

STATE OF NORTH CAROLINA OFFICE OF STATE BUDGET AND MANAGEMENT

MICHAEL F. EASLEY GOVERNOR

CHARLES E. PERUSSE STATE BUDGET DIRECTOR

October 14, 2008

MEMORANDUM

TO:

Senator Marc Basnight, President Pro-Tempore of the Senate

Representative Joe Hackney, Speaker of the House of Representatives

FROM:

Charles Perusse Charles Perus

SUBJECT:

Consultation on Expenditure of Grant Awards

Pursuant to Section 6.9 of Session Law 2008-107 (House Bill 2436), 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 at 919-807-4700.

Thank you.

Notificat	tion of Application for Count Event - 14	1 0007 00	
Notifica:	tion of Application for Grant Funds/Aw	ards, 2007-08	
once.	of State Budget and Management, 115 West Jones Street, Rafeigh, NC 27633-800 Instructions at http://www.osbm.state.nc.us/files/forms/grants_instr.pdf	35, 91 5 -827-4790.	and the second of the second o
1 Department	Department of Health and Human Services		
2 Division (except in DHHS)	Department of Health and Human Services		
DHHS only, choose division from drop down its			
3 Contact names (annual)	Division of Aging and Adult Services		and the second of the second
3 Contact person (name)	Gary Cyrus		The state of the s
4 Phone number	733-8390		
5 E-mail	gary.cyrus@ncmail.net		
6 Funding Entity (grantor)	USDHHS. Administration on Aging		
7 CFDA number	93.051		
8 Grant title	Alzheimer's Demonstration Grants to States		
	- and a particular serior district to practas	· · · · · · · · · · · · · · · · · · ·	
9 Grant application deadline (MM/DD/YY)			
10 Start date of grant (MM/DD/YY)	10/01/08		
11 End date of grant (MM/DD/YY)	09/30/11	20 A 10 A	
12 Application type	New		
13 Is this grant already in agency's continuation budget?	No	<u> </u>	The desire of the second secon
14 Budget code the grant will be experided in (XXXXX)			7 T. W. W. H. W.
15 Fund code (XXXX or NA)	14411	1 2 1 2 1 2	
16 Is there a state matching requirement?	1210		
17 Pure inhalis the analysis	Yes		
17 If yes, what is the matching requirement?	\$297,064.0C		
The state of the s	ν		
18. If you subot to the parameter of		A Section 1999	and the second of the second o
18 If yes, what is the source of state funds being used	General Fund		
to match grant funds.	5 - 2 - <u> </u>		
19 is there a maintenance of effort (MOE) requirement?	No No		
20 If yes, what is the MOE?		The state of the s	医抗血压性 毫无正元统
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Of the second se			
21 Is an additional General Fund appropriation required to meet	No	The state of the s	5 x 22 x 2 x 2 x 3 x 3
the state match requirement?	`~. .		
22 Will any of these funds be passed through to local govern-	Yes		
ments or non-state entitles?		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
23 If yes, identify affected entitles by type	local govt AND private non-profit AND other state agency		and the second of the second of
24 Will additional state monies be required to continue the	· ·		
program if grant expires or its reduced?	No	100	
25 If yes, is this a requirement of the grant?	· · ·		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
26 Are new FTEs funded through the grant?			The May May 18 and 18 a
20 - 2 - 3 - 3 increase minoralities desults	No		
			

	en e		For 20 Complete extrer Aut		1	the second	
		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, give the number by type	e for each year. Permanent			· · · · · · · · · · · · · · · · · · ·			
	Time-Limited						
28 Amount of grants funds applied t	for in each year		· · · · · · · · · · · · · · · · · · ·		\$425,511,00	\$557, 133,00	\$667,495.00
29 Amount of grants funds awarded	in each year				\$367 940.00	\$490,584.00	\$ 613.236.00
30 Purpose of grant or amendment		The goal of the project is to admin	ster the evidence based inte	rvention, "Resources for Enhanci	ng Alzheimer's Caregivers Health	REACH III through the Aging S	Services Network and
4 - 4 - 2		partner organizations. The approx	ich is to translate the cimical	ly tested REACH II intervention for	r feasible and effective use at the o	ommunity level.	and the state of t
	Landa et al. 1997						
31 Comments							
Return completed form as email attachmen		mission of the Western Carolina A Regions N & O AAAs, \$129,577 in	salary and Tringe benefits to Izheimer's Chapter, \$35,600 local match from Mecklenbu	2 lamily consultants at Western in state funds from fund 1210 that ig DSS, and \$30,419 in local mat	te benefits for division grant manag Carolina Alzheimer's Chapter; \$42 It supports the core mission of the E chifrom Wastem Carolina Alzheime	,094 in state funds from fund 12	46.0
A STATE OF THE REST AND A STAT	nt and indicate in message that proper a	sgency sign-offs have been obtained	Contact your OSBM budget	analyst if you have questions.	<u> </u>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	the same of the same	NO DULLO D	4.2.	サービー Mad 2 1 2 7 アンフェー サンダンタン	•		•
Signatures at Division/Office level:		NC DHHS Require	d Signatures		4 - 2		·
A STATE OF THE PROPERTY OF THE	g skriverski garani		*1.9.7 p.		Ď	ate of Signature:	•
18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	And the American	ा पुरीक्षेत्रका					
Grant Coordinator:			*.				
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Budget Officer:	and the state of t		of the first		•		
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Director:				And the second			
			 				
