Department of Agriculture & Consumer Services Grant Consultations & Fee Increase

Joint Legislative Commission on Governmental Operations Subcommittee on NER and Transportation January 19, 2010

FY 2009-10

			F 1 2007-1	O.	
Division	Grant Name	Grant Description	Amount	FTE	Funding Entity
Markets	Specialty Crops Block Grant - Farm Bill 2009	The purpose of this grant is to enhance the competitiveness of NC specialty crops.	\$ 300,000	0	US Department of Agriculture
Plant Industry	Monitoring, Management, and restoration of Endangered Plant Species	The purpose of this grant is to monitor, manage, and restore rare plant species.	\$ 76,715	0	US Fish & Wildlife Service
Plant Industry	Hemlock Wool Adelgid Predator Rearing Program	The purpose of this grant is to conduct biological control activities that will provide specific info to the Cooperator, APHIS, and other interested parties for the hemlock woolly adelgid.	\$ 35,000	0	US Department of Agriculture
Plant Industry	2010 CAPS, Noxious Weed Survey and Tropical Spiderwort Survey Cooperative Agreement	The purpose of this grant is to safeguard the nation's food and environmental security from exotic pests that threaten production and ecological systems.	\$ 69,125	0	US Department of Agriculture
Plant Industry	Gypsy Moth Regulatory	The purpose of this grant is 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.	\$ 36,533	0	Gypsy Moth Fund
Plant Industry	Witchweed Eradication Project and European Gypsy Moth Survey	The purpose of this grant is to eradicate witchweed and to prevent the artificial spread of gypsy moth	\$ 900,000	0	US Department of Agriculture
Veterinary	Scrapie Disease	The purpose of this grant is to provide continued on-site surveillance of live sheep and goats through North Carolina's livestock markets for the detection and reporting of scrapies disease.	\$ 45,000	0	US Department of Agriculture
Veterinary	Implementation of National Animal Id System	The purpose of this grant is to register in the National Animal Identification System (NAIS).	\$ 71,783	0	US Department of Agriculture
Veterinary	AHMS - Brucellosis	The purpose of this grant is to provide continued and ongoing lab support for brucellosis testing and to carry out and maintain surveillance, tracking, data management, and reporting.	\$ 91,535	0	US Department of Agriculture

			ds/Awards, 20			
OSBM Office of State B		West Jones Street, Raleigh, I pm.state.nc.us/files/pdf_files/g	NC 27603-8005, 919-807-4700 grants_instr.pdf)		
1 Department	Department of Agriculture ar	nd Consumer Services				
2 Division (except in DHHS)	Marketing (10-014-MKT)					
DHHS only, choose division from drop down list						
3 Contact person (name)	Ross Williams					
4 Phone number	919-733-7887					
5 E-mail	Ross Williams					
6 Funding Entity (grantor)	USDA, AMS					
7 CFDA number	10 17					
8 Grant title	Specialty Crops Block Gra	int Program - Farm Bill 2009				
9 Grant application deadline (MM/DD/YY)	08/26/09					
10 Start date of grant (MM/DD/YY)	11/01/09					
11 End date of grant (MM/DD/YY)	10/31/12					
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)	13700					
15 Fund code (XXXX or NA)	1020					
16 Is there a state matching requirement?	No					
17 If yes, what is the matching requirement?						
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18 If yes, what is the source of state funds being used to match grant funds.		La proprio de Calcia de Ca				
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 AND private non-	profit AND other state agency				
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 thorized 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
Marino de Constitue de Constitu	ACtual	Authorized	Floposed	гторозеч	Тторозси	Порозса
27 If yes, give the number by type for each year: Permanent						
Time-Limi	ited					
28 Amount of grants funds applied for in each year			\$300,000.00	\$300,000.00	\$300,000 00	\$185,174.62
29 Amount of grants funds awarded in each year		Lagrania				
30 Purpose of grant or amendment	To enhance the competitive	eness of NC Specialty Crops.	Funding is proposed to be use	ed for personnel, supplies, tra	avel, equipment, and contract	ual work
31 Comments			SBM. Budget codes have bee	en set up for this grant. Ther	e is no personnel for this gran	nt. 12/23/09 copy to Terri
38252	Overton, Catherine Stogner	and Alicia James. LP				
Return completed form as email attachment and indicate in message that pr	oper agency sign-offs have be	een obtained. Contact your OS	SBM budget analyst if you hav	e questions.		

