STATE OF NORTH CAROLINA
OFFICE OF STATE BUDGET AND MANAGEMENT

BEVERLY EAVES PERDUE
GOVERNOR

CHARLES E. PERUSSE
STATE BUDGET DIRECTOR

October 16, 2009

MEMORANDUM

TO: Senator Marc Basnight, President Pro-Tempore of the Senate
Representative Joe Hackney, Speaker of the House of Representatives

FROM: 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.

Mailing address:
20320 Mail Service Center
Raleigh, NC 27699-0320

www.osbm.state.nc.us
919-807-4700 ** FAX: 919-733-0640
An EEO/AA Employer

Office location:
5200 Administration Building
116 West Jones Street

STATE OF NORTH CAROLINA
OFFICE OF STATE BUDGET AND MANAGEMENT

BEVERLY EAVES PERDUE
GOVERNOR

CHARLES E. PERUSSE
STATE BUDGET DIRECTOR

October 16, 2009

MEMORANDUM

TO: Senator Marc Basnight, President Pro-Tempore of the Senate
Representative Joe Hackney, Speaker of the House of Representatives

FROM: Julie Mitchel
Associate State Budget Officer

SUBJECT: Consultation on Establishment of new Budget Codes 68222, 29009,68xxx, and 29010

Pursuant to Section 6.6B of Session Law 2009-451 (Senate Bill 202), the Office of State Budget and Management (OSBM) and the Office of State Controller (OSC) shall consult with the Joint Legislative Commission of Government Operations prior to the establishment of new special funds. During fiscal year 2009-2010 the State plans to issue Two Thirds General Obligation Bonds, as well as, a potential second issue of General Obligation bonds. Therefore, two new budget codes, 68222 and 29009 are needed for the Two Thirds bond issuance and budget codes 68XXX and 29010 must be reserved for the potential second bond issuance during fiscal year 2009-10.

If you have any questions, please contact me at 919-807-4707.

\jm

cc: State Controller David McCoy
Anne Godwin
Amber Young
OSBM Charles Perusse
Adam Brueggemann
David Brown

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Notification of Application for Grant Funds/Awards, 2009-10

OSBM

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	Public Education
2	Division *(except in DHHS)*	Instructional and Accountability Services
	DHHS only, choose division from drop down list	
3	Contact person *(name)*	Laura Snyder
4	Phone number	919-807-3993
5	E-mail	Lsnyder@dpi.state.nc.us
6	Funding Entity (grantor)	U.S. Department of Education
7	CFDA number	84.326
8	Grant title	**IDEA VI-C Deaf/Blind Grant**
9	Grant application deadline *(MM/DD/YY)*	
10	Start date of grant *(MM/DD/YY)*	10/01/09
11	End date of grant *(MM/DD/YY)*	09/30/10
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)*	13510
15	Fund code *(XXXX or NA)*	1600
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 2009-10 Complete either Authorized or Proposed

		SFY 2008-09 Actual	SFY 2009-10 Authorized	SFY 2009-10 Proposed	SFY 2010-11 Proposed	SFY 2011-12 Proposed	SFY 2012-13 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	$271,306.12			$313,649.00	$313,649.00	$313,649.00
29	Amount of grants funds awarded in each year	$313,649.00	$313,649.00				

30 Purpose of grant or amendment

The primary purpose of IDEA VI-C Deaf/Blind Grant is to assist states in providing early intervention, special education, and related services to infants, toddlers, children, and youth who are deaf/blind. It also assists agencies that are preparing adolescents who are deaf/blind for adult placement; and supports research, development, replication, pre-service and in-service training, parental involvement activities, and other activities to improve services to children who are deaf/blind.

31 Comments

The funding source is 325XX; complete CFDA# is 84.326C. The 08-09 year started the new 5 year competitive grant cycle that will end 9/30/2013. BD606# 11-0271 dated September 2008 coded R budgeted the 08-09 funds in the amount of $313,649. There are no FTE's funded through this this grant. The Proposed funds for 2010-11, 2011-12, and 2012-13 are based on the 5 year application.

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.

