



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


PAT MCCRORY
GOVERNOR

LEE HARRISS ROBERTS
STATE BUDGET DIRECTOR

March 19, 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_inst.pdf

| | | | | | |
|---|--|--|--|--|--|
| 1 Department | Veterinary | | | | |
| 2 Division (except in DHHS) | DHHS only, choose division from drop down list | | | | |
| 3 Contact person (name) | Sandra Pierce | | | | |
| 4 Phone number | 919-733-7601 | | | | |
| 5 E-mail | sandra.pierce@ncagr.gov | | | | |
| 6 Funding Entity (grantor) | USDAAPHIS | | | | |
| 7 CFDA number | 10.025 | | | | |
| 8 Grant title | Novel Swine Enteric Coronavirus Disease | | | | |
| 9 Grant application deadline (MM/DD/YY) | 06/15/14 | | | | |
| 10 Start date of grant (MM/DD/YY) | 06/15/14 | | | | |
| 11 End date of grant (MM/DD/YY) | 09/30/15 | | | | |
| 12 Application type | New | | | | |
| 13 Is this grant already in agency's continuation budget? | No | | | | |
| 14 Budget code the grant will be expended in (XXXXX) | 13700 | | | | |
| 15 Fund code (XXXX or NA) | 1130 | | | | |
| 16 Is there a state matching requirement? | no | | | | |
| 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? | no | | | | |
| 20 If yes, what is the MOE? | | | | | |
| 21 Is an additional General Fund appropriation required to meet the state match requirement? | no | | | | |
| 22 Will any of these funds be passed through to local governments or non-state entities? | no | | | | |
| 23 If yes, identify affected entities by type | no | | | | |
| 24 Will additional state monies be required to continue the program if grant expires or is reduced? | no | | | | |
| 25 If yes, is this a requirement of the grant? | no | | | | |
| 26 Are new FTEs funded through the grant? | no | | | | |

| | SFY 2013-14 | | SFY 2014-15 | | SFY 2015-16 | | SFY 2016-17 | | SFY 2017-18 | |
|--|--------------|------------|-------------|-------------|-------------|----------|-------------|----------|-------------|--|
| | Actual | Authorized | Authorized | Proposed | Proposed | Proposed | Proposed | Proposed | Proposed | |
| 27 If yes, give the number by type for each year: | Permanent | | | | | | | | | |
| | Time-Limited | | | | | | | | | |
| 28 Amount of grants funds applied for in each year | | | | \$91,636.00 | | | | | | |
| 29 Amount of grants funds awarded in each year | | | | \$91,636.00 | | | | | | |

| | |
|---|---|
| 30 Purpose of grant or amendment | Develop plans and implement activities to address novel Swine enteric Corona Virus Disease (SECD) in North Carolina and prevent its spread. |
| 31 Comments | Notification of grant award #15-D18-VET. Note: One PT position is funded. Copies to Mercedes Benton, Tern Overton and Catherine Stogner 3/12/15 KLC. |

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.

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

| | | | | | |
|---|-----------------------|--|--|--|--|
| 1 Department | Plant Industry | | | | |
| 2 Division (except in DHHS) | | | | | |
| 3 DHHS only, choose division from drop down list. | | | | | |
| 4 Contact person (name) | Philip Wilson | | | | |
| 5 Phone number | 919-707-3753 | | | | |
| 6 E-mail | phil.wilson@ncagr.gov | | | | |
| 7 Funding Entity (grantor) | USDA,APHIS, PRO | | | | |
| 8 CFDA number | 10.025 | | | | |
| 9 Grant title | Hemlock Woody Adelgid | | | | |
| 10 Grant application deadline (MM/DD/YY) | 11/28/14 | | | | |
| 11 Start date of grant (MM/DD/YY) | 01/01/15 | | | | |
| 12 End date of grant (MM/DD/YY) | 12/31/15 | | | | |
| 13 Application type | Continuation/renewal | | | | |
| 14 Is this grant already in agency's continuation budget? | Yes | | | | |
| 15 Budget code the grant will be expended in (XXXX) | 13700 | | | | |
| 16 Fund code (XXXX or NA) | 1180 | | | | |
| 17 Is there a state matching requirement? | no | | | | |
| 18 If yes, what is the matching requirement? | | | | | |
| 19 If yes, what is the source of state funds being used to match grant funds. | | | | | |
| 20 Is there a maintenance of effort (MOE) requirement? | no | | | | |
| 21 If yes, what is the MOE? | | | | | |
| 22 Is an additional General Fund appropriation required to meet the state match requirement? | no | | | | |
| 23 Will any of these funds be passed through to local governments or non-state entities? | no | | | | |
| 24 If yes, identify affected entities by type | | | | | |
| 25 Will additional state monies be required to continue the program if grant expires or is reduced? | no | | | | |
| 26 If yes, is this a requirement of the grant? | | | | | |
| 27 Are new FTEs funded through the grant? | no | | | | |

