



**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 Perusse*

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.

Notification of Application for Grant Funds/Awards, 2007-08

Office of State Budget and Management, 115 West Jones Street, Raleigh, NC 27633-8005, 919-827-4790.
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)	USDHHS, Administration on Aging
7 CFDA number.....	93.051
8 Grant title	Alzheimer's Demonstration Grants to States
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
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).....	14411
15 Fund code (XXXX or NA)	1210
16 Is there a state matching requirement?	Yes
17 If yes, what is the matching requirement?	\$297,064.00
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 govern- ments or non-state entities?	Yes
23 If yes, identify affected entities by type	local govt AND private non-profit 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 2007-06 Complete <u>either</u> Authorized or Proposed				
	SFY 2006-07 Actual	SFY 2007-08 Authorized	SFY 2007-08 Proposed	SFY 2008-09 Proposed	SFY 2009-10 Proposed	SFY 2010-11 Proposed
27 If yes, give the number by type for each year: <i>Permanent</i>						
28 Amount of grants funds <u>applied for</u> in each year				\$426,511.00	\$557,133.00	\$667,495.00
29 Amount of grants funds <u>awarded</u> 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 administer the evidence based intervention, "Resources for Enhancing Alzheimer's Caregivers Health" (REACH II), through the Aging Services Network and partner organizations. The approach is to translate the clinically tested REACH II intervention for feasible and effective use at the community level.					
31 Comments	Total non-federal matching requirement for grant is \$535,573. \$129,109 reflects salary and fringe benefits for division grant manager in fund 1110; \$91,261 in state funded respite services in fund 1210 will support a portion of salary and fringe benefits for 2 family consultants at Western Carolina Alzheimer's Chapter; \$42,094 in state funds from fund 1210 that supports the core mission of the Western Carolina Alzheimer's Chapter; \$35,600 in state funds from fund 1210 that supports the core mission of the Duke Family Support Program; \$78,513 in local match from Regions N & O AAAs, \$129,577 in local match from Mecklenburg DSS, and \$30,419 in local match from Western Carolina Alzheimer's Chapter.					
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.						
NC DHHS Required Signatures						
Signatures at Division/Office level:					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, 919-607-4700.
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)	Division of Aging and Adult Services
DHHS only, choose division from drop down list.	Gary Cyrus
3 Contact person (name)	733-8390
4 Phone number	gary.cyrus@ncmail.net
5 E-mail	US Department of Health and Human Services, Administration on Aging
6 Funding Entity (grantor)	93 048
7 CFDA number	Next Generation: Performance Outcome Measures Project (POMP)
8 Grant title	
9 Grant application deadline (MM/DD/YY)	10/01/08
10 Start date of grant (MM/DD/YY)	09/30/10
11 End date of grant (MM/DD/YY)	New
12 Application type	No
13 Is this grant already in agency's continuation budget?	14411
14 Budget code the grant will be expended in (XXXXX)	1110
15 Fund code (XXXX or NA)	Yes
16 Is there a state matching requirement?	\$14,536.00
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	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 2007-08
Complete either Authorized or Proposed

	SFY 2006-07 Actual	SFY 2007-08 Authorized	SFY 2007-08 Proposed	SFY 2008-09 Proposed	SFY 2009-10 Proposed	SFY 2010-11 Proposed
27 If yes, give the number by type for each year: <i>Permanent</i>						
<i>Time-Limited</i>						
28 Amount of grants funds <u>applied for</u> in each year						
29 Amount of grants funds <u>awarded</u> in each year				\$60,000.00	\$80,000.00	\$20,000.00
30 Purpose of grant or amendment				\$60,000.00	\$20,000.00	
31 Comments	<p>This project will encompass the developmental and planning work for the Next Generation PCMP and the development and preparation of the "POMP TO GO" generic toolkit. The project will include the following performance measurement topics: 1) Predictive Modeling using Existing POMP Survey Data; 2) Longitudinal POMP Studies; 3) Validation of Results of the Advanced POMP Project; and 4) Preparation of a Generic Evaluation Toolkit to apply to POMP Surveys.</p> <p>The grant specifies a 25% non-federal matching requirement. The grant provides \$120,000 and the non-federal share is \$40,000, for a total of \$160,000. \$25,462 of the non-federal share of the grant will be provided by the University of North Carolina at Chapel Hill Center for Aging Research and Educational Services (UNC-CARES) and \$14,538 will be covered through the state funded salary and fringe benefits for Phyllis Briggeman, grants administrator.</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.