Notification of Application for Grant Funds/Awards, 2009-10

OSBM

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)*	
	DHHS only, choose division from drop down list	Division of Central Management and Support
3	Contact person *(name)*	John Price
4	Phone number	919-733-2040
5	E-mail	john.price@dhhs.nc.gov
6	Funding Entity (grantor)	NC Foundation for Advanced Health Programs
7	CFDA number	0
8	Grant title	**CCNC Reducing Disparities Practice Site Program Grant**
9	Grant application deadline *(MM/DD/YY)*	07/01/09
10	Start date of grant *(MM/DD/YY)*	09/15/09
11	End date of grant *(MM/DD/YY)*	06/30/11
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)*	14410
15	Fund code *(XXXX or NA)*	1510
16	Is there a state matching requirement?	No
17	If yes, what is the matching requirement?	This grant will be matched with DMA Administration and Training Medicaid funds (federal) on a 50/50 basis.
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?	
26	Are new FTEs funded through the grant?	No

For 2009-10 Complete either Authorized or Proposed

		SFY 2008-09 Actual	SFY 2009-10 Authorized	SFY 2009-10 Proposed	SFY 2010-11 Proposed	SFY 2011-12 Proposed	SFY 2012-13 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			$50,000.00	$25,000.00		
29	Amount of grants funds awarded in each year			$50,000.00	$25,000.00		

30	Purpose of grant or amendment	This grant is to provide matching funds to enable us to pilot a disparities project in one Community Care of NC network where "high opportunity" practices are participating - in terms of racial and ethnic enrollment, opportunity for improvement and provider enthusiasm and interest in developing a model program than can be replicated across other CCNC networks.
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.

Notification of Application for Grant Funds/Awards, 2009-10

OSBM

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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)*	
	DHHS only, choose division from drop down list	Division of Central Management and Support
3	Contact person *(name)*	John Price
4	Phone number	919-733-2040
5	E-mail	john.price@dhhs.nc.gov
6	Funding Entity (grantor)	NC Foundation for Advanced Health Programs
7	CFDA number	0
8	Grant title	**CCNC Heart Failure Telehealth Grant**
9	Grant application deadline *(MM/DD/YY)*	07/01/09
10	Start date of grant *(MM/DD/YY)*	09/15/09
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)*	14410
15	Fund code *(XXXX or NA)*	1510
16	Is there a state matching requirement?	No
17	If yes, what is the matching requirement?	This grant will be matched with DMA Administration and Training Medicaid funds (federal) on a 50/50 basis.
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?	
26	Are new FTEs funded through the grant?	No

For 2009-10 Complete either Authorized or Proposed

		SFY 2008-09 Actual	SFY 2009-10 Authorized	SFY 2009-10 Proposed	SFY 2010-11 Proposed	SFY 2011-12 Proposed	SFY 2012-13 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			$96,775.00			
29	Amount of grants funds awarded in each year			$96,775.00			
30	Purpose of grant or amendment	This grant is to provide matching funds to use telemonitoring technology to improve health outcomes in high-risk Medicaid recipients with heart failure. Three Community Care of NC networks are partnering with the Office of Rural Health and Community Care to pilot a heart failure telehealth program to use telemonitoring technology to provide more intensive case management, health coaching, and clinical support to high risk heart failure patients.					
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.

Notification of Application for Grant Funds/Awards, 2009-10

OSBM

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1	Department	Department of Transportation
2	Division *(except in DHHS)*	Motor Vehicles
	DHHS only, choose division from drop down list	
3	Contact person *(name)*	Preston H. Cudd
4	Phone number	919-861-3123
5	E-mail	pcudd@ncdot.gov
6	Funding Entity (grantor)	Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA)
7	CFDA number	20.234
8	Grant title	**FMCSA-SaDIP-2010-01**
9	Grant application deadline *(MM/DD/YY)*	10/02/09
10	Start date of grant *(MM/DD/YY)*	01/01/10
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)*	84210
15	Fund code *(XXXX* or *NA)*	
16	Is there a state matching requirement?	Yes
17	If yes, what is the matching requirement?	80% Federal = $81,260 20% State = $20,315 (FMCSA authorized the State to use "soft match" for this grant. Approval to proceed using soft match received by Angela Ayscue, NCDOT Federal Grants Mgr, on 10/01/09.)
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?	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 2009-10
Complete either Authorized or Proposed

