

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 OSBM Office of State	of Application Budget and Management, 116	for Grant Fun West Jones Street, Raleigh,	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.	14-15		
1 Department	Department of Agriculture and Consumer Services	nd Consumer Services		1000		
pt in DHHS)	Veterinary					
DHHS only, choose division from drop down list						
3 Contact person (name)	Sandra Pierce					
	annotes sistematicanos					
6 Funding Entity (grantor)	USDA,APHIS	gov				
7 CFDA number	10.025					
	Novel Swine Enteric Corono Virus Disease	ю Virus Disease				
9 Grant application deadline (MWDDYY)	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					
0	1170					
16 is there a state matching requirement?	8					
17 If yes, what is the matching requirement?						
18 If yes, what is the source of state funds being used	Ī					
to match grant funds.						
Ty is there a maintenance of emort (MOE) requirement? 20 If yes, what is the MOE?	3					
24 Is an additional General Fund appropriation required to meet	3					
the state match requirement?	ē					
22 Will any of these funds be passed through to local govern- ments or non-state entities?	no					
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?	8					
25 If yes, is this a requirement of the grant?						
26 Are new FTEs funded through the grant?	00					
		For 2t Complete either Aut	For 2014-15 Complete either Authorized or Proposed			
	SFY 2013-14	SFY 2014-15	SFY 2014-15	SFY 2015-16	SFY 2016-17	SFY 2017-18
	Actual	Authorized	Proposed	Proposed	Proposed	Proposed
27 If yes, give the number by type for each year. Permanent						
Time-Limited	miled					
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			

31 Comments	30 Purpose of grant or amendment
	Develop plans and implement activities to address novel Swine enteric Corono Virus
Notification of grant award #15-018-VET. Note: One PT position is funded. Copies to Mercidee Benton, Terri Overton and Catherine Stogner 3/12/15 KLC	ddress novel Swine entenc Corono Virus Disease (SECD) in North C
werton and Catherine Stogner 3/12/15 KLC	Disease (SECD) in North Carolina and prevent its spread.

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

	Time-Limited	27 If yes, give the number by type for each year. Permanent			CO Coo lies Li Co injuest nationali no Braint.	25 If yes, is this a requirement of the grant?	program if grant expires or is reduced?	5	23 If was identify affected entities by type	22 Will any of these funds be passed through to local governments or non-state entities?	the state match requirement?	20 If yes, what is the MOE?	19 Is there a maintenance of effort (MOE) requirement?	18 If yes, what is the source of state funds being used to match grant funds.	17 If yes, what is the matching requirement?	16 is there a state matching requirement?	15 Fund code (XXXX or NA)	00000		12 Application type	11 End date of grant (MM/DD/YY)	Start date of grant (MM/DD/YY)			CFDA number	6 Funding Entity (grantor)	Ì	Phone number		DHHS only, choose division from drop down list	ppt in DHHS)	1 Department D	OSBM Office of State Budg
			Actual	SFY 2013-14													1180	13700	Š.	Continuation/renewal	12/31/15	01/01/15	11/28/14	Hemlock Wooly Adelgid	10.025	USDA,APHIS, PPQ	phil.wilson@ncagr.gov	919-707-3753	Phillip Wilson		Plant Industry	Department of Agriculture and Consumer Services	et and Management, 116 v tructions at http://www.osb
\$35,000.00			Authorized	Complete either Authorized or Proposed SFY 2014-15 SFY 2014-15	For 2014-15																											Consumer Services	loget and Management, 1 to West Jones Street, Raleigh, NC 27603-6005 Instructions at http://www.osbim.state.nc.us/files/pdf_files/grants_instr.pdf
			Proposed	horized or Proposed SFY 2014-15	14.15																												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
			Proposed	SFY 2015-16																													0.
			Proposed	SFY 2016-17																		21											
			Proposed	SFY 2017-18																													

31 Comments	30 Purpose of grant or amendment
Notification of grant eward #15-027-PL Note: 1 part-time position is funded. Copies to Terri Overton, Catherine Stogner and Mercidee Benton, 3/12/15 KLC.	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.