| | For 2014-15 | | | | SFY 2015-16 Proposed | SFY 2016-17 Proposed | SFY 2017-18 Proposed |
|---|-----------------------|---------------------------|-------------------------|--|-------------------------|-------------------------|-------------------------|
| | SFY 2013-14 Actual | SFY 2014-15 Authorized | SFY 2014-15 Proposed | Complete either Authorized or Proposed | | | |
| 27 If yes, give the number by type for each year. Permanent | | | | | | | |
| 28 Amount of grants funds applied for in each year | | | | | | | |
| 29 Amount of grants funds awarded in each year | | | | | | | |

| | |
|--|--|
| 30 Purpose of grant or amendment | The primary objective for NCDACS will be to operate a large scale central rearing program support by the USDA APHIS to provide those agent and coordinate releases for the southeastern region. |
| 31 Comments | Notification of grant award #15-027-PI Note 1 part-time position is funded. Copies to Terr Overton, Catherine Stopper and Mercedes Benton 3/12/15 KLC. |
| 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 | |

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_inst.pdf

| | | | | | |
|---|--|--|--|--|--|
| 1 Department | Department of Agriculture and Consumer Services | | | | |
| 2 Division (except in DHHS) | Food Distribution | | | | |
| 3 DHHS only, choose division from drop down list | Carolyn Murray | | | | |
| 4 Phone number | 919-575-4430 | | | | |
| 5 E-mail | carolyn.murray@ncagr.gov | | | | |
| 6 Funding Entity (grantor) | USDA, FNS | | | | |
| 7 CFDA number | 10.567 | | | | |
| 8 Grant title | FDPFR - Food Value 2015 | | | | |
| 9 Grant application deadline (MM/DD/YY) | 07/01/14 | | | | |
| 10 Start date of grant (MM/DD/YY) | 10/01/14 | | | | |
| 11 End date of grant (MM/DD/YY) | 09/30/15 | | | | |
| 12 Application type | Continuation/renewal | | | | |
| 13 Is this grant already in agency's continuation budget? | Yes | | | | |
| 14 Budget code the grant will be expended in (XXXXX) | | | | | |
| 15 Fund code (XXXX or NA) | no | | | | |
| 16 Is there a state matching requirement? | no | | | | |
| 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? | no | | | | |
| 20 If yes, what is the MOE? | | | | | |
| 21 Is an additional General Fund appropriation required to meet the state match requirement? | no | | | | |
| 22 Will any of these funds be passed through to local governments or non-state entities? | yes | | | | |
| 23 If yes, identify affected entities by type | local govt AND private non-profit AND other state agency | | | | |
| 24 Will additional state monies be required to continue the program if grant expires or is reduced? | No | | | | |
| 25 If yes, is this a requirement of the grant? | | | | | |
| 26 Are new FTEs funded through the grant? | No | | | | |

| | For 2014-15 | | | | SFY 2015-16 Proposed | SFY 2016-17 Proposed | SFY 2017-18 Proposed |
|--|-----------------------|---------------------------|-------------------------|--|-------------------------|-------------------------|-------------------------|
| | SFY 2013-14 Actual | SFY 2014-15 Authorized | SFY 2014-15 Proposed | Complete either Authorized or Proposed | | | |
| 27 If yes, give the number by type for each year | | | | | | | |
| | | | | | | | |
| 28 Amount of grants funds applied for in each year | | | \$430,077.00 | | | | |
| 29 Amount of grants funds awarded in each year | | | \$430,077.00 | | | | |