			<u> 2011 19 14</u>	numara di			

Notification of Application for Grant Funds/Awards, 2007-08 Office of State Budget and Management, 116 West Jones Street, Rateigh, NC 27603-8005, 919-807-4700. instructions at http://www.osbm.state.nc.us/files/forms/grants_instr.pdf 1 Department . . . Department of Health and Human Services 2 Division (except in DHHS)..... DHHS only, choose division from drop down list........ Division of Aging and Adult Services 3 Contact person (name) Gary Cyrus 4 Phone number 733-8390 5 E-mail gary cyrus@ncmail.net 6 Funding Entity (grantor) US Department of Health and Human Services, Administration on Aging 7 CFDA number. 93 048 8 Grant title Next Generation: Performance Outcome Measures Project (POMP) 9 Grant application deadline (MM/DD/YY) 10 Start date of grant (MWDDYY) 10/01/08 11 End date of grant (MWDD/YY) 09/30/10 12 Application type New 13 is this grant already in agency's continuation budget? Nο 14 Budget code the grant will be expended in (XXXXX). ... 14411 15 Fund code (XXXX or NA) 1110 16 Is there a state matching requirement? Yes 17 If yes, what is the matching requirement? \$14,538.00 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 governments or non-state entities? 23 If yes, identify affected entities by type other state agency 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?.....

		For 20 Complete <u>either</u> Aut	007-08 horized of Proposed			
	SFY 2006-07	SFY 2007-08	SFY 2007-08	SFY 2008-09	SFY 2009-10	SFY 2010-11
27 If yes give the number by hope for much year.	Actual	Authorized	Proposed	Proposed	Proposed	Proposed
" year grid the homber by type for each year: Permanent					<u> </u>	
28 Amount of grants 6 - 4	1					
28 Amount of grants funds <u>applied for</u> in each year				\$60,000 00	\$80,000,000	\$20,000 00
29 Amount of grants funds <u>awarded</u> in each year	Th	<u> </u>		\$60,000.00 MP and the development and prepara	\$20,000 00	
31 Comments	funded salary and tringe bene	fits for Phyllis Bridgeman, grants		c the non-lederal share is \$40,000, for search and Educational Services (UI	or a total of \$150,000, \$25,46 NC-CARES) and \$14,538 w	62 of the non-lederal share of the covered through the state
and the same of th						
	agency sign-one, rave been obtai	ned. Contact your OSBM budget	analyst if you have questions.	·.		
			analyst if you have questions.			
Signatures at Division/Office level:	NC DHHS Requi		analyst If you have questions.			
			analyst if you have questions.	Da	rte of Signature:	
Signatures at Division/Office level:			analyst if you have questions.	Da	rte of Signature;	
			analyst if you have questions.	Da	rte of Signature;	
Signatures at Division/Office level:			analyst if you have questions.	Da	rte of Signature:	
Signatures at Division/Office level:			analyst if you have questions.	Da	rte of Signature:	
Signatures at Division/Office level: Grant Coordinator:			analyst if you have questions.	Da	ete of Signature:	
Signatures at Division/Office level: Grant Coordinator:			analyst If you have questions.	Da	rte of Signature:	