		SFY 2008-09 Actual	SFY 2009-10 Authorized	SFY 2009-10 Proposed	SFY 2010-11 Proposed	SFY 2011-12 Proposed	SFY 2012-13 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				$101,575.00		
29	Amount of grants funds awarded in each year						

30 Purpose of grant or amendment: The goal of the grant is to improve North Carolina's crash data by improving the quality of North Carolina's crash data repository. The requested funds are needed to move NC further towards statewide electronic data reporting. NC will (1) upgrade the TraCS to version 10, (2) implement an incident location tool during the TraCS 10 upgrade and (3) train staff and supply instructional materials.

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.

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

OSBM

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 Juvenile Justice and Delinquency Prevention
2	Division *(except in DHHS)*	Administration Services - (NC JOIN) NC Juvenile On-Line Information Network
	DHHS only, choose division from drop down list	
3	Contact person *(name)*	David Pozun
4	Phone number	919-733-3388 ext 8244
5	E-mail	david.pozun@djjdp.nc.gov
6	Funding Entity (grantor)	GOVERNOR'S CRIME COMMISSION THROUGH BYRNE/JAG-ARRA
7	CFDA number	16.803
8	Grant title	**NC KIDS**
9	Grant application deadline *(MM/DD/YY)*	01/31/09
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)*	24060
15	Fund code *(XXXX or NA)*	2379
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 2008-09 Complete either Authorized or Proposed

		SFY 2007-08 Actual	SFY 2008-09 Authorized	SFY 2008-09 Proposed	SFY 2009-10 Proposed	SFY 2010-11 Proposed	SFY 2011-12 Proposed
27	If yes, give the number by type for each year: *Permanent*						
	Time-Limited				1.000	1.000	
28	Amount of grants funds applied for in each year				$203,906.00	$203,906.00	
29	Amount of grants funds awarded in each year				$203,906.00	$203,906.00	

30	Purpose of grant or amendment	Provide a position that is responsible in design, development, and implementation of all statewide DJJDP information systems. Also funds will be used for registration, general office supplies, computer & printer software supplies, travel expenses, and server software purchases.
31	Comments	

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Notification of Application for Grant Funds/Awards, 2009-10

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1	Department	Judicial Branch
2	Division *(except in DHHS)*	ADMINISTRATIVE OFFICE OF THE COURTS
	DHHS only, choose division from drop down list	
3	Contact person *(name)*	RONALD L. MOORE, DISTRICT ATTORNEY 28TH DISTRICT
4	Phone number	828-232-2500
5	E-mail	Ron.L.Moore@aoc.nccourts.org
6	Funding Entity (grantor)	Buncombe County, NC
7	CFDA number	
8	Grant title	**Emergency Judge Contract**
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)*	22001
15	Fund code *(XXXX or NA)*	2091
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?	Yes
25	If yes, is this a requirement of the grant?	No
26	Are new FTEs funded through the grant?	No

For 2009-10 Complete either Authorized or Proposed

		SFY 2008-09 Actual	SFY 2009-10 Authorized	SFY 2009-10 Proposed	SFY 2010-11 Proposed	SFY 2011-12 Proposed	SFY 2012-13 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		$8,000.00	$10,000.00			
29	Amount of grants funds awarded in each year						
30	Purpose of grant or amendment	Provide an Emergency Court Judge to hold additional days of Administrative Court in Judicial District 28					
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.

Notification of Application for Grant Funds/Awards, 2009-10

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1	Department	Judicial Branch
2	Division *(except in DHHS)*	ADMINISTRATIVE OFFICE OF THE COURTS
	DHHS only, choose division from drop down list	
3	Contact person *(name)*	JUDGE GARY CASH
4	Phone number	828-232-5052
5	E-mail	Gary.S.Cash@aoc.nccourts.org
6	Funding Entity (grantor)	Buncombe County Department of Social Services
7	CFDA number	
8	Grant title	**Emergency Judge Contract**
9	Grant application deadline *(MM/DD/YY)*	
10	Start date of grant *(MM/DD/YY)*	07/01/09
11	End date of grant *(MM/DD/YY)*	12/30/10
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)*	22001
15	Fund code *(XXXX or NA)*	2091
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?	Yes
25	If yes, is this a requirement of the grant?	No
26	Are new FTEs funded through the grant?	No