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|---|--|
| 30 Purpose of grant or amendment | FDPiR Food Value 2015. The Food Distribution Program on Indian Reservation (FDPiR) is nutrition assistance program that may be operated, at the request of a Tribe or Indian Reservation. |
| 31 Comments | Notification of grant award # 15-044-FDD. Copies to Mercedes Benton, Terr Overton and Catherine Stogner 3/12/15 KLC. |
| 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. | |

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

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Instructions at http://www.osbm.state.nc.us/files/pdf_files/grants_inst.pdf

| | | | | | | |
|---|-----------------------|--|--|--|--|--|
| 1 Department | Plant Industry | | | | | |
| 2 Division (except in DHHS) | Phillip Wilson | | | | | |
| 3 DHHS only, choose division from drop down list. | 919-707-3753 | | | | | |
| 4 Contact person (name) | phil.wilson@ncagr.org | | | | | |
| 5 Phone number | USDA,APHIS, PPO | | | | | |
| 6 E-mail | | | | | | |
| 7 Funding Entity (grantor) | | | | | | |
| 8 CFDA number | 10.025 | | | | | |
| 9 Grant title | CAPS | | | | | |
| 10 Grant application deadline (MM/DD/YY) | 10/17/14 | | | | | |
| 11 Start date of grant (MM/DD/YY) | 01/01/15 | | | | | |
| 12 End date of grant (MM/DD/YY) | 12/31/15 | | | | | |
| 13 Application type | Revision | | | | | |
| 14 Is this grant already in agency's continuation budget? | Yes | | | | | |
| 15 Budget code the grant will be expended in (XXXX) ... | 13700 | | | | | |
| 16 Fund code (XXXX or NA) | 1180 | | | | | |
| 17 Is there a state matching requirement? | no | | | | | |
| 18 If yes, what is the matching requirement? | | | | | | |
| 19 If yes, what is the source of state funds being used to match grant funds. | | | | | | |
| 20 Is there a maintenance of effort (MOE) requirement? | no | | | | | |
| 21 If yes, what is the MOE? | | | | | | |
| 22 Is an additional General Fund appropriation required to meet the state match requirement? | no | | | | | |
| 23 Will any of these funds be passed through to local governments or non-state entities? | no | | | | | |
| 24 If yes, identify affected entities by type | | | | | | |
| 25 Will additional state monies be required to continue the program if grant expires or is reduced? | no | | | | | |
| 26 If yes, is this a requirement of the grant? | | | | | | |
| 27 Are new FTEs funded through the grant? | no | | | | | |

| | For 2014-15 | | | | |
|--|--------------|--------------|-------------|-------------|-------------|
| | SFY 2013-14 | SFY 2014-15 | SFY 2014-15 | SFY 2015-16 | SFY 2016-17 |
| | Actual | Authorized | Proposed | Proposed | Proposed |
| 27 If yes, give the number by type for each year | | | | | |
| | Permanent | | | | |
| | Time-Limited | | | | |
| 28 Amount of grants funds applied for in each year | | \$101,570.00 | | | |
| 29 Amount of grants funds awarded in each year | | \$20,040.00 | | \$81,530.00 | |

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| 30 Purpose of grant or amendment | The CAPS program is to safeguard our nation's food and environmental security from exotic pests that threaten our production and ecological systems. |
| 31 Comments | Notification of grant amendment #15-028-PI to increase funding by \$81,530. Note: 3 part-time and 1 full-time positions are funded. Copies to Terri Overton, Catherine Stogner and Mercedes Benton. 3/12/15 KLC. |

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Instructions at http://www.osbm.state.nc.us/files/pdf_files/grants_instr.pdf

