Department of Environment & Natural Resources

Fee Increase & Grant Consultations

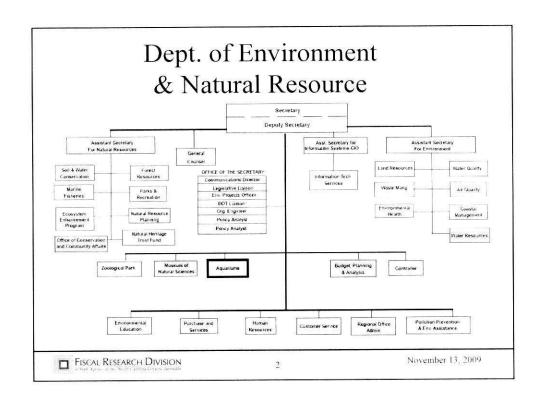
Joint Legislative Commission on Governmental Operations Subcommittee on NER and Transportation November 17, 2009

Aquariums Division Overview

Joint Legislative Commission on Governmental Operations Subcommittee on Transportation/Natural and Economic Resources

November 17th, 2009





3 Regional Aquariums

Mission

 To promote an awareness, understanding, appreciation, and conservation of the diverse natural and cultural resources associated with North Carolina's ocean, estuaries, rivers, streams, and other aquatic environments.







Fort Fisher



Pine Knoll Shores

☐ FISCAL RESEARCH DIVISION

3

November 13, 2009

Admission Fees

\$8 --- adults

\$7 --- ages 62 and over

\$6 --- children ages 6-17

Free:

- Children under the age of 6
- · Pre-registered school groups
- NC Aquarium Members



FY 2008-09 gate admissions = \$5.4 million

FISCAL RESEARCH DIVISION

November 13, 2009

Aquariums Fund (24300-2865)

G.S. 143B-289.44

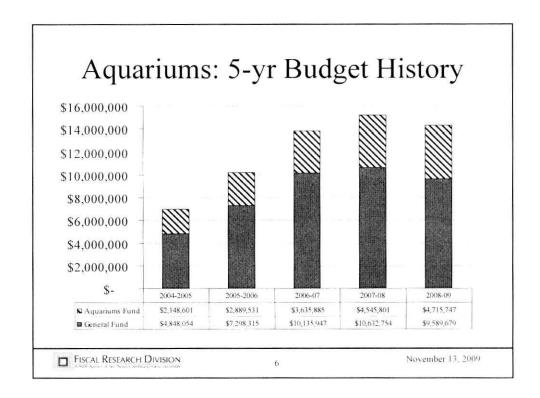
Uses of fund:

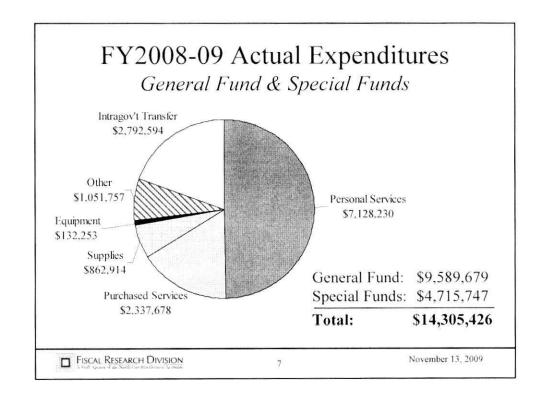
- Repair, Renovation and Maintenance
- Expansion
- Educational Exhibit Construction
- Operational Expenses
- Debt Service and Lease Payments

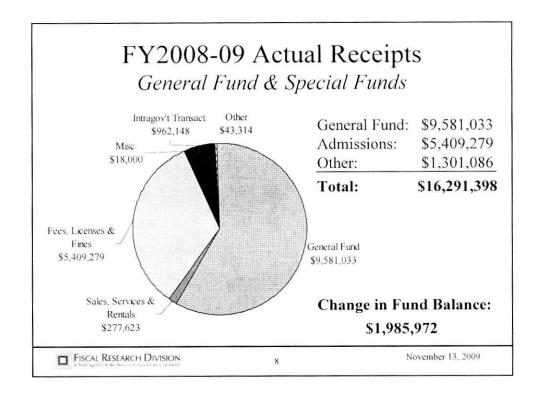
FISCAL RESEARCH DIVISION

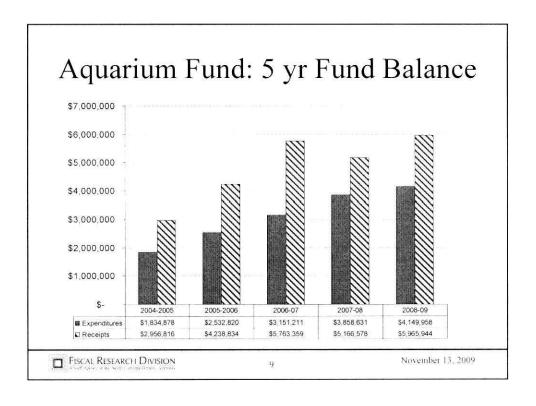
5

November 13, 2009









FY2009-11 Budget Actions

- No Reduction in General Fund Appropriation
- Consolidated Special Activity and Events funds for each aquarium into the Aquariums Fund

