



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

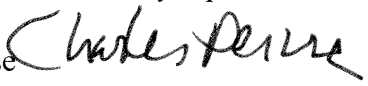
BEVERLY EAVES PERDUE
GOVERNOR

CHARLES E. PERUSSE
STATE BUDGET DIRECTOR

October 28, 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.



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 | Department of Crime Control and Public Safety | |
| 3 | Contact person (name) | State Highway Patrol | |
| 4 | Phone number | Cameron Taylor | |
| 5 | E-mail | 919-662-4440 | |
| 6 | Funding Entity (grantor) | gtaylor@ncsltp.org | |
| 7 | CFDA number | Governor's Highway Safety Program | |
| 8 | Grant title | GHSP Supplemental TrACS MDC's | |
| 9 | Grant application deadline (MM/DD/YY) | 03/31/09 | |
| 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 (XXXX) | | |
| 15 | Fund code (XXXX or NA) | No | |
| 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 | |

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|----|---|--------------|--------------|--|--|--|
| | | | | | | |
| 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 | | \$331,240.00 | | | |
| 30 | Purpose of grant or amendment | | \$331,240.00 | | | |

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|----|----------|--|--|--|--|--|
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| 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.