For 2009-10 Complete either Authorized or Proposed

		SFY 2008-09 Actual	SFY 2009-10 Authorized	SFY 2009-10 Proposed	SFY 2010-11 Proposed	SFY 2011-12 Proposed	SFY 2012-13 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		$13,279.50				
30	Purpose of grant or amendment	Provide an Emergency Court Judge to hold additional days of Abuse, Neglect, and Dependency Court in Judicial District 28					
31	Comments						

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Notification of Application for Grant Funds/Awards, 2009-10

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Instructions at http://www.osbm.state.nc.us/files/pdf_files/grants_instr.pdf

1	Department	Department of Environment and Natural Resources
2	Division *(except in DHHS)*	Division of Marine Fisheries
	DHHS only, choose division from drop down list	
3	Contact person *(name)*	Kelly Price
4	Phone number	252-808-8168
5	E-mail	Kelly.Price@ncdenr.gov
6	Funding Entity (grantor)	Dept. of Interior/Fish and Wildlife Service
7	CFDA number	622
8	Grant title	**FY10 BIG TIER II BEAUFORT HARBOR MARINA AND YACHT CLUB**
9	Grant application deadline *(MM/DD/YY)*	09/25/09
10	Start date of grant *(MM/DD/YY)*	04/01/10
11	End date of grant *(MM/DD/YY)*	03/31/12
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)*	14300
15	Fund code *(XXXX or NA)*	1320
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?	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?	
26	Are new FTEs funded through the grant?	NO

For 2009-10 Complete either Authorized or Proposed

		SFY 2008-09 Actual	SFY 2009-10 Authorized	SFY 2009-10 Proposed	SFY 2010-11 Proposed	SFY 2011-12 Proposed	SFY 2012-13 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			$455,176.00			
29	Amount of grants funds awarded in each year						

30 Purpose of grant or amendment: Proposed funds for this project will be used to install dockage for 50 transient vessels with water and electric service, a pumpout station, fuel station and dock house with showers, restrooms, laundry, and lounge.

31 Comments: Application of these funds has been approved by the Divison Director.

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.

Notification of Application for Grant Funds/Awards, 2009-10

OSBM

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1	Department	Department of Environment and Natural Resources
2	Division *(except in DHHS)*	Division of Marine Fisheries
	DHHS only, choose division from drop down list	
3	Contact person *(name)*	Kelly Price
4	Phone number	252-808-8168
5	E-mail	Kelly.Price@ncdenr.gov
6	Funding Entity (grantor)	Dept. of Interior/Fish and Wildlife Service
7	CFDA number	622
8	Grant title	**FY10 BIG TIER II MACKEYS MARINA**
9	Grant application deadline *(MM/DD/YY)*	09/25/09
10	Start date of grant *(MM/DD/YY)*	04/01/10
11	End date of grant *(MM/DD/YY)*	03/31/12
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)*	14300
15	Fund code *(XXXX or NA)*	1320
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?	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?	
26	Are new FTEs funded through the grant?	NO

For 2009-10 Complete either Authorized or Proposed

		SFY 2008-09 Actual	SFY 2009-10 Authorized	SFY 2009-10 Proposed	SFY 2010-11 Proposed	SFY 2011-12 Proposed	SFY 2012-13 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			$744,465.00			
29	Amount of grants funds awarded in each year						

30 Purpose of grant or amendment: Proposed funds for this project will be used to construct 36 transient boat slips (26 overnight, 10 day) with water and electric service, a bath house with two restrooms, two showers and laundry facilities, and an additional rest station with two restrooms (for day slips).

31 Comments: Application of these funds has been approved by the Divison Director.

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.

