## Grants to the North Carolina Center for the Advancement of Teaching and the Department of Public Instruction Joint Legislative Committee for Governmental Operations

## March 15, 2010

North Carolina Center for the Advancement of Teaching	Source	Purpose	Grant Amount	
	Kenan Fellows Program	Seminar for up to 15 Kenan Fellows	10,370	
	Rabbi Israel Miller Fund for Shoah Research for the Conference on Jewish Material Claims Against Germany	Holocaust Education Program	65,000	
	North Carolina Public School Forum	Seminar on best practices for motivating African American students	14,256	
	Piedmont Natural Gas	To expand NCCAT's environmental education program	10,000	
	Dominion Education Partnership	To support NCCAT's Teaching Students of the 21st Century STEM Initiative	6,400	
	Charles M. and Mary D. Grant Foundation	To support NCCAT's Teaching Students of the 21st Century STEM Initiative	30,000	
		NCCAT grants total	136,026	
Department of Public Instruction				
	GEAR UP North Carolina	Reimbursement of costs associated with the administration of the PSAT/NMSQT to all 9th, 10th and 11th graders attending one of the GEAR UP high schools	83,229	
		NCCAT and DPI grants total	219,255	

Notification	of Application	for Grant Fun	ds/Awards, 20	009-10		
OSBM Office of State B		S West Jones Street, Raleigh, Nebelsbergersb		00.		
1 Department	Public Education					
2 Division (except in DHHS)	North Carolina Center for A	dvancement of Teaching				
DHHS only, choose division from drop down list						
3 Contact person (name)	Tina Wilson					
4 Phone number	(828)293-5202	······································				
5 E-mail	wilsont@nccat.org					
6 Funding Entity (grantor)	Kenan Fwilows Program					
G						
7 CFDA number						
8 Grant title			**************************************	1		
		WWW.	7-111-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-			
9 Grant application deadline (MM/DD/YY)						
10 Start date of grant (MM/DD/YY)						
11 End date of grant (MM/DD/YY)						
12 Application type	New					
13 Is this grant already in agency's continuation budget?	No					
14 Budget code the grant will be expended in (XXXXX)	13510			1		
15 Fund code (XXXX or NA)						
16 Is there a state matching requirement?	No		***************************************	1		
17 If yes, what is the matching requirement?		· · · · · · · · · · · · · · · · · · ·				
18 If yes, what is the source of state funds being used				1		
to match grant funds						
19 Is there a maintenance of effort (MOE) requirement?	No					
20 If yes, what is the MOE?						
20 11 700, 111111111111111111111111111111			a			
21 Is an additional General Fund appropriation required to meet	No					
the state match requirement?						
22 Will any of these funds be passed through to local govern-	No					
ments or non-state entities?						
23 If yes, identify affected entities by type						
24 Will additional state monies be required to continue the program if grant expires or is reduced?	No					
25 If yes, is this a requirement of the grant?						
26 Are new FTEs funded through the grant?	No					
20 Are new Files funded through the grants		I For 20	100.10	]		
		1	horized or Proposed			
	CEV 2008 00	SFY 2009-10	SFY 2009-10	CEV 2010 11	CEV 2044 42	SEV 2010 12
	SFY 2008-09			SFY 2010-11	SFY 2011-12	SFY 2012-13
	Actual	Authorized	Proposed	Proposed	Proposed	Proposed
27 If yes, give the number by type for each year: Permanent						
Time-Lim	ited					
28 Amount of grants funds applied for in each year			· · · · · · · · · · · · · · · · · · ·			
and the second second		\$10,370.00				
29 Amount of grants funds <u>awarded</u> in each year	Funda ara far a Controllar	which will conduct a seminar for	arum to 15 Colleges and 2 sta	ff in Cullouthan NC on July:	12 15 2010. The total beach	an allocated for room and
30 Purpose of grant or amendment		which will conduct a seminar to d cost for conducting the semin		in in Cullownee, NC on July	12-15, 2010. The total has b	een allocated for room and
	board and other associated	2 cost for conducting the semina	ui.			
31 Comments	The Kenan Fellows Progra	m will award funds to NCCAT L	upon execution of the contract	ct. A fifty-percent deposit is \$	5,185 will be due by Decemb	per 31, 2009 and the
UT SSIMIONS	remaining balance \$5,185			* 1		,
Return completed form as email attachment and indicate in message that pr	oper agency sign-offs have b	een obtained. Contact your OS	BM budget analyst if you have	ve questions.		

