



**STATE OF NORTH CAROLINA
OFFICE OF STATE BUDGET AND MANAGEMENT**

BEVERLY EAVES PERDUE
GOVERNOR

CHARLES E. PERUSSE
STATE BUDGET DIRECTOR

March 4, 2010

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, 2009-10

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
- 2 Division (except in DHHS)
DHHS only, choose division from drop down list.....
- 3 Contact person (name)
- 4 Phone number
- 5 E-mail
- 6 Funding Entity (grantor)
- 7 CFDA number.....
- 8 Grant title
- 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
- 13 Is this grant already in agency's continuation budget?
- 14 Budget code the grant will be expended in (XXXX)
- 15 Fund code (XXXX or NA)
- 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.
- 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
- 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?
- 27 If yes, give the number by type for each year: Permanent
Time-Limited
- 28 Amount of grants funds applied for in each year
- 29 Amount of grants funds awarded in each year
- 30 Purpose of grant or amendment
- 31 Comments

Department of Health and Human Services					
Division of Public Health					
Kevin Ryan					
919-707-5512					
kevin.ryan@dhs.nc.gov					
Substance Abuse and Mental Health Services Administration					
93.243					
North Carolina Linking Actions for Unmet Needs in Children's Health					
05/20/09					
09/30/09					
09/29/10					
New					
No					
14430					
1531					
No					
No					
Yes					
local govt					
No					
Yes					

For 2009-10
Complete either Authorized 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-Limited

28 Amount of grants funds applied for in each year

29 Amount of grants funds awarded in each year

30 Purpose of grant or amendment

31 Comments

Requesting 1.00 FTE time-limited position, Human Services Planner/Evaluator IV. This position was approved by the legislature in item 73 of the 2009 Conference Report on the Continuation, Capital and Expansion Budget.



Project LAUNCH
Department of Health and Human Services
Substance Abuse and Mental Health Services Administration
Center for Mental Health Services

Notice of Award

Issue Date: 09/09/2009

Grant Number: 1H79SM059332-01

Program Director:
Kevin Ryan

FILE COPY

SEP 15 2009

Project Title: North Carolina Linking Actions for Unmet Needs in Children's Health

Grantee Address	Business Address
NC STATE DEPT/HLTH & HUMAN SERVICES Lanier Cansler Secretary 2001 Mail Service Center Raleigh, NC 276992001	Lanier Cansler Secretary NC Department of Health and Human Services 2001 Mail Service Center Raleigh, NC 27699

Budget Period: 09/30/2009 – 09/29/2010

Project Period: 09/30/2009 – 09/29/2014

Dear Grantee:

The Substance Abuse and Mental Health Services Administration hereby awards a grant in the amount of \$850,000 (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to NC STATE DEPT/HLTH & HUMAN SERVICES in support of the above referenced project. This award is pursuant to the authority of Section 520A of the PHS Act (42 U.S.C. 290bb-32) and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

Award recipients may access the SAMHSA website at www.samhsa.gov (click on "Grants" then SAMHSA Grants Management), which provides information relating to the Division of Payment Management System, HHS Division of Cost Allocation and Postaward Administration Requirements. Please use your grant number for reference.

Acceptance of this award including the "Terms and Conditions" is acknowledged by the grantee when funds are drawn down or otherwise obtained from the grant payment system.

If you have any questions about this award, please contact your Grants Management Specialist and your Government Project Officer listed in your terms and conditions.

Sincerely yours,

Kathleen Sample
Grants Management Officer
Division of Grants Management, OPS
Substance Abuse and Mental Health Services Administration

See additional information below