FISCAL RESEARCH DIVISION

November 13, 2009

Department of Environment and Natural Resources Division of NC Aquariums

Name of Fee: Admission fees for NC Aquariums

Purpose of Fee: Visitor admission fees to NC Aquariums help support programs, employees,

exhibits and operations and pay debt

Current Fee:

FEES	CURRENT AGE CATEGORIES	NEW AGE CATEGORIES
Adult - \$8	18 - 61	13 - 61
Senior - \$7	62 and above	No change
Child - \$6	6 - 17	3 -12
Free	Under 6	Under 3

Revenue Generated (2008-09 FY): Combined admission revenue collected by all three state Aquariums was \$4,960,904

Proposed Fee: Age categories will change but the fees remain the same.

FEES	CURRENT AGE CATEGORIES	NEW AGE CATEGORIES
Adult - \$8	18 - 61	13 - 61
Senior - \$7	62 and above	No change
Child - \$6	6 - 17	3 -12
Free	Under 6	Under 3

Additional Annual Revenue Generated: \$445,151

Projected Total Annual Revenue: \$5,406,055

Rationale for Fee Increase: In order to maintain current educational programs, exhibits and services offered by the three North Carolina Aquariums and to meet the Aquariums' lease/debt/construction obligations, it is necessary to increase or add admission fees on some age categories of visitors at the three Aquariums. Additionally, the fee restructuring brings the aquariums' fees in line with those of the NC Zoo and other similar-sized aquariums in the US. The current rates of \$8, \$7 and \$6 are not changing.

Who Pays: Children from three to six years old, who previously were admitted for free, will now pay \$6. Youth from 12 to 17 years old, who previously were admitted for \$6, will now pay \$8. The admission fee of \$6 for youth ages 6 through 12 will remain the same.

Number Affected by Fee: an estimated 60,000 children will now pay \$6 for admission; an estimated 60,000 youth will now pay \$8 instead of \$6. (Children who are part of a registered North Carolina school group continue to receive free admission.)

Inception Date of Fee: 1993

Date of Last Fee Change: January 1, 2006

DENR Report to November 2009 Governmental Operations Commission on Grants for FY 2009-10

	Division	Official Grant Title	Grant Description/Informal Title	Funding Entity	FY 2009-10 Amount	FTE
			NC and EPA will partner in collecting water			
			quality samples at 36 locations in NC's Coastal	Environmental Protection		
1	DWQ	National Coastal Assessment	Estuaries and Sounds.	Agency	\$200,000	0
			Create a spatial database within a geographic			
			information system to track wetland, stream, and			
			riparian buffer impacts and compensatory	Environmental Protection		
2	DWQ	Wetlands - GIS Database scale	mitigation within varying levels of development.	Agency	\$90,548	0
		Wetlands - Flow Data	Generate flow and macroinvertebrate data for	Environmental Protection		
3	DWQ	Macroinvertebrate	headwater streams	Agency	\$316,009	0
			Development of guidelines and field staff training			
			for stream and wetland restoration in response to	Environmental Protection		
4	DWQ	Wetlands - Staff Training	violations of the Clean Water Act.	Agency	\$108,114	0
			Conduct telephone for-hire vessel (charter and	Contract (pass through from US		
5	DMF	Oak Mgmt NC For-Hire Survey	party/head) marine recreational fishing surveys.	Dept of Commerce)	\$32,208	0
		Oak Mgmt NC Marine	Conduct household telephone surveys and access	•		
			point intercept surveys to collect effort and catch	Contract (pass through from US		
6	DMF	Survey	data of marine recreational fishing trips.	Dept of Commerce)	\$73,000	0
			Validate NC commercial finfish and shellfish			
		NC Commercial Conversion	conversion factors to determine whole weight for			
7	DMF	Factors	commercial landings.	US Dept of Commerce (NOAA)	\$151,849	0
			Conduct length and age sampling of the			
			commercial snapper/grouper fishery, and age and			
		NC Commercial Snapper/	growth comparison of black sea bass caught along			
8	DMF	Grouper Sampling	the NC coast.	US Dept of Commerce (NOAA)	\$250,351	0
		FY10 BIG Tier I Cypress Cove	Renovate and improve dockside facilities for			
9	DMF	Marina	transient boaters in Columbia, NC.	US Dept of Interior (UWFWS)	\$57,150	0
		FY10 BIG Tier II Mackeys	Construct 36 new transient boat slips and			
10	DMF	Marina	dockside facilities in Roper, NC.	US Dept of Interior (UWFWS)	\$744,465	0
		FY10 BIG Tier II Beaufort	Construct 50 new transient boat tie-ups and			
11	DMF	Harbor Marina	dockside facilities in Beaufort, NC.	US Dept of Interior (UWFWS)	\$455,176	0
		Nearshore Migratory Corridors	Monitor nearshore migratory corridors of			
		and Response to Environmental	endangered sea turtles, shortnose, and Atlantic			
12	DMF	Conditions	sturgeons in the Southeast.	US Dept of Commerce (NOAA)	\$2,871,977	0
			Develop marine mammal stranding response			
13	DMF	Marine Mammal Data Program	program at NCDMF.	US Dept of Commerce (NOAA)	\$92,117	1