		for Grant Fun					
OSBM Office of State B		West Jones Street, Raleigh, Normann Burner, Normann Market Burner, N		00.			
1 Department	Public Education						
2 Division (except in DHHS)	North Carolina Center for the	e Advancement of Teaching (N	ICCAT)				
DHHS only, choose division from drop down list							
3 Contact person (name)	Tina Wilson						
4 Phone number	828-293-5202						
5 E-mail	020 200 0202						
	Rabbi Israel Miller Fund for	Shook Passarah					
6 Funding Entity (grantor)	Rabbi Islael Willer Fullu Iol	Silvail Research					
7 CFDA number				•			
8 Grant title	Conference on Jewish Ma Program)	terial Claims Against Germa	ny (Holocaust Education				
9 Grant application deadline (MM/DD/YY)							
10 Start date of grant (MM/DD/YY)			····				
11 End date of grant (MM/DD/YY)							
12 Application type	New						
13 Is this grant already in agency's continuation budget?	No						
14 Budget code the grant will be expended in (XXXXX)	13510						
15 Fund code (XXXX or NA)							
16 Is there a state matching requirement?	No						
17 If yes, what is the matching requirement?							
,, ., ,,		s.e.	•				
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						
	110						
20 If yes, what is the MOE?							
21 Is an additional General Fund appropriation required to meet	No						
the state match requirement?	140						
•							
22 Will any of these funds be passed through to local govern-	No						
ments or non-state entities?							
23 If yes, identify affected entities by type							
24 Will additional state monies be required to continue the program if grant expires or is reduced?	No						
25 If yes, is this a requirement of the grant?							
26 Are new FTEs funded through the grant?	No						
26 Are new FTES funded unrough the grant?	140	F 00	00.40	J			
		For 20	1				
		Complete either Auth	· · · · · · · · · · · · · · · · · · ·	Am) / A= := ::	051/0511	000/0000	
	SFY 2008-09	SFY 2009-10	SFY 2009-10	SFY 2010-11	SFY 2011-12	SFY 2012-13	
	Actual	Authorized	Proposed	Proposed	Proposed	Proposed	
27 If yes, give the number by type for each year: Permanent							
3,1,3,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1							
Time-Limi	tea		i				
28 Amount of grants funds <u>applied for</u> in each year							
29 Amount of grants funds awarded in each year		\$65,000.00					
30 Purpose of grant or amendment	The purpose of the receipt i	is to offer one 6-day seminar fo	r 24 NC teachers that include	des 3 days in the US Holocaus	st Memorial Museum and one	4-day advanced seminar	
00 · 1. p - 2 · 3 · 1. · 1. · 1. · 1. · 1. · 1. · 1.		CAT's main campus in Cullow					
	educational outreach to the	community.					
31 Comments	Receipts are collected in 08	302 200022960 in 23510 and e	xpenditures are spent out of	0801 141022960410 in 1351	). This grant/receipt is new a	nd not included on	
01 00		was transferred to DPI as part			,		
		,	-				
	1						
Deture completed form as small attachment and indicate in massage that pr	and address sign offe house he	en obtained Contact your OS	PM hudget englyst if you have	vo questions			

