



Department for Children and Families

Child Development Division

NOB 1 North, 280 State Drive

Waterbury, VT 05671-1040

<http://dcf.vermont.gov/cdd>

Agency of Human Services

[toll free] 800-649-2642

[fax] 802-241-0846

REQUEST FOR APPLICATIONS

Child Development Division
Special Accommodation Grant
CDD-SAG-09.04.25

RFGA RELEASE DATE: September 4, 2025

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

Special Accommodation Grant Calendar – All SAG application must be submitted through the JotForm link by 4:30pm of the deadline date. SAG applications received after the deadline will be reviewed the following month.

- Round 1 - September 15, 2025
- Round 2 - October 6, 2025
- Round 3 - November 3, 2025
- December 2025 - We will not be processing SAG grants this month
- Round 4 - January 5, 2025
- Round 5 - February 2, 2026
- Round 6 - March 2, 2026
- Round 7 - April 6, 2026
- Round 8 - May 4, 2026
- Round 9 - June 1, 2026
- Round 10 - July 6, 2026
- Round 11 - August 3, 2026

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.

<https://www.vermontbusinessregistry.com/BidPreview.aspx?BidID=69851>

<https://dcf.vermont.gov/cdd/providers/funding/programs>

THE STATE WILL MAKE NO ATTEMPT TO CONTACT INTERESTED PARTIES WITH UPDATED INFORMATION. IT IS THE RESPONSIBILITY OF EACH APPLICANT TO PERIODICALLY CHECK THE ABOVE WEBPAGE FOR ANY AND ALL NOTIFICATIONS, RELEASES AND ADDENDUMS ASSOCIATED WITH THIS RFP.

STATE CONTACT: Megan Devino, DCF Grants and Contracts Manager

E-MAIL: Megan.K.Devino@vermont.gov

1. OVERVIEW:

1.1 SCOPE AND BACKGROUND: 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 the following:

- I. Specialized materials and or supplies
- II. Consultation, training, or coaching for your child care staff tailored to support the child/children's needs
- III. Inclusion Support Staff to provide additional staffing. If your application is approved, your program may receive funding for an additional staff person to support the safe and successful inclusion of one or more children. This Inclusion Support Staff member is **not permitted to count toward licensing ratios**. Their role is specifically to provide individualized assistance that goes above and beyond your required staffing.

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.

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, 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 September 2025 for a minimum of 6

weeks and up to 12 months, subject to the Applicant's identified need submitting in their SAG application and CDD's available funding.

I. Picking a Grant Start Date

- Your grant start date can't be **before the application deadline** for the round you're applying in. *Example: If Round 1 applications are due on September 15, 2025, the earliest start date you can choose is September 15, 2025.*
- Your grant start date also can't be **more than two months after you apply**. *Example: If your application is for a child starting in January 2026, the earliest you could apply is November 2025.*

1.4 TECHNICAL ASSISTANCE: For general technical assistance in building budgets for grant applications, you may contact First Children's Finance at infovt@firstchildrensfinance.org.

1.4.1 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>.

1.4.2 Application Information Sessions occur each Thursday from 12-1pm virtually throughout the year and can be accessed here: except holidays

Microsoft Teams
[Join the meeting now](#)
Meeting ID: 272 197 492 755 7
Passcode: Vo2Ni2ev
Dial in by phone
+1 802-552-8456,,443062859# United States, Montpelier
[Find a local number](#)
Phone conference ID: 443 062 859#

1.5 SINGLE POINT OF CONTACT: All communications concerning this Request for Grant Applications (RFGA) must have the Requisition Number **CDD-SAG 09-04-25** in the subject line and are to be emailed to the following email: megan.k.devino@vermont.gov

1.6 QUESTIONS AND ANSWERS: Any applicant requiring clarification of any section of this RFGA or wishing to comment on any requirement of the. All questions concerning this Request for Grant Applications (RFGA) must have the Requisition Number **CDD-SAG 09-04-25** in the subject line and are to be emailed to the following two emails: megan.k.devino@vermont.gov and ahs.dfcddsag@vermont.gov. Responses will be posted on the State's website at [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.

