusion support staff are not counted in staff/child ratios when performing the job responsibilities of a classroom aide under this grant.
  3. Subrecipient shall not exceed the maximum hours as outlined below. Child Care Program inclusion support staff maximum employment hours per week:

Age of Child(ren)	Allowable hours per week funded by SAG award
0-2	35 hours
3-5	38 hours
6-13	15 hours after school or up to 38 for school vacations, including summer

4. The subrecipient shall meet the minimum requirements outlined below when requesting funding for the identified child/children in the grant specifications.
  - a. Equipment/Materials Specifications: should directly support the inclusion and development of children with identified needs. The following categories outline acceptable use of grant requests up to \$500.00 per application. The equipment/materials must remain in the child care program after the grant period ends to support the overall inclusion of children with identified needs.

Adaptive Equipment	Seating and Positioning: Adaptive chairs, seating systems, floor sitters, and positioning wedges.
Mobility Aids:	Walkers, standing frames, gait trainers, and specialized strollers.
Sensory Rooms and Areas:	Items such as sensory mats, weighted blankets, bean bags, and fidget toys
Sensory Activities:	Light tables, textured balls, sensory bins, and bubble tubes
Augmentative and Alternative Communication (AAC) Devices:	Picture exchange communication systems (PECS), communication boards,
Educational Materials	Specialized Curricula: Adaptive books, visual schedules, and social stories tailored for children with special needs.
Learning Aids:	Manipulatives, adapted puzzles, and large print or Braille materials
Environmental Modifications:	Accessibility Enhancements: Ramps, grab bars, and adjustable tables and desks.
Safety Equipment:	Specialized locks, sensory-friendly lighting, and noise-reducing headphones

- b. Training, Coaching, and Consultation Specifications should directly support the inclusion and development of children with identified needs. The following categories outline acceptable use of grant requests up to \$500.00 per application.
- c. Any exceptions to Equipment/Materials and Staff Development, Coaching, and Consultation Specifications must be granted prior to expending funds and approved by CDD Grant Manager.

Staff Development:	Training sessions to improve staff competencies in inclusive practices, behavior management, or specialized instructional techniques for children with special needs
On-Site Coaching:	Ongoing, hands-on coaching within the child care setting to help classroom staff implement inclusive practices, adapt curriculum, or manage challenging behaviors as it pertains to the individual needs of the children or children identified in the grant setting.
Consultation:	Sessions with experts such as special education consultants, psychologists, or occupational therapists to develop tailored strategies for individual children or classroom environments.
Program Assessment:	Hiring a consultant to assess and provide recommendations for improving the inclusion of children with special needs in the classroom/program.
Behavioral Consultation:	Engaging with behavior specialists to develop behavior intervention plans or address challenging behaviors.

5. Provide training specific to increasing inclusionary practices to the classroom or program staff within the first 45 calendar days of the award term. The following resources provide training on inclusion that are available to the Subrecipient to utilize: [Pyramid Consortium](#), [Head Start Center for Inclusion](#) (birth to 5 years), [Inclusion Works](#), and [Vermont Afterschool Inc](#) or the Subrecipient may provide an alternative training which includes the inclusion support staff and program staff that is specific to the needs of the child or children in care.

The Subrecipient shall complete the [SAG Professional Development Training Survey](#) (See Attachment G – Form A) within fifteen (15) calendar days of the training, coaching or consultation to the program staff.

6. Complete the Performance Monitoring Reports by the specified dates listed in Attachment B subsection b. Contact the CDD program manager with any questions or updates on the grant specifications or performance monitoring questions immediately as they occur within the grant term.
7. Provide the parent(s)/legal guardian(s) of the child a link to the **SAG Parent/Legal Guardian Survey (See Attachment G – Form B)** by the end of the award date. The Subrecipient shall strongly request and encourage the parent(s)/legal guardian(s) to complete a parent satisfaction survey. [SAG Parent/Legal Guardian Survey](#)
8. Complete and Submit the **SAG Final Survey and Report (See Attachment G – Form C)** with your final invoice at the end of the grant term. [SAG Final Survey and Report](#)
9. If the child is no longer enrolled/attending the program, the Subrecipient shall immediately notify the CDD Specialized Child Care Program Manager

**E. PERFORMANCE MEASURES**

The Subrecipient shall report out on the following performance measures:

- a. The SAG funding supported the identified child in remaining **in their placement** 100% of the time throughout the award term.
- b. The **frequency of safety concerns** for the identified child was **significantly decreased** throughout the award term.