Notification (	of Application	for Grant Fun	ds/Awards, 20	009-10		
OSBM Office of State B		West Jones Street, Raleigh, I bm.state.nc.us/files/pdf_files/g		00.		
1 Department	Public Education					
2 Division (except in DHHS)	North Carolina Center for th	e Advancement of Teaching (I	NCCAT)			
DHHS only, choose division from drop down list						
3 Contact person (name)	Tina Wilson					
4 Phone number	828-293-5202					
5 E-mail						
6 Funding Entity (grantor)	Public School Forum					
7 CFDA number						
8 Grant title	Public School Forum for t Students"	he "Best Practices for Motiv	ating African American			
9 Grant application deadline (MM/DD/YY)						
10 Start date of grant (MM/DD/YY)						
11 End date of grant (MM/DD/YY)	***************************************					
12 Application type	New					
13 Is this grant already in agency's continuation budget?	No					
14 Budget code the grant will be expended in (XXXXX)	13510					
15 Fund code (XXXX or NA)	1410					
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 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					
		•	009-10 horized or Proposed			
	SFY 2008-09	SFY 2009-10	SFY 2009-10	SFY 2010-11	SFY 2011-12	SFY 2012-13
	Actual	Authorized	Proposed	Proposed	Proposed	Proposed
-	Actual	Authorized	Froposeu	T TOPOSEG	Порозец	1 Toposeu
27 If yes, give the number by type for each year: Permanent						
Time-Limi	ted					
28 Amount of grants funds applied for in each year						
29 Amount of grants funds awarded in each year		\$14,256.00	l			
30 Purpose of grant or amendment		is to conduct a seminar Best P			24 participants in Cullowhee	e, NC on July 19-23, 2010.
	Public School Forum will su	upply list of participants with inf	ormational data to NCCAT by	y June 7, 2010.		
31 Comments	Receipts are collected in O	802 - 23510 budget code and e	expenditures are spent out of	0801 - 13510 budget code	This grant/receipt was not inc	luded on Worksheet I since
3) Confinents		DPI as part of the certified buc			g	
Return completed form as email attachment and indicate in message that pr	oper agency sign-offs have b	een obtained. Contact your OS	SBM budget analyst if you ha	ve auestions,		

Notification (	of Application	for Grant Fun	ds/Awards, 20	009-10		
	Budget and Management, 116 N Instructions at http://www.osb	West Jones Street, Raleigh, N	IC 27603-8005, 919-807-470			
1 Department	Public Education					
2 Division (except in DHHS)	North Carolina Center for the	Advancement of Teaching (N	ICCAT)			
DHHS only, choose division from drop down list						
3 Contact person (name)	Tina Wilson					
4 Phone number	828-293-5202					
5 E-mail						
6 Funding Entity (grantor)	Piedmont Natural Gas			1		
7 CFDA number				-		
8 Grant title	NCCAT's STEM Initiative					
9 Grant application deadline (MM/DD/YY)		·				
10 Start date of grant (MM/DD/YY)				]		
11 End date of grant (MM/DD/YY)				1		
12 Application type	New			1		
13 Is this grant already in agency's continuation budget?	No			1		
14 Budget code the grant will be expended in (XXXXX)	13510			1		
	1410			i i		
	No			1		
16 Is there a state matching requirement?				1		
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?				1		
26 Are new FTEs funded through the grant?				1		
EO TAT TOTAL TELEVISION AND STREET	L	1 For 20	009-10 <b>I</b>	_		
		<b>1</b>	horized or Proposed			
	SFY 2008-09	SFY 2009-10	SFY 2009-10	SFY 2010-11	SFY 2011-12	SFY 2012-13
	Actual	Authorized	Proposed	Proposed	Proposed	Proposed
27	Actual	Authorized	1 Toposeu	1.00000	T	,
27 If yes, give the number by type for each year: Permanent						
Time-Lim	ited					
28 Amount of grants funds applied for in each year						Marian Control of the
29 Amount of grants funds awarded in each year		\$10,000.00				
30 Purpose of grant or amendment				The funds will provide 22 teac	hers with the opportunity to a	ttend a five-day professional
	development seminar focusi	ng on sustainable energy and	the environment.			
04 0	Receipts are collected in 09/	02 - 23510 and expenditures	are spent out of 0801 - 1351	0. This grant/receipt is new a	nd not included on Workshee	t I since NCCAT was
31 Comments		of the certified budget. The 60		2		
	The state of the s					
Return completed form as email attachment and indicate in message that pr	oper agency sign-offs have be	en obtained. Contact your OS	BBM budget analyst if you ha	ve questions.		

