

Notification of Application for Grant Funds/Awards, 2010-11

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
- 2 Division (except in DHHS)
DHHS only, choose division from drop down list.....
- 3 Contact person (name)
- 4 Phone number
- 5 E-mail
- 6 Funding Entity (grantor)
- 7 CFDA number
- 8 Grant title
- 9 Grant application deadline (MM/DD/YY)
- 10 Start date of grant (MM/DD/YY)
- 11 End date of grant (MM/DD/YY)
- 12 Application type
- 13 Is this grant already in agency's continuation budget?
- 14 Budget code the grant will be expended in (XXXXX)
- 15 Fund code (XXXX or NA)
- 16 Is there a state matching requirement?
- 17 If yes, what is the matching requirement?
- 18 If yes, what is the source of state funds being used to match grant funds?
- 19 Is there a maintenance of effort (MOE) requirement?
- 20 If yes, what is the MOE?
- 21 Is an additional General Fund appropriation required to meet the state match requirement?
- 22 Will any of these funds be passed through to local governments or non-state entities?
- 23 If yes, identify affected entities by type
- 24 Will additional state monies be required to continue the program if grant expires or is reduced?
- 25 If yes, is this a requirement of the grant?
- 26 Are new FTEs funded through the grant?

Department of Insurance
Ombudsman Services Group
Carla Obiol
919-807-6900
Carla.Obiol@ncdoi.gov
Department of Health and Human Services/Office of Consumer Information and Insurance Oversight
93.519
Affordable Care Act (ACA)-Consumer Assistance Program Grants- Health Insurance Ombudsman Service Group
09/10/10
10/06/10
10/07/11
New
No
13900
1600
No
General Fund
No
No
No
Yes
No
Yes

	For 2010-11					
	Complete either		Authorized or Proposed			
	SFY 2009-10	SFY 2010-11	SFY 2010-11	SFY 2011-12	SFY 2012-13	SFY 2013-14
	Actual	Authorized	Proposed	Proposed	Proposed	Proposed
27 If yes, give the number by type for each year: Permanent			6,000	6,000	6,000	6,000
Time-Limited						
28 Amount of grants funds applied for in each year			\$850,000.00	\$850,000.00	\$850,000.00	\$850,000.00
29 Amount of grants funds awarded in each year			\$0.00			
30 Purpose of grant or amendment	Ombudsman Program to assist citizens with their health insurance needs. This includes counseling on products; developing a consumer navigation systems of volunteers; and, assisting with premium subsidies, consumer complaints, and appeals.					
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.