

## NORTH CAROLINA COMMUNITY COLLEGE SYSTEM R. Scott Ralls, Ph.D. President

October 27, 2008

The Honorable Marc Basnight President Pro Tempore Office of the President Pro Tempore 2007 State Legislative Building Raleigh, NC 27601-2808

Dear Senator Basnight:

Consistent with Section 6.9, S.L. 2008-107 and G.S. 143C-6-4, the NC Community College System would like to submit the following grant awards for consultation with the Joint Legislative Commission on Governmental Operations:

- Career Start: \$1,736,231
- Project Skill-Up: \$242,000 awarded; \$292,000 pending
- Golden Leaf Skills for Building Great Futures: \$250,000
- Golden Leaf Scholars Program Two-Year Colleges: \$500,000

Attached please find the information submitted to the Office of State Budget and Management for each grant, which provides additional detail regarding the award date.

Sincerely,

Jennifer Haygood Vice President of Business and Finance and Chief Financial Officer

JH/jmh

Attachment



## NORTH CAROLINA COMMUNITY COLLEGE SYSTEM R. Scott Ralls, Ph.D. President

October 27, 2008

The Honorable Joe Hackney North Carolina General Assembly 2304 State Legislative Building Raleigh, NC 27601-1096

Dear Speaker Hackney:

Consistent with Section 6.9, S.L. 2008-107 and G.S. 143C-6-4, the NC Community College System would like to submit the following grant awards for consultation with the Joint Legislative Commission on Governmental Operations:

- Career Start: \$1,736,231
- Project Skill-Up: \$242,000 awarded; \$292,000 pending
- Golden Leaf Skills for Building Great Futures: \$250,000
- Golden Leaf Scholars Program Two-Year Colleges: \$500,000

Attached please find the information submitted to the Office of State Budget and Management for each grant, which provides additional detail regarding the award date.

Sincerely,

Jennifer Haygood Vice President of Business and Finance and Chief Financial Officer

JH/jmh

Attachment

Notification	of Application	for Grant Fun	ds/Awards, 20	07-08		
OSBM Office of State E	Budget and Management, 116 Instructions at http://www.os	West Jones Street, Raleigh, Nsbm.state.nc.us/files/forms/gra		0.		
1 Department	Community Colleges System	Office				
2 Division (except in DHHS)	Economic & Workforce Deve					
DHHS only, choose division from drop down list						
3 Contact person (name)	Robin Coates					
4 Phone number	807-7182					
5 E-mail	coatesr@nccommunity					
6 Funding Entity (grantor)	NC Dept. of Health and Huma	an Services				
7 CFDA number	10.561					
8 Grant title	Career Start					
9 Grant application deadline (MM/DD/YY)	05/01/08					
10 Start date of grant (MM/DD/YY)	07/01/08					
11 End date of grant (MM/DD/YY)	06/30/09					
12 Application type	Continuation/renewal					
13 Is this grant already in agency's continuation budget?	No					
14 Budget code the grant will be expended in (XXXXX)	16800					
15 Fund code (XXXX or NA)	1500					
16 Is there a state matching requirement?	Yes					
17 If yes, what is the matching requirement?	Dollar for dollar match on fun	ds allocated to the community	/ colleges.			
17 II you, what is the matering requirement.		,	,			
18 If yes, what is the source of state funds being used to match grant funds.	General Fund					
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?	NO					
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?	Yes					
25 If yes, is this a requirement of the grant?	No					
26 Are new FTEs funded through the grant?	No					
		For 20 Complete <u>either</u> Aut				
	SFY 2006-07	SFY 2007-08	SFY 2007-08	SFY 2008-09	SFY 2009-10	SFY 2010-11
o=	Actual	Authorized	Proposed	Proposed	Proposed	Proposed
27 If yes, number by type for each year: Permanent						
Time-Limited						
28 Amount of grants funds applied for in each year	\$1,938,349.00	\$1,736,231.00		\$1,758,181.00		
29 Amount of grants funds <u>awarded</u> in each year	\$1,786,174.00	\$1,736,231.00				
30 Purpose of grant or amendment				program with the Department of		
	NCCCS prior to being referre Nutrition Services Employme			ctivities. This program is design	ned to meet the federal requ	irements of the Food and
31 Comments						
Return completed form as email attachment and indicate in message that prop	er agency sign-offs have been	obtained. Contact your OSBI	M budget analyst if you have o	questions.		