Notification	of Application	for Grant Fund	ds/Awards, 200	08-09		
OSBM Office of State	Budget and Management, 116	West Jones Street, Raleigh, Normatte no.us/files/pdf_files/gr	C 27603-8005 919-807-4700	5		
1 Department	Department of Environment	and Natural Resources				
2 Division (except in DHHS)	DWQ					
DHHS only, choose division from drop down list						
3 Contact person (name)	Larry Sutton					
4 Phone number	807-6320					
William Market and Mar	larry sutton@ncdenr.g	01/				
	US Environmental Protection					
6 Funding Entity (grantor)	US ENVIOLEMENTAL FIGURIOR	, Againe)				
7 CFDA number	66 419					
8 Grant title	2010 National Coastal Ass	essment				
3						
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					
	No	T-W-117				
13. Is this grant already in agency's continuation budget?	14300					
14 Budget code the grant will be expended in (XXXXX)						
15 Fund code (XXXX or NA)	1690					
16 Is there a state matching requirement?	No					
17 If yes, what is the matching requirement?						
The galaxy and the						
9 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8						
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 If yes, what is the MOL!						
21 Is an additional General Fund appropriation required to meet	No	11 1 2 2 2 1 1 10 10 10 10 10 10 10 10 10 10 10 10				
the state match requirement?						
22 Will any of these funds be passed through to local govern-	No		1			
ments or non-state entities?						
23 If yes, identify affected entities by type						
24 Will additional state monies be required to continue the	No					
program if grant expires or is reduced?						
25 If yes, is this a requirement of the grant?	- one					
26 Are new FTEs funded through the grant?	No					
		For 20				
		V	norized or Proposed 👆	300 CL 9 (170 CM)	000000000000000000000000000000000000000	ver
	SFY 2007-08	SFY 2008-09	SFY 2008-09	SFY 2009-10	SFY 2010-11 SFY 2011-12	il.
	Actual	Authorized	Proposed	Proposed	Proposed Proposed	-
27 If yes, give the number by type for each year: Permanent						-
Time-Lin	nited			***************************************		-
28 Amount of grants funds applied for in each year				\$200,000.00		
29 Amount of grants funds awarded in each year				1		
30 Purpose of grant or amendment	North Carolina will participa	ite as a partner with the US EF	A in collecting water quality sa	amples at 36 locations in NC's	Coastal Estuaries and Sounds for a number of v	/ater
go y apese a grant of anientality	quality variables as determi	ned by EPA. We will sample t	our locations twice resulting in	n a total sample set of 40. All s	ample collections will use EPA monitoring proto	:ots
31 Comments		mended at the request of EPA	There will now be \$200,000	00 federal grant funds and \$12	20,000,00 as "other" EPA is providing "in kind"	
	services in that amount					
Return completed form as email attachment and indicate in message that p	roper agency sign-offs have be	een obtained. Contact your OS	BM budget analyst if you have	a questions		



