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|  |  | |  |  | | --- | --- | | |  | | --- | | This position description serves as the official classification document of record for this position. Please complete the information as accurately as you can as the position description is used to determine the proper classification of the position. | | |  | | |  |  | | --- | --- | | **2. Employee's Name (Last, First, M.I.)** | **8. Department/Agency** | |  | MDHHS-COM HEALTH CENTRAL OFF | | **3. Employee Identification Number** | **9. Bureau (Institution, Board, or Commission)** | |  | Health and Wellness | | **4. Civil Service Position Code Description** | **10. Division** | | Departmental Analyst-E | Division of Chronic Disease & Injury Control | | **5. Working Title (What the agency calls the position)** | **11. Section** | | Departmental Program Analyst | Operations Section | | **6. Name and Position Code Description of Direct Supervisor** | **12. Unit** | | BELL, SCOTT L; STATE ADMINISTRATIVE MANAGER-1 |  | | **7. Name and Position Code Description of Second Level Supervisor** | **13. Work Location (City and Address)/Hours of Work** | | HINES, SOPHIA L; STATE DIVISION ADMINISTRATOR | 320 S. Walnut, Lansing, MI. | | |  | | |  |
|  | |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | |  | |  | | --- | | **14. General Summary of Function/Purpose of Position** | |  |  | |  |  |  |  | | |  | | --- | | This analyst position will conduct contract and expenditure monitoring. The analyst will support the Cardiovascular Health, Nutrition and Physical Activity Section’s (CVHNPA) Specialist in developing budgets and budget narratives for federal grants.  Work with program and/or other Department staff to assist grantees with proper budget development and management.  This position will also provide technical assistance to program staff and grantees. | | | |  | |  |  |  |  | | | |  |

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|  |  |  |  | |  |  |  | | --- | --- | --- | | |  | | --- | | **15. Please describe the assigned duties, percent of time spent performing each duty, and what is done to complete each duty.  List the duties from most important to least important. The total percentage of all duties performed must equal 100 percent.** | | | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  |  | | --- | --- | --- | | **Duty 1** | | | | **General Summary:** | **Percentage:** | **50** | | EGrAMS monitoring. Provide technical assistance to staff and grantees. | | | | **Individual tasks related to the duty:** |  |  | | * Review grantee budgets in EGrAMS for accuracy. * Coordinate the review of agreements, amendments, FSRs, and work plans.  After staff and managers approve, the analyst will approve in EGrAMS. * Track the status of agreements, amendments, FSRs, and work plans. * Provide technical assistance to grantees. * Provide technical assistance to CVHNPA section staff. | | | | **Duty 2** | | | | **General Summary:** | **Percentage:** | **15** | | This position will participate with the CVHNPA Specialist in reviewing MPHI’s budgets to ensure the submission of accurate and timely budget data. | | | | **Individual tasks related to the duty:** |  |  | | * Work with the MPHI’s Financial Analyst to reconcile the MPHI expenditures and quarterly reports. * Review and approve/reject MPHI subcontract invoices. * Develop and maintain State and MPHI expenditure grids. * Provide technical assistance to MPHI budget’s liaison. * Attend MPHI budget meetings. | | | | **Duty 3** | | | | **General Summary:** | **Percentage:** | **30** | | Participate with the overall federal grant process. Attend meetings and trainings. Continuous professional development. | | | | **Individual tasks related to the duty:** |  |  | | * Participate with developing and updating the CVHNPA Section budgets. * Participate with developing and revising budgets for federal grants. * Attend Section and Unit budget meetings. * Routinely assist program staff members with contractor budget and procedure questions. * Respond to special requests from the CVHNPA Section Manager. * Develop and maintain contract logs. * Work jointly with other sections on shared grants. * Participates in professional development activities. | | | | **Duty 4** | | | | **General Summary:** | **Percentage:** | **5** | | Complete additional duties as assigned. | | | | **Individual tasks related to the duty:** |  |  | | * Complete special assignments as assigned by the Operations Section Manager. | | | | | | | | | | |  |
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|  |  |  |  | |  |  | | --- | --- | |  |  | |  | |  | | --- | | **16. Describe the types of decisions made independently in this position and tell who or what is affected by those decisions.** | | |  |  | | |  | | --- | | Decisions related to the format, scheduling, and other details included in the provision of technical assistance to grantees on program fiscal, budget, or expenditure issues, as well as the implementation of time and effort tracking at the local level. | | | | | | | | |  |
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|  |  |  |  |  |  | |  |  | | --- | --- | |  |  | |  | |  | | --- | | **17. Describe the types of decisions that require the supervisor's review.** | | |  |  | | |  | | --- | | Decisions regarding the types of program and fiscal monitoring to be provided and the content of final budget documents. | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  | |  |  |  | | --- | --- | --- | |  | |  | | --- | | **18. What kind of physical effort is used to perform this job? What environmental conditions in this position physically exposed to on the job? Indicate the amount of time and intensity of each activity and condition. Refer to instructions.** | | |  |  | | |  | | --- | | No unusual physical effort is associated with this position.  No unusual exposure to environmental conditions is associated with this position.  Travel within the state and out of state as needed, with occasional overnight trips. | | | | | | | | | |  |
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|  |  |  |  |  | |  |  |  |  | | --- | --- | --- | --- | | |  | | --- | | **19. List the names and position code descriptions of each classified employee whom this position immediately supervises or oversees on a full-time, on-going basis.** | | | | |  |  |  | | |  | | --- | | **Additional Subordinates** | | |  | |  |  |  | |  | |  | | --- | |  | |  | |  |  |  | | | | | |  |