Notification (	of Application	for Grant Fun	ds/Awards, 20	07-08		
OSBM Office of State B	Budget and Management, 116 Instructions at http://www.os	West Jones Street, Raleigh, Nashm.state.nc.us/files/forms/gra		0.		
1 Department	Community Colleges System	Office				
2 Division (except in DHHS)	Economic & Workforce Deve					
DHHS only, choose division from drop down list						
3 Contact person (name)	Barbara Boyce					
4 Phone number	807-7158					
5 E-mail	boyceb@nccommunity					
6 Funding Entity (grantor)	NC Tobacco Trust Fund Com	imission				
7 CFDA number						
8 Grant title	Project Skill-Up					
9 Grant application deadline (MM/DD/YY)	08/01/07					
10 Start date of grant (MM/DD/YY)	01/01/08					
11 End date of grant (MM/DD/YY)	12/31/08					
12 Application type	Continuation/renewal					
13 Is this grant already in agency's continuation budget?	No					
14 Budget code the grant will be expended in (XXXXX)	16800					
15 Fund code (XXXX or NA)	1500					
10	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						
	No					
20 If yes, what is the MOE?						
21 Is an additional General Fund appropriation required to meet the state match requirement?	No					
· · · · · · · · · · · · · · · · · · ·	Yes					
23 If yes, identify affected entities by type	local govt					
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 20				
		Complete either Aut	· •			
	SFY 2006-07	SFY 2007-08	SFY 2007-08	SFY 2008-09	SFY 2009-10	SFY 2010-11
	Actual	Authorized	Proposed	Proposed	Proposed	Proposed
27 If yes, number by type for each year: Permanent						
Time-Limited						
28 Amount of grants funds applied for in each year	\$179,356.00		\$242,000.00			
29 Amount of grants funds awarded in each year		\$242,000.00				
30 Purpose of grant or amendment					igher educational attainment I	
	participate in activities focuse				ployment and to aggressively s	
	credentials.		orr torri occupanorial crimo in	animing to applicate allow carrel	and provide anom man	portable eccupational
31 Comments	This is a general (or specific)	comments section. This 12-r	month grant will be split between	een two state fiscal years.		
Return completed form as email attachment and indicate in message that prop	er agency sign-offs have been	obtained. Contact your OSBI	M budget analyst if you have	questions.		
	- · · · · ·	•				

Notification (	of Application	for Grant Fur	ds/Awards, 20	08-09		
OSBM Office of State E	udget and Management, 116 Instructions at http://www.osl		NC 27603-8005, 919-807-4700 grants_instr.pdf	).		
1 Department	Community Colleges System	Office				
2 Division (except in DHHS)	Workforce Development					
DHHS only, choose division from drop down list						
3 Contact person (name)	Barbara Boyce					
4 Phone number	807-7158					
5 E-mail	boyceb@nccommunity	•				
6 Funding Entity (grantor)	NC Tobacco Trust Fund Con	nmission				
7 CFDA number						
8 Grant title	Project Skill Up					
9 Grant application deadline (MM/DD/YY)	08/01/08					
10 Start date of grant (MM/DD/YY)	01/01/09					
11 End date of grant (MM/DD/YY)	12/31/09					
12 Application type	Continuation/renewal					
13 Is this grant already in agency's continuation budget?	No					
14 Budget code the grant will be expended in (XXXXX)	16800					
15 Fund code (XXXX or NA)	1500					
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	local govt					
	No.					
24 Will additional state monies be required to continue the program if grant expires or is reduced?	INO					
25 If yes, is this a requirement of the grant?	N					
26 Are new FTEs funded through the grant?	No					
			008-09 thorized or Proposed			
	SFY 2007-08	SFY 2008-09	SFY 2008-09	SFY 2009-10	SFY 2010-11	SFY 2011-12
					Proposed	Proposed
07	Actual	Authorized	Proposed	Proposed	rioposea	Proposed
27 If yes, give the number by type for each year: <i>Permanent</i>						
Time-Limite			4			
28 Amount of grants funds applied for in each year	\$242,000.00		\$292,000.00			
29 Amount of grants funds <u>awarded</u> in each year	\$242,000.00					
30 Purpose of grant or amendment			ans to achieve higher education			
			bacaco-related employment an upgrade their current skills and			s tocused on skills
		,	10 miles you can arrive arrive	, and the same posturation	1	
31 Comments						
Return completed form as email attachment and indicate in message that prop	er agency sign-offs have beer	n obtained. Contact your OSE	BM budget analyst if you have q	juestions.		

