



STATE OF NORTH CAROLINA
OFFICE OF STATE BUDGET AND MANAGEMENT

PAT MCCRORY
GOVERNOR

ART POPE
STATE BUDGET DIRECTOR

August 22, 2014

MEMORANDUM

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

FROM: Art Pope *Art Pope*
State Budget Director

SUBJECT: Consultation on Expenditure of Grant Awards

Pursuant to Section 5.2 of Session Law 2013-360, 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 art.pope@osbm.nc.gov.

Thank you.

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Notification of Application for Grant Funds/Awards, 2014-15

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 | Department of Agriculture and Consumer Services | | | | |
| 2 Division (except in DHHS) | Farmland Preservation | | | | |
| DHHS only, choose division from drop down list | | | | | |
| 3 Contact person (name) | Elizabeth Heath | | | | |
| 4 Phone number | 919-707-3071 | | | | |
| 5 E-mail | elizabeth.heath@ncagr.gov | | | | |
| 6 Funding Entity (grantor) | NCSU | | | | |
| 7 CFDA number | 12.3 | | | | |
| 8 Grant title | Sentinel Landscapes Military Project | | | | |
| 9 Grant application deadline (MM/DD/YY) | 07/01/14 | | | | |
| 10 Start date of grant (MM/DD/YY) | 07/01/14 | | | | |
| 11 End date of grant (MM/DD/YY) | 06/30/15 | | | | |
| 12 Application type | New | | | | |
| 13 Is this grant already in agency's continuation budget? | no | | | | |
| 14 Budget code the grant will be expended in (XXXX) | 13700 | | | | |
| 15 Fund code (XXXX or NA) | no | | | | |
| 16 Is there a state matching requirement? | no | | | | |
| 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? | no | | | | |
| 20 If yes, what is the MOE? | | | | | |
| 21 Is an additional General Fund appropriation required to meet the state match requirement? | no | | | | |
| 22 Will any of these funds be passed through to local governments or non-state entities? | yes | | | | |
| 23 If yes, identify affected entities by type | private non-profit | | | | |
| 24 Will additional state monies be required to continue the program if grant expires or is reduced? | no | | | | |
| 25 If yes, is this a requirement of the grant? | | | | | |
| 26 Are new FTEs funded through the grant? | no | | | | |

| | For 2014-15 | | | | |
|---|-----------------------|---------------------------|-------------------------|--|--|
| | SFY 2013-14 Actual | SFY 2014-15 Authorized | SFY 2014-15 Proposed | Complete either Authorized or Proposed | |
| 27 If yes, give the number by type for each year: Permanent | | | | | |
| | | | | | |
| 28 Amount of grants funds applied for in each year | | | \$284,710.00 | | |
| 29 Amount of grants funds awarded in each year | | | \$284,710.00 | | |

| | For 2014-15 | | | | |
|---|-----------------------|---------------------------|-------------------------|--|--|
| | SFY 2013-14 Actual | SFY 2014-15 Authorized | SFY 2014-15 Proposed | Complete either Authorized or Proposed | |
| 27 If yes, give the number by type for each year: Permanent | | | | | |
| | | | | | |
| 28 Amount of grants funds applied for in each year | | | \$284,710.00 | | |
| 29 Amount of grants funds awarded in each year | | | \$284,710.00 | | |

| | |
|---|---|
| <p>30 Purpose of grant or amendment</p> | <p>To distribute military funds for projects and easements in military training routes to keep and preserve farm land</p> |
| <p>31 Comments</p> | <p>Notices of grant award # 15-019-FP. Copies to Michelle Shepard, Terri Overton and Catherine Stogner. 08/14/2014 KLC.</p> |

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, 2014-15

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Instructions at http://www.osbm.state.nc.us/files/pdf_files/grants_instr.pdf

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|---|---|--|--|--|--|
| 1 Department | Department of Agriculture and Consumer Services | | | | |
| 2 Division (except in DHHS) | Emergency Programs | | | | |
| 3 DHHS only, choose division from drop down list | | | | | |
| 4 Contact person (name) | Carnie Sticklin | | | | |
| 5 Phone number | 919-807-4301 | | | | |
| 6 E-mail | carrie.sticklin@ncagr.gov | | | | |
| 7 Funding Entity (grantor) | USDA, APHIS, VS | | | | |
| 8 CFDA number | 10.025 | | | | |
| 9 Grant title | Animal Disease Outbreak, Emergency Response Logistical Infrastructure | | | | |
| 10 Grant application deadline (MM/DD/YY) | 06/30/14 | | | | |
| 11 Start date of grant (MM/DD/YY) | 06/01/14 | | | | |
| 12 End date of grant (MM/DD/YY) | 05/30/16 | | | | |
| 13 Application type | new | | | | |
| 14 Is this grant already in agency's continuation budget? | no | | | | |
| 15 Budget code the grant will be expended in (XXXX) | 13700 | | | | |
| 16 Fund code (XXXX or NA) | no | | | | |
| 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? | no | | | | |
| 24 If yes, identify affected entities by type | | | | | |
| 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 | | | | |

| | SFY 2013-14 | | SFY 2014-15 | | SFY 2015-16 | | SFY 2016-17 | | SFY 2017-18 | |
|---|-------------|------------|-------------|--------------|-------------|----------|-------------|----------|-------------|--|
| | Actual | Authorized | Proposed | Proposed | Proposed | Proposed | Proposed | Proposed | Proposed | |
| 27 If yes, give the number by type for each year: Permanent | | | | | | | | | | |
| Time-Limited | | | | | | | | | | |
| 28 Amount of grants funds applied for in each year | | | | 1,000 | | | | | | |
| 29 Amount of grants funds awarded in each year | | | | \$251,036.08 | | | | | | |

| | |
|---|---|
| <p>30 Purpose of grant or amendment</p> | <p>The purpose of this agreement is to provide Federal financial assistance for the planning, coordination, and conducting of a full scale exercise within the State of NC related to transporting carcasses from a fictitious infected premises to both a landfill and a rendering plant during a potential livestock disease outbreak response.</p> |
| <p>31 Comments</p> | <p>Award notification 15-003-PI. Copies to Michelle Shepard, Terr Overton, and Catherine Stogner. 08/01/14 KLC.</p> |

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