Department of Agriculture and Consumer Services

| | | | | | |
|---|--|--|--|--|--|
| 1 Department | | | | | |
| 2 Division (except in DHHS) | Food Distribution | | | | |
| 3 DHHS only, choose division from drop down list | Carolyn Murray | | | | |
| 4 Contact person (name) | 919-575-4490 | | | | |
| 5 Phone number | carolyn.murray@ncagr.gov | | | | |
| 6 E-mail | USDA, FNS | | | | |
| 7 Funding Entity (grantor) | 10.565 | | | | |
| 8 CFDA number | CSFP Food Value 2015 | | | | |
| 9 Grant title | | | | | |
| 10 Grant application deadline (MM/DD/YY) | 07/01/14 | | | | |
| 11 Start date of grant (MM/DD/YY) | 10/01/14 | | | | |
| 12 End date of grant (MM/DD/YY) | 09/30/15 | | | | |
| 13 Application type | Continuation/renewal | | | | |
| 14 Is this grant already in agency's continuation budget? | Yes | | | | |
| 15 Budget code the grant will be expended in (XXXX) | | | | | |
| 16 Fund code (XXXX or NA) | no | | | | |
| 17 Is there a state matching requirement? | no | | | | |
| 18 If yes, what is the matching requirement? | | | | | |
| 19 If yes, what is the source of state funds being used to match grant funds. | | | | | |
| 20 Is there a maintenance of effort (MOE) requirement? | no | | | | |
| 21 If yes, what is the MOE? | | | | | |
| 22 Is an additional General Fund appropriation required to meet the state match requirement? | no | | | | |
| 23 Will any of these funds be passed through to local governments or non-state entities? | yes | | | | |
| 24 If yes, identify affected entities by type | local govt AND private non-profit AND other state agency | | | | |
| 25 Will additional state monies be required to continue the program if grant expires or is reduced? | No | | | | |
| 26 If yes, is this a requirement of the grant? | | | | | |
| 27 Are new FTEs funded through the grant? | No | | | | |

| | For 2014-15 | | | | |
|--|-------------|-------------|--------------|-------------|--|
| | SFY 2013-14 | SFY 2014-15 | SFY 2014-15 | SFY 2014-15 | |
| | Actual | Authorized | Proposed | Proposed | |
| 27 If yes, give the number by type for each year | | | | | |
| | | | | | |
| 28 Amount of grants funds applied for in each year | | | \$176,710.00 | | |
| 29 Amount of grants funds awarded in each year | | | \$176,710.00 | | |

| | |
|---|---|
| 30 Purpose of grant or amendment | Commodity Supplemental Food Program Food Value 2015 |
| 31 Comments | Notification of grant award # 15-045-FDD. Copies to Mercedes Benton, Tam Overton and Catherine Stogner. 3/12/15 KLC. |

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| | | | | | |
|---|--|--|--|--|--|
| 1 Department | Department of Agriculture and Consumer Services | | | | |
| 2 Division (except in DHHS) | Food Distribution | | | | |
| 3 DHHS only, choose division from drop down list | Carolyn Murray | | | | |
| 4 Phone number | 919-575-4490 | | | | |
| 5 E-mail | carolyn.murray@ncagr.gov | | | | |
| 6 Funding Entity (grantor) | USDA, FNS | | | | |
| 7 CFDA number | 10 569 | | | | |
| 8 Grant title | TEFAP Food Value 2015 | | | | |
| 9 Grant application deadline (MM/DD/YY) | 07/31/14 | | | | |
| 10 Start date of grant (MM/DD/YY) | 10/01/14 | | | | |
| 11 End date of grant (MM/DD/YY) | 09/30/15 | | | | |
| 12 Application type | Continuation/renewal | | | | |
| 13 Is this grant already in agency's continuation budget? | Yes | | | | |
| 14 Budget code the grant will be expended in (XXXXX) | | | | | |
| 15 Fund code (XXXX or NA) | no | | | | |
| 16 Is there a state matching requirement? | no | | | | |
| 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? | no | | | | |
| 20 If yes, what is the MOE? | | | | | |
| 21 Is an additional General Fund appropriation required to meet the state match requirement? | no | | | | |
| 22 Will any of these funds be passed through to local governments or non-state entities? | yes | | | | |
| 23 If yes, identify affected entities by type | local govt AND private non-profit AND other state agency | | | | |
| 24 Will additional state monies be required to continue the program if grant expires or is reduced? | No | | | | |
| 25 If yes, is this a requirement of the grant? | | | | | |
| 26 Are new FTEs funded through the grant? | No | | | | |

