



**STATE OF NORTH CAROLINA
OFFICE OF STATE BUDGET AND MANAGEMENT**


PAT MCCRORY
GOVERNOR

LEE HARRISS ROBERTS
STATE BUDGET DIRECTOR

June 5, 2015

MEMORANDUM

TO: Senator Phil Berger, President Pro-Tempore of the Senate
Representative Tim Moore, Speaker of the House of Representatives

FROM: Lee Harriss Roberts 
State Budget Director

SUBJECT: Consultation on Expenditure of Grant Awards

Pursuant to Section 5.2 of Session Law 2013-360, the Office of State Budget and Management is to report to the Joint Legislative Commission on Governmental Operations prior to expending funds received from grant awards. Funding is anticipated to be received and expended for grants included in the attached Notifications of Application for Grant Funds/Awards.

If you have any questions or concerns, please contact me by telephone 919-807-4717 or email to lee.roberts@osbm.nc.gov.

Thank you.

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Notification of Application for Grant Funds/Awards, 2014-15

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

Department of Health and Human Services

Division of Facility Services

Peggy Handon

919-855-4686

peggy.handon@dhs.nc.gov

ASPR Hospital Preparedness Program

53.817

Hospital Preparedness Program (HPP) Ebola Preparedness and Response Activities

04/22/15

07/01/15

06/30/20

New

No

14470

1162

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

- 1 Department
- 2 Division (except in DHS)
- 3 DHHS only, choose division from drop down list
- 4 Contact person (name)
- 5 Phone number
- 6 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?
- 27 If yes, give the number by type for each year
- 28 Amount of grants funds applied for in each year
- 29 Amount of grants funds awarded in each year

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ASPR Hospital Preparedness Program									
53 817									
Hospital Preparedness Program (HPP) Ebola Preparedness and Response Activities									
04/22/15									
07/01/15									
06/30/20									
New									
No									
14470									
1162									
No									
No									
Yes									
local gov AND private non-profit									
No									
Yes									

Complete either Authorized or Proposed

SFY 2013-14

SFY 2014-15

SFY 2014-15

SFY 2015-16

SFY 2016-17

SFY 2017-18

B. L. M. M.

<p>30 Purpose of grant or amendment</p>	<p>The purpose of the grant is to ensure the nation's health care system is ready to safely and successfully identify, isolate, assess, transport and treat patients with Ebola or patients under investigation for Ebola. In NC, this includes the development of a Concept of Operations outlining a tiered approach for healthcare system response assuring the readiness of Ebola assessment hospitals, and developing capabilities of Health Care Coalitions to enable their members to care for Ebola patients. NOTE: This is a five (5) year grant and all funds (\$4,499,279) for the period have been awarded. The schedule for expenditures are \$1,525,371 for year one (1) and \$743,477 for years two (2) through five (5).</p>
<p>31 Comments</p>	

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.