NC DHHS Required Signatures

Signatures at Division/Office level:

Grant Coordinator: _____

Budget Officer: _____

Director: _____

Date of Signature:

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

1 Department	Department of Health and Human Services
2 Division (except in DHHS)	Division of Central Management and Support
DHHS only, choose division from drop down list.....	Jackie Sheppard or Ann Eller
3 Contact person (name)	Jackie Sheppard or Ann Eller
4 Phone number	919-733-4534 or 919-855-4423
5 E-mail	Jackie.Sheppard@ncmail.net or Ann.Eller@ncmail.net
6 Funding Entity (grantor)	Centers for Medicare & Medicaid Services
7 CFDA number.....	93.779
8 Grant title	Development and Implementation of a Person-centered Hospital Discharge Planning Model
9 Grant application deadline (MM/DD/YY)	
10 Start date of grant (MM/DD/YY)	09/30/08
11 End date of grant (MM/DD/YY)	09/29/11
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)	14410
15 Fund code (XXXX or NA)	1310
16 Is there a state matching requirement?	Yes
17 If yes, what is the matching requirement?	5% in kind-to be met by Caro Woods Retirement Community with Duke Endowment Funds for SFY 2008-9
18 If yes, what is the source of state funds being used to match grant funds	Other
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 AND private non-profit AND other state agency
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

	SFY 2006-07 Actual	SFY 2007-08 Authorized	SFY 2007-08 Proposed	SFY 2008-09 Proposed	SFY 2009-10 Proposed	SFY 2010-11 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				\$144,537.00	\$48,180.00	
29 Amount of grants funds awarded in each year				\$0.00	\$0.00	\$0.00

Notification of Application for Grant Funds/Awards, 2007-08

Office of State Budget and Management, 116 West Jones Street, Raleigh, NC 27603-6005, 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)	Division of Central Management and Support
DHHS only, choose division from drop down list.	Elizabeth Freeman-Lambert
3 Contact person (name)	919-733-2040 ext.231
4 Phone number	Elizabeth.Freeman@ncmail.net
5 E-mail	US Environmental Protection Agency
6 Funding Entity (grantor)	66 714
7 CFDA number	
8 Grant title	Pesticide Environmental Stewardship Program Regional Grants
9 Grant application deadline (MM/DD/YY)	03/17/08
10 Start date of grant (MM/DD/YY)	12/01/08
11 End date of grant (MM/DD/YY)	09/30/10
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)	14410
15 Fund code (XXXX or NA)	1510
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 2007-08
Complete either Authorized or Proposed

	SFY 2006-07 Actual	SFY 2007-08 Authorized	SFY 2007-08 Proposed	SFY 2008-09 Proposed	SFY 2009-10 Proposed	SFY 2010-11 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				\$50,491.00	\$0.00	\$0.00
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 unnecessary residential pesticide use in NC's Spanish-speaking households through the adoption of structural integrated pesticide management. We plan on using the funds to develop a lay health advisor program that teaches Spanish-speaking individuals about integrated pesticide management practices.					

31 Comments

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.