Notification	of Application	for Grant Fun	ds/Awards, 20	008-09		
	Budget and Management, 116		NC 27603-8005 919-807-470			
1 Department	Department of Environment	and Natural Resources				
2 Division (except in DHHS)	Div. of Water Quality					
DHHS only, choose division from drop down list				F		
3 Contact person (name)	Larry Sutton					
4 Phone number	807-6320			* 1 5		
5 E-mail	larry.sutton@ncdenr.g	ov				
6 Funding Entity (grantor)	US Environmental Protectio			, V		
7 CFDA number	66 461			ly-		
8 Grant title	Wetlands - Wetlands GIS I	Databasa				
O Clark the manner of the state	Trettanes Gro	Database		15.10 <u>1</u>		
9 Grant application deadline (MWDD/YY)	05/14/08					
10 Start date of grant (MM/DD/YY)	02/01/09			10		
11 End date of grant (MM/DD/YY)	02/01/10			有作		
12 Application type	New			41.0		
13 Is this grant already in agency's continuation budget?	inew .					
14 Budget code the grant will be expended in (XXXXX)	14300					
	1601					
15 Fund code (XXXX or NA)						
16 Is there a state matching requirement?	Yes					
17 If yes, what is the matching requirement?	Minimum 25% of total progra	am cost				
18 If yes, what is the source of state funds being used	I. K. d					+
to match grant funds	In Kind					
19 Is there a maintenance of effort (MOE) requirement? 19 If yes, what is the MOE?	No					
21 Is an additional General Fund appropriation required to meet	No No					
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?	Yes					
20 year now year and a modern the grant was	103	For 20 Complete either Auth	08-09 horized or Proposed			
	SFY 2007-08	SFY 2008-09	SFY 2008-09	SFY 2009-10	SFY 2010-11	SFY 2011-12
	Actual					
AT DEPOSIT OF THE PROPERTY OF	Actual	Authorized	Proposed	Proposed	Proposed	Proposed
27 If yes, give the number by type for each year: Permanent						
Time-Lim	iited			1 000		
28 Amount of grants funds applied for in each year		\$90,548 00				
29 Amount of grants funds awarded in each year		\$90,548.00				
30 Purpose of grant or amendment	This project will create a spi	atial database within a geogra	phic information system to tra	ck wetland, stream, and ripana	a buffer impacts and compens	atory mitigation within
				of NC The database will fill an		
31 Comments	Required signatures have be	een obtained				
J. Commons	nedanes signatures nove of	cen obtained.				
Return completed form as email attachment and indicate in message that pi	roper agency sign-offs have be	en obtained. Contact your OS	BM budget analyst if you have	e questions		

Notification	of Application	for Grant Fun	ds/Awards, 20	08-09		
OSBM Office of State	Budget and Management, 116 V Instructions at http://www.osbr	Vest Jones Street, Raleigh, I m.state.nc.us/files/pdf_files/g	NC 27603-8005, 919-807-470 grants_instr.pdf	0.	S SHAREST TO	
1 Department	Department of Environment ar	nd Natural Resources				
2 Division (except in DHHS)	Div. of Water Quality					
DHHS only, choose division from drop down list						
3 Contact person (name)	Larry Sutton					
4 Phone number	807-6320					
5 E-mail	larry sutton@ncdenr.go					
6 Funding Entity (grantor)	US Environmental Protection	Agency				
7 CEDA 4	66 461					
7 CFDA number 8 Grant title	Wetlands - Wetlands Flow D)ata Macroinverte				
6 Grant tine	113000000					
9 Grant application deadline (MM/DD/YY)	05/14/08			1, 1		
10 Start date of grant (MM/DD/YY)	02/01/09			11, 1 200		
11 End date of grant (MM/DD/YY)	02/01/11			W 101		
12 Application type	New					
13 Is this grant already in agency's continuation budget?				21 518		
14 Budget code the grant will be expended in (XXXXX).	14300			PORTON		
15 Fund code (XXXX or NA)	1601			r n 5a		
16 Is there a state matching requirement?	Yes Minimum 25% of total program	m coot		I Burn 5		
17 If yes, what is the matching requirement?	Minimum 25% of total program	ii cos:				
				²		
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?				* 4. * .		
21 Is an additional General Fund appropriation required to meet the state match requirement?	No			A VS STE		
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				100		
24 Will additional state monies be required to continue the program if grant expires or is reduced?	Yes			4 - ·		
25 If yes, is this a requirement of the grant?	No				£	
26 Are new FTEs funded through the grant?	Yes					
The state of the s	8		008-09 thorized or Proposed	# # # # # # # # # # # # # # # # # # #		
	CEV 2007 00	SFY 2008-09	SFY 2008-09	SFY 2009-10	SFY 2010-11	SFY 2011-12
3 1,	SFY 2007-08			Proposed	Proposed	Proposed
	Actual	Authorized	Proposed	Proposed	Floposed	rioposed
27 If yes, give the number by type for each year. Permanent				2 000	2 000	
Time-Lim	nited			2.000	2.000	4
28 Amount of grants funds applied for in each year		\$316,009.00				
29 Amount of grants funds awarded in each year		\$316,009.00				
30 Purpose of grant or amendment	This project will generate flow will product a list of aquatic s	 and macroinvertebrate dat species found in traditionally 	a for headwater streams in al navigable waters throughout	Region 4 states to document to Region 4 that can document a s	ne extent of jurisdiction to Corp significant nexus to headwater	streams and wetlands
31 Comments	Required signatures have be	en obtained				
			COMP	an action		
Return completed form as email attachment and indicate in message that p	roper agency sign-offs have bee	en obtained. Contact your O	SBM budget analyst if you ha	ve questions		