- c. c. By the end of the award period, the childcare staff increased their engagement with the child/children's team.

The first time the Subrecipient falls below 75% of any of the Performance Measure goals, the CDD Program Manager shall send a Notice Letter to the Subrecipient informing them of the missed Performance Measure(s). The second time the Subrecipient falls below 75% of any of the Performance Measure goals, the Subrecipient shall develop a Corrective Action Plan with the CDD Program Manager. The Subrecipient shall submit a signed Notice Letter or a completed corrective action plan to the CDD Program Manager and DCF Grants and Contracts Manager within thirty (30) calendar days of receiving written notification of the missed Performance Measure(s). Continued failure to meet the minimum requirements may result in the cancellation of this agreement.

## **F. PROGRAM ADMINISTRATION AND EVALUATION**

The State shall monitor and evaluate the Subrecipient's performance based on the following: program reports (including content and timeliness of submission), SAG Parent/Legal Guardian survey results, correspondence, and financial reports. Assistance is available to the Subrecipient through the CDD Program Manager and the DCF Grants and Contracts Manager.

### **1. Program Reports**

Completed Program Report Forms shall be submitted to the State by the Subrecipient on or before due dates outlined in Attachment B. The reporting forms include the following:

- a. **Form A:** [SAG Professional Development Training Survey](#)
- b. **Form B:** [SAG Parent/Legal Guardian Survey](#)
- c. **Form C:** [SAG Final Survey and Report](#)

Snapshots of the forms which may be revised as required by the State are provided in Attachment G. Electronic copies of all Program Reports with directions shall be provided to the Subrecipient upon execution of the grant. Any questions related to the completion of the Program Reports should be directed to the CDD Program Manager and/or DCF Grants and Contracts Manager.

### **2. Financial Reports**

Satisfactory Financial Reports must be received by the CDD Program Manager and DCF Grants and Contracts Manager within fifteen (15) calendar days following the end of each reporting month to receive subsequent payments. The payment and reporting schedule for services performed is included in Attachment B. The Financial Reports consist of the following:

- a. **Form D: Request for Payment**
- b. **Form E: Financial Report**

Snapshots of the Financial Reports, which may be revised as required by the State, are provided in Attachment G. Electronic copies of all Financial Reports with directions shall be provided to the Subrecipient upon execution of the grant agreement. Request for Payment forms shall be submitted to the State electronically as a .pdf with an original signature or electronic signature.

### **3. Monitoring Plan**

In addition to periodic reviews during the grant term, the State's Child Development Division, Department for Children and Families, Children's Integrated Services Regional Team and/or Agency of Human Services Internal Audit Unit may conduct on-site monitoring during the grant term to ensure compliance with expectations of the grant and review back-up documentation related to any programmatic, performance, or financial reporting.

**ATTACHMENT B**  
**PAYMENT PROVISIONS**

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The maximum dollar amount payable under this agreement is not intended as any form of a guaranteed amount. The Subrecipient shall be paid for services specified in Attachment A, or services performed, up to the maximum allowable amount specified on page one of this agreement. The payment schedule for services performed, and any additional reimbursements, are included in this attachment. Grant funding will stop immediately on the child's last day of attendance or the date the program was notified the child would no longer be attending, whichever is later.