NC DHHS Required Signatures

Signatures at Division/Office level:

Date of Signature:

Grant Coordinator:

Budget Officer:

Director:

OSBM**Notification of Application for Grant Funds/Awards, 2008-09**

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 Health and Human Services
2 Division (except in DHHS)	Division of Central Management and Support
DHHS only, choose division from drop down list.	John Price
3 Contact person (name)	919-733-2040 ext. 210
4 Phone number	john.price@ncmail.net
5 E-mail	DHHS, Health Resources and Services Administration BHP/Shortage Designation
6 Funding Entity (grantor)	9313
7 CFDA number	Primary Care Offices
8 Grant title	11/16/08
9 Grant application deadline (MM/DD/YY)	04/01/09
10 Start date of grant (MM/DD/YY)	03/31/10
11 End date of grant (MM/DD/YY)	Continuation/renewal
12 Application type	Yes
13 Is this grant already in agency's continuation budget?	14410
14 Budget code the grant will be expended in (XXXXX)	1510
15 Fund code (XXXX or NA)	No
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?	No
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 governments or non-state entities?	No
23 If yes, identify affected entities by type	No
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?	No

	For 2008-09					SFY 2009-10 Proposed	SFY 2010-11 Proposed	SFY 2011-12 Proposed
	SFY 2007-08 Actual	SFY 2008-09 Authorized	SFY 2008-09 Proposed	SFY 2008-09 Authorized or 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			\$71,348.50		\$214,045.50			
29 Amount of grants funds awarded in each year								
30 Purpose of grant or amendment	This grant plays a pivotal role in all aspects of the Office's operations. Funding from this grant will help support four of the six major components that comprise the Office and PCO. These areas include Physician Recruitment, Technical Assistance, Research and Development, Shortage Designation, and Rural Hospital Assistance. This grant reflects a larger emphasis on the recruitment and retention of medical and dental providers for underserved areas of the state.							
31 Comments								

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.

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

1. Department Health and Human Services		3. Date Prepared 9/20/2007		5. Request Number	
2. Division Division of Medical Assistance		4. Application Deadline 9/21/2007		6. Budget Code/Subhead 14445	
7. Funding Agency Centers for Medicare and Medicaid Services		Code		8. A-95 Review Required Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	
10. Federal Program Title Establishment of Alternative Non-Emergency Services Provider		11. Federal Catalog Number 93.79		9. A-95 Clearinghouse Number	
14. Project Description NC Medicaid proposes to engage its community-based medical home and care management system (Community Care) in implementing the alternative non-emergency provider program. Grant funds from the Centers for Medicare and Medicaid Services are available to support this type of initiative.		12. Type Application <input checked="" type="checkbox"/> New <input type="checkbox"/> Renew <input type="checkbox"/> Modified		13. Type Grant / funding <input checked="" type="checkbox"/> Project <input type="checkbox"/> Formula <input type="checkbox"/> Other:	
		24. Budget Line Items			
		Salaries \$0			
		Fringe Benefits \$0			
15. Project Director William Lawrence, MD		Services \$0			
Title Acting Director		Phone 919-855-4100		Equipment \$0	
16. Funding		Data Processing \$0			
Current Year	New Funds Requested	Transfers - State Agencies \$1,371,625			
Federal \$0	\$1,371,625	Transfers - Local \$0			
Cash \$0	\$0	Indirect Cost \$0			
State or In Kind \$0	\$0	All Other \$0			
Local \$0	\$0	TOTAL \$1,371,625			
Other \$0	\$0	25. New Positions Required			
TOTAL \$0	\$1,371,625	Number Classification Salary			
17. Grant Start Date 1/1/2008	18. Grant End Date 12/31/2008				
19. Project Start Date 1/1/2008	20. Project End Date 12/31/2011				
21. For Multi-Year Projects this is year 1 of 4 years		22. Will Future State Funds be Requested Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
23. Date of Future State Funding/Comments					
FOR DEPARTMENTAL USE: (obtain only necessary signatures. Additional space on reverse.)					
Division/Agency Budget Officer		date		Plan / Grants Coordinator	
Division/Agency Planning Office		date		Approved, Department Head	
Division/Agency Director		date		Approved, Chief Fiscal Officer	

FOR DIVISION OF STATE BUDGET USE:

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

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

<p>1 Department</p> <p>2 Division (except in DHHS) DHHS only, choose division from drop down list.....</p> <p>3 Contact person (name)</p> <p>4 Phone number</p> <p>5 E-mail</p> <p>6 Funding Entity (grantor)</p> <p>7 CFDA number.....</p> <p>8 Grant title</p> <p>9 Grant application deadline (MM/DD/YY)</p> <p>10 Start date of grant (MM/DD/YY)</p> <p>11 End date of grant (MM/DD/YY)</p> <p>12 Application type</p> <p>13 Is this grant already in agency's continuation budget?</p> <p>14 Budget code the grant will be expended in (XXXX).....</p> <p>15 Fund code (XXXX or NA)</p> <p>16 Is there a state matching requirement?</p> <p>17 If yes, what is the matching requirement?</p> <p>18 If yes, what is the source of state funds being used to match grant funds?</p> <p>19 Is there a maintenance of effort (MOE) requirement?</p> <p>20 If yes, what is the MOE?</p> <p>21 Is an additional General Fund appropriation required to meet the state match requirement?</p> <p>22 Will any of these funds be passed through to local governments or non-state entities?</p> <p>23 If yes, identify affected entities by type</p> <p>24 Will additional state monies be required to continue the program if grant expires or is reduced?</p> <p>25 If yes, is this a requirement of the grant?</p> <p>26 Are new FTEs funded through the grant?</p>	<p>Department of Health and Human Services</p> <hr/> <p>Division of Public Health</p> <p>Cathy Thomas, Branch Head</p> <p>707-5216</p> <p>Cathy.Thomas@ncmail.net</p> <p>Centers for Disease Control and Prevention (CDC)</p> <hr/> <p>93 283</p> <p>Nutrition, Physical Activity and Obesity Program</p> <hr/> <p>03/17/08</p> <p>06/30/08</p> <p>06/29/09</p> <p>New</p> <p>No</p> <p>14430</p> <p>1551</p> <p>Yes</p> <p>Required match is 1:5, 1 state dollar for every 5 federal dollars. This is in-kind funding expended by the State in support of local health department activities focused on physical activity and nutrition. 14430-2801-1551-5503-00 - Statewide Health Prom.</p> <p>In Kind</p> <p>No</p> <p>No</p> <p>Yes</p> <p>local govt</p> <p>Yes</p> <p>No</p> <p>No</p>	<p style="text-align: center;">For 2007-08 Complete either Authorized or Proposed</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">SFY 2006-07 Actual</th> <th style="width: 15%;">SFY 2007-08 Authorized</th> <th style="width: 15%;">SFY 2007-08 Proposed</th> <th style="width: 15%;">SFY 2008-09 Proposed</th> <th style="width: 15%;">SFY 2009-10 Proposed</th> <th style="width: 15%;">SFY 2010-11 Proposed</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: right;">\$1,300,000.00</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: right;">\$985,325.00</td> <td></td> <td></td> </tr> </tbody> </table> <p>27 If yes, give the number by type for each year: <i>Permanent</i> <i>Time-Limited</i></p> <p>28 Amount of grants funds <u>applied</u> for in each year</p> <p>29 Amount of grants funds <u>awarded</u> in each year</p> <p>30 Purpose of grant or amendment</p> <p>The purpose of this cooperative agreement is to improve healthful eating and physical activity to prevent and control obesity and other chronic diseases by building and sustaining statewide capacity, and implementing population-based strategies and interventions</p>	SFY 2006-07 Actual	SFY 2007-08 Authorized	SFY 2007-08 Proposed	SFY 2008-09 Proposed	SFY 2009-10 Proposed	SFY 2010-11 Proposed										\$1,300,000.00						\$985,325.00		
SFY 2006-07 Actual	SFY 2007-08 Authorized	SFY 2007-08 Proposed	SFY 2008-09 Proposed	SFY 2009-10 Proposed	SFY 2010-11 Proposed																					
			\$1,300,000.00																							
			\$985,325.00																							

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 managed 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.