Notification	of Application	for Grant Fund	s/Awards, 20	008-09		
OSBM Office of State	Instructions at http://www.osb	West Jones Street, Raleigh, NC m.state.nc.us/files/pdf_files/gra	27603-8005, 919-807-470 hts_instr.pdf			
1 Department	Department of Environment a	nd Natural Resources				
2 Division (except in DHHS)	Div of Water Quality					
DHHS only, choose division from drop down list						
3 Contact person (name)	Larry Sutton	and the second s				
4 Phone number	807-6320					
5 E-mail	larry sutton@ncdenr.go					
6 Funding Entity (grantor)	US Environmental Protection	Agency				
7 CFDA number	66.461					
8 Grant title	Wetlands - Wetlands Staff	Training				
2 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	05/14/08					
9 Grant application deadline (MWDD/YY)	03/01/09	pri manana a santa a s				
10 Start date of grant (MM/DD/YY) 11 End date of grant (MM/DD/YY)	09/01/10					
	New					
12 Application type						
13 Is this grant already in agency's continuation budget? 14 Budget code the grant will be expended in (XXXXX)	14300					
15 Fund code (XXXX or NA)	1601			8		
16 Is there a state matching requirement?	Yes					
17 If yes, what is the matching requirement?	Minimum 25% of total progra	am cost				
17 If yes, what is the maching requirement.						
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? 20 If yes, what is the MOE?	No		10000			
21 Is an additional General Fund appropriation required to meet	No					
the state match requirement?	No					
ments or non-state entities? 23 If yes, identify affected entities by type						
24 Will additional state monies be required to continue the	Yes			1		
program if grant expires or is reduced?				<u> </u>		
25 If yes, is this a requirement of the grant?	No			1		
26 Are new FTEs funded through the grant?	Yes	For 200	8-09].		
sa dia		Complete either Auth				
a a	SFY 2007-08	SFY 2008-09	SFY 2008-09	SFY 2009-10	SFY 2010-11	SFY 2011-12
	Actual	Authorized	Proposed	Proposed	Proposed	Proposed
	//Ctual	/ tutionzed	.,.,,,,,,,,			
27 If yes, give the number by type for each year: Permanent Time-Lir.	nited			1 000	1 000	
28 Amount of grants funds applied for in each year		\$108,114.00	2.500			
29 Amount of grants funds awarded in each year		\$108,114.00			i No	
30 Purpose of grant or amendment	Development of guidelines projects and training module	and field staff training for strear es to educate compliance perso	n and wetland restoration i innel This will result in co	n response to violations of the nsistent and technically sound	Clean Water Act. Funding will restoration of impacted aquatic	allow for related mitigation systems within the State
,						
31 Comments	Required signatures have b	peen obtained				
Return completed form as email attachment and indicate in message that	report against sign offe have by	ean obtained Contact your OSI	BM budget analyst if you h	ave questions		
IReturn completed form as email attachment and indicate in message that I	house agency signi-ons have be	cen conanies, contact your Oot	100			

10/2/09

Notification	of Application	for Grant Fun	ds/Awards, 20	09-10		····
	Budget and Management 116	West Jones Street, Raleigh	NC 27603-8005, 919-807-470			
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)	Doug Mumford					
4 Phone number	252-946 6481					
5 E-mail	Doug.Mumford@ncde	enr.gov				
6 Funding Entity (grantor)	Oak Management					
7 CFDA number						
8 Grant title	Oak Management For Hire	Survey				
	13					
[643] *						
9 Grant application deadline (MM/DD/YY)	-					
10 Start date of grant (MM/DD/YY)	02/20/09					
11 End date of grant (MM/DD/YY)	12/31/09					
12 Application type	New					V SVIID I SEL EN
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?	No					
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?	1000 1000 1000					
26 Are new FTEs funded through the grant?	No					
w T	\	1 For 20	009-10			
±*			horized or Proposed			
E .	SFY 2008-09	SFY 2009-10	SFY 2009-10	SFY 2010-11	SFY 2011-12	SFY 2012-13
F a a	Actual	Authorized	Proposed	Proposed	Proposed	Proposed
27 If yes, give the number by type for each year. Permanent	/ Votadi	Additionzed	Гторозеа	Порозец	Порозса	Т
Time-Lim	uted				990-09-24/06-10-10-10-10-10-10-10-10-10-10-10-10-10-	
28 Amount of grants funds applied for in each year						
29 Amount of grants funds awarded in each year			\$32,208,00			
	Eurode for this contract are	Lused to conduct the marine rec		uniter the for his fighing octu-	ition is the Atlania Coast of	North Carolina The campled
30 Purpose of grant or amendment	for-hire vessel shall provide the total catch per unit effor	sed to conduct the mainle re e needed information of the ma t of the marine recreational ac arine Fisheries Service by use	rine recreational fisheries per tivites performed in a specific	trip such as number of fish p week per wave. These object	er angler trip and total num	ber of angler trips to compute
31 Comments		n application process and it is by reimbursement. It will havi			ess for receiving funding T	he division will receive
Return completed form as email attachment and indicate in message that pr	oper agency sign-offs have be	en obtained. Contact your OS	BM budget analyst if you have	e guestions		



