Notification	of Application	n for Grant Fu	nds/Awards.	2010-11		
OSBM Office of State	Budget and Management, 11	6 West Jones Street Ralaint	NC 27603-8006 010 907	170G		
1 Department	instructions at http://www.c	osbm.state.nc.us/files/pdf_file	s/grants_instr.pdf			
2 Division (except in DHHS)	Department of insurance					
DHHS only, choose division from drop down list	Prevention, Program and	Grants				
3 Contact person (name)				7		
4 Phone number	Kelly Ransdell]		
5 E-mail	919-661-5880 x 319			7		
	kelly.ransdell@ncdoi	.gov				
6 Funding Entity (grantor)	NC hosp foundation grant/	Duke Endowment Risk Wetch		7		
7 CFDA number	MC Hospital Engaderica	Duke Endowment Risk Wa		j		
	no nospital rountation	DUKE ENGOWMENT HISK WE	nch .	1.		
9 Grant application deadline (MW/DD/YY)				4		
0 Start date of grant (MM/DD/YY)	· · · · · · · · · · · · · · · · · · ·	····	·	-		
End date of grant (MM/DD/YY)		· · · · · · · · · · · · · · · · · · ·	··········			
2 Application type	Continuation/renewal		*	-∤		
3 is this grant already in agency's continuation budget?	No	······································		4		
4 Budget code the grant will be expended in (20000X)	23902			4		
5 Fund code (XXXX or NA)	2245			4		
6 Is there a state matching requirement?	No			-		-
7 If yes, what is the matching requirement?				4		
•						
8 If yes, what is the source of state funds being used				4		
to match grant funds.						
If yes, what is the MOE?	No			_		
o you, which are more		•]		
					•	•*
to see additional General Fund appropriation required to meet the state match requirement?	No			.:		
2. Will any of these funds be passed through to local govern-	No					
ments or non-state entities?	,		7		L	
If yes, identify affected entities 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?	No		· · · · · · · · · · · · · · · · · · ·	4		
Are new FTEs funded through the grant?	No					
and an analysis of the second				<u>;</u>		
	For 2010-11 Complete <u>either</u> Authorized or Proposed					
	SFY 2009-10					
		SFY 2010-11	SFY 2010-11	SFY 2011-12	SFY 2012-13	SFY 2013-14
The state of the s	Actual	Authorized	Proposed	Proposed	Proposed	Proposed
If yes, give the number by type for each year: Permanent						
Time-Limi	ted			 		
Amount of grants funds applied for in each year		\$0.00		 		
Amount of grants funds awarded in each year		\$0.00		 		<u> </u>
Purpose of grant or amendment	22452204 is to work on evo	anding Risk Watch program is	MC This will business 5 5	<u> </u>		
	THE PERSON IN THE PERSON IN COLUMN SAFE	en round urbur Asserted burdingstill it	1746. This will budget cash b	alance.		
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Comments						
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