NC DHHS Required Signatures

Signatures at Division/Office level:

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

1 Department	Department of Health and Human Services
2 Division (except in DHHS)	
DHHS only, choose division from drop down list.....	
3 Contact person (name)	Sharon Nelson
4 Phone number	707-5220
5 E-mail	Sharon.Boss.Nelson@ncmail.net
6 Funding Entity (grantor)	Centers for Disease Control and Prevention (CDC)
7 CFDA number.....	93.283
8 Grant title	Building a Healthy Nation - Strategic Alliance for Health
9 Grant application deadline (MM/DD/YY)	06/24/08
10 Start date of grant (MM/DD/YY)	09/30/08
11 End date of grant (MM/DD/YY)	09/29/09
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).....	
15 Fund code (XXXX or NA)	NA
16 Is there a state matching requirement?	Yes
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
18 If yes, what is the source of state funds being used to match grant funds?	In 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?	No
25 If yes, is this a requirement of the grant?	
26 Are new FTEs funded through the grant?	Yes

		For 2007-08 Complete either Authorized or Proposed					
		SFY 2006-07 Actual	SFY 2007-08 Authorized	SFY 2007-08 Proposed	SFY 2008-09 Proposed	SFY 2009-10 Proposed	SFY 2010-11 Proposed
27	If yes, give the number by type for each year: <i>Permanent</i>						
	<i>Time-Limited</i>				2,000		
28	Amount of grants funds <u>applied for</u> in each year				\$270,000.00	\$765,000.00	\$900,000.00
29	Amount of grants funds <u>awarded</u> in each year						
30	Purpose of grant or amendment	To promote policy, organizational, systems and environmental community change in physical activity and nutrition in order to reduce complications from and incidence of cardiovascular disease, diabetes, and obesity.					
31	Comments						

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.

NC DHHS Required Signatures

Signatures at Division/Office level: Grant Coordinator: _____ Budget Officer: _____ Director: _____	Date of Signature: _____ _____ _____
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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

1 Department	Department of Health and Human Services
2 Division (except in DHHS)	Division of Public Health
3 Contact person (name)	John M. Peebles
4 Phone number	919 715 6737
5 E-mail	john.peebles@ncmail.net
6 Funding Entity (grantor)	CDC
7 CFDA number	93.94
8 Grant title	Adult Viral Hepatitis Prevention Coordinator
9 Grant application deadline (MM/DD/YY)	08/31/07
10 Start date of grant (MM/DD/YY)	1/01/07
11 End date of grant (MM/DD/YY)	10/31/08
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)	14430
15 Fund code (XXXX or NA)	1451
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?	
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 2007-08					
	SFY 2006-07 Actual	SFY 2007-08 Complete either Authorized or Proposed	SFY 2007-08 Proposed	SFY 2008-09 Proposed	SFY 2009-10 Proposed	SFY 2010-11 Proposed
27 If yes, give the number by type for each year: Permanent						
28 Amount of grants funds applied for in each year			\$99,743.00	\$43,871.00		
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 Coordinator for the State, which was previously funded by the Epidemiology and Lab Capacity for Infectious Disease Grant. This is not a new position but only a new funding source to an existing FTE.					
31 Comments						

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.

NC DHHS Required Signatures

Signatures at Division/Office level:

Date of Signature:

Grant Coordinator: _____

Budget Officer: _____

Director: _____

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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