1. Prior to commencement of work and release of any payments, Subrecipient shall submit to the State a certificate of insurance consistent with the requirements set forth in Attachment C, Section 8 (Insurance), and with any additional requirements for insurance as may be set forth elsewhere in this grant.
2. Payment terms are Net 30 calendar days from the date the State receives error-free financial and program reports. Vermont State Fiscal Year Close Out starts the last week of May/first week of June and runs through early July. During this period of time, no financial reports or Requests for Payment are processed for payment in the State of Vermont Vision system.
3. Subrecipient shall submit detailed Financial Reports itemizing all work performed during the reporting period, including the dates of service, rates of pay, hours of work performed, and any other information and/or documentation appropriate and sufficient to substantiate the amount invoiced for payment by the State, including (if applicable) training title, hours, instructor information and receipts from purchase of equipment or materials. All Financial Reports and Requests for Payment must include the grant number for this agreement.
4. The State shall reimburse the Subrecipient, subject to #3 above, on a monthly basis, up to the maximum payable for the Grant.
5. Subrecipient shall be paid for services delivered or performed beginning on INSERT DATE.
6. As grant award amounts are based on state and federal fiscal year budgets, no payments shall be issued 90 calendar days after the end date of this agreement as budgets close out and funds are no longer available.
7. Subrecipient agrees to produce, on request, the source documents upon which all Requests for Payment are based.
8. A request to transfer any amount between budgeted line items must be submitted in writing to the CDD Program Manager and DCF Grants and Contracts Manager for approval prior to submitting a request for reimbursement.
9. The payment schedule for delivered products, or rates for services performed, and any additional reimbursements, are as follows:

- a. Budget for agreement term:

*[To be inserted after successful bidder notification]*

b. Reporting Schedule: All forms and/or links to forms will be provided by the State after the grant award.

Item #	Report Due	Requesting for Period	Due Date
1	<ul style="list-style-type: none"> <li>• <b>Form D: Request for Payment</b></li> <li>• <b>Form E: Financial Report</b></li> </ul>	Monthly.	By the 15 <sup>th</sup> of each month for the previous month.
2	<ul style="list-style-type: none"> <li>• <b>Form A: SAG Professional Development Training Survey</b></li> </ul>	Within first two months.	Within 60 days of start of award term.
3	<ul style="list-style-type: none"> <li>• Provide parent/legal guardian of the child a link to the <b>SAG Parent/Legal Guardian Survey (Form B)</b></li> </ul>	End of the award term.	Within 15 days of end of award term.
4	<ul style="list-style-type: none"> <li>• <b>SAG Final Survey and Report (Form C)</b></li> </ul>	End of award term.	Within 15 days of end of award term.

c. Contact and Payment Request Information

Program Reports, Financial Reports, and Requests for Payment shall be submitted to: [ahs.dcfbograntscontracts@vermont.gov](mailto:ahs.dcfbograntscontracts@vermont.gov)

If you have questions about completing these forms, please contact:

Jill Pearl, CDD Program Manager, or Designee  
 Department for Children & Families/Child Development Division

and

Eric Myser, DCF Grants and Contracts Manager, or Designee  
 Department for Children & Families

at the following email address: [ahs.dcfddsag@vermont.gov](mailto:ahs.dcfddsag@vermont.gov)

Remittance Address of Subrecipient:

*[To be inserted after successful bidder notification]*

## **STATE AND AGENCY CUSTOMARY CONTRACTING PROVISIONS**

Unless otherwise noted in writing within your Proposal, the following standard state provisions in Attachment C, Attachment E, and Attachment F are agreed to.

### **ATTACHMENT C: STANDARD STATE PROVISIONS FOR CONTRACTS AND GRANTS REVISED DECEMBER 7, 2023**

“Attachment C: Standard State Provisions for Contracts and Grants” (revision version dated December 7, 2023) constitutes part of this Agreement and is hereby incorporated by reference as if fully set forth herein and shall apply to the purchase of all goods and/or services by the State under this Agreement. A copy of this document is available online at: <https://bgs.vermont.gov/purchasing-contracting/forms>.

### **ATTACHMENT E: BUSINESS ASSOCIATE AGREEMENT REVISED MAY 22, 2020**

“Attachment E: Business Associate Agreement” constitutes part of this Agreement and is hereby incorporated by reference as if fully set forth herein and shall apply to the purchase of all goods and/or services by the State under this Agreement. A copy of this document is available online at: <https://bgs.vermont.gov/purchasing-contracting/forms>.