1.7 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 is required for an Applicant to apply for a Special Accommodation Grant.

2.3.1 Regulatory Standing

- The applicant must be a Vermont-regulated Specialized Child Care program (licensed or registered) in **good regulatory standing** with Vermont Child Care Regulations and **the Child Care Financial Assistance Program (CCFAP)**.
- Programs are **not eligible** if they have exhibited a pattern of non-compliance within the past 12 months. **Non-compliance is defined as: an increased number of licensing visits with repeated systemic violations that have immediate and/or direct impact on the health, safety, and development of children OR three or more violations with similarities that indicate a systemic pattern of non-compliance over time.*

2.3.2 Specialized Child Care Program Status

- The applicant must be a **Fully Approved Specialized Child Care program** or a **Provisional Specialized Child Care program**.
- **Commitment to Continuous Quality Improvement**
 - **Fully Approved Specialized Child Care Programs must:**
 - Hold a minimum of **three STARS**, and
 - Complete at least **six hours of Advanced Specialized Training annually**.
 - **Provisional Specialized Child Care Programs must:**
 - Show evidence of actively working toward achieving **three or more STARS**, and
 - Complete at least **six hours of Advanced Specialized Training annually**.

If you have questions pertaining to your Specialized Child Care Agreement, resources available or questions, please contact your regional CIS Specialized Child Care Coordinator, prior to applying. <https://dcf.vermont.gov/contacts/partners/scc>

2.3.3 Eligibility Requirements

- To apply for this grant, the applicant (licensed or registered as Specialized Child Care) must be caring for — or planning to care for — at least one child who needs extra support to **safely access, participate in, or remain in your program**. If you are applying on behalf of more than one child, **each child must meet the requirements below**.

Step 1: Documented Need- Each child must have one of the following:

- a) A physical, medical, developmental, or behavioral diagnosis, OR
- b) Be in the process of an evaluation or assessment for such a need

Step 2: Current Support Plan

- a) Each child must also have one of the following plans in place:
 - CIS One Plan (active or interim)
 - Individualized Education Plan (IEP)
 - Educational Support Team (EST) Plan
 - Section 504 Plan
 - Mental Health/Behavioral/Health related Plan

If a formal plan is not in place yet, you may still apply if you include documentation such as:

- Referrals made on behalf of the child, and/or
- Screenings, assessments, or evaluations showing the need for extra support
- Program Training and Supervision Plan

Step 3: Program Training & Supervision Plan

- a) Your program must also include a plan that explains:
 - How your Inclusion Support Staff will receive training and supervision during the grant period.
 - How you will partner with the child's team (and family, when appropriate) to support the child.
 - How the child will receive this support while learning and playing alongside their peers.

Important: We strongly encourage programs to apply for **one Inclusion Support Staff person who can serve more than one child in care**. Applications that show how a single staff person will support multiple children will be prioritized during review, as this approach strengthens inclusion across the classroom or program.

2.4 APPLICATION INSTRUCTIONS

All Special Accommodation Grant (SAG) applications must be submitted electronically through the following Jotform: <https://www.jotform.com/252026539546157>

Paper or emailed applications will not be accepted.

- I. **Required Attachments** Applications must include the following documents for each child identified:
 - **Parent/Legal Guardian Consent Form** (signed and submitted with the application)

- **Health Service/Provider Letter of Support** (submitted directly through the link provided)
- **Child’s Plan** – One Plan, IEP, EST Plan, Section 504 Plan, or Mental Health/Behavioral Health Treatment Plan (active within the past 6 months). If no plan is in place, documentation such as referrals, screenings, or evaluations must be provided.

Within the application itself, please complete all sections as they pertain to how your application is reviewed. For renewal applications:

- **Renewal Applications:** If applying for a child who is **already receiving SAG funding**, your responses must describe:
 - The strategies currently in place to support the child,
 - How these strategies are working and the improvements observed, and
 - Any new or adapted practices your program is using to strengthen inclusion.

2.5 SCORING CRITERIA: The application responses should reflect the child care 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.

