Notification	i vi Appilcatio	'II IUI GLAIIL FUL	IUS/AWAIUS. A	ZU11U-11		***
OSBM Office of State	Budget and Management, 1	16 West Jones Street, Raleigh	NC 27603-8005 919-807-4	1700.		
1 Department	instructions at http://www.osbm.state.nc.us/files/pdf_files/grants_instr.pdf					
2 Division (except in DHHS)	Department of Insurance					
DHHS only, choose division from drop down list	Office of State Fire Marst	nal		7		
3 Contact person (name)	<u> </u>			7		
4 Phone number	Steve Sloan			7		
5 E-mail	919-661-5880			7		
6 Funding Entity (grantor)	steve.sloan@ncdoi.	vop		7		
o canada citud (giaito)	USFA/NFA Training Gran	ıt		7		
7 CFDA number	97.043					
8 Grant title				7		
	USFA/NFA Training Gra	nt		7		
Q Great application densities 4444500 and						
9 Grant application deadline (MM/DD/YY)	04/01/10			-		
0 Start date of grant (MM/DD/YY) 1 End date of grant (MM/DD/YY)	09/15/10			4		
	09/14/11			-		
2 Application type	Continuation/renewal			-		
3 Is this grant already in agency's continuation budget?	No	······································	·	1		
4 Budget code the grant will be expended in (XXXXXX)	13900			4		
5 Fund code (XXXX or NA)	1560		·	┪		
6 Is there a state matching requirement?	No			-1		
7 If yes, what is the matching requirement?	N/A					
	İ					
B If yes, what is the source of state funds being used						
	1			1		
to match grant funds.						
9 Is there a maintenance of effort (MOE) requirement? D If yes, what is the MOE?	No					
) If yes, what is the MOE?			· · · · · · · · · · · · · · · · · · ·	1		
	İ					
is an additional General Fund appropriation required to meet	Ma					
the state match requirement?	No					
Will any of these funds be passed through to local govern-						
ments or non-state entities?						
If yes, identify affected entities by type						
Will additional etata media by type						
Will additional state monies be required to continue the program if grant expires or is reduced?	No			1		
If yes, is this a requirement of the grant?						
Are new FTEs funded through the grant?	No			1		
, , as now La lunded allough the granty	No			1		
		For 201		J		
		Complete either Auth	orized or Proposed			
	SFY 2009-10	SFY 2010-11	SFY 2010-11	SFY 2011-12	SEV 2012 12	051/00/0
	Actual	Authorized	Proposed	Proposed	SFY 2012-13	SFY 2013-14
If yes, give the number by type for each year: Permanent	· · · · · · - · -		, roposeu	riuposea	Proposed	Proposed
Time-l imi	ted	 		 	·	
Amount of grants funds applied for in each year		***************************************				
Amount of grants funds awarded in each year		\$28,000.00	<u></u>	\$28,000.00		
Purpose of grant or amendment	Desire Note 150	\$28,000.00				
- A must de ministration of the second	regional and direct delicate	emy Leadership and Endorseme	nt program courses. Delive	ry of NFA hand-off courses in	State and Local areas Deli-	ery of selected NS &
	Ledicular auto ritlect delineth	courses. Endorsement Program	courses. Chief Officer Trail	ning Curriculum.		or y or spicotoc Idi-M
Comments		· · · · · · · · · · · · · · · · · · ·				
	1					
	ł					
	İ					