Notificatio	n of Applicatio	n for Grant Eur	do/Augarda 3	007.00	
Office of S	n or Applicatio	n for Grant Fur	ius/Awards, z	007-08	and the second of the second o
Office of St	are budget and Management,	116 West Jones Street, Raleigh, w.psbm.state.nc.us/files/forms/g	NC 27603-8005, 919-807-470	x 0	
1 Department	Department of Health and Hu		ants_instr.por		<u> </u>
2 Division (except in DHHS)	Ceparitrent or nearly and mu	man Services		→	in the state of th
DHHS only, choose division from drop down list	Division of Central Manageme			-	
3 Contact person (name)	Jackie Shepcard or Ann Eller			⅃	
4. Phone number					
5 E-mail	919-733-4534 or 919-855-44			<u>_</u>	「 ** * * * * * * * * * * * * * * * * *
6 Funding Entity (granter)		ail.net or Ann.Eller@ncma	il.net		
and the state of t	Centers for Medicare & Medi:	ad Services			
7 CFDA number.	93 779				A CONTRACT OF THE
8 Grant title					
and the state of t	Model	tation of a Person-centered Hi	ospital Discharge Planning	****	and the second s
	- CONTRACTOR				க்கும். சழக்குறிக்
9 Grant application deadline (MM/DD/YY)					i kalandarya sahiri bar Masaya katatan
10 Start date of grant (MM/DD/YY)	09/30/05			H. 1. 2. 2. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The second secon
11 End date of grant (MM/DD/YY)	09/29/11				그는 병은 그를 다는 것이 되었다.
12 Application type	New			-	
3 is this grant already in agency's continuation budget?	No	· · · · · · · · · · · · · · · · · · ·			
14 Budget code the grant will be expended in (200000)	14410				ting distribution of the control of
15 Fund code (XXXX or NA)	1010		 		n di sa imprope di ne kilone di Persana dan panjurian di ne
16 Is there a state matching requirement?	Yes				
7 If yes, what is the matching requirement?					
	for SFY 2008-9	Woods Retirement Community	with Duke Endowment Funds		8 THE BOOK PROCESS AND THE ANALYSIS OF THE PARTY OF THE P
	1.01 01 1 2000.5			Harris Charles	
18 If yes, what is the source of state funds being used	Other			4	그 그 이 전 경험 내가 가게 되었다.
to match grant funds	•				
9 is there a maintenance of effort (MOE) requirement?	No			→ 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Aligh Kinny Astrony
0 If yes, what is the MOE?	· · · · · · · · · · · · · · · · · · ·			- · · · · · · · · · · · · · · · · · · ·	
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21 is an additional General Fund appropriation required to meet	No		· · · · · · · · · · · · · · · · · · ·	┪	그 사람들은 사람들이 되었다.
the state match requirement?	i				
22 Will any of these funds be passed through to local govern-	Yes	· · · · · · · · · · · · · · · · · · ·		-1 * * * * * * * * * * * * * * * * * * *	
ments of non-state entities?					
3 If yes, identify affected entities by type	local govt AND provate non-or	ofit AND other state agency	······-	⊣	
4 Will additional state monies be required to continue the	v _{es}			4	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
program if grant expires or is reduced?				A STATE OF THE STA	
5 If yes, is this a requirement of the grant?	No		~	┪	
6 Are new FTEs funded through the grant?	No			4	
	L		107.00	⊿	
And the second s		For 20 Complete either Aut	honzed or Proposed		A survival and the second of t
	SFY 2006-07	SFY 2007-08	SFY 2007-08	C71 2000 00	and the second of the second o
Property of the second	Actual			SFY 2008-09	SFY 2009-10 SFY 2010-1
7 If you nive the combon but a factor of	Actual	Authorized	Proposed	Proposed	Proposed Proposed
If yes, give the number by type for each year: Permanent					
Time-Limited					
Amount of grants funds applied for in each year				\$144,537 0C	\$48,180,00
Amount of grants funds awarded in each year	-			\$G 00	\$6.00
* *************************************	·	L		30 00	\$6.00

Notification	on of Application for Grant Funds/Awards, 2007-0	8		The second
	State Budget and Management, 116 West Jones Street, Rateigh, NC 27603-8005, 919-807-4700.	and the second s		4
	Instructions at http://www.osbm.state.gc.us/files/forms/grants_instruct		***	10 July 1994
1 Department	Department of Health and Human Services			
2 Division (except in DHHS):			1.1	and the state of the state of
DHHS cary, choose division from drop down list	Division of Central Management and Support			
3 Contact person (name)	Elizabeth Freeman Lambar	The Resident November 2015 Andread South Control of the Control of	1 1 1	
4 Phone number	919-733-2040 ext.231	k de dan tropa. Kananganya		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
5 E-mail	Elizabeth,Freeman@ncnail.net		4. 23	
6 Funding Entity (grantor)	US Environmental Protection Agency	그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그	7 v.	
o torong chiny (grantor)	105 Environmental Protection Agency	1. 444 43 43 43		
7 CFDA number	66 714	V 1977 W 1977 C. F. C.	i.	
8 Grant title	00714		1 5	1 - 10 Cp+ 12
Comments of the Comments of th				
	Pesticide Environmental Stewardship Program Regional Grants			
9 Grant application deadline (MW/DD/YY)	03/17/08		1.1.2	et es el acquis
10 Start date of grant (MM/DO/YY)	13/01/08	· 一、一、一、一、一、一、一、一、一、一、一、一、一、一、一、一、一、一、一、	1100	
11 End date of grant (MM/DD/YY)	09/30/10	andri Petri Nag		
12 Application type	New		ere di	100
13 Is this grant already in agency's continuation budget?	No			11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
				a delalejate ga Minagalaja
14 Budget code the grant will be experided in (20000x)	14410			
15 Fund code (XXXX or NA)	1510	리기 사용하는 사람이		
16 Is there a state matching regularment?	No	and the second of the second o		n e Mawaiga
17 If yes, what is the matching requirement?				
		200 C 19 D T A T A T A	5.9	11 - 29
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18 If yes, what is the source of state funds being used		talija i sad Danjiji, na kaji ji		200 March 100 Ma
to match grant funds.		and the second of the second of the second of	1.0	
19 is there a maintenance of effort (MOE) requirement?	No		i.	
20 If yes, what is the MOE?		and the second of the second o		
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· · · · · · · · · · · · · · · · · · ·	<u> </u>			
21 Is an additional General Fund appropriation required to meet	No.		Sec	
the state match requirement?		그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그	and the second	A Carrier
22 Will any of these funds be passed through to local govern-	No The state of th			
ments or non-state entitles?				1 J.M. 1
23 If yes, identify affected entities by type		and the second of the second o		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
24 Will additional state monies be required to continue the	No.		1.	A file after pas
program if grant expires or is reduced?		the state of the s		
25 If yes, is this a requirement of the grant?		A SOFT ARREST TO A RE-	•	人名英格兰克莱克
26 Are new FTEs funded through the grant?	No			54.3.20
20 740 1647 125 londed thibogh the grants		a 4 6 6 4 a		
	For 2007-08		•	
	Complete either Authorized or Proposed	and the second s		كالموقفة والكالم
	SFY 2006-07 SFY 2007-08 SFY 2007-08	SFY 2008-09 SF	Y 2009-10	SFY 2010-11
et in gental	Actual : Authorized Proposed	Proposed F	Procesed	Proposed
27 If yes, give the number by type for each year: Permanent			1	
78 Amount of great final and and the first	· · · · · · · · · · · · · · · · · · ·			
28 Amount of grants funds applied for in each year		\$50,491.00	\$0.00	\$0,0\$
29 Amount of grants funds awarded in each year		\$37,777.00	\$12,592,00	\$0.00
30 Purpose of grant or amendment :	This grant aims to reduce unnescessary residential posticide use in NC's Spanish-speaking household	s through the adoption of structural in	legrated pesticide mana	gement, We plan on using
	the funds to develop a lay health advisor program that teaches Spanish-speaking individuals about inte	grated pesticide management practici	65	. ,