| | For 2014-15 | | | | |
|---|-------------|-------------|----------------|-------------|--|
| | SFY 2013-14 | SFY 2014-15 | SFY 2014-15 | SFY 2015-16 | |
| | Actual | Authorized | Proposed | Proposed | |
| 27 If yes, give the number by type for each year. Permanent | | | | | |
| Time-Limited | | | | | |
| 28 Amount of grants funds applied for in each year | | | \$7,409,730.00 | | |
| 29 Amount of grants funds awarded in each year | | | \$7,409,730.00 | | |

30 Purpose of grant or amendment

TEFAP Food Value 2015

31 Comments

Notification of grant award # 15-046-FDD. Copies to Mercedes Benton, Terri Overton and Catherine Slogner. 3/12/15 KLC.

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Instructions at http://www.osbm.state.nc.us/files/pdfl_files/grants_instr.pdf

| | | | | | |
|---|--|--|--|--|--|
| 1 Department | | | | | |
| 2 Division (except in DHHS) | | | | | |
| 3 DHHS only, choose division from drop down list. | | | | | |
| 4 Contact person (name) | Carolyn Murray | | | | |
| 5 Phone number | 919-575-4490 | | | | |
| 6 E-mail | carolyn.murray@ncagr.gov | | | | |
| 7 Funding Entity (grantor) | USDA, FNS | | | | |
| 8 CFDA number | 10.56 | | | | |
| 9 Grant title | Food Value for National School Lunch Program 2015 | | | | |
| 10 Grant application deadline (MM/DD/YY) | 07/01/14 | | | | |
| 11 Start date of grant (MM/DD/YY) | 10/01/14 | | | | |
| 12 End date of grant (MM/DD/YY) | 09/30/15 | | | | |
| 13 Application type | Continuation/renewal | | | | |
| 14 Is this grant already in agency's continuation budget? | Yes | | | | |
| 15 Budget code the grant will be expended in (XXXX) | | | | | |
| 16 Fund code (XXXX or NA) | no | | | | |
| 17 Is there a state matching requirement? | no | | | | |
| 18 If yes, what is the matching requirement? | | | | | |
| 19 If yes, what is the source of state funds being used to match grant funds. | | | | | |
| 20 Is there a maintenance of effort (MOE) requirement? | no | | | | |
| 21 If yes, what is the MOE? | | | | | |
| 22 Is an additional General Fund appropriation required to meet the state match requirement? | no | | | | |
| 23 Will any of these funds be passed through to local governments or non-state entities? | yes | | | | |
| 24 If yes, identify affected entities by type | local govt AND private non-profit AND other state agency | | | | |
| 25 Will additional state monies be required to continue the program if grant expires or is reduced? | No | | | | |
| 26 If yes, is this a requirement of the grant? | | | | | |
| 27 Are new FTEs funded through the grant? | No | | | | |

| | For 2014-15 | | | |
|--|--------------------|------------------------|----------------------|----------------------|
| | SFY 2013-14 Actual | SFY 2014-15 Authorized | SFY 2014-15 Proposed | SFY 2015-16 Proposed |
| 28 Amount of grants funds applied for in each year | | | \$32,890,324.00 | |
| 29 Amount of grants funds awarded in each year | | | \$32,890,324.00 | |

| 30 Purpose of grant or amendment | Food Value for National School Lunch Program 2015 |
|--|--|
| <p>31 Comments</p> | <p>Notification of grant award # 15-047-FED. Copies to Mercedes Benton, Tam Overton and Catherine Slogner 3/12/15 KLC.</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.