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1	Department	Department of Environment and Natural Resources
2	Division *(except in DHHS)*	Division of Marine Fisheries
	DHHS only, choose division from drop down list	
3	Contact person *(name)*	Kelly Price
4	Phone number	252-808-8168
5	E-mail	Kelly.Price@ncdenr.gov
6	Funding Entity (grantor)	Dept. of Interior/Fish and Wildlife Service
7	CFDA number	622
8	Grant title	**FY2010 NC BIG-P TIER I CYPRESS COVE MARINA**
9	Grant application deadline *(MM/DD/YY)*	09/25/09
10	Start date of grant *(MM/DD/YY)*	01/01/10
11	End date of grant *(MM/DD/YY)*	12/31/10
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)*	14300
15	Fund code *(XXXX or NA)*	1320
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?	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?	
26	Are new FTEs funded through the grant?	NO

For 2009-10 Complete either Authorized or Proposed

		SFY 2008-09 Actual	SFY 2009-10 Authorized	SFY 2009-10 Proposed	SFY 2010-11 Proposed	SFY 2011-12 Proposed	SFY 2012-13 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			$57,150.00			
29	Amount of grants funds awarded in each year						

30 Purpose of grant or amendment: Proposed funds for this project will be used to install channel markers, reconstruct a bath house (restrooms, showers, kitchen and lounge), and renovate additional bathrooms and a laundry facility.

31 Comments: Application of these funds has been approved by the Divison Director.

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.

Notification of Application for Grant Funds/Awards, 2009-10

OSBM

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 Environment and Natural Resources
2	Division *(except in DHHS)*	NC DIVISION OF MARINE FISHERIES
	DHHS only, choose division from drop down list	
3	Contact person *(name)*	Kelly Price
4	Phone number	252-808-8168
5	E-mail	Kelly.Price@ncdenr.gov
6	Funding Entity (grantor)	NOAA/DEPARTMENT OF COMMERCE
7	CFDA number	11.433
8	Grant title	**NC COMMERCIAL SNAPPER/GROUPER SAMPLING**
9	Grant application deadline *(MM/DD/YY)*	08/17/09
10	Start date of grant *(MM/DD/YY)*	04/01/10
11	End date of grant *(MM/DD/YY)*	03/31/13
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)*	14300
15	Fund code *(XXXX or NA)*	1320
16	Is there a state matching requirement?	YES
17	If yes, what is the matching requirement?	$0.14
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?	N/A
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 2009-10 Complete either Authorized or Proposed

		SFY 2008-09 Actual	SFY 2009-10 Authorized	SFY 2009-10 Proposed	SFY 2010-11 Proposed	SFY 2011-12 Proposed	SFY 2012-13 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			$250,351.00			
29	Amount of grants funds awarded in each year						

30 Purpose of grant or amendment

The proposed funds for this grant if awarded will be used to collect lengths and hard parts (otoliths and spines) from commercially landed species in the snapper/grouper complex caught by the NC commercial fishermen including black sea bass, gag grouper, red grouper, scamp, snowy groupler, specked hind, tilefishes, vermiion snapper, red porgy, and triggerfishes which will be used in stock assessments of these speeties. The secondary goal is to determine if the age structures of black sea bass in Raleigh, Onlsow, and Long bays harvested by the commercial fishermen are similar and to compare growth rates among areas.

31 Comments

Application of funds for this grant has been approved by the Divison Director. Upon approval the grant will be expended from budget code 14300 and will have one RCC. The matching funds will come from already established appropriated postions that would charge time to the grant.

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Notification of Application for Grant Funds/Awards, 2009-10

OSBM

Office of State Budget and Management, 116 West Jones Street, Raleigh, NC 27603-8005, 919-807-4700.
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1	Department	Department of Environment and Natural Resources
2	Division *(except in DHHS)*	NC DIVISION OF MARINE FISHERIES
	DHHS only, choose division from drop down list	
3	Contact person *(name)*	Kelly Price
4	Phone number	252-808-8168
5	E-mail	Kelly.Price@ncdenr.gov
6	Funding Entity (grantor)	DEPARTMENT OF COMMERCE/NOAA
7	CFDA number	11.433
8	Grant title	**VALIDATION OF NC COMMERCIAL FINFISH AND SHELLFISH CONVERSION FACTORS**
9	Grant application deadline *(MM/DD/YY)*	08/17/09
10	Start date of grant *(MM/DD/YY)*	04/01/10
11	End date of grant *(MM/DD/YY)*	03/31/13
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)*	14300
15	Fund code *(XXXX or NA)*	1320
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?	N/A
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 2009-10 Complete either Authorized or Proposed