31 Comments				
	7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			
Return completed form as email attachment and indica	te in message that proper agency sign-offs have been ob-	ained Contact your OSBM budget analyst if you have questions.		
Signatures at Division/Office level:	NC DHHS Requ	the state of the s		
4 . H.L. &	The second secon		Date of Signature:	
Grant Coordinator:				an distributed by a distributed by the second of the secon
Budget Officer:				
Director:				
				

	instructions at http://www.c	sbm.state.nc.us/files/pdf_files.	NC 27603-8005, 919-807-4700 grants_instr.pdf		•	
1 Department	Department of Health and I	Human Services				
2 Division (except in DHHS)		·		44		•
DHHS only, choose division from drop down list	Division of Central Manage	ment and Support				
3 Contact person (name)	John Price					
	919-733-2040 ext. 210			,		
5 E-mail	john.price@ncmail.ne					
6 Fending Entity (grantor)	DHHS, Health Resources a	and Services Administration, Bi	HPr.Shortage Designation	•		
7 CFDA number				<i>i.</i>	2	
8 Grant title	93 13			1.		
The state of the s	Primary Care Offices					
9 Grant application deadline (MM/DD/YY)	11/16/08			· .	2.5	
O Start date of grant (MM/DD/YY)	04/01/09			5.5	1 1	i 1.
1 End date of grant (MM/DD/YY)	03/31/10	· · · · · · · · · · · · · · · · · · ·				1.
2 Application type	Continuation/renewal				4	
3 is this grant already in agency's continuation budget?	Yes			.1		
4 Budget code the grant will be expended in (XXXXX)	14410					
5 Fund code (XXXX or NA)	1510					
5 is there a state matching requirement?	No				A Committee of the Comm	÷ .
7 If yes, what is the matching requirement?				· '4'		
			1			
			1	***	4.0	
If yes, what is the source of state funds being used to match grant funds:						
Is there a maintenance of effort (MOE) requirement?	No					:
If yes, what is the MOE?	NO					
The state of the s						
A = A + A + A + A + A + A + A + A + A +						
Is an additional General Fund appropriation required to meet the state match requirement?	No					
Will any of these funds be passed through to local govern-	No				N.	
ments or non-state entities?	110				• •	*. *
If yes, identify affected entities by type				•	A Section 1	
Will additional state monies be required to continue the					1	
program if grant expires or is reduced?	No		1			
If yes, is this a requirement of the grant?				7.		
Are new FTEs funded through the grant?			i			
and the state of the grants.	Ne				production of the control of the con	
		For 20			4.4	
	201		horized or Propused	47.5		-
	SFY 2007-08	SFY 2008-09	SFY 2008-09	SFY 2009-10	SFY 2010-11	SFY 2011-12
w	Actual	Authorized	Proposed	Proposed	Proposed	Proposed
If yes, give the number by type for each year: Permanent						
Time-Limite	đ		- 			<u></u>
Amount of grants funds applied for in each year			\$71,348.50	\$214.045.50		
Amount of grants funds awarded in each year			***************************************	₩£ (4,043.30		
Purpose of grant or amondment .	This grant plays a nivetal rel	A to all accords of the Office's				
	PCO. These areas include !	Physician Recruitment Techni	operations. Funding from this gr cal Assistance. Research and De	ani wali help support four of:	he six major components the	il comprise the Office and
	a larger emphasis on the rec	invitment and retention of medi	cal and dental providers for unce	rserved areas of the state	ration, and Rural Hespitat As	asistance. This grent reflec
				Table Care Of the State.		
Commente	· · · · · · · · · · · · · · · · · · ·					
Comments						