	Of Application Budget and Management 116	West Jones Street, Raleigh,	NC 27603-8005 919-807-470			
N=	Instructions at http://www.ost		grants_instr.pdf			
1 Department	Department of Agriculture an	nd Consumer Services				
Division (except in DHHS) DHHS only, choose division from drop down list	Plant Industry (19-011-PI)					
3 Contact person (name)	Georgia Brock					
4 Phone number	919-733-3930 ext 219					
5 E-mail	Georgia Brock					
6 Funding Entity (grantor)	US Fish & Wildlife					
o rotating Estats) (granter)	1001.01.01.01.01.01					
7 CFDA number	15,615					
8 Grant title	Monitoring, Management,	and Restoration of Endang	ered Plant Species			
9 Grant application deadline (MM/DD/YY)	09/06/09	in the second se	**************************************			
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?	No					
14 Budget code the grant will be expended in (XXXXX)	13700					
15 Fund code (XXXX or NA)	1180					
16 Is there a state matching requirement?	Yes					
17 If yes, what is the matching requirement?	\$34,095,00					
The state of the material requirements	V C 1,033.33					
18 If yes, what is the source of state funds being used to match grant funds	General Fund	La Adriana de Carlos Companyon de Carlos Companyon de Carlos Carl				
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	No					
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	12-10-10100					
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					
	1	THE SELECT CONTRACT CONTRACTOR	009-10 Liberized 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	Actual	Authorized	Froposed	rioposed	rioposed	Proposed
, , ,	L					
Time-Lim	теа					
28 Amount of grants funds applied for in each year						
29 Amount of grants funds <u>awarded</u> in each year		\$76,715.00		\$25,571.00		
30 Purpose of grant or amendment	To monitor, manage and res	store rare plant species. To p	ovide outreach and education	n on state imperiled plant spe	cies. Funds are proposed to	be used for personnel,
	travel, and supplies.					
24.0		2.0r Ti	T			
31 Comments				-11. A portion of the funding or to be in the continuation but		
		on, Catherine Stogner, and A		i to be in the continuation but	ager. This form is the post-no	uncation to USBM.
		, so, some oroginal, and r				
Return completed form as email attachment and indicate in message that pr	roper agency sign-offs have be	en obtained. Contact your Os	SBM budget analyst if you have	ve questions.		

	of Application					
OSBM Office of State B	Budget and Management, 116 N Instructions at http://www.osb			00		
1 Department	Department of Agriculture an	d Consumer Services				
2 Division (except in DHHS)	Plant Industry (10-028-PI)					
DHHS only, choose division from drop down list						
3 Contact person (name)	Georgia Brock					
4 Phone number	919-733-3939					
5 E-mail	Georgia Brock					
6 Funding Entity (grantor)	USDA, APHIS, PPQ					
7 CFDA number	10.025					
8 Grant title	Hemlock Woolly Adelgid P	redator Rearing Program				
	\$1000000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$100000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000 \$10000					
9 Grant application deadline (MM/DD/YY)	11/30/09					
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	Continuation/renewal					
13 Is this grant already in agency's continuation budget?	No					
14 Budget code the grant will be expended in (XXXXX)	13700					
Control of the Contro	1180					
	Yes					
16 Is there a state matching requirement?	\$763.00					
17 If yes, what is the matching requirement?	3763.00					
18 If yes, what is the source of state funds being used to match grant funds.	General Fund					
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- 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			1		
			109-10 horized or Proposed	J)		
# 93	CEV 2000 00	SFY 2009-10	SFY 2009-10	SFY 2010-11	SFY 2011-12	SFY 2012-13
B	SFY 2008-09					
8	Actual	Authorized	Proposed	Proposed	Proposed	Proposed
27 If yes, give the number by type for each year: Permanent						
Time-Lim	ited					
28 Amount of grants funds applied for in each year			S-Ali			g-arous
29 Amount of grants funds awarded in each year		\$35,000.00				
30 Purpose of grant or amendment	Conduct biological control a	tivities that will provide speci	fic info to the Cooperator, AP	PHIS, & other interested partie	s for the hemiock woolly ade	gid. Funds are proposed to
30 Fulpose of grant of amendment	be used for personnel and s					
	CA# 10 9227 0497 04 This	form is the next setting to a	OSBM 12/14/00 conv to T	erri Overton, Catherine Stogn	er and Alicia James I P	
31 Comments	CA# 10-023/-048/-CA This	ionn is the post-notification to	3 ОЗБІМ. 12/14/03 сору to 1	em evertori, catrierine stogn	or or to Airoid valifies. Li	
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 ha	ve questions.		