10/2/09

05BM	Instructions at http://www.osbm	n state no us/files/pdf_files/gr	ants_instr.pdf			
1 Department	Department of Environment an	nd Natural Resources				
Division (except in DHHS)	Division of Marine Fisheries					
DHHS only, choose division from drop down list						
3 Contact person (name)	Doug Mumford					
4 Phone number	252-946-6481					
5 E-mail	Doug.Mumford@ncdenr	r.gov				
6 Funding Entity (grantor)	Oak Management					
7 CFDA number	Oak Management Recreation	nal Stats Survey				
o Grant too						
9 Grant application deadline (MM/DD/YY)						
0 Start date of grant (MM/DD/YY)	02/20/09					
1 End date of grant (MM/DD/YY)	12/31/09					
2 Application type	New					
3 Is this grant already in agency's continuation budget?	No					
4 Budget code the grant will be expended in (XXXXX).	14300					
5 Fund code (XXXX or NA)	1320					
6 Is there a state matching requirement?	No					
7 If yes, what is the matching requirement?						
8 If yes, what is the source of state funds being used						
to match grant funds.	No					
9 Is there a maintenance of effort (MOE) requirement?						
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					
7 , 2			009-10 horized or Proposed			
			SFY 2009-10	SFY 2010-11	SFY 2011-12	SFY 2012-13
	SFY 2008-09	SFY 2009-10		Proposed	Proposed	Proposed
	Actual	Authorized	Proposed	Proposed	Fioposed	T Toposes
27 If yes, give the number by type for each year: Permanent						
Time-Lir	nited					
28 Amount of grants funds applied for in each year						
29 Amount of grants funds awarded in each year			\$73,000.00			
30 Purpose of grant or amendment	period not typically covered	The data shall be audited a	I nd catch data through phone dited and delivered in accorr ercept results to produce esti o produce estimates of recrea	nates of recreational catch a	nd effort for wave 1 in North	
				o director has approved pro-	ess for receiving funding. T	The division will receive
31 Comments	This contract did not have a revenues from this contract	n application process and it i by reimbursement. It will hav	s not competitive. The division e one budget code 14300 and	d one fund code	ess or receiving turning. I	



Notification	of Application	n for Grant Fui	nds/Awards, 20	009-10		
OSBM Office of State	Budget and Management, 11		NC 27603-8005, 919-807-470			
1 Department	Department of Environmen				5000 - 55 (to e 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 -	
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.d	10V				
6 Funding Entity (grantor)	DEPARTMENT OF COMM	ERCE/NOAA				
7 CFDA number	11.433					
8 Grant title	VALIDATION OF NC COM FACTORS	MERCIAL FINFISH AND SHE	ELLFISH CONVERSION			
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?	NO.					
18 If yes, what is the source of state funds being used to match grant funds.		The state of the s				
19 Is there a maintenance of effort (MOE) requirement?	NO		1			
20 If yes, what is the MOE?	N/A					
			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 2	009-10			
			thorized or Proposed			
	SFY 2008-09	SFY 2009-10	SFY 2009-10	SFY 2010-11	0577.5044.40	***************************************
	Actual				SFY 2011-12	SFY 2012-13
27 If yes give the number by type for each year. Permanent	Actual	Authorized	Proposed	Proposed	Proposed	Proposed
y seement of the real seem feat.						
Time-Limit	ted					
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 Samplin	ng Program to document the	development of conversion f	actors and to validat the
	factors currently used by th	e program. The primary empt is obtaining the whole weitht a	iasis has been validating the fa and gutted weight for all sample	ators for oceanic finfish in n	articular engineer grouper pur	medical long special course
31 Comments	Application of funds for this	grant has been approved by	the Divison Director. Upon app	proval the grant will be exper	nded from budget code 14300	and will have one RCC
Dature consists to the constant	L					
Return completed form as email attachment and indicate in message that pro	oper agency sign-offs have be	en obtained. Contact your OS	BM budget analyst if you have	questions.		