STATE OF NORTH CAROLINA

Division of Budget and Management REQUEST TO APPLY FOR FEDERAL AND OTHER NON-STATE FUNDS

1, Department		3. Date Prepared	5. Request Number
Health and Hum man Services	·	9/20/2007	<u> </u>
2. Division		4. Application Deadline	6. Budget Code/Subhead
Division of Medical Assistance		9/21/2007	14445
7. Funding Agency	Code	8. A-95 Review Required	9. A-95 Clearinghouse Number
Centers for Medicare and Medica	ald Services	Yes X No	
10. Federal Program Title		11. Federal Catalog Number	12. Type Application
Establishment of Alternative Nor	n-Emergency Services Provider	93.79	X New Renew Modified
		13. Type Grant / funding	
14. Project Description		X Project Formula Other:	
1		24. Budget Line Herns	
NC Medicaid proposes to engage its		Sularies	\$0
home and care management system	•		
implementing the alternative non-en		Fringe Benefits	\$0
Grant funds from the Centers for Mo			
are available to support this type of	nitiative.	Services	\$0
15 Decient Direct		Equipment	\$0
15. Project Director William Lawrence, MD		Data Processing	
Title	Phone	L'ata rrocessing	\$0
Acting Director	919-855-4100	Transfers - State Agencies	\$1,371,625
16. Funding Current Year	New Funds Requested	Translets - State Agencies.	44371,643
To. Funding Current Teat	new I mas requested	Transfers - Local	\$0
Federal \$	0 \$1,371,625	Translation Dovai	
r cheron	\$ 1,511,025	Indirect Cost	\$0
Cash \$	o so		
State or	-	All Other	\$0
In Kind \$	0 \$0	TOTAL	\$1,371,625
	-	25. New Positions Required	
Loca) \$	0 \$0	Number Classification	Salary
			,
Other \$	<u>o</u> \$0		
l -	0 \$1,371,625	1	
17. Grant Start Date	18, Grant End Date		
1/1/2008	12/31/2008	_	
19. Project Start Date	20. Project End Date		
1/1/2008	12/31/2011		
21. For Multi-Year Projects	22, Will Future State Funds be	i	
this is year 1 of 4 years	Requested Yes X No	<u></u>	
23. Date of Future State Funding/Co	mments		
FOR DEPARTMENTAL USE: (abt		tional space on reverse.)	
Oboul & attin	D 9/25/07		
Division/Agency Bodget Officer	date	Plan / Grants Coordinator	date
	•		

Division Agency Planning Office	defe i i m	Approved, Department Head	date
homotourness	MI /95007		
Division/Agency Director	date	Approved, Chief Fiscal Officer	date
		,	· · · ·
<i>V</i>			
			i
<u> </u>			
FOR DIVISION OF STATE BUDGE	T USE:		

- Request Approved as Submitted
- Request Approved as Revised (see remarks on reverse)
- Request Returned Without Action (see remarks on reverse)

	n of Application te Budget and Management, 116		C 27603-8005, 919-807-4700	7-08		
			nts_inse.pdi			· · · · · · · · · · · · · · · · · · ·
1 Department	Department of Health and Huma	n Services				
2 Division (except in DHHS)						
DHHS only, choose division from drop down list	Division of Public Health					
3 Contact person (name)	Cathy Thomas, Branch Head					
4 Phone number	707-5216					
5 E-mail	Cathy.Thomas@ncmail.n					•
6 Funding Entity (grantor)	Centers for Disease Control and	Prevention (CDC)				
7 CFDA number	93.283					
8 Grant title	Nutrition, Physical Activity and	l Obesity Program				
9 Grant application deadline (MM/DD/YY)	03/17/08					
10 Start date of grant (MM/DD/YY)	06/30/08	· · · · · · · · · · · · · · · · · · ·				ļ
11 End date of grant (MM/DD/YY)	06/29/09					
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)	14430					
15 Fund code (XXXX or NA)	1551					
16 Is there a state matching requirement?	Yes					
17 If yes, what is the matching requirement?	Required match is 1.5, 1 state d	ollar for every 5 federal dollars	This is in-kind funding			
, , , , , , , , , , , , , , , , , , ,	expended by the State in suppo- activity and nutrition, 14430-280					
18 If yes, what is the source of state funds being used to match grant funds	tn Kind					
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					
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					
20	L	Fo: 20				
		,	norized or Proposed 🔻			
	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, give the number by type for each year: Permanent						
Time-Limited	· · · · · · · · · · · · · · · · · · ·					
	 			\$1,300,000 00		
28 Amount of grants funds <u>applied for</u> in each year				\$985,325.00		
29 Amount of grants funds awarded in each year			Mr. and an and a colonia a		ather chronic discourse by his	ildino and sustaining statewide
30 Purpose of grant or amendment	The purpose of this cooperative capacity, and implementing pop			o prevent and control obesity and o	office Critolic diseases by be	anding and Sustaining statement