Notification	of Application t	or Grant Fund	ls/Awards, 20	09-10		
OSBM Office of State B	ludget and Management, 116 W Instructions at http://www.osbn	n.state.nc.us/files/pdf_files/gra	: 27603-8005, 919-807-4700 ints_instr.pdf			
1 Department	Department of Agriculture and	Consumer Services				
2 Division (except in DHHS)	Plant Industry (10-030-PI)					
DHHS only, choose division from drop down list						1
3 Contact person (name)	Georgia Brock					
4 Phone number	919-733-3939					
5 E-mail	Georgia Brock					
6 Funding Entity (grantor)	USDA, APHIS, PPQ					
7 CFDA number	10.025					
8 Grant title	2010 CAPS, Noxious Weed Agreement	Survey and Tropical Spiden	vort Survey Cooperative			
9 Grant application deadline (MM/DD/YY)	12/15/09					
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	Continuation/renewal					
13 Is this grant already in agency's continuation budget?	No	No.				
14 Budget code the grant will be expended in (XXXXX)	13700					
15 Fund code (XXXX or NA)	1180					
16 Is there a state matching requirement?	Yes					
17 If yes, what is the matching requirement?	\$12,730 00					
18 If yes, what is the source of state funds being used to match grant funds.	General Fund					
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- ments or non-state entities?	No	7 - 200 TH WOOD				
23 If yes, identify affected entities by type						
24 Will additional state monies be required to continue the program if grant expires or is reduced?	No					
25 If yes, is this a requirement of the grant?						
26 Are new FTEs funded through the grant?	No					
		For 20 Complete either Autt	09-10 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
	rictair	riditionized		100 X 04 B V 100 C 1 X 10 C 1		
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		\$69,125.00		\$69.125.00		
29 Amount of grants funds <u>awarded</u> in each year		369,125.00	Community and the three	ten our production and ecolog	rical systems. Funds are no	posed to used for personnel
30 Purpose of grant or amendment	travel, and supplies.					
31 Comments	CA# 10-8237-0383-CA. Evi is the post-notification to OS	en though this is a continuatio BM. 12/29/09 copy to Terri C	n, it is not in the continuation everton, Catherine Stogner, a	budget yet since the division and Alicia James LP	is not sure how much mone	they will receive. This form
Return completed form as email attachment and indicate in message that p	roper agency sign-offs have be	en obtained. Contact your OS	BM budget analyst if you ha	ve questions.		