Notification	of Application	for Grant Fun	ds/Awards, 20	09-10		
OSBM Office of State B	Instructions at http://www.osi	West Jones Street, Raleigh, Normal State no.us/files/pdf_files/g				
1 Department	Department of Environment					
2 Division (except in DHHS)	NC DIVISION OF MARINE F	ISHERIES				
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.go	DV				
6 Funding Entity (grantor)	NOAA/DEPARTMENT OF C					
J	Management of Reserve States Charles Server Server					
7 CFDA number	11 433					
8 Grant title	NC COMMERCIAL SNAPPE	ER/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					
	NEW					
12 Application type	NO					
13 Is this grant already in agency's continuation budget?	14300					
14 Budget code the grant will be expended in (XXXXX)	COLUMN TO SERVICE AND ADDRESS OF THE PERSON					
15 Fund code (XXXX or NA)	1320	The second second				
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	To a section of the s				
25 If yes, is this a requirement of the grant?						
26 Are new FTEs funded through the grant?	NO					
20 rate flow 1 125 turned through the grantes.		1 For 20	00.10			
n n			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	L					
Time-Lim	rted		\$250 35* 00			
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	complex caught by the NC oporgy, and triggerfishes who	grant if awarded will be used commercial fishermen including ich will be used in stock assess vested by the commercial fishe	g black sea bass, gag-grouper, sments of these specties. The	red grouper scamp, snowy secondary goal is to determ	groupler, specked hind file nine if the age structures of b	lishes, vermillon snapper, red
31 Comments		grant has been approved by the from already established an			nded from budget code 1430	C and will have one RCC
Return completed form as email attachment and indicate in message that or	oper agency sign-offs have be	en obtained. Contact your OS	BM budget analyst if you have	questions		



Office of State	of Application Budget and Management, 116					
OSBM Office of State		bm.state.nc.us/files/pdf_files/		ν.		
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.go	ov				
6 Funding Entity (grantor)	Dept. of Interior/Fish and W	ildlife Service				
7 CFDA number	622					
8 Grant title	FY2010 NC BIG-P TIER I C	YPRESS COVE MARINA				
9 Grant application deadline (MM/DD/YY)	09/25/09					
10 Start date of grant (MM/DD/YY)	01/01/10				50	
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				9)	
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 Files funded through the grant?	NO					
			009-10 ithorized or Proposed			
	SFY 2008-09	SFY 2009-10	SFY 2009-10	SFY 2010-11	SFY 2011-12	SFY 2012-13
	Actual	Authorized	Proposed	Proposed		
		Authorized	Proposed	Proposed	Proposed	Proposed
27 If yes, give the number by type for each year: Permanent						
Time-Lir	nited					
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 prop bathrooms and a laundry fa		nnel markers, reconstruct a ba	th house (restrooms shower	s kitchen and lounge), and r	enovate additional
24.6						
31 Comments	application of these funds h	as been approved by the Div	son Director			
Pour pur suite trans a meil allest			0014			
Return completed form as email attachment and indicate in message that p	stupet agency sign-offs have be	en obtained Contact your O.	abivi budget analyst if you havi	e questions		

10/16/09

Notification (of Application	for Grant Fund	ds/Awards, 20	09-10		
OSBM Office of State B	Instructions at http://www.ost	om state nc us/files/pdf_files/gr	C 27603-8005, 919-807-4700 rants_instr.pdf			
1 Department	Department of Environment a	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.go					
6 Funding Entity (grantor)	Dept. of Interior/Fish and Wi	Idirle Service				
7 CFDA number	622					
8 Grant title	FY10 BIG TIER II MACKEYS	S 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	1.0000000000000000000000000000000000000				
15 Fund code (XXXX or NA)	1320					1
16 Is there a state matching requirement?	NO					1
17 If yes, what is the matching requirement?						1
18 If yes, what is the source of state funds being used to match grant funds				et et		
19 Is there a maintenance of effort (MOE) requirement?	NO					
20 If yes, what is the MOE?						
						1
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					
general to the second of the s			009-10 horized or Proposed			
	SFY 2008-09	SFY 2009-10	SFY 2009-10	SFY 2010-11	SFY 2011-12	SFY 2012-13
T)	Actual	Authorized	Proposed	Proposed	Proposed	Proposed
	Actual	Authorized	Froposed	Т	, roposed	Ттороссо
27 If yes, give the number by type for each year: Permanent	L					
Time-Lim	ited		\$744,465.00			
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 pro	ect will be used to construct 3	6 transient boat slips (26 over	night 10 day) with water and	electric service, a bath hous	e with two restrooms, two
· · · · · · · · · · · · · · · · · · ·	showers and laundry faciliti	es and an additional rest stati	on with two restrooms (for day	SIDS)		
31 Comments	Application of these funds t	has been approved by the Divi	son Director			TO KNOW STATE THE STATE OF THE
Poturn completed form as amount attachment and indicate in message that to	roper agency sign offs have by	sen obtained. Contact vour OS	BM budget analyst if you have	questions		