Description (Index) (DHS) (Index dission from total down ist.  DHS only choose dission from an Index down ist.  Proport number.  Ecrata Index (Index	Food Distribution  Carryyn Murray  919-575-4480  Gardyn murray@ncagr.gov  USDA, FNS  10.567  FDPR - Food Value 2015  Continuation/renewal  Ves  Continuation/renewal  Ves  Continuation/renewal  Ves  Continuation/renewal  No  Ro  For 2014-15  Proposed  Ro  SFY 2013-14  SFY 2014-15  SFY 2014-15  SFY 2014-15  SFY 2014-15  SFY 2014-15  Proposed	1714-15 horized or Proposed Proposed Proposed Proposed Proposed Proposed	required to meet required to meet blocal govern- ontinue the
Descriment of Agrantiva on Consumer Services  Division (accept in DHSS)  From number  Phone number  Error claims (pressor) (accept in pressor)  Error certon (accept in pressor)  Error certon (accept in pressor)  Error claim (alwa/DDVYY)  Grant libit (accept in pressor)  Error claim or pressor (accept in pressor)  Error claim or pressor (accept in pressor)  If yes, what is the source of state funds being used the state muniching affected to pressor (accept in pressor)  If yes, what is the source of state funds be papered in proposation required to meet the state muniching affected states by type.  If yes, what is the source of states funds be papered to continue the state muniching affected states by preminentity of more than order to be papered to a reduced of the grant in a reduced of t	Food Distribution	314-15 honzed or Proposed Proposed Proposed Proposed Proposed Proposed	If yes, what is the source of state funds being used to match grant funds.  Is there a maintenance of effort (MOE) requirement?  If yes, what is the MOE?  If yes, what is the MOE?  If yes, what is the MOE?  If yes, identify affected entities?  If yes, identify affected entities by type  Will additional state monies be required to continue the program if grant expires or is reduced?  If yes, is this a requirement of the grant?  Are new FTEs funded through the grant?
Dispatriment of Agriculture and Consumer Services	Food Distribution	314-15 horized or Proposed SFY 2015-16 SFY 2016-17	neet
Department of Agriculture and Consumer Services Food Distribution  Carolyn Murray 919-575-4490 Carolyn.murray@ncagr.gov USDA, FNS  10.567 FDPIR - Food Value 2015  FDPIR - Food Value 2015  Continuation/tenewal  Yes  Continuation/tenewal  Yes  No  Ro  For 2014-15  For 2014-15  For 2014-15	Carolyn Murray  919-575-4490  Carolyn.murray@ncagr.gov  USDA, FNS  10.567  FDPIR - Food Value 2015  O7/01/14  10/01/14  O9/20/15  Cornlinuation/tenewal  Yes  Pro  No  Ro  For 2014-15  No  No  For 2014-15	)14-15 horized	neet
7 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Carolyn Murray  919-575-4490 Carolyn, murray@ncagr.gov USDA, FNS  10.567 FDPIR - Food Value 2015  07/01/14 09/30/15 Continuation/renewal Yes  no  no  No  No	AND private non-profit AND other state agency  For 2014-15	neet
		AND private non-profit AND other state agency	i i i i neet
Department		AND private non-profit AND other state agency	If yes, what is the source of state funds being used to match grant funds.  Is there a maintenance of effort (MOE) requirement?  If yes, what is the MOE?  If yes, what is the MOE?  If yes, what is the MOE?  If yes, what is the moles propriation required to meet the state match requirement?  Will any of these funds be passed through to local governments or non-state entities?  If yes, identify affected entities by type  Will additional state monies be required to continue the program if grant expires or is reduced?  If yes, is this a requirement of the grant?
meet :	meet .	AND private non-profit AND other state agency	meet
The state of the s		AND private non-profit AND other state agency	meet
Department	in the second se		If yes, what is the source of state funds being used to match grant funds.  Is there a maintenance of effort (MOE) requirement?  If yes, what is the MOE?  If yes, what is the MOE?  Is an additional General Fund appropriation required to meet the state match requirement?  Will any of these funds be passed through to local governments or non-state entities?
<u>a</u>	<u> </u>		<u>ğ</u>
Department			If yes, what is the source of state funds being used to match grant funds.  Is there a maintenance of effort (MOE) requirement?
Department			If yes, what is the source of state funds being used to match grant funds
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Department			17 If yes, what is the matching requirement?
Department			Is there a state matching requirement?
			15 Fund code (XXXX or XXA)
ision from drop down list  (MM/DD/YY)  DD/YY)	ision from drop down list  (MM/DD/YY)  DD/YY)	THE STATE OF THE S	
Department		orirenewal	
Department			End date of grant (MMDD/YY)
of in DHHS)			Start date of grant (MM/DD/VV)
of in DHHS)			
of in DHHS)		ood Value 2015	Grant title
of in DHHS)			CFDA number.
of in DHHS)		IS	Funding Entity (grantor)
of in DHHS)		49.U	Priorie number
of in DHHS)		штау	Contact person (name)
d in DHHS)			choose division from drop down list
		ribution	of in DHHS)
		nt of Agriculture and Consumer Services	