Notification	of Application	for Grant Fun	ds/Awards, 2	009-10		
OSBM Office of State	Budget and Management, 116 Instructions at http://www.os	West Jones Street, Raleigh, Normal bin state nc.us/files/pdf_files/g		00		
1 Department	Department of Agriculture a	nd 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			1		
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?	No					
14 Budget code the grant will be expended in (XXXXX)	13700					
15 Fund code (XXXX or NA)	1180					
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			4-10-10-00-00-00-00-00-00-00-00-00-00-00-			
to match grant funds.			National Part Strains			
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			1		
	3	For 20 Complete either Aut	09-10 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 you all a the annulus has been for each years. Democrate	7 (6144)	Tuttionzed	Ттороссо	1	r	I
27 If yes, give the number by type for each year: Permanent				-		
Time-Lin	nreo					
28 Amount of grants funds applied for in each year		\$36,533 00				
29 Amount of grants funds <u>awarded</u> in each year		entify isolated infestations of th		1 4 45 1	the explicit is determining the	major routes of artificial
30 Purpose of grant or amendment	spread. Funds are propose		e gypsy moth that occur as	a result of artificial spread and	to assist in determining the	najor routes of artificial
	product and are propose	0 10 20 0000 101 por 0010101				
31 Comments	This form is the post-notification project has been funded be	ation to OSBM. They were init fore by this grantor. New acco	ially awarded \$12,177 but th ounting parameters not need	eir contracted was amended ed. 12/4/09 copy to Terri Ove	to increase the amount of the erton, Catherine Stogner, and	award by \$24,356. This Alicia James. LP
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 ha	ve questions.		

	of Application					
OSBM Office of State E		om.state.nc.us/files/pdf_files/gi		0.		
1 Department	Department of Agriculture an	d Consumer Services				
2 Division (except in DHHS)	Plant Industry (10-027-PI)					
DHHS only, choose division from drop down list						
3 Contact person (name)	Georgia Brock					
4 Phone number	919-733-3939					
5 E-mail	Georgia Brock					
6 Funding Entity (grantor)	USDA, APHIS, PPQ					
7 CFDA number	10.025					
8 Grant title	Witchweed Eradication Pro	ject and European Gypsy N	oth Survey Program			
8						
2 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	11/30/09					
9 Grant application deadline (MW/DD/YY)	10/01/09					
10 Start date of grant (MM/DD/YY)	09/30/10					
11 End date of grant (MM/DD/YY)	Continuation/renewal	***				
12 Application type	No					
14 Budget code the grant will be expended in (XXXXX)	13700					
	1180		W//			
15 Fund code (XXXX or NA)	No					
17 If yes, what is the matching requirement?						
17 Tyes, what is the matering 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	No					
the state match requirement?						
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		Contests			
Secret Mark		For 20 Complete either Aut	09-10 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		1		I I		
Time-Lim	ited					
28 Amount of grants funds applied for in each year	<u> </u>					
29 Amount of grants funds awarded in each year		\$900,000.00		\$82,699.00		
	Fradication of Witchweed by	v control survey and regulate	ry activities Prevent artificia	I spread of Gypsy Moth by sun	veying and monitoring. Fur	nds are proposed to be used
30 Purpose of grant or amendment	for personnel, travel, contra	ctual work for trapping service	s, communication, and suppl	ies.		
31 Comments	CA# 10-8237-0335-CA This Catherine Stogner, and Alic		OSBM. Gypsy moth funds	\$125,699 and witchweed funds	s amount to \$857,000. 12/	14/09 copy to Terri Overton,
Return completed form as email attachment and indicate in message that p	oper agency sign-offs have be	en obtained. Contact your OS	BM budget analyst if you ha	ve questions.		