31 Comments	The grant award is for \$985,325, however, CDC included an additional \$75,000 in the award for a CDC Integration Demonstration Project with the Chronic Disease and Injury Prevention Section. This increased the award amount to \$1,060,325, no match is required for the \$75,000. The \$75,000 for Integration is not related to the Obesity grant, however, it has to be budgeted with the grant in 1551-540A-JU and manged through that cost center.					
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.					
Signatures at Division/Office level:	NC DHHS Required Signatures	Date of Signature:				
Grant Coordinator						
Budget Officer:						
Director:						

Notification of Application for Grant Funds/Awards, 2007-08 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/forms/grants_instr.pdf Department of Health and Human Services 1 Department 2 Division (except in DHHS)..... Division of Public Health DHHS only, choose division from drop down list...... Sharon Nelson 3 Contact person (name) ... 707-5220 4 Phone number 5 E-mail Sharon Boss Nelson@ncmail.net 6 Funding Entity (grantor) Centers for Disease Control and Prevention (CDC) 93 283 7 CFDA number Building a Healthy Nation - Strategic Alliance for Health 8 Grant title 9 Grant application deadline (MM/DD/YY) 06/24/08 10 Start date of grant (MM/DD/YY) 09/30/08 09/29/09 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? Year 1 - 25% of funding that is not given in grants to local health departments, increasing incrementally by 5% each year to 45% in Year 5 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 governments or non-state entities? 23 If yes, identify affected entities by type flocal covt 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?....

		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, give the number by type for each year: Permanent						
Time-Limited				2.000		
28 Amount of grants funds applied for in each year				\$270,000 00	\$765,000 00	\$900.000.00
29 Amount of grants funds awarded in each year						
30 Purpose of grant or amendment	To promote policy, organizati disease, diabetes, and obesi		community change in physical	activity and nutrition in order to redu	ce complications from and inci	dence of cardiovascular
31 Comments						
Return completed form as email attachment and indicate in message that proper i	agency sign-offs have been ob	tained. Contact your OSBM budg	et analyst if you have question	s. · ·		
Signatures at Division/Office level:	NC DHHS Requ	ired Signatures		D	ate of Signature:	
Grant Coordinator:						
Budget Officer:				<u>-</u>		
Director:				-		-

NI - ADP'S LATE	n of Application	for Grant Even	le/Awarde 2007	7-08		
Notificatio	n of Application ste Budget and Management, 1161	IOF GRANT FUNC	JS/AWAFUS, ∠VU/ C27803-8005-919-807-470°	-00		
Office of Str	ne budget and managoment, 116 : Instructions at http://www.os	Afest Jones Street, Haleigh, N Jom state no.us/files/forms/gra	nts instrudi			
1 Department	Department of Health and Humas	1 Services				
2 Division (except in DMHS)						
DHHS only choose division from drop down list.	Division of Public Health John M. Peebles					
3 Contact person (name)	919 715 6737					
4 Phone number	iohn.peebies@ncmail.net					
5 E-mail	CDC					
6 Funding Entry (grantor)						
7 CFDA number	93 94					
8 Grant title	Adult Viral Hepatitis Prevention	Coordinator				
9 Grant application deadline (MM/DD/YY)	98/31/07					
10 Start date of grant (MM/DD/YY)	11/01/07					
11 End date of grant (MM/DD/YY)	10/3 1/08					
12 Application type	New					
13 is this grant already in agency's continuation budget?	No. 14430					
14 Budget code the grant will be expended in (XXXXX)	14430					
15 Fund code (XXXX or NA)	No.					
17 If yes, what is the matching requirement?						
12 Organization of the transferring pages of the co.						
18 If yes, what is the source of state funds being used to match grant funds	1					
19 Is there a maintenance of effort (MOE) requirement?	No					
20 If yes, what is the MOE?						
20 11 300 11 10 10 10 10 10 10 10 10 10 10 10 1						
21 Is an additional General Fund appropriation required to meet						
the state match requirement?	No					
ments or non-state entitles?						
23 If yes, identify affected entities by type						
.24 Will additional state monies be required to confinue the	Yes		4			
program If grant expires or is reduced?						
25 If yes, is this a requirement of the grant?	No					
26 Are new FTEs funded through the grant?	No	For 2D	27.011			
		♥ Complete either Autr				
	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, give the number by type for each year Permanent						
Time-Limited						
28 Amount of grants funds applied for in each year			\$99 743 00	\$49.871.00		
29 Amount of grants funds awarded in each year			\$70,667.00	\$35,334 00		
30 Purpose of grant or amendment	This grant funds the Viral Hep C	portrinator for the State, which	was previously funded by the Ep	idemiology and Lab Enpacity for	Intectious Disease Grant 1	tus is not a new position but only
	a new funding source to an exist	ng FTE				
						·····
31 Comments	_					
Return completed form as email attachment and indicate in message that proper	agancy sign-ons have teen obtain	eo Contact your Convi bodg	at Bushids it koc utasa dasama ia			
	NC DHHS Requir	ed Signatures				
	NC Drins Requir	eu dignatures			Date of Signature:	
Signatures at Division/Office level:						
Grant Coordinator:						
Budget Officer.						
Oirector:						