Return completed form as email attachment and indicate in message tha	31 Comments	30 Purpose of grant or amendment
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 grant award # 15-044-FDD. Copies to Mercidee Benton, Terri Overton and Catherine Stogner. 3/12/15 KLC.	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.

29 Amount of grants funds awarded in each year	28 Amount of grants funds applied for in each year	Time-Limited	27 If yes, give the number by type for each year. Permanent				26 Are new FTEs funded through the grant?	25 If yes, is this a requirement of the grant?	24 Will additional state monies be required to continue the program if grant expires or is reduced?	23 If yes, identify affected entities by type	ments or non-state entities?	21 Is an additional General Fund appropriation required to meet the state match requirement?	20 If yes, what is the MOE?	(0)	to match grant funds.	17 If yes, what is the matching requirement?	(0)	15 Fund code (XXXX or NA)	14 Budget code the grant will be expended in (XXXXX)	13 is this grant already in agency's continuation budget?	12 Application type	11 End date of grant (MM/DD/YY)	10 Start date of grant (MM/DD/YY)	9 Grant application deadline (MM/DD/YY)	C CALCULAR COMMANDER COMMA	7 CFDA number	6 Funding Entity (grantor)		4 Phone number	3 Contact person (name)	2 Division (except in DHHS)	1 Department	Noti
		miled		Actual	SFY 2013-14		8		8		8	no		8		64	8	1180	13700	Yes	Revision	12/31/15	01/01/15	10/17/14		10.025	USDA, APHIS, PPQ	phil.wilson@ncagr.gov	919-707-3753	Phillip Wilson	Plant Industry	Department of Agriculture and Consumer Services	Notification of Application for Grant Funds/Awards, 201 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_instripdf
\$20,040.00	\$101,570.00		111	Authorized	SFY 2014-15	For 2014-15  Complete either Authorized or Proposed																						2				and Consumer Services	Of Application for Grant Funds/Awa sign and Management, 116 West Jones Street, Raleigh, NC 27603-8005 Instructions at http://www.osbm.state.nc.us/files/pdf_files/grants_instructions
				Proposed	SFY 2014-15	norized or Proposed					,																						ds/Awards, 20 vc 27603-8005, 919-807-4700 prants_instripdf
\$81,530.00				Proposed	SFY 2015-16																												)14-15
				Proposed	SFY 2016-17																												
				Proposed	SFY 2017-18																												

silions	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 emendment #15-028-P1 to increase funding by \$81,530. Note: 3 part-time and 1 full-time positions are funded. Copies to Terri Overton, 0 Stogner and Mercidee Benton. 3/12/15 KLC.

## Notification of Application for Grant Funds/Awards, 2014-15 Office of State Budget and Management, 116 West Jones Street, Raieigh, NC 27603-8005, 919-807-4700.