Notification	of Application	for Grant Fun	ds/Awards, 20	09-10		
OSBM Office of State B		West Jones Street, Raleigh, bm.state.nc.us/files/pdf_files/g	NC 27603-8005, 919-807-470 grants_instr.pdf	0		
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.ge					
6 Funding Entity (grantor)	Dept of Interior/Fish and W	ildlife 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					VI
10 Start date of grant (MM/DD/YY)	04/01/10	e. 100 agest 4100 markets - 200 agest -				
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					24
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? 20 If yes, what is the MOE?	NO	1551 80 1				
						24
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					
			009-10			
	SFY 2008-09	AV.	horized or Proposed ↓	05W 00:0	WEIWA S. A. C.	
		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-Limi	ted					
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 proj	ect will be used to install dock	age for 50 transient vessels w	th water and electric service	a pumpout station, fuel stati	on and dock house with
	showers, restrooms, laundry	, and lounge				
31 Comments	Application of these funds h	as been approved by the Divi	son Director			
Return completed form as email attachment and indicate in message that pro-	L	en obtained Contact vour OS	BM budget analyst if you have	questions	~	

10/16/09

Notification of	of Application	for Grant Fund	ds/Awards, 200	9-10		
OSBM Office of State B	Instructions at http://www.osb	m.state.nc.us/files/pdf_files/g	C 27603-8005, 919-807-4700 rants_instr.pdf			
1 Department	Department of Environment a					1
2 Division (except in DHHS).	NC DIVISION OF MARINE FI	SHERIES				1
DHHS only, choose division from drop down list						
3 Contact person (name)	Kelly Price		4 (5 cm and a minimum and a mi			
4 Phone number	252-808-8168					
5 E-mail	Kelly.Price@ncdenr.go	V				
6 Funding Entity (grantor)	DEPARTMENT OF COMMER	RCE/NOAA				
7 CFDA number	11,472					
8 Grant title	NEARSHORE MIGRATORY	CORRIDORS AND RESPON	SE TO ENVIRONMENTAL			
O STATE COLOR	CONDITIONS OF ENDANGE STURGEONS IN THE SOUT	ERED SEA TURTLES, SHOR	TNOSE, AND ATLANTIC			
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					
	1320					1
이 통해 이렇게시겠어요! 아이트	Yes					
16 Is there a state matching requirement?	\$0.20					
17 If yes, what is the matching requirement?	10020					
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 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					
FAR \$50 6	Land of the same o		009-10			
		Complete either Aut	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		T I I I I I I I I I I I I I I I I I I I		T T		
27 If yes, give the number by type for each year: Permanent						
Time-Lim	ited		\$125.891.00	\$1 384 807 00	\$659,010.00	\$702,269.00
28 Amount of grants funds applied for in each year			\$125,891.00	\$1.304,007.00	\$6,15,010.00	\$102,203.50
29 Amount of grants funds awarded in each year						
30 Purpose of grant or amendment	US coastal states, and make	e recommendations to federal	ine the inshore coastal migrator and state fishery managers for ind GA coastal waters, and tag a ceiver—Results will show how c	the continued protection of and release sea turties and	endangered and threatened sturgeions. The presence of	tagged individuals will be
31 Comments	This project would provide to DMF portion over a 3yr iper	unding for DMF East Carolin fiod will be \$402,083 with a \$7	he Divison Director Upon appr a University, SC Department of (8.537 match). The match would	Environment and Natural R Loome from already establis	esources, and the University	and will have one RCC of Georgia. If approved
A CONTROL OF THE PROPERTY OF T	inner gaggery sign offe have by	en obtained Contact vour OS	RM hudget analyst if you have	questions		

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10/16/09

Notification	of Application	for Grant Fun	ds/Awards, 20	09-10		
	Budget and Management, 116 Instructions at http://www.ost	West Jones Street, Raleigh, I	IC 27603-8005, 919-807-4700			
1 Department	Department of Environment					
2 Division (except in DHHS)	NC DIVISION OF MARINE F	ISHERIES				
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 COMME	RCE/NOAA				
7 CFDA number	11 439					
8 Grant title	MARINE MAMMAL DATA P	ROGRAM				
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					
17 II jos, wieto de matering requiente.	7					
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 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	NO					
program if grant expires or is reduced?	F Control Control Control Control					
25 If yes, is this a requirement of the grant?						
26 Are new FTEs funded through the grant?	Yes					
		14	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
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 increa	se the response to dead and li	ve marine mammai strandings	in central NC and in northe	rn NC when requested
	enable sustainable respons	e in the area. The expected libition and dissemination p	multi-institutional stranding properties of this project include estaining of the health of marin	essential institutional support	and collaboration with other	r state agencies and
31 Comments			he Divison Director Upon ap	proval the grant will be expend	ded from budget code 14300	and will have one RCC
Of Section 2 and an arrangement of the last		eady established appropriated				
Return completed form as email attachment and indicate in message that n	roper agency rise offs have be	non obtained Contact up a Of	RM hudget analyst if you have	e nuestions		