Is there a maintenance of effort (MOE) requirement? It is an additional General Fund appropriation required to meet the state match requirement? It is an additional General Fund appropriation required to meet the state match requirement? It is an additional Seneral Fund appropriation required to meet the state match requirement? It is an additional Seneral Fund appropriation required to meet the state match requirement? It is an additional Seneral Fund appropriation required to meet the state match requirement? It is an additional Seneral Fund appropriation required to meet the state match requirement? It is an additional Seneral Fund appropriation required to meet the state match required to be additional state monies be required to continue the program if grant expires or is reduced? If yes, is this a requirement of the grant? No SFY 2008-09 SFY 2009-10 SFY 2009-10 SFY 2009-10 SFY 2009-10 SFY 2010-11 SFY 2011-12 SFY 2011-	Notification	of Application fo	or Grant Fund	s/Awards, 20	009-10		
Doctors price (Port MCPS) District price, price deviation from drop down list. Cortact partners are considered in the price of the pri	OSBM Office of State B	Instructions at http://www.osbm.s	state.nc.us/files/pdf_files/gra	2/603-8005, 919-807-470 nts_instr.pdf	N.		100 ft 150 ft 15
Distance division from drop down list. Contact genan (name) Prime number Contact genan (name) Funding Entity (grantor) CFPA number. Contact genan (name) Start date of grant (MAMDONY) Start date of grant date of grant (MAMDONY) Start date of grant date of grant of grant of grant of grant date of grant date of grant of grant date	1 Department	Department of Agriculture and C	onsumer Services		B 5		
Contract priors from drop down ist Down viviniting Down vi		Veterinary (10-010-VET)					
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Phone number		Dianne Whitman					
Desired Desired (granted) Desired (Whitman Usin APPE), VS		919-733-7601					E 1 1 1 1 1 1 1 1 1
Funding Emity (grantor)		Dianne Whitman					
CPDA number: Grant spication deadlins (MMDD/YY) Surptime of grant spice of grant of grants spice of grants							
Comments Crant application deadline (MMDD/YY) Start date of grant (MMDD/YY) Start date of grant (MMDD/YY) Spirit date of grant (MMDD/YY) Application type See Start application bype See Start	Funding Entity (granion)						
Scrate type (MMDD/YY) Solar cate of grant (MMD) Solar cate of grant (MMDD/YY) Solar cate of grant (MMD) S	CEDA number	10.025		the Common tell to National Common Co			
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OStant date of grant (MMDONY) 1 End date of grant (MMDONY) 2 Shart glate of grant (MMDONY) 3 Fund code (COCO) or NA) 3 If yes, what is the matching requirement? 3 If yes, what is the source of state funds being used to match grant funds. 4 If yes, what is the most grant funds. 5 It is an additional General Fund appropriation required to meet the state match requirement? 5 It is an additional General Fund appropriation required to meet the state match requirement? 6 It is an additional General Fund appropriation required to meet the state match requirement? 7 If yes, dentify affected entities by type. 8 Are new FTEs funded through the grant? 8 Are new FTEs funded through the grant? 9 Are new FTEs funded through the grant? 1 If yes, give the number by type for each year. 1 If yes, give the number by type for each year. 1 If yes, give the number by type for each year. 2 Are new FTEs funded through the grant? 1 If yes, give the number by type for each year. 2 Are new FTEs funded through the grant? 3 If yes, give the number by type for each year. 5 Yes 2008-09 5 YF 2008-09 5 YF 2008-10 6 YF 2008-10 7 If yes, give the number by type for each year. 9 Amount of grants funds against for the detection and reporting of scrape disease, and provide excursional information to both industries. Funds will be allocated to salaries & fringe benefits for one part-time administrative support position, travel and supplies, (550,000)							
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SFY 2008-09 SFY 2009-10 SFY 2010-11 SFY 2011-12 SFY 2012-12 SFY 2012-13 Actual Authorized Proposed Pro	26 Are new Fires lunded ullough the grantr		For 20	09-10			E"
Actual Authorized Proposed Pro			Complete either Auth	orized or Proposed 🔻			
Actual Authorized Proposed Pro		SFY 2008-09	SFY 2009-10	SFY 2009-10	SFY 2010-11	SFY 2011-12	SFY 2012-13
27 If yes, give the number by type for each year. Time-Limited 28 Amount of grants funds applied for in each year			5807 8079 FG 50	Proposed	Proposed	Proposed	Proposed
Time-Limited 28 Amount of grants funds applied for in each year		AGIOGI T	, tutioned		T		
28 Amount of grants funds applied for in each year		nited				ACCEUTE	
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(\$50,000) Cooperative Agreement# 09-9637-0761 This program is new to the division. This form is the post-award notification to OSBM 11/20/09 copy to Terri OvertonCather Stogner and Alicia James. LP	30 Purpose of grant or amendment	leducational information to both	n industries. Funds will be	Illocated to salaries & fring	e benefits for one part-time adm	inistrative support position, to	ravel and supplies.
Stogner and Alicia James. LP							
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Stogner and Alicia James. LP		Cooperative Agreement# 09-9	637-0761 This program is n	ew to the division. This fo	rm is the post-award notification	to OSBM 11/20/09 copy to	Terri OvertonCather
	31 Comments				December 16		
		Cogner and Allera various Er					
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	eturn completed form as email attachment and indicate in message that						