		SFY 2008-09 Actual	SFY 2009-10 Authorized	SFY 2009-10 Proposed	SFY 2010-11 Proposed	SFY 2011-12 Proposed	SFY 2012-13 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			$151,849.00			
29	Amount of grants funds awarded in each year						

30 Purpose of grant or amendment: The proposed funds for this project wil be used to extend the current Trip Ticket Sampling Program to document the development of conversion factors and to validat the factors currently used by the program. The primary emphasis has been validating the fators for oceanic finfish, in particular snapper-grouper, swordfish, king mackeral, dolphin and others. Besides obtaining the whole weitht and gutted weight for all samples, all basic biological and fishery parameters are also being collected such as length, sex, geartype and area fished.

31 Comments: Application of funds for this grant has been approved by the Divison Director. Upon approval the grant will be expended from budget code 14300 and will have one RCC.

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Notification of Application for Grant Funds/Awards, 2009-10

OSBM

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Instructions at http://www.osbm.state.nc.us/files/pdf_files/grants_instr.pdf

1	Department	Department of Environment and Natural Resources
2	Division *(except in DHHS)*	NC DIVISION OF MARINE FISHERIES
	DHHS only, choose division from drop down list	
3	Contact person *(name)*	Kelly Price
4	Phone number	252-808-8168
5	E-mail	Kelly.Price@ncdenr.gov
6	Funding Entity (grantor)	DEPARTMENT OF COMMERCE/NOAA
7	CFDA number	11.439
8	Grant title	**MARINE MAMMAL DATA PROGRAM**
9	Grant application deadline *(MM/DD/YY)*	10/05/09
10	Start date of grant *(MM/DD/YY)*	10/01/10
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)*	14300
15	Fund code *(XXXX or NA)*	1320
16	Is there a state matching requirement?	Yes
17	If yes, what is the matching requirement?	$0.25
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?	N/A
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 2009-10 Complete either Authorized or Proposed

		SFY 2008-09 Actual	SFY 2009-10 Authorized	SFY 2009-10 Proposed	SFY 2010-11 Proposed	SFY 2011-12 Proposed	SFY 2012-13 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				$92,117.00		
29	Amount of grants funds awarded in each year						

30 Purpose of grant or amendment: The proposed funds for this project will be used to increase the response to dead and live marine mammal strandings in central NC and in northern NC when requested. Funds will also be used to realize the transistion to a new multi-institutional stranding program in NC through NCDMF and build capacity and emplement infrastructure to enable sustainable response in the area. The expected benefists of this project include essential institutional support and collaboration with other state agencies and academia, enhanced data collection and dissemination pertaining ot the health of marine mammal populations and improved documentation and intrepretation of narine mammal fishery interactions.

31 Comments: Application of funds for this grant has been approved by the Divison Director. Upon approval the grant will be expended from budget code 14300 and will have one RCC. Match would come from already established appropriated positions.

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Notification of Application for Grant Funds/Awards, 2009-10

OSBM

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 Environment and Natural Resources
2	Division *(except in DHHS)*	NC DIVISION OF MARINE FISHERIES
	DHHS only, choose division from drop down list	
3	Contact person *(name)*	Kelly Price
4	Phone number	252-808-8168
5	E-mail	Kelly.Price@ncdenr.gov
6	Funding Entity (grantor)	DEPARTMENT OF COMMERCE/NOAA
7	CFDA number	11.472
8	Grant title	**NEARSHORE MIGRATORY CORRIDORS AND RESPONSE TO ENVIRONMENTAL CONDITIONS OF ENDANGERED SEA TURTLES, SHORTNOSE, AND ATLANTIC STURGEONS IN THE SOUTHEASTERN US.**
9	Grant application deadline *(MM/DD/YY)*	10/05/09
10	Start date of grant *(MM/DD/YY)*	06/01/10
11	End date of grant *(MM/DD/YY)*	05/31/13
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)*	14300
15	Fund code *(XXXX or NA)*	1320
16	Is there a state matching requirement?	Yes
17	If yes, what is the matching requirement?	$0.20
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?	N/A
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 2009-10 Complete either Authorized or Proposed