	te Budget and Management, 11	1 for Grant Fund 6 West Jones Street, Raleigh, N cosbm.state.nc.us/files/forms/gra		7-08		
	Department of Health and Hun			······································	· · · · · · · · · · · · · · · · · · ·	
1 Department	Department of Health and Hur	nan Services				
2 Division (except in DHHS)						
DHHS only, choose division from drop down list	Division of Public Health					
3 Contact person (name)	Alvina Long Valentin					
4 Phone number	919-707-5708					
5 E-mail	alvina.long@ncmail.net					
6 Funding Entity (grantor)		and Services Administration-Mate Perinatal Services	ernal and Child Health Bureau			
7 CFDA number	93.11					
	First Time Motherhood-New	Pacanto initiativo	NGA			
8 Grant title	Revised	L WIGHTS BUTTERIAG	1194			
Grant application deadline (MM/DD/YY)	06/30/08					
10 Start date of grant (MM/DD/YY)	09/01/08					
11 End date of grant (MM/DD/YY)	08/31/10					
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)	14430					
15 Fund code (XXXX or NA)	xxxx	· · · · · · · · · · · · · · · · · · ·				
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	No					
21 Is an additional General Fund appropriation required to meet the state match requirement?	No Yes					
Will any of these funds be passed through to local govern- ments or non-state entities?	Yes					
23 If yes, identify affected entities by type	local govt AND private non-pr	cfit AND other state agency				
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 Auti	07-08 norized or Proposed			
	SFY 2006-07	SFY 2007-08	SFY 2007-08	SFY 2008-09	SFY 2009-10	SFY 2010-11
	Actual	Authorized	Proposed	Proposed	Proposed	Proposed
0.7	Total Police	Authorized	11000000	,,		
27 If yes, give the number by type for each year: Permanent		ļ				
Time-Limited						
28 Amount of grants funds applied for in each year				\$416,667 00	\$83,333.00	
29 Amount of grants funds awarded in each year				\$416,667.00	\$83,333 00	
30 Purpose of grant or amendment	and medical home. The proje	ect will work with women and mer	e, Gates, Halifax Hentford, Nash, n during the interconceptional per ig with representatives from UNC	and Northampton) to conduct a soci iod shortly after delivery. This colla and ECU	ial marketing effort focused on aborative partnership will includ	pregnancy intendedness le local community

31 Comments	This project will enhance existing maternal and child health efforts of other WCHS programs.	
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.	
Signatures at Division/Office level:	NC DHHS Required Signatures	Date of Signature:
Grant Coordinator:		
Budget Officer:		
Director:		

Notification of Application for Grant Funds/Awards, 2007-08 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/forms/grants_instripdf Department of Health and Human Services 1 Department 2 Division (except in DHHS) DHHS only, choose division from drop down list...... Division of Public Health 3 Contact person (name) Saliv Herndon Malek 4 Phone number 919-707-5401 5 E-mail sally.malek@ncmail.net 6 Funding Entity (grantor) North Carolina State Health Plan 7 CFDA number.... Tobacco Cessation for State Health Plan Members 8 Grant title 06/05/08 9 Grant application deadline (MM/DD/YY) 10 Start date of grant (MM/DD/YY) 07/01/08 11 End date of grant (MM/DD/YY) 06/30/09 New 12 Application type 13 is this grant already in agency's continuation budget? 14430 14 Budget code the grant will be expended in (XXXXX)..... 1551 15 Fund code (XXXX or NA) 16 Is there a state matching requirement? 17 If yes, what is the matching requirement? 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 governments or non-state entities? 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?.....

			007-08 horized or Proposed			
	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, give the number by type for each year: Permanent						
Time-Limited				0.500		
28 Amount of grants funds applied for in each year				\$105,903.00		
29 Amount of grants funds awarded in each year						
30 Purpose of grant or amendment	The grant purpose is to develop tools and resources to increase tobacco cessation amoung State Health Plan Members.					
31 Comments				Health Plan. The scope of work and	budget have not been finals	zed and are subject to change
Metarri completed form as distall attachment and and cate for lessage that proper	agoney sign one nove book as	tanica. Osmaci your Octom add	gor analyses you have quoses.	•		
Signatures at Division/Office level:	NC DHHS Requ	ired Signatures		E	ate of Signature:	
Grant Coordinator:				-		
Budget Officer:			· · · · · · · · · · · · · · · · · · ·	_		
Director:				-		