Office of St	ate Budget and Management, 116 W	lest Jones Street, Raleigh, N	27603-8005, 919-807-470	90		
OSBM	Instructions at http://www.osbm	n state nc.us/files/pdf_files/gr	ants_instr.pdf	100		
Department	Department of Agriculture and	Consumer Services				
Division (except in DHHS)	Veterinary (10-016-VET)					
DHHS only, choose division from drop down list						
Contact person (name)	Dianne Whitman					
Phone number	919-733-7601					
E-mail	Dianne Whitman					
Funding Entity (grantor)	USDA, APHIS. VS					
CFDA number	10.025					
Grant title	Implementation of National	Animal Identification Syster	1			
0 (1-11-11-11-11-11-11-11-11-11-11-11-11-1	09/04/09			a constituti		
Grant application deadline (MM/DD/YY)	04/01/09					
Start date of grant (MM/DD/YY)	03/31/10					
End date of grant (MM/DD/YY)	Continuation/renewal					1.96
Application type	No					
Is this grant already in agency's continuation budget?	13700					
Budget code the grant will be expended in (XXXXX)	1130					
5 Fund code (XXXX or NA)	Yes					
Is there a state matching requirement?	\$145,780.00					
7 If yes, what is the matching requirement?	\$145,780.00					
If yes, what is the source of state funds being used	General Fund	<u></u>				
to match grant funds. 3 Is there a maintenance of effort (MOE) requirement?	No					at 6
If yes, what is the MOE?						
1 Is an additional General Fund appropriation required to me the state match requirement?	et No					
2 Will any of these funds be passed through to local govern- ments or non-state entities?	No					
3 If yes, identify affected entities by type						
Will additional state monies be required to continue the program if grant expires or is reduced?	No					= 2 X
5 If yes, is this a requirement of the grant?						
6 Are new FTEs funded through the grant?	No					
		For 20				
		Complete either Auti	orized or Proposed 🗼			
	SFY 2008-09	SFY 2009-10	SFY 2009-10	SFY 2010-11	SFY 2011-12	SFY 2012-13
	Actual	Authorized	Proposed	Proposed	Proposed	Proposed
7 If yes, give the number by type for each year: Perman	ent					
Time	-Limited					
8 Amount of grants funds applied for in each year						
9 Amount of grants funds awarded in each year	\$23,928.00	\$71,783.00	K.			0/22/2
O Purpose of grant or amendment	CA#09-9637-0717 Register p	premises in the National Anin	al Identification System (NA	NS). Funding is proposed to	pe used for personnel, travel, s	supplies, education and
O Purpose of grant of amendment	outreach.					
	The Control of the Co	ing to OCRM. Total great as	and is \$95.711 Part of the	funding was used for pre-awa	and costs for the period from 4/	/09 to 6/30/09. The
1 Comments		In in the form of the time th	division actimates will be a	secessary to carry out the pro	gram. The grant does not requipy to Terri Overton, Catherine	are this specific amoun
	I P		SAME A DATE OF THE SAME			