<p>1 Department</p> <p>2 Division (except in DHHS)</p> <p style="padding-left: 20px;">DHHS only, choose division from drop down list</p> <p>3 Contact person (name)</p> <p>4 Phone number</p> <p>5 E-mail</p> <p>6 Funding Entity (grantor)</p> <p>7 CFDA number</p> <p>8 Grant title</p> <p>9 Grant application deadline (MM/DD/YY)</p> <p>10 Start date of grant (MM/DD/YY)</p> <p>11 End date of grant (MM/DD/YY)</p> <p>12 Application type</p> <p>13 Is this grant already in agency's continuation budget?</p> <p>14 Budget code the grant will be expended in (XXXX)</p> <p>15 Fund code (XXXX or NA)</p> <p>16 Is there a state matching requirement?</p> <p>17 If yes, what is the matching requirement?</p> <p>18 If yes, what is the source of state funds being used to match grant funds?</p> <p>19 Is there a maintenance of effort (MOE) requirement?</p> <p>20 If yes, what is the MOE?</p> <p>21 Is an additional General Fund appropriation required to meet the state match requirement?</p> <p>22 Will any of these funds be passed through to local governments or non-state entities?</p> <p>23 If yes, identify affected entities by type</p> <p>24 Will additional state monies be required to continue the program if grant expires or is reduced?</p> <p>25 If yes, is this a requirement of the grant?</p> <p>26 Are new FTEs funded through the grant?</p>	<p>Department of Health and Human Services</p> <p>Division of Public Health</p> <p>Alvina Long-Valentin</p> <p>919-707-5708</p> <p>alvina.long@ncmail.net</p> <p>US DHHS-Health Resources and Services Administration-Maternal and Child Health Bureau Division of Healthy Start and Perinatal Services</p> <p>93.11</p> <p>First Time Motherhood-New Parents Initiative NGA Revised</p> <p>06/30/08</p> <p>09/01/08</p> <p>08/31/10</p> <p>New</p> <p>No</p> <p>14430</p> <p>XXXX</p> <p>No</p> <p></p> <p></p> <p>No</p> <p>Yes</p> <p>local govt AND private non-profit AND other state agency</p> <p>No</p> <p></p> <p>No</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="6" style="text-align: center;">For 2007-08 Complete either Authorized or Proposed</th> </tr> <tr> <th style="width: 16.6%;">SFY 2006-07 Actual</th> <th style="width: 16.6%;">SFY 2007-08 Authorized</th> <th style="width: 16.6%;">SFY 2007-08 Proposed</th> <th style="width: 16.6%;">SFY 2008-09 Proposed</th> <th style="width: 16.6%;">SFY 2009-10 Proposed</th> <th style="width: 16.6%;">SFY 2010-11 Proposed</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: right;">\$416,667.00</td> <td style="text-align: right;">\$83,333.00</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: right;">\$416,667.00</td> <td style="text-align: right;">\$83,333.00</td> <td></td> </tr> </table> <p>27 If yes, give the number by type for each year: <i>Permanent</i> <i>Time-Limited</i></p> <p>28 Amount of grants funds <u>applied for</u> in each year</p> <p>29 Amount of grants funds <u>awarded</u> in each year</p> <p>30 Purpose of grant or amendment</p> <p style="font-size: small;">This project will work in six northeastern counties (Edgecombe, Gates, Halifax, Hertford, Nash, and Northampton) to conduct a social marketing effort focused on pregnancy intendedness and medical home. The project will work with women and men during the interconceptional period shortly after delivery. This collaborative partnership will include local community coalitions, March of Dimes, NC Healthy Start Foundation, along with representatives from UNC and ECU.</p>	For 2007-08 Complete either Authorized or Proposed						SFY 2006-07 Actual	SFY 2007-08 Authorized	SFY 2007-08 Proposed	SFY 2008-09 Proposed	SFY 2009-10 Proposed	SFY 2010-11 Proposed										\$416,667.00	\$83,333.00					\$416,667.00	\$83,333.00	
For 2007-08 Complete either Authorized or Proposed																																
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			\$416,667.00	\$83,333.00																												
			\$416,667.00	\$83,333.00																												

31 Comments

This project will enhance existing maternal and child health efforts of other WCHS programs.