		SFY 2008-09 Actual	SFY 2009-10 Authorized	SFY 2009-10 Proposed	SFY 2010-11 Proposed	SFY 2011-12 Proposed	SFY 2012-13 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			$125,891.00	$1,384,807.00	$659,010.00	$702,269.00
29	Amount of grants funds awarded in each year						

30 Purpose of grant or amendment: The proposed funds for this project will be used to determine the inshore coastal migratory pathways for sea turtles and sturgeons on the continental shelf of southeastern US coastal states, and make recommendations to federal and state fishery managers for the continued protection of endangered and threatened species. There will be seven acoustic telementry monitoring arrays in NC, SC, and GA coastal waters, and tag and release sea turtles and sturgeons. The presence of tagged individuals will be recoreded as they pass within the detection range of a receiver. Results will show how continental shelf habitats within 12nm of shore are used by endangered species.

31 Comments: Application of funds for this grant has been approved by the Divison Director. Upon approval the grant will be expended from budget code 14300 and will have one RCC. This project would provide funding for DMF, East Carolina University, SC Department of Environment and Natural Resources, and the University of Georgia. If approved DMF portion over a 3yr. period will be $402,083 with a $78,537 match. The match would come from already established appropriated postions.

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Notification of Application for Grant Funds/Awards, 2009-10

OSBM

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 Environment and Natural Resources
2 Division *(except in DHHS)*	Air Quality
DHHS only, choose division from drop down list	
3 Contact person *(name)*	Charles Valrie
4 Phone number	919-715-6281
5 E-mail	Charles Valrie@ncdenr.gov
6 Funding Entity (grantor)	Environmental Protection Agency, Region 4, ATTN: Grant Management Office, 61 Forsyth Street, Atlanta, GA 30303-8960
7 CFDA number	66.001
8 Grant title	**Air Pollution Control Program**
9 Grant application deadline *(MM/DD/YY)*	
10 Start date of grant *(MM/DD/YY)*	10/01/09
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?	Yes
14 Budget code the grant will be expended in *(XXXXX)*	14300
15 Fund code *(XXXX or NA)*	1770
16 Is there a state matching requirement?	Yes
17 If yes, what is the matching requirement?	40 Percent (40%)
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?	Yes
20 If yes, what is the MOE?	$20,902,238.00
21 Is an additional General Fund appropriation required to meet the state match requirement?	No
22 Will any of these funds be passed through to local governments or non-state entities?	No
23 If yes, identify affected entities by type	
24 Will additional state monies be required to continue the program if grant expires or is reduced?	Yes
25 If yes, is this a requirement of the grant?	No
26 Are new FTEs funded through the grant?	No

For 2009-10 Complete either Authorized or Proposed

	SFY 2008-09 Actual	SFY 2009-10 Authorized	SFY 2009-10 Proposed	SFY 2010-11 Proposed	SFY 2011-12 Proposed	SFY 2012-13 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			$4,188,766.00			
29 Amount of grants funds awarded in each year						

30 Purpose of grant or amendment: This grant is awrded to support ongoing program to protect air quality so that it achievess established ambient air quality standards and protects human health.

31 Comments:

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Notification of Application for Grant Funds/Awards, 2009-10

OSBM

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 Agriculture and Consumer Services
2	Division *(except in DHHS)*	Plant Industry (10-023-PI)
	DHHS only, choose division from drop down list	
3	Contact person *(name)*	Stephen Schmidt
4	Phone number	919-733-6930
5	E-mail	Stephen Schmidt
6	Funding Entity (grantor)	Gypsy Moth Foundation
7	CFDA number	10.025
8	Grant title	**Gypsy Moth Regulatory**
9	Grant application deadline *(MM/DD/YY)*	10/16/09
10	Start date of grant *(MM/DD/YY)*	10/01/09
11	End date of grant *(MM/DD/YY)*	12/31/09
12	Application type	Continuation/renewal
13	Is this grant already in agency's continuation budget?	No
14	Budget code the grant will be expended in *(XXXXX)*	13700
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.	
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 2009-10 Complete either Authorized or Proposed