28 Amount of grants funds applied for in each year	Time-Limited	27 If yes, give the number by type for each year. Permanent	SFY 2013-14 Actual		25 Are new FTEs funded through the grant?	program if grant expires or is reduced?	24 Will additional state monies be required to continue the		22 Will any of these funds be passed through to local govern- ments or non-state entities? yes	21 Is an additional General Fund appropriation required to meet the state match requirement?	20 II yes, wildi is jile moe f	-	to match grant funds.	17 If yes, what is the matching requirement?	(1)	15 Fund code (2000x or NA)	Budget code the grant will be expended in (XXXXX)	13 Is this grant already in agency's continuation budget?  Yes  Yes		Start date of grant (MWDDVYY)	Grant application deadline (MM/DD/YY)	7 CFDA number	Curumy Emay (Gestival)	Ĺ	Phone number	Contact person (name)	2 Division (except in DHHS)	Department
			Gomplete eith SFY 2014-15 Authorized	r For 2014-15				local govi AND private non-profit AND other state agency		11								246	Yawai			2015		carolyn.murray@ncagr.gov			9	Department of Agriculture and Consumer Services
\$176,710.00			SFY 2014-15 Proposed	-																								as_assu.poi
			SFY 2015-16 Proposed																									
			SFY 2016-17 Proposed																									
			SFY 2017-18 Proposed																									

Return completed form as email attachment and indicate in message	31 Comments	30 Purpose of grant or amendment
Return completed form as email attachment and indicate in message that proper agency sign-offs have been obtained. Contact your OSBM budget arralyst if you have questions.	Notification of grant award # 15-045-FDD. Copies to Mercidee Benton, Terri Overton and Catherine Stogner. 3/12/15 KLC.	Commodity Supplemental Food Program Food Value 2015

29 ^	27 If yes, give the number by type for each year. Permanent		60			25 If yes, is this a requirement of the grant?	2	24 Will additional state monies be required to continue the No	23 If yes, identify affected entities by type	ments or non-state entities?	21 Is an additional General Fund appropriation required to meet no	20 If yes, what is the MOE?	1	18 If yes, what is the source of state funds being used	17 If we what is the matching requirement?	15 Fund code (XXXX of NA)	<u></u>	13 Is this grant already in agency's continuation budget?	-	11 End date of grant (MW/DD/YY)	10 Start date of grant (MM/DD/YY)	9 Grant application deadline (MMADDYYY)	B Grant tile	CFDA number	6 Funding Entity (grantor)	E-mail		3 Contact person (name) Carolyn Murray	DHHS only, choose division from drop down list	(in DHHS)	1 Department Departm	Office of State Budget and Management, 116 West Jones Street, Raleigh, NC 27603-8005, 919-907-4700. Instructions at http://www.osbm.state.nc.us/files/grants_instr.pdf
		Actual	SFY 2013-14	-					local govt AND private non-profit AND other state agency					ļ				!	Continuation/renewal	5	4	4	TETAP Food Value 2015		TNS	carolyn.murray@ncagr.gov	5-4490	Митау		Food Distribution	Department of Agriculture and Consumer Services	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/grants_instr.pdf
		Authorized	SFY 2014-15	Complete either Authorized or Proposed	For 2014-15				D other state agency					:																	uner Services	nes Street, Raleigh, NC: .nc.us/files/pdf_files/gran
\$7,409,730.00		Proposed	SFY 2014-15	zed or Proposed	15																											27603-8005, 919-807-4700. ks_instr.pdf
		Proposed	SFY 2015-16																													
		Proposed	SFY 2016-17																													
		Proposed	SFY 2017-18																													

Return completed form as email attachment and indicate in message that pro	31 Comments	30 Purpose of grant or amendment
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 grant award # 15-046-FDD. Copies to Mercidee Benton, Terri Overton and Catherine Stogner. 3/12/15 KLC.	TEFAP Food Value 2015

29 Amount of grants funds awarded in each year	Time-Limited	27 If yes, give the number by type for each year. Permanent	Actual A	SFY 2013-14 SF		25 If yes, