

## STATE OF NORTH CAROLINA OFFICE OF STATE BUDGET AND MANAGEMENT

BEVERLY EAVES PERDUE
GOVERNOR

ANDY WILLIS
STATE BUDGET DIRECTOR

August 26, 2011

## **MEMORANDUM**

TO: Senator Phil Berger, President Pro-Tempore of the Senate

Representative Thom Tillis, Speaker of the House of Representatives

FROM:

Andy Willis

State Budget Director

SUBJECT: Consultation on Expenditure of Grant Awards

Pursuant to Section 5.4 of Session Law 2010-31 (Senate Bill 897), the Office of State Budget and Management is to report to the Joint Legislative Commission on Governmental Operations prior to expending funds received from grant awards. Funding is anticipated to be received and expended for grants included in the attached Notifications of Application for Grant Funds/Awards.

If you have any questions or concerns, please contact me by telephone 919-807-4717 or email to andy.willis@osbm.nc.gov.

Thank you.

AW\kl

## Return completed form as email attachment and indicate in message that proper agency sign-offs have been obtained. Contact your OSBM budget analyst if you have questions 28 Amount of grants funds <u>applied for</u> in each year ... 29 Amount of grants funds <u>awarded</u> in each year .... 30 Purpose of grant or amendment ..... 24 Will additional state monies be required to continue the 23 13 Is this grant already in agency's continuation budget? 14 Budget code the grant will be expended in (XXXXX)... 15 Fund code (XXXX or NA)... 16 Is there a state matching requirement?... 17 If yes, what is the matching requirement? 27 25 If yes, is this a requirement of the grant 26 Are new FTEs funded through the grant?.. 22 Will any of these funds be passed through to local govern-21 Is an additional General Fund appropriation required to meet 19 Is there a maintenance of effort (MOE) requirement? 20 If yes, what is the MOE? 31 Comments $\frac{-1}{2}$ 2 Division (except in DHHS) ζú 8 Grant title . Grant application deadline (MM/DD/YY) CFDA number... program if grant expires or is reduced? ments or non-state entities? the state match requirement? Contact person (name) .... If yes, identify affected entities by type. If yes, what is the matching requirement? End date of grant (MM/DD/YY). If yes, give the number by type for each year: Permanent If yes, is this a requirement of the grant? If yes, what is the source of state funds being used to match grant funds. DHHS only, choose division from drop down list... Phone number . Office of State Budget and Management, 116 West Jones Street, Raleigh, NC 27603-8005, 919-807-4700, Instructions at http://www.osbm.state.nc.us/files/gdf\_files/grants\_instr.pdf Time-Limited Other CAMA Memorandum Of Understanding to provide grant assistance to NC Aquariums for labor and materials to construct a handicapped accessible bathhouse with outdoor Š \$43,333.00 4h39 Department of Environment and Natural Resources 04/30/11 NCDENR Coastal Manager Division of Aquadums David Griffin 1/01/09 oavid.griffin@ncaquariums.com SFY 2010-11 Actual SFY 2011-12 Authorized Complete either Authorized or Proposed For 2011-12 SFY 2011-12 Proposed \$130,000.00 \$130,000.00 SFY 2012-13 Proposed SFY 2013-14 Proposed SFY 2014-15 Proposed

Notification of Application for Grant Funds/Awards, 2011-12

## 11 End date of grant (MM/DD/YY) 12 Application type 13 Is this grant already in agency's continuation budget? 14 Budget code the grant will be expended in (XXXXX)... 15 Fund code (XXXX or NA) 16 Is there a state matching requirement? 17 If yes, what is the matching requirement? Return completed form as email attachment and indicate in message that proper agency sign-offs have been obtained. Contact your OSBM budget analyst if you have questions 25 If yes, is this a requirement of the grant 26 Are new FTEs funded through the grant?. 24 Will additional state monies be required to continue the 27 23 If yes, identify affected entities by type 22 Will any of these funds be passed through to local govern-21 Is an additional General Fund appropriation required to meet 19 Is there a maintenance of effort (MOE) requirement? 20 If yes, what is the MOE? 31 Comments ∞ 7 CFDA numbe 8 Grant title .... 9 Grant application deadline (MM/DD/YY) 10 Start date of grant (MM/DD/YY) ...... 6 Funding Entity (grantor) 3 Contact person (name) CFDA number. program if grant expires or is reduced? ments or non-state entities? the state match requirement? If yes, what is the source of state funds being used to match grant funds. If yes, what is the matching requirement? If yes, give the number by type for each year. If yes, is this a requirement of the grant?. E-mail Phone number DHHS only, choose division from drop down list... Notification of Application for Grant Funds/Awards, 2011-12 Permanent Office of State Budget and Management, 116 West Jones Street, Raleigh, NC 27603-8005, 919-807-4700. Instructions at http://www.osbm.state.nc.us/files/gdf\_files/grants\_instr.pdf Time-Limited Required signatures are being obtained Approval of the grant amount will help insure successful completion of administration, permitting, surveilance, inspections, and enforcement elements of the Underground Injection Control Program \$26,667.00 State Underground Water Source Protection Underground Injection Control in Kind debra.watts@ncdenr.gov continuation/renewal Div of Water Quality 9/01/11 ebra Watts 433 partment of Environment and Natural Resources SFY 2010-11 Actual SFY 2011-12 Authorized Complete either Authorized or Proposed For 2011-12 SFY 2011-12 Proposed \$80,000.00 SFY 2012-13 Proposed SFY 2013-14 Proposed SFY 2014-15 Proposed