### **ATTACHMENT F: AGENCY OF HUMAN SERVICES’ CUSTOMARY CONTRACT/GRANT PROVISIONS REVISED JUNE 19, 2024**

“Attachment F: Agency of Human Services’ Customary Contract/Grant Provisions” constitutes part of this Agreement and is hereby incorporated by reference as if fully set forth herein and shall apply to the purchase of all goods and/or services by the State under this Agreement. A copy of this document is available online at: <https://bgs.vermont.gov/purchasing-contracting/forms>

### **ATTACHMENT G Other Grant Provisions/Reporting Forms**

#### **FORM A: SAG PROFESSIONAL DEVELOPMENT TRAINING SURVEY**

Please use the survey provided by the State.

<https://form.jotform.com/230395469549066>

#### **FORM B: SAG PARENT/LEGAL GUARDIAN SURVEY**

Please use the survey provided by the State.

<https://form.jotform.com/230395588836067>

#### **FORM C: SAG FINAL SURVEY AND REPORT**

Please use the forms provided by the State.

<https://form.jotform.com/230873562482057>



**FORM D: REQUEST FOR PAYMENT Example**

Please use the form provided by the State.

**REQUEST FOR PAYMENT**

REQUEST TO: VT Department for Children and Families  
Child Development Division  
280 State Drive / Waterbury, VT 05671-1020

FROM: Name of Vendor  
Vendor Address

RE: Special Accommodation Grant  
TERM: Grant Start Date to Grant End Date

State-assigned Grant number: 03440-XXXXXX-24 Request #: \_\_\_\_\_ Final Invoice: Yes  No   
Have required Program reports been submitted? Yes  No

- A) Maximum amount payable to Subrecipient: \$ \_\_\_\_\_
- B) Total payments received on Grant previously: \$ \_\_\_\_\_
- C) Balance (line A minus line B) \$ \_\_\_\_\_
- D) Total Grant expenditures in the financial report for the month ending \_\_\_\_\_: \$ \_\_\_\_\_  
mm/dd/yy
- E) Grant Balance (line C minus line D) \$ \_\_\_\_\_
- F) REQUEST AMOUNT, determined as follows: \$ \_\_\_\_\_  
*For requests submitted during the Grant term, request the amount in line D or line C, whichever is lower. A request submitted with the final monthly report may be for the amount in line C if the State had withheld funds earlier and the total YTD allowable reported expenditures exhausted the maximum payable under the Grant.*

SUBRECIPIENT SIGNATURE:

	Title	Date
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*For CDD use only:* CDD Grant manager reviewed required reports submitted, assessed Subrecipient performance, and approves payment in the amount of: \$ \_\_\_\_\_

Explanation if amount approved differs from amount requested in line F:

CDD Signature and Date: \_\_\_\_\_

**FORM E: FINANCIAL REPORT Example**

Please use the form provided by the State.

Positions funded in part or whole by this agreement:	Total Budget	Current Balance	Total Expended YTD	Expended in (add month)	Expended in (add month)	Expended in (add month)	Expended in (add month)
Individual Aide 1	\$0.00	\$0.00	\$0.00				
Individual Aide 2 (if applicable)	\$0.00	\$0.00	\$0.00				

TOTAL Salaries	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Fringe	\$0.00	\$0.00	\$0.00				
<b>A. Total Personnel Expenses</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

Operating expenses directly related to grant activities:	Total Budget	Current Balance	Total Expended YTD	Expended in (add month)	Expended in (add month)	Expended in (add month)	Expended in (add month)
Staff Training/Professional Development	\$0.00	\$0.00	\$0.00				
Equipment	\$0.00	\$0.00	\$0.00				
Supplies	\$0.00	\$0.00	\$0.00				
<b>B. TOTAL Operating (non-personnel)</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

TOTAL Direct expenses (A+B)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
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<b>C. Indirect Costs</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>				
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<b>TOTAL Expenses (A+B+C)</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
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## **ATTACHMENT H**

### **PARENT/LEGAL GUARDIAN CONSENT FORM**

Please use the forms provided by the State.

[SAG-Application-Parent-Legal-Guardian-Consent.pdf \(vermont.gov\)](#).

## **ATTACHMENT I**

### **Service/Health Provider Letter of Support Form**

Please use the forms provided by the State.

<https://hipaa.jotform.com/230244351146042>

## **ATTACHMENT J**

### **SAG Application**

Please use the forms provided by the State.

<https://hipaa.jotform.com/230264946292056>