- I. The scoring criteria below explain how applications are reviewed. Each category measures a specific area of child or program need. Applications must provide clear and complete information for each section. Programs scoring between 40–60 points will be considered eligible for award funding if they also meet all eligibility requirements. If your SAG application is for a child currently receiving a SAG grant, please make sure you specify what strategies you have in place, how it is working, and clarify the changes the program is making to adapt and increase inclusionary practices.

Category	What it Measures	How the Score Team Reviews	Max Points
1. Enrollment Concerns	Child’s access to child care and stability of placement.	Reviews whether the child is fully enrolled, has reduced hours, or has been excluded without additional supports.	8
2. Danger / Safety Concerns	Frequency and severity of safety risks for the child and peers.	Considers reported incidents of harm to self/others, running away, or daily supervision needs.	10
3. Child Protection Involvement	Current or historical involvement with DCF–Family Services Division.	Considers open cases, guardianship changes, foster care, or adoption through FSD.	8
4. Child’s Plan	Referrals, evaluations, assessments, and individualized plans.	Reviews documentation of screenings, evaluations, diagnoses, and	8

		active or interim plans.	
5. Social, Emotional, and Behavioral Needs	Child's ability to form relationships, self-regulate, and engage with peers and adults.	Evaluates frequency and intensity of challenges to engagement based on application details.	8
6. Inclusionary Practices	Program's ability and commitment to implement inclusive practices.	Looks for evidence of strategies, individualized supports, policies, or approaches that foster inclusion.	6
7. Service Delivery and Collaboration	Collaboration between program, family, and service providers.	Reviews communication frequency, team participation, and connections to outside supports.	6
8. Funding Request, Supervision Plan, and Training	How SAG funds will be used (supplies, consultation, coaching, training, or staffing).	Reviews supervision/training plan, accuracy of budget, and how supports benefit all children in the classroom.	4
TOTAL			60

2.6 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.

2.7 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.

2.8 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.**

2.8.1. **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.

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

2.9 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://www.jotform.com/252026539546157>

The following documents must be uploaded into the SAG Application in Jot Form for the application to be reviewed.

2.9.1 CIS Parent/Legal Guardian Cover letter- Parent/Legal Guardian Authorization & Consent

- [Parent/Legal Guardian Consent Requirement- Two page document](#)
- A **CIS SAG Grant Parent/Legal Guardian Cover Letter** must be provided (either by email or in paper form) to the parent or legal guardian who is responsible for making decisions on behalf of the child.
- A **CIS Authorization Form** must be reviewed together by the child care director (or the person responsible for submitting the grant application) **and** the parent/legal guardian. Both parties must sign the consent form.
- Parents/legal guardians should be offered a **copy of the completed SAG grant application** upon request from the child care program.
- A **separate consent form is required for each child** identified in the SAG grant application.

Important: If the signed consent form(s) are not included with the SAG grant application submission, the application will be considered incomplete and **will not be reviewed**

2.9.2 SAG Health Service/Provider Letter of Support

- A **Health Service/Provider Letter of Support** must be submitted for each child at the time of application, using the following link: <https://www.jotform.com/230244351146042>.
- Letters must be completed by a provider working with the child and family (e.g., medical, specialist, school, behavioral health, or community service provider).
- Letters completed by the child care program staff will not be accepted.

2.9.3 Child(ren)'s Plan(s)

- Each child must have an **active or interim plan (within the past 6 months)** that addresses their specialized needs, such as:
CIS One Plan
 - Individualized Education Plan (IEP)
 - Educational Support Team (EST) Plan
 - Section 504 Plan
 - Mental Health Treatment Plan
- **If no formal plan is in place**, the application must include other supporting evidence, such as:
 - Referrals made on behalf of the child, and/or
 - Screenings, assessments, or evaluations that demonstrate the child's need for additional support.
- **Program Training and Supervision Plan**

- The SAG grant application requires programs to describe how **Inclusion Support Staff, supplies and materials, training, and consultation** will be supported within the program.
- This must include an explanation of:
 - How the **Inclusion Support Staff** will receive training and supervision, and
 - How any **supplies, or materials** funded by the grant will be introduced and staff trained to use them effectively.