Notification	of Application f	or Grant Fund	ds/Awards, 2	009-10		
	Budget and Management, 116 W Instructions at http://www.osbr	lest Jones Street, Raleigh, N	C 27603-8005, 919-807-47			www. sec. 577
1 Department	Department of Agriculture and	Consumer Services				
2 Division (except in DHHS)	Veterinary (10-009-VET)					
DHHS only, choose division from drop down list						
3 Contact person (name)	Dianne Whitman					1 - 1 de
4 Phone number	919-733-7601					
5 E-mail	Dianne Whitman					
6 Funding Entity (grantor)	USDA, APHIS, VS					
7 CFDA number	10.025			1		
8 Grant title	AHMS - Brucellosis					
				7.0		
9 Grant application deadline (MM/DD/YY)	08/03/09			The sale		
10 Start date of grant (MM/DD/YY)	04/01/09				4.690	
11 End date of grant (MM/DD/YY)	03/31/10					
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)	1130					
16 Is there a state matching requirement?	Yes					
17 If yes, what is the matching requirement?	\$37,393.00					
18 If yes, what is the source of state funds being used to match grant funds.	General Fund					
19 Is there a maintenance of effort (MOE) requirement? 20 If yes, what is the MOE?	No					
20						
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				Marie Town Services	
23 If yes, identify affected entities by type	v V			1		
24 Will additional state monies be required to continue the program if grant expires or is reduced?	No					
25 If yes, is this a requirement of the grant?				1		
26 Are new FTEs funded through the grant?	No					
	7. L 	1 For 20	09-10			
		Complete either Auth	norized or Proposed 👃			Page 18
	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-Lin	nited					
28 Amount of grants funds applied for in each year						
29 Amount of grants funds awarded in each year	\$30,512 00	\$91,535.00				
30 Purpose of grant or amendment	Continued, ongoing lab support	ort for brucellosis testing and	to carry out and maintain s	surveillance, trace backs, data	a management and reporting.	Funding is purposed to be
3 7 1	used for personnel, travel, an	d equipment.				
8 8						
a 5						
31 Comments	Cooperative Agreement# 09-9 OSBM: 11/18/09 copy to Ter			nt of funding requested from :	\$69,123 to \$122,047 This for	m is the post-notification to
g 41	OSBM. 11/18/09 copy to Ter	ii Overton, Catherine Stogne	i and Anda James LP			
148						
Return completed form as email attachment and indicate in message that p	roper agency sign-offs have bee	n obtained. Contact your OS	BM budget analyst if you h	ave questions.		1 4



Steve Troxler Commissioner

North Carolina Department of Agriculture and Consumer Services Legal Affairs

David McLeod
Assistant Commissioner

Ray Starling General Counsel

To:

Members of the Joint Legislative Commission on Governmental Operations

Kathy Davis, Committee Assistant, Fiscal Research Division

From:

North Carolina Department of Agriculture and Consumer Services/NC

Board of Agriculture

Date:

December 1, 2009

Subject:

Request for Consultation on Proposed Fee Increase

Pursuant to G.S. 12-3.1, the North Carolina Department of Agriculture and Consumer Services is writing to request consultation with the Joint Legislative Commission on Governmental Operations to increase the fee of the Collected Plant Certificate presently issued by the North Carolina Department of Agriculture and Consumer Services-Plant Industry Division.

Background

Based on an internal review of fees, NCDA&CS-Plant Industry Division staff has recommended the N.C. Board of Agriculture consider amending 02 NCAC 48A .1209 by increasing the current annual fee of \$1.00 associated with the issuance of the Collected Plant Certificate. The current fee was established December 19, 1957.

The NCDA&CS-Plant Industry Division is recommending the Collected Plant Certificate be increased to \$20.00.

Explanation

The Collected Plant Certificate was established in 1957 and requires those individuals who desire to dig or gather collected plants to possess a collected plant certificate. For fiscal year 2008-09, there were 68 individuals that applied for and received certificates. To ensure certificate requirements are being met, certificate holders must maintain records of plant collections/sales and these documents must be available for field inspection and compliance purposes. Since its inception, both the administrative and enforcement costs associated with the implementation of this regulatory program have significantly increased. As such, NCDA&CS-Plant Industry Division staff has recommended the current fee be increased from \$1.00 to \$20.00 annually for each issued certificate.