	n of Application f			7-08	·	
Office of dia	Instructions at http://www.osb					•
1 Department	Department of Health and Human	Services				
2 Division (except in DHHS)		• • •				
DHHS only, choose division from drop down list	Division of Public Health					
3 Contact person (name)	Deb: Nelson					
4 Phone number	919-707-5155					
5 E-mail	debi.nelson@ncmail.net				-	į
6 Funding Entity (grantor)	CDC					
O I dilang Entry (grants),						
7 CFDA number.	93.283					
8 Grant title	Cooperative Agreement to supp	ort State Assessment inita	tives Continuation Grant			
	NGA revised 606A					
9 Grant application deadline (MM/DD/YY)	04/21/08	· · · · · · · · · · · · · · · · · · ·				
10 Start date of grant (MM/DD/YY)	09/01/08					
11 End date of grant (MM//DD/YY)	08/31/09					
12 Application type	Continuation/renewal	····				
13 Is this grant already in agency's continuation budget?	Yes					
14 Budget code the grant will be expended in (XXXXX)	14430					
15 Fund code (XXXX or NA)	1551	#.				
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? 20 If yes, what is the MOE?	No					
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 govern- ments 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?	Yes					
20 Monor Cap landed through the grand minimum.		For 20	07-08			
		Complete either Autr				
	SFY 2006-07	SFY 2007-08	SFY 2007-08	SFY 2008-09	SFY 2009-10	SFY 2010-11
	Actual	Authorized	Proposed	Proposed	Proposed	Proposed
07	Actori	AUGIOTIZEO	1 TOposed	1100000	. , , , , , , , , , , , , , , , , , , ,	
27 If yes, give the number by type for each year. Permanent						
Time-Limited	0.000				******	· · · · · · · · · · · · · · · · · ·
28 Amount of grants funds applied for in each year	\$0.00			\$104,167.00	\$20,833.00	
29 Amount of grants funds awarded in each year	\$0.00			\$107,037 00	\$35,679 00	
30 Purpose of grant or amendment	community priorities with Internal/	External Partners to support	statewide public health program	effectiveness of CHA, 2) Establish and policy development, 3) Establish manent manager of the Community I	th a comprehensive system of	al CHA findings and training and technical

31 Comments	In year one, there was no FTE. Through the grant process, the position has become a necessity in order to conduct the grant process. For 2008-09, we received \$17, 716 more than applied for.	we
Return completed form as email attachment and indicate in message that proper	L igency sign-offs have been obtained. Contact your OSBM budget analyst if you have questions	
Signatures at Division/Office level:	NC DHHS Required Signatures Date of Signature:	
Grant Coordinator:		
Budget Officer:		
Director:		

Notification	n of Application	for Grant Fund	ds/Awards, 200	7-08		
Office of Sta		6 West Jones Street, Raleigh, N osbm.state.nc.us/files/forms/gra				
1 Department	Department of Health and Hum	an Services				
2 Division (except in DHHS)						
DHHS only, choose division from drop down list	Drvision of Public Health					
3 Contact person (name)	Barbara Pulten-Smith / Kimbe	dy Leathers				
4 Phone number	919 431.1613					
5 E-mail	kimberly.leathers@ncma		n-Smith@ncmail.net			
6 Funding Entity (grantor)	NC Health and Wellness Trust	Fund Commission				
7 CFDA number						
8 Grant title	Eliminating Health Disparitie Deadline: 10/01/08 Start	s Initiative Phase II Date: 07/01/09				
9 Grant application deadline (MM/DD/YY)						
10 Start date of grant (MM/DD/YY)						
11 End date of grant (MM/DD/YY)	06/30/10					
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)	14430					
15 Fund code (XXXXX or NA)	NA					
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?	No	····.				
26 Are new FTEs funded through the grant?	Yes					
		For 20	07-08			
		★ Complete <u>either</u> Auth	norized or Proposed 🔻			
	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, give the number by type for each year: Permanent			· · · · · · · · · · · · · · · · · · ·			
Time-Limited					1 000	
28 Amount of grants funds applied for in each year					\$150,000 00	
	-				\$150,000 00	
29 Amount of grants funds awarded in each year	This is a three (2) year to it	L	of Minacia. Houlth to co bi-	three (2) years. The symmetric	f the grant is to expand the commu	nitu Haalth Amhassar's
30 Purpose of grant or amendment	Training Program in rural and	with an opportunity for the Office underserved counties in NC to a hasis in diabetes prevention scre	iddress eliminating health dispa	n three (5) years - the purpose b arities - The Ambassor Training P	i the grant is to expand the control frogram is 22 hour course curriulur	n through the NC

31 Comments	Position Community Development Specalist I (Grade 67) - This position provides consultative, to communities	echnical, and promotional work assisting Community Health Ambassors in the local
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.	
Signatures at Division/Office level:	NC DHHS Required Signatures	Date of Signature:
Grant Coordinator		
Budget Officer:		
Director:	· · · · · · · · · · · · · · · · · · ·	