2.9.4 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.

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

2.9.6 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](#).

2.10 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
- Appendix 1 – Other Grant Provisions / Reporting Forms
- Appendix 2 – Parent/Legal Guardian Consent Form
- Appendix 3 – Service/Health Provider Letter of Support Form
- Appendix 4 – SAG Application

STATE OF VERMONT GRANT AGREEMENT **Part 1-Grant Award Detail**

SECTION I - GENERAL GRANT INFORMATION

¹ Grant #:		² Original <input checked="" type="checkbox"/> Amendment # <input type="checkbox"/>	
³ Grant Title: Special Accommodation Grant			
⁴ Amount Previously Awarded: \$0.00		⁵ Amount Awarded This Action: \$0.00	
⁶ Total Award Amount: \$0.00			
⁷ Award Start Date:		⁸ Award End Date:	
⁹ Subrecipient Award: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
¹⁰ Supplier #:		¹¹ Grantee Name:	
¹² Grantee Address:			
¹³ City:		¹⁴ State:	¹⁵ Zip Code:
¹⁶ State Granting Agency: AHS/DCF/Child Development Division			¹⁷ Business Unit: 03440
¹⁸ Performance Measures: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		¹⁹ Match/In-Kind: \$0.00 Description:	
²⁰ 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

²¹ Grantee Identifier [UEI] #:		²² Indirect Rate: %		²³ FFATA: YES <input type="checkbox"/> NO <input type="checkbox"/>	
²⁴ Grantee Fiscal Year End Month (MM format):		(Approved rate or de minimis 10%)		²⁵ R&D: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
²⁶ UEI Registered Name (if different than VISION Supplier Name in Box 11):					

SECTION III - FUNDING ALLOCATION

STATE FUNDS				
Fund Type	²⁷ Awarded Previously	²⁸ Award This Action	²⁹ Cumulative Award	³⁰ 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)

FEDERAL FUNDS					Required Federal Award Information		
³¹ ALN#	³² Program Title	³³ Awarded Previously	³⁴ Award This Action	³⁵ Cumulative Award	³⁶ FAIN	³⁷ Fed Award Date	³⁸ Total Federal Award
93.434	ESSA Preschool Development Grants Birth through Five			\$0.00	90TP0098	11/03/2023	\$7,744,080.00
³⁹ Federal Awarding Agency:				⁴⁰ Federal Award Project Descr:			
U.S. Department of Health and Human Services - Admin for Children and Families				Preschool Development Grants Birth to Five (PDG B-5) Renewal Grant - Vermont			
Federal Awarding Agency:				Federal Award Project Descr:			
Federal Awarding Agency:				Federal Award Project Descr:			
Federal Awarding Agency:				Federal Award Project Descr:			
Federal Awarding Agency:				Federal Award Project Descr:			
Total Awarded - All Funds		\$0.00	\$0.00	\$0.00			

SECTION IV - CONTACT INFORMATION

⁴¹ STATE GRANTING AGENCY		⁴² 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 1, 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
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
 - Appendix 1 – 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) Appendix 1

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

Name, Title
Program Name
Address
Email

**APPROVED AS TO FORM
BY:**

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. Program funds are intended to fill gaps that remain after all entitled or eligible services have been accessed, including those provided through the child's school district, health insurance, or other publicly funded programs. The grant will not fund services or supports that are already covered or billable through these existing systems.

B. SERVICE DESCRIPTION

The subrecipient may hire, train, and supervise Inclusion Support Staff, purchase Specialized supplies 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. Supplies Specifications: should directly support the inclusion and development of children with identified needs. The following categories outline acceptable use of grant requests up to \$1,000.00 per application. The supplies must remain in the child care program after the grant period ends to support the overall inclusion of children with identified needs.

Adaptive Supplies	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, Sensory Activities,	Items such as sensory mats, weighted blankets, bean bags, and fidget toys Light tables, textured balls, sensory bins, and bubble tubes

Augmentative and Alternative Communication (AAC) Devices	Picture exchange communication system, (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 \$1,000.00 per application.
- c. Any exceptions to Supplies and Staff Development, Coaching, and Consultation Specifications must be granted prior to expending funds and approved by CDD Specialized Child Care Administrator, Jill Pearl ahs.dfcddsag@vermont.gov.