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|  | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  | | --- | | **20. This position's responsibilities for the above-listed employees includes the following (check as many as apply):** | | | | | | | | | | |  |  |  |  |  |  |  |  |  | |  | |  | | --- | | N | |  | |  | | --- | | Complete and sign service ratings. | |  | |  | | --- | | N | |  | |  | | --- | | Assign work. | |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  | |  | | --- | | N | |  | |  | | --- | | Provide formal written counseling. | |  | |  | | --- | | N | |  | |  | | --- | | Approve work. | |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  | | --- | | N | |  |  |  | |  | |  | | --- | | N | |  | |  | | --- | | Approve leave requests. | |  |  | |  | | --- | | Review work. | |  | |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  | |  | | --- | | N | |  | |  | | --- | | Approve time and attendance. | |  | |  | | --- | | N | |  | |  | | --- | | Provide guidance on work methods. | |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  | |  | | --- | | N | |  | |  | | --- | | Orally reprimand. | |  | |  | | --- | | N | |  | |  | | --- | | Train employees in the work. | |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | | | | | | | | | |  |
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|  | |  |  |  | | --- | --- | --- | | |  | | --- | | **22. Do you agree with the responses for items 1 through 20? If not, which items do you disagree with and why?** | | | |  |  | |  | |  | | --- | | Yes | | | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | |  |  |  | | --- | --- | --- | | |  | | --- | | **23. What are the essential functions of this position?** | | | |  |  | |  | |  | | --- | | The person in this position will conduct contract and expenditure monitoring.  Support the Cardiovascular Health, Nutrition and Physical Activity section specialist in developing budgets and budget narratives for federal grants.  Conduct sub-recipient monitoring and works with program and/or other Department staff to assist grantees with proper budget development and management.  This position will also provide technical assistance to program staff and grantees.  Acts as financial liaison between Michigan Public Health Institute and the CVHNPA Section to ensure the submission of accurate expenditures. | | | | | | | | | | |  |
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|  |  |  | |  |  |  | | --- | --- | --- | | |  | | --- | | **24. Indicate specifically how the position's duties and responsibilities have changed since the position was last reviewed.** | | | |  |  | |  | |  | | --- | |  | | | | | | | | |  |
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|  |  | |  |  |  | | --- | --- | --- | | |  | | --- | | **25. What is the function of the work area and how does this position fit into that function?** | | | |  |  | |  | |  | | --- | | This position will ensure that the Cardiovascular Health, Nutrition and Physical Activity section meets the MDHHS requirements for grantee’s program and fiscal monitoring. | | | | | | | | | |  |
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|  |  | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | |  | | --- | | **26. What are the minimum education and experience qualifications needed to perform the essential functions of this position.** | | | | | | |  | |  |  |  |  |  |  |  | | |  | | --- | | **EDUCATION:** | | |  |  |  |  |  | |  |  |  |  |  |  |  | | |  | | --- | | Possession of a bachelor’s degree in any major. | | | | | | | | |  |  |  |  |  |  |  | | |  | | --- | | **EXPERIENCE:** | | |  |  |  |  |  | |  |  |  |  |  |  |  | | |  | | --- | | **Departmental Analyst 9** No specific type or amount is required.  **Departmental Analyst 10** One year of professional experience.  **Departmental Analyst P11** Two years of professional experience, including one year of experience equivalent to the intermediate (10) level in state service. | | | | | | | | |  |  |  |  |  |  |  | | |  | | --- | | **KNOWLEDGE, SKILLS, AND ABILITIES:** | | | |  |  |  |  | |  |  |  |  |  |  |  | | |  | | --- | | As listed on the Civil Service job specification. In addition:   * Excellent computer skills. Knowledge of Microsoft Office products, especially Excel. * Ability to plan, coordinate and expedite work projects along with the ability to prepare financial reports. * Ability to interpret complex rules and regulations. * Organization skills, focused attention to detail, accuracy. * Efficiency in working with data/numbers. * Personal integrity. * Dedication, creativity, flexibility, and initiative. * The ability to work as a member of a team. * Ability to communicate with others verbally and in writing and by using computer technology including email, the internet, and web-based meeting programs.   The MDHHS mission is to provide opportunities, services, and programs that promote a healthy, safe, and stable environment for residents to be self-sufficient. We are committed to ensuring a diverse workforce and a work environment whereby all employees are treated with dignity, respect and fairness. | | | | | | | | |  |  |  |  |  |  |  | | |  | | --- | | **CERTIFICATES, LICENSES, REGISTRATIONS:** | | | | |  |  |  | |  |  |  |  |  |  |  | | |  | | --- | | Valid Michigan drivers license and a good driving record are preferred. | | | | | | | | |  |  |  |  |  |  |  | |  | |  | | --- | | ***NOTE: Civil Service approval does not constitute agreement with or acceptance of the desired qualifications of this position.*** | | | | |  |  | |  |  |  |  |  |  |  | | | | | | | | |  |
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|  |  | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  |  |  |  | |  | |  | | --- | | ***I certify that the information presented in this position description provides a complete and accurate depiction of the duties and responsibilities assigned to this position.*** | | | |  | |  | |  | | --- | |  | |  | |  | | --- | |  | |  | |  |  |  |  |  | |  | |  | | --- | | **Supervisor** | |  | |  | | --- | | **Date** | |  | |  |  |  |  |  | | | | | | | | |  |
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|  |  |  |  |  |  |  |  | |  | | --- | | **TO BE FILLED OUT BY APPOINTING AUTHORITY** | |  |  |
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|  |  |  |  |  |  |  | |  |  |  | | --- | --- | --- | |  |  |  | |  | |  | | --- | | **Indicate any exceptions or additions to the statements of employee or supervisors.** | |  | |  |  |  | |  | |  | | --- | | None. | |  | |  |  |  | | | |  |
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