Notification of Application for Grant Funds/Awards, 2010-11						
Office of State Bu	dget and Management, 116 V nstructions at http://www.osbr	Vest Jones Street, Rateigh, N m.state.nc.us/files/pdf_files/gr	C 27603-8005, 919-80 7-47 0			
1 Department	Department of Insurance					Ì
2 Division (except in DHHS)	Prevention, Program and Grants					
DHHS only, choose division from drop down list						
• • • • • • • • • • • • • • • • • • • •	Kelly Ransdell					i
4 Phone number	919-661-5880 x 319					
5 E-mail	kelly,ransdell@ncdoi.gov					+
6 Funding Entity (grantor)	Association of Polyerthane Manufacturers-American Plastic Institute					
:						
7 CFDA number	· · · · · · · · · · · · · · · · · · ·				··•	
8 Grant title	API Risk Watch					
9 Grant application deedline (MM/DD/YY)		· · · · · · · · · · · · · · · · · · ·				
	07/01/10					
10 Dans date of grant (minute)	06/30/11					
11 End date of grant (MM/DD/YY)	Continuation/renewal					
12 Application type	No					
13 Is this grant already in agency's continuation budget?	23902					
14 Budget code the grant will be expended in (XXXXX)	2346					
15 Fund code (XXXX or NA)	Z348					
16 is there a state matching requirement?	No					
17 If yes, what is the matching requirement?	•					į
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?						
l						
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-	No	•				-
ments or non-state entities?						
23 If yes, identify affected entities by type	<u> </u>					
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?	No	·				
26 Are new FTEs funded through the grant?	No					
	For 2010-11 Complete either Authorized or Proposed					
1		V		051001110	OFV 0040 40	OEV 2545 44
	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						<u> </u>
Time-Limit	ed					
28 Amount of grants funds applied for in each year		\$0.00				
29 Amount of grants funds awarded in each year		\$0.00	· · ·			
30 Purpose of grant or amendment	2346 is to work on furthering	the Risk Watch program in N	lash County This will budget	cash balance as of 06/30/10		<u> </u>
30 Purpose or graint or amenoment	ESTO IS IS WORK ON IMMERSE	and the trace is a second and	,			
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1				· . · . · . · · · · · · · · · · ·		
31 Comments				•		
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Return completed form as email attachment and indicate in message that pro	nor manny sinn offe have he	on obtained Contact your OS	SM hudget spaluet if you ha	ve questions		
Herum completed form as email attachment and indicate in message that pro	per agency sign-ons have be	en obtained. Contact your OS	LUTTI MUUYEN GERBIYSE II YUU NE	to questions.		