		SFY 2008-09 Actual	SFY 2009-10 Authorized	SFY 2009-10 Proposed	SFY 2010-11 Proposed	SFY 2011-12 Proposed	SFY 2012-13 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			$12,177.00			
29	Amount of grants funds awarded in each year						

30	Purpose of grant or amendment	To increase the ability to identify isolated infestations of the gypsy moth that occur as a result of artificial spread and to assist in determining the major routes of artificial spread. Funds are proposed to be used for personnel.
31	Comments	This form is the pre-notification to OSBM. 10/9/09 copy to Terri Overton, Catherine Stogner, and Trevor Minor. LP

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Notification of Application for Grant Funds/Awards, 2009-10

OSBM

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Instructions at http://www.osbm.state.nc.us/files/pdf_files/grants_instr.pdf

1	Department	Department of Agriculture and Consumer Services
2	Division *(except in DHHS)*	Markets
	DHHS only, choose division from drop down list	
3	Contact person *(name)*	Kevin Hardison
4	Phone number	919-733-7887
5	E-mail	Kevin Hardison
6	Funding Entity (grantor)	USDA,AMS
7	CFDA number	10.163
8	Grant title	**National Organic Cost-Share Program**
9	Grant application deadline *(MM/DD/YY)*	09/15/09
10	Start date of grant *(MM/DD/YY)*	10/01/09
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)*	13700
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.	
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 2009-10 Complete either Authorized or Proposed

		SFY 2008-09 Actual	SFY 2009-10 Authorized	SFY 2009-10 Proposed	SFY 2010-11 Proposed	SFY 2011-12 Proposed	SFY 2012-13 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			$20,000.00	$10,000.00		
29	Amount of grants funds awarded in each year						

30	Purpose of grant or amendment	The purpose of this grant is to financially aid growers in the obtainment of organic certification.
31	Comments	This form is the post-notification to OSBM. 10-9-09 copy to Terri Overton, Catherine Stogner, and Trevor Minor. LP

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Notification of Application for Grant Funds/Awards, 2009-10

OSBM

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	Public Education
2	Division *(except in DHHS)*	School Business
	DHHS only, choose division from drop down list	
3	Contact person *(name)*	Stephanie English
4	Phone number	807-3686
5	E-mail	senglish@dpi.state.nc.us
6	Funding Entity (grantor)	U. S. Department of Education via the Governor's Office
7	CFDA number	84.394
8	Grant title	**State Education Stabilization Fund**
9	Grant application deadline *(MM/DD/YY)*	
10	Start date of grant *(MM/DD/YY)*	07/01/09
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)*	13510
15	Fund code *(XXXX or NA)*	1802
16	Is there a state matching requirement?	No
17	If yes, what is the matching requirement?	
18	If yes, what is the source of state funds being used to match grant funds.	
19	Is there a maintenance of effort (MOE) requirement?	No
20	If yes, what is the MOE?	
21	Is an additional General Fund appropriation required to meet the state match requirement?	No
22	Will any of these funds be passed through to local governments or non-state entities?	Yes
23	If yes, identify affected entities by type	local govt
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 2009-10 Complete either Authorized or Proposed

		SFY 2008-09 Actual	SFY 2009-10 Authorized	SFY 2009-10 Proposed	SFY 2010-11 Proposed	SFY 2011-12 Proposed	SFY 2012-13 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		$379,668,352.00				
29	Amount of grants funds awarded in each year		$379,668,352.00				

30 Purpose of grant or amendment: The State Fiscal Stabilization Fund (SFSF) for Education is a one-time appropriation to states under the American Recovery and Reinvestment Act of 2009 (ARRA). The intent of these funds is to help stabilize the budgets of local educational agencies (LEAs) and ensure that they have the resources to avert cuts and retain teachers and programs. These funds were appropriated to the State of North Carolina and subsequently flowed through to the N. C. Department of Public Instruction from the Governor's Office.

31 Comments: The budget in 13510 is being recorded on BD 606 #11-0088. The budget in 23510 is being recorded on BD 606 #11-0005.

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