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Date of Signature:

Grant Coordinator: _____

Budget Officer: _____

Director: _____

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1 Department	Department of Health and Human Services
2 Division (except in DHHS)	Division of Public Health
DHHS only, choose division from drop down list.....	
3 Contact person (name)	Sally 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.....	
8 Grant title	Tobacco Cessation for State Health Plan Members
9 Grant application deadline (MM/DD/YY)	06/05/08
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	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?	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?.....	Yes

		For 2007-08 Complete either Authorized or Proposed					
		SFY 2006-07 Actual	SFY 2007-08 Authorized	SFY 2007-08 Proposed	SFY 2008-09 Proposed	SFY 2009-10 Proposed	SFY 2010-11 Proposed
27	If yes, give the number by type for each year: <i>Permanent</i>						
	<i>Time-Limited</i>				0.500		
28	Amount of grants funds <u>applied for</u> in each year				\$105,903.00		
29	Amount of grants funds <u>awarded</u> in each year						
30	Purpose of grant or amendment	The grant purpose is to develop tools and resources to increase tobacco cessation among State Health Plan Members.					
31	Comments	The Tobacco Prevention and Control Branch is in negotiations with the North Carolina State Health Plan. The scope of work and budget have not been finalized and are subject to change.					

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NC DHHS Required Signatures

Signatures at Division/Office level: Grant Coordinator: _____ Budget Officer: _____ Director: _____	Date of Signature: _____ _____ _____
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1 Department	Department of Health and Human Services
2 Division (except in DHHS)	Division of Public Health
DHHS only, choose division from drop down list	
3 Contact person (name)	Debi Nelson
4 Phone number	919-707-5155
5 E-mail	debi.nelson@ncmail.net
6 Funding Entity (grantor)	CDC
7 CFDA number	93.283
8 Grant title	Cooperative Agreement to support State Assessment Initiatives 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 (XXXX)	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?	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?	Yes

		For 2007-08 Complete either Authorized or Proposed					
		SFY 2006-07 Actual	SFY 2007-08 Authorized	SFY 2007-08 Proposed	SFY 2008-09 Proposed	SFY 2009-10 Proposed	SFY 2010-11 Proposed
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	The purpose of this grant is to: 1) Establish a Steering Committee to assess and monitor the effectiveness of CHA, 2) Establish a system that will integrate local CHA findings and community priorities with Internal/External Partners to support statewide public health program and policy development, 3) Establish a comprehensive system of training and technical assistance, 4) Develop a sustainability plan for community health assessment to include a permanent manager of the Community Health Assessment process						

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 we applied for.

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Budget Officer: _____

Director: _____

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1 Department	Department of Health and Human Services
2 Division (except in DHHS)	Division of Public Health
DHHS only, choose division from drop down list.....	
3 Contact person (name)	Barbara Pullen-Smith / Kimberly Leathers
4 Phone number	919 431 1613
5 E-mail	kimberly.leathers@ncmail.net Barbara.Pullen-Smith@ncmail.net
6 Funding Entity (grantor)	NC Health and Wellness Trust Fund Commission
7 CFDA number.....	
8 Grant title	Eliminating Health Disparities Initiative Phase II Deadline: 10/01/08 Start 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 (XXXX 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 2007-08 Complete either Authorized or Proposed				
	SFY 2006-07 Actual	SFY 2007-08 Authorized	SFY 2007-08 Proposed	SFY 2008-09 Proposed	SFY 2009-10 Proposed
27 If yes, give the number by type for each year: <i>Permanent</i>					
<i>Time-Limited</i>					
28 Amount of grants funds <u>applied for</u> in each year					1,000
29 Amount of grants funds <u>awarded</u> in each year					\$150,000.00
30 Purpose of grant or amendment	\$150,000.00				
<p>This is a three (3) year grant, with an opportunity for the Office of Minority Health to reapply in three (3) years. The purpose of the grant is to expand the community Health Ambassador's Training Program in rural and underserved counties in NC to address eliminating health disparities. The Ambassador Training Program is 22 hour course curriculum through the NC Community College with emphasis in diabetes prevention screening and treatment.</p>					

31 Comments

Position: Community Development Specialist I (Grade 67) - This position provides consultative, technical, and promotional work assisting Community Health Ambassadors in the local communities

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Signatures at Division/Office level:

Date of Signature:

Grant Coordinator _____

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Director: _____