Notification	of Application	for Grant Fun	ds/Awards, 20	07-08		
OSBM Office of State E	Budget and Management, 116 Instructions at http://www.or	West Jones Street, Raleigh, I sbm.state.nc.us/files/forms/gr		0.		
1 Department	Community Colleges System	Office				
2 Division (except in DHHS)	Office of the President					
DHHS only, choose division from drop down list						
3 Contact person (name)	Chancy Kapp					
4 Phone number	919-807-6962					
5 E-mail	kappc@nccommunityc	olleges.edu				
6 Funding Entity (grantor)	Golden Leaf Foundation					
7 CFDA number						
8 Grant title	Skills for Building Great Fu	tures				
9 Grant application deadline (MM/DD/YY)						
10 Start date of grant (MM/DD/YY)	11/01/06					
11 End date of grant (MM/DD/YY)	01/31/09					
12 Application type	New					
13 Is this grant already in agency's continuation budget?	No					
14 Budget code the grant will be expended in (XXXXX)	16800					
15 Fund code (XXXX or NA)	1100					
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					
	no					
or non-state entities?						
23 If yes, identify affected entities by type						
24 Will additional state monies be required to continue the program	No					
if grant expires or is reduced?						
26 Are new FTEs funded through the grant?	No					
20 Are new 1 123 funded unlough the grant:	110	For 20	007-08			
			horized or Proposed			
	SFY 2006-07	SFY 2007-08	SFY 2007-08	SFY 2008-09	SFY 2009-10	SFY 2010-11
07	Actual	Authorized	Proposed	Proposed	Proposed	Proposed
27 If yes, number by type for each year: Permanent						
Time-Limited						
28 Amount of grants funds applied for in each year	\$500,000.00					
29 Amount of grants funds <u>awarded</u> in each year		\$250,000.00				
30 Purpose of grant or amendment	To develop and launch a med	dia campaign in support of co	mmunity college program in n	nachining, construction trades	and skills related to the grow	ing boatbuilding industry.
04.0	In November of 2006 this are	ent was awarded at EOO/ of the	a amount requested. The rev	isad budget submitted to Cal	dan Last was not approved un	til May of 2007 Pagayan of
31 Comments	In November of 2006 this gra			rised budget submitted to Gold o changes in the economy, the		
	campaign be held for later de	_	on and our. or, 2003. Due l	, shanges in the coolloiny, the	John Loui i outidation leq	accioa mai mo construction
		·				
Return completed form as email attachment and indicate in message that prop	er agency sign-offs have beer	obtained. Contact your OSB	M budget analyst if you have	questions.		

Notification (	of Application	for Grant Fun	ds/Awards, 20	07-08		
OSBM Office of State E		West Jones Street, Raleigh, Nature Street, Raleigh,	NC 27603-8005, 919-807-4700 ants_instr.pdf	).		
1 Department	Community Colleges System	Office				
2 Division (except in DHHS)	Academic and Student Service	ces				
DHHS only, choose division from drop down list						
3 Contact person (name)	Karen Yerby					
4 Phone number	919-807-7107					
5 E-mail	yerbyk@nccommunityo	colleges.edu				
6 Funding Entity (grantor)	Golden LEAF Foundation					
7 CFDA number						
8 Grant title	Golden LEAF Scholars Pro	gram - Two-Year Colleges				
9 Grant application deadline (MM/DD/YY)	08/01/07					
10 Start date of grant (MM/DD/YY)	01/01/08					
11 End date of grant (MM/DD/YY)	12/31/08					
12 Application type	Continuation/renewal					
13 Is this grant already in agency's continuation budget?	No					
14 Budget code the grant will be expended in (XXXXX)	16800					
15 Fund code (XXXX or NA)	1400					
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?	No					
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?	No					
25 If yes, is this a requirement of the grant?						
26 Are new FTEs funded through the grant?	No					
		For 20	007-08 horized or Proposed			
	CEV 2006 07	V	▼	CEV 2000 00	QEV 2000 40	QEV 2040 44
	SFY 2006-07	SFY 2007-08	SFY 2007-08	SFY 2008-09	SFY 2009-10	SFY 2010-11
	Actual	Authorized	Proposed	Proposed	Proposed	Proposed
27 If yes, number by type for each year: Permanent						
Time-Limited						
28 Amount of grants funds applied for in each year	\$800,000.00	\$800,000.00	\$800,000.00			
29 Amount of grants funds <u>awarded</u> in each year	\$500,000.00	\$500,000.00				
30 Purpose of grant or amendment	This grant will assist at least	400 students with scholarship	os covering tuition, fees, and of	ther related costs for any of	North Carolina's 58 community	colleges. The program wi
	provide scholarships of no m	ore than \$750 per semester for	or curriculum students and no ig satisfactory academic progre	more than \$250 per semeste	er for occupational education st	
31 Comments						
Return completed form as email attachment and indicate in message that prop	er agency sign-offs have beer	n obtained. Contact your OSB	M budget analyst if you have q	uestions.		