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 child 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 behavior

- 5. Provide training and supervision to increase inclusionary practices to the classroom or program staff within the first 60 calendar days of the award terms. The Subrecipient may provide an alternative 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 a mid-grant report:
<https://www.jotform.com/252026382864156>

Programs with an award term of fewer than 6 months do not need to complete a mid-grant report.

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 Appendix 1 – 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 Appendix 1 – Form C)** with your final invoice at the end of the grant term. [SAG Final Survey and Report](#) . **Programs that do not complete the final report will be ineligible to apply for future SAGs.**
9. If the child is no longer enrolled/attending the program, the Subrecipient shall immediately notify the DCF / SAG email: 1.3

E. PERFORMANCE MEASURES

The Subrecipient shall report on the following performance measures in their SAG final report:

- a. % of SAG-funded children who remained in their child care placement for the duration of the award term (as reported by program directors in final reports).
- b. % change in safety concerns for the identified child, as self-reported by program directors between the application baseline and the final report.
- c. % of programs reporting an increase in staff engagement with the child's team between the application baseline and the final report (self-reported).

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

1. 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 Specialized Child Care

Administrator, Jill Pearl ahs.dfcddsag@vermont.gov and the DCF Grants and Contracts Manager ahs.dcfbograntcontracts@vermont.gov.

2. **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 Mid-Year Report](#)**
- b. **Form B: [SAG Parent/Legal Guardian Survey FY 26](#)**
- c. **Form C: [SAG Final Survey and Report FY 26](#)**

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.

3. **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.

4. **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

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 materials or supplies. 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 Applicant 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"> • Form D: Request for Payment • Form E: Financial Report 	Monthly.	By the 5th of each month for the previous month.
2	<ul style="list-style-type: none"> • Form A: Mid-Grant Report (for programs with an award term 6 months or longer) 	Midway through the grant term	Midway through the grant term
3	<ul style="list-style-type: none"> • Provide parent/legal guardian of the child a link to the SAG Parent/Legal Guardian Survey (Form B) 	30 days before the end of the award term	30 days before the end of the award term.
4	<ul style="list-style-type: none"> • SAG Final Survey and Report (Form C) 	End of award term.	30 days before the end of the award term.

c. Contact and Payment Request Information

Financial Reports and Requests for Payment shall be submitted to:
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

at the following email address: ahs.dcfddsag@vermont.gov

Remittance Address of Subrecipient:

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 OCTOBER 1, 2024

“Attachment C: Standard State Provisions for Contracts and Grants” (revision version dated October 1, 2024) constitutes part of this Agreement and is hereby incorporated by reference as if fully set forth herein and shall apply to the Contractor and 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>

APPENDIX 1: Other Grant Provisions/Reporting Forms

FORM A: FORM B: SAG PARENT/LEGAL GUARDIAN SURVEY

Please use the survey provided by the State.

<https://www.jotform.com/252026106778154>

FORM C: SAG FINAL SURVEY AND REPORT

Please use the forms provided by the State.

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
Address

RE: Special Accommodation Grant
TERM: Start date and end date

Final Invoice: Yes No

State-assigned Grant number: 03440-xxxxx-xx Request #:
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:

Executive or Financial Director Title Date

For CDD use only: CDD Program 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				
A. Total Personnel Expenses	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

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. TOTAL Operating (non-personnel)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

TOTAL Direct expenses (A+B)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
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C. Indirect Costs	\$0.00	\$0.00	\$0.00				
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TOTAL Expenses (A+B+C)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
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APPENDIX 2

Parent/Legal Guardian Consent Form

Please use the forms provided by the State.

[SAG-App-Parent-Guardian-Consent.pdf](#)

APPENDIX 3

Service/Health Provider Letter of Support Form

Please use the forms provided by the State.

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

APPENDIX 4

SAG Application

Please use the forms provided by the State.

<https://www.jotform.com/252026539546157>