

# STATE OF NORTH CAROLINA OFFICE OF STATE BUDGET AND MANAGEMENT

BEVERLY EAVES PERDUE GOVERNOR

ANDY WILLIS
STATE BUDGET DIRECTOR

July 29, 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\kI

# Notification of Application for Grant Funds/Awards 2010.

Office of State	Office of State Budget and Management, 116 West Jones Street, Raleigh, NC 27603-8005, 919-807-4700	West Jones Street, Raleigh, NC 27603-8005, 919-807-4700	C 27603-8005, 919-807-470			
Department	Department of Environment and Natural Pascuroca	n state nc.us/files/pdf_files/gr	ants_instr.pdf			
2 Division (except in DHHS)	Division of Coastal Management	ent National Resources			The state of the s	
		THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN				
4 Phone number	Arthur Stadiem					
	252-808-2808 ext 232					
6 Funding Entity (grantor)	arthur.stadiem@ncdenr.gov NOAA	VOD.				
	11,419					
8 Grant title	Implementation of Coastal Zone Requirements	one Requirements				
	Patricipa (Control of Control of	-				
9 Grant application deadline (MM/DD/YY)	04/04/11					
C	07/01/11					
Application type	12/31/12					
13 Is this grant already in agency's continuation hidner?	Revision					
	14300					
15 Fund code (XXXX or NA)	1625					
G	Yes					
17 If yes, what is the matching requirement?	\$90,000.00					
18 If yes, what is the source of state funds being used	General Fund					
10 is there a maintenance of office (NOT)						
20 If yes, what is the MOE?	No o					
21 Is an additional General Fund appropriation required to meet the state match requirement?	N <sub>O</sub>					
22 Will any of these funds be passed through to local govern-	N1>					
ments or non-state entities?	C					
23 If yes, identify affected entities by type	local govt					
24 Will additional state monies be required to continue the	Yes					
Ğ			· ·			
26. Are new ETEs finded through the grant?	No					
20 Are new riles junged through the grant?	No					
		For 2010-11  Complete either Authorized or Proposed	0-11			
	SFY 2009-10	SFY 2010-11	SEV 2010 11			
	Actual	Authorized	Proposed	SFY 2011-12	SFY 2012-13	SFY 2013-14
27 If yes, give the number by type for each year: Permanent			, lobosed	rioposed	Proposed	Proposed
	ed					
28 Amount of grants funds <u>applied for</u> in each year	\$2,427,000.00	\$2,422,000,00		\$2,512,000,00		
29 Amount of grants tunds <u>awarded</u> in each year	\$2,427,000.00	\$2,422,000.00				And the state of t
30 Purpose of grant or amendment	This grant funds operations of Coastal Management Division oversight and adminitration	Coastal Management Division	oversight and adminitration	- 1	to local communities	**************************************
		o da sa managanten Unision	n oversignt and adminitration	. Also, it funds minor permits to local communities	to local communities.	
31 Comments	It is hard to break the grant ami	ount into each year because t	he majority of the funds are			
	within 18 months so it would spread the program payments into two Fys. The centers that will use this grant money are 1625 16252/6254//6255/-1812. The match will be provided the program payments into two Fys. The centers that will use this grant money are 1625 16252/6254//6255/-1812. The match will be provided the application of the days for the days on Division of Marine Fisheries & Division of Environmental Health - Shellfish Sanitation. The Division Director has provided the application of the days of	read the program payments in 25 6253, 1625 6295 and from	nto two FY's. The centers than Division of Marine Fisheries	o. 10 -0.	pent the first year on general operations. The programs can finish the first fy or twill use this grant money are 1625 16252/6254//6255/-1812. The match will be 8 Division of Environmental Health - Shellfish Sanitation. The Division Director has	can finish the first fY or 1812. The match will be The Division Director has
	FUNDS MADE AVAILABLE FOR THIS FY.	R THIS FY	same as last year but could	i change based on the federal budget	budget. THIS IS AN ADDIT	THIS IS AN ADDITIONAL AMOUNT OF
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.	oer agency sign-offs have been	obtained. Contact your OSBN	1 budget analyst if you have	questions.		
			Section of the Action of the A	COSTO IS		

# 9 Grant application deadline (MM/DD/YY) 10 Start date of grant (MM/DD/YY) 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 24 Will additional state monies be required to continue the 23 22 Will any of these funds be passed through to local govern-21 Is an additional General Fund appropriation required to meet the state match requirement? ..... 19 Is there a maintenance of effort (MOE) requirement? ..... 20 If yes, what is the MOE? ...... 31 Comments 27 8 8 Grant title ... 2 Division (except in DHHS) 1 Department CFDA number.... program if grant expires or is reduced? ments or non-state entities? Contact person (name) If yes, identify affected entities by type. If yes, is this a requirement of the grant? ..... If yes, what is the source of state funds being used to match grant funds..... If yes, give the number by type for each year: Permanent Phone number ..... DHHS only, choose division from drop down list..... OSGN Notification of Application for Grant Funds/Awards, 2010-11 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/pdf\_files/grants\_instr.pdf Time-Limited N<sub>O</sub> S O N<sub>O</sub> This is the Pre-award. Amt applied for \$100,000. Copies to Donna Cox, Terri Overton, and Catherine Stogner 7/25/11 AM To develpo and implement Industry Recovery plans to complement our overall Food Defense Program. Projects ib.lewis@ncagr.gov Innovative Food Defense ood & Drug (12-004-FD) Department of Agriculture )B Lewis, Jr. 733-7366 SFY 2009-10 Actual SFY 2010-11 Authorized Complete either Authorized or Proposed For 2010-11 SFY 2010-11 Proposed SFY 2011-12 Proposed \$100,000.00 SFY 2012-13 Proposed SFY 2013-14 Proposed

## 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 ..... 25 If yes, is this a requirement of the grant 26 Are new FTEs funded through the grant?.. 7 CFDA number... 8 Grant title ...... 1 Department .. 2 Division (exce 24 Will additional state monies be required to continue the 23 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? 109 31 Comments 27 22 Will any of these funds be passed through to local govern-8 Start date of grant (MM/DD/YY) Grant application deadline (MM/DD/YY) ..... Contact person (name) ... Division (except in DHHS) program if grant expires or is reduced? ... ments or non-state entities? the state match requirement? If yes, what is the matching requirement? If yes, identify affected entities by type ..... If yes, is this a requirement of the grant? ..... End date of grant (MM/DD/YY) Phone number If yes, give the number by type for each year: Permanent If yes, what is the source of state funds being used DHHS only, choose division from drop down list..... to match grant funds. Notification of Application for Grant Funds/Awards, 2011-12 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/pdf\_files/grants\_instr.pdf Time-Limited NO. Z O Rangwide monitoring of Rough-leaved loosestrife linda pearsall@ncdenr.gov U.S. Fish & Wildlife Service Office of Conservation, Planning, and Community Affairs Salary will be paid to a Temporary Employee; no Retirement, or Health Insurance will be required To assist US Fish & Wildife Service to meet the goals of the species recovery plan Department of Environment and Natural Resources 19-715-4195 nda Pearsall SFY 2010-11 Actual SFY 2011-12 Authorized Complete either Authorized or Proposed For 2011-12 SFY 2011-12 Proposed SFY 2012-13 Proposed SFY 2013-14 Proposed SFY 2014-15 Proposed

### 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 31 Comments 27 23 24 Will additional state monies be required to continue the 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? 8 14 Budget code the grant will be expended in (XXXXX)..... 11 End date of gr12 Application type . 13 Is this grant already in agency's continuation budget? 9 Grant application deadline (MM/DD/YY) 10 Start date of grant (MM/DD/YY) ...... 7 CFDA number..... 8 Grant title ..... 6 Funding Entity (grantor) ... 2 Division (except in DHHS) 3 Contact person (name) ..... program if grant expires or is reduced? ... ments or non-state entities? the state match requirement? Department. If yes, give the number by type for each year: Permanent If yes, is this a requirement of the grant? ..... If yes, identify affected entities by type If yes, what is the source of state funds being used If yes, what is the matching requirement? ..... End date of grant (MM/DD/YY) ..... Phone number ..... DHHS only, choose division from drop down list. to match grant funds. Notification of Application for Grant Funds/Awards, 2011-12 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/grants\_instr.pdf Time-Limited Funds will be used to provide receipts for existing receipt-funded staff who have expertise with this species Assist US Fish & Wildlife Service with determining the status of the Federally Threatened Hexastylis naniflora. Goal is to determine if it is appropriate to downlist the species or remove it from the Endangered Species list. ö Collection of data to support de-listing of French Broad Heartleaf linda.pearsall@ncdenr.gov U.S. Fish & Wildlife Service Office of Conservation, Planning, and Community Affairs 08/31/14 09/01/11 15,657 919-715-4195 Department of Environment and Natural Resources 07/30/11 nda Pearsall SFY 2010-11 Actual SFY 2011-12 Authorized Complete either Authorized or Proposed For 2011-12 SFY 2011-12 Proposed \$42,484.00 0.000 0.000 SFY 2012-13 Proposed \$27,985.00 0.000 0.000 SFY 2013-14 Proposed \$25,373.00 0.000 0.000 SFY 2014-15 Proposed 0.000

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Notification of Application for Grant Funds/Awards, 2009-10

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Notification of Application for Grant Funds/Awards, 2010-11