



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

BEVERLY EAVES PERDUE
GOVERNOR

ANDY WILLIS
STATE BUDGET DIRECTOR

September 4, 2012

MEMORANDUM

TO: Senator Phil Berger, President Pro-Tempore of the Senate
Representative Thom Tillis, Speaker of the House of Representatives

FROM: Andy Willis *AW*
State Budget Director

SUBJECT: Consultation on Expenditure of Grant Awards

Pursuant to Section 5.2 of Session Law 2011-0145 (House Bill 200), 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

Notification of Application for Grant Funds/Awards, 2012-13

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

- 1 Department
- 2 Division (except in DHHS)
DHHS only, choose division from drop down list.....
- 3 Contact person (name)
- 4 Phone number
- 5 E-mail
- 6 Funding Entity (grantor)
- 7 CFDA number
- 8 Grant title
- 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?
- 18 If yes, what is the source of state funds being used
to match grant funds.
- 19 Is there a maintenance of effort (MOE) requirement?
- 20 If yes, what is the MOE?
- 21 Is an additional General Fund appropriation required to meet
the state match requirement?
- 22 Will any of these funds be passed through to local govern-
ments or non-state entities?
- 23 If yes, identify affected entities by type
- 24 Will additional state monies be required to continue the
program if grant expires or is reduced?
- 25 If yes, is this a requirement of the grant?
- 26 Are new FTEs funded through the grant?
- 27 If yes, give the number by type for each year: Permanent
Time-Limited
- 28 Amount of grants funds applied for in each year
- 29 Amount of grants funds awarded in each year
- 30 Purpose of grant or amendment
- 31 Comments

Department of Health and Human Services

Division of Mental Health/Developmental Disabilities/Substance Abuse Services

Robert Kurtz, Ph.D.

919-715-2771

bob.kurtz@dhs.nc.gov

Governor's Crime Commission

Jail Watch / Notification Project

02/01/12

07/01/12

06/30/13

New

No

14460

1491

Yes

While the application usually requires matching funds, state agencies may request a waiver from this matching funds requirement. We requested and we were granted a waiver from this requirement.

No

No

No

Yes

No

No

For 2012-13
Complete either Authorized or Proposed

SFY 2011-12

Authorized

SFY 2012-13

SFY 2013-14

SFY 2014-15

SFY 2015-16

Actual

Authorized

Proposed

Proposed

Proposed

Proposed

Time-Limited

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.

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

Originally sent 8/30/12

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_inst.pdf

1 Department	Department of Health and Human Services
2 Division (except in DHHS)	Division of Mental Health/Developmental Disabilities/Substance Abuse Services
3 DHHS only, choose division from drop down list	Margaret Brake
4 Contact person (name)	(919) 715-5989
5 Phone number	margaret.brake@dhs.nc.gov
6 E-mail	US DHHS, Food and Drug Administration
7 Funding Entity (grantor)	
8 CFDA number	
9 Grant title	FDA Tobacco Retail Inspections Contract aka NC State Enforcement Contract
10 Grant application deadline (MM/DD/YY)	03/01/11
11 Start date of grant (MM/DD/YY)	09/12/11
12 End date of grant (MM/DD/YY)	09/11/14
13 Application type	New
14 Is this grant already in agency's continuation budget?	No
15 Budget code the grant will be expended in (XXXXX)	14460
16 Fund code (XXXX or NA)	1271
17 Is there a state matching requirement?	No
18 If yes, what is the matching requirement?	
19 If yes, what is the source of state funds being used to match grant funds.	
20 Is there a maintenance of effort (MOE) requirement?	No
21 If yes, what is the MOE?	
22 Is an additional General Fund appropriation required to meet the state match requirement?	No
23 Will any of these funds be passed through to local governments or non-state entities?	Yes
24 If yes, identify affected entities by type	private non-profit AND other state agency
25 Will additional state monies be required to continue the program if grant expires or is reduced?	No
26 If yes, is this a requirement of the grant?	
27 Are new FTEs funded through the grant?	Yes

	For 2010-11			
	Complete either Authorized or Proposed	Authorized	Proposed	Proposed
SFY 2009-10				
Actual				
27 If yes, give the number by type for each year	Permanent			
28 Amount of grants funds applied for in each year	Time-Limited			
29 Amount of grants funds awarded in each year				
30 Purpose of grant or amendment				
31 Comments				

The funds will be used to enforce the Family Smoking Prevention and Tobacco Control Act to assist the Food and Drug Administration (FDA) with compliance and enforcement activities to help limit the availability of tobacco to youth.

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.