Notification	of Application	for Grant Fun	ds/Awards, 20	009-10		
	Budget and Management, 116	West Jones Street, Raleigh, Nom.state.nc.us/files/pdf_files/gi	C 27603-8005, 919-807-470			
1 Department	Public Education					
2 Division (except in DHHS)	North Carolina Center for the	e Advancement of Teaching (N	ICCAT)			
DHHS only, choose division from drop down list		***************************************	**************************************			
3 Contact person (name)	Tina Wilson					
4 Phone number	828-293-5202					
5 E-mail						
6 Funding Entity (grantor)	Dominion Education Partner	ship				
7 CFDA number						
8 Grant title	Teaching Students of the	21st Century STEM Initiative	S			
9 Grant application deadline (MM/DD/YY)						
10 Start date of grant (MM/DD/YY)						
11 End date of grant (MM/DD/YY)						
12 Application type	New					
13 Is this grant already in agency's continuation budget?	No					
14 Budget code the grant will be expended in (XXXXX)	13510					
15 Fund code (XXXX or NA)	1410					
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?			······································			
20 11 700, 11100110 1110 1110 1110 1110 1						
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?	No					
		For 20	09-10	-		
		Complete either Aut	norized or Proposed 🗼			
	SFY 2008-09	SFY 2009-10	SFY 2009-10	SFY 2010-11	SFY 2011-12	SFY 2012-13
	Actual	Authorized	Proposed	Proposed	Proposed	Proposed
27 If yes, give the number by type for each year: Permanent				T		
	uitad					
Time-Lim	neu -					
28 Amount of grants funds <u>applied for</u> in each year		\$6,400.00				
29 Amount of grants funds <u>awarded</u> in each year	The second of the second	is to support nccat's teaching s	turdants of the 21st contunt	ETEM initiative to improve ma	th and eciance education in a	radas k-12
30 Purpose of grant or amendment	The purpose of the receipt	is to support needs teaching s	tudents of the 21st century a	STEIN IIIIIIalive to iinprove ma	in and science education in g	1aues K-12.
31 Comments		302 - 23510 and expenditures		<ol><li>This grant/receipt is new a</li></ol>	nd not included in Worksheet	I since NCCAT was
	transferred to DPI as part o	f the certified budget. The 606	i# is 12-0257.			
			DM hudget on short if b.s	vo questions		
Return completed form as email attachment and indicate in message that pi	roper agency sign-offs have be	een optained. Contact your OS	bivi budget analyst it you ha	ve questions.		

Notification	of Application	for Grant Fun	ds/Awards, 2	009-10		
OSBW Office of State B	Budget and Management, 116	S West Jones Street, Raleigh, N sbm.state.nc.us/files/pdf_files/g	IC 27603-8005, 919-807-47			
1 Department	Public Education					
2 Division (except in DHHS)	North Carolina Center for the	ne Advancement of Teaching (N	ICCAT)			
DHHS only, choose division from drop down list						
3 Contact person (name)	Tina Wilson					
4 Phone number	828-293-5202					
5 E-mail	wilsont@nccat.org					
6 Funding Entity (grantor)	Charles M. & Mary D. Gran	t Foundation				
7 CFDA number						
8 Grant title	NCCAT"S STEM Initiative					
9 Grant application deadline (MM/DD/YY)						
10 Start date of grant (MM/DD/YY)						
11 End date of grant (MM/DD/YY)						
12 Application type	NEW		· · · · · · · · · · · · · · · · · · ·			
13 Is this grant already in agency's continuation budget?	NO	······································				
14 Budget code the grant will be expended in (XXXXX)	13510					
15 Fund code (XXXX or 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? 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						
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		]		
	CEV 2000 00	₹	orized or Proposed			
	SFY 2008-09	SFY 2009-10	SFY 2009-10	SFY 2010-11	SFY 2011-12	SFY 2012-13
	Actual	Authorized	Proposed	Proposed	Proposed	Proposed
27 If yes, give the number by type for each year: Permanent						
Time-Limit	te <u>d</u>					
28 Amount of grants funds applied for in each year						
29 Amount of grants funds awarded in each year		\$30,000.00				
30 Purpose of grant or amendment		is to offer three 5 day seminars			the 21st Century STEM Initia	ative based seminars. This
	will include 32 hours of inst	ruction on NCCAT's Cullowhee	and/or Ocracoke based cam	npus.		
31 Comments	Receipts are collected in 08	302 - 23510 and expenditures a	re spent out of 0801 - 13510	This grant/receipt is new ar	nd not included on Workshoe	et Leince NCCAT was
		f the certified budget. The 606i		. The grant coope of the war	a not included on vvolkshee	artsinee NOOAT was
Return completed form as email attachment and indicate in message that pro	per agency sign-offs have be	een obtained. Contact your OSE	BM hudget analyst if you have	ve questions		

Notification	of Application	for Grant Fun	ds/Awards, 2	009-10		
Office of State I	Budget and Management, 116 Instructions at http://www.os	S West Jones Street, Raleigh, I sbm.state.nc.us/files/pdf_files/g	NC 27603-8005, 919-807-47 grants_instr.pdf	00.		
1 Department	Public Education					
2 Division (except in DHHS)	Academic Services and Ins	tructional Support				
DHHS only, choose division from drop down list				1		
3 Contact person (name)	Rebecca Garland			1		
4 Phone number	807-3305			1		
5 E-mail	Rgarland@dpi.state.r	ic.us	· · · · · · · · · · · · · · · · · · ·	1		
6 Funding Entity (grantor)	GEAR UP North Carolina		,,,,,			
7 CFDA number				1		
8 Grant title						
9 Grant application deadline (MM/DD/YY)		, , , , , , , , , , , , , , , , , , , ,				
10 Start date of grant (MM/DD/YY)				1		
11 End date of grant (MM/DD/YY)	<del></del>			1		
12 Application type	New			1		
13 Is this grant already in agency's continuation budget?	No			-		
	13510			1		
14 Budget code the grant will be expended in (XXXXX)  15 Fund code (XXXX or NA)	13310					
16 Is there a state matching requirement?	No			1		
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			1		
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				1		
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?	G	······································	······································	1		
26 Are new FTEs funded through the grant?	No					
		For 20 Complete either Aut	009-10 horized or Proposed	<b>.</b>		
	SFY 2008-09	SFY 2009-10	SFY 2009-10	SFY 2010-11	SFY 2011-12	SFY 2012-13
	Actual	Authorized	Proposed	Proposed	Proposed	Proposed
27 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Actual	Authorized	Proposed	Fiohosed	Proposed	rioposed
27 If yes, give the number by type for each year: Permanent	L	-			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
Time-Lim	ite <u>d</u>					
28 Amount of grants funds applied for in each year		\$83,228.60				
29 Amount of grants funds awarded in each year		\$83,228.60				
30 Purpose of grant or amendment	As a part of the effort to inc	rease the number of students	who are prepared to enter a	nd succeed in postsecondary e	ducation, GEAR UP NC, will	reimburse the NCDPI for
•		ne administration of the PSAT/I				
	is a comprehensive, statew	eipt of a duly signed invoice. T ride partnership, for which UNC and succeed in post-secondary	serves as the administrative			
31 Comments	, , , , , , , , , , , , , , , , , , , ,					
Return completed form as email attachment and indicate in message that pr	oper agency sign-offs have b	een obtained. Contact your OS	BM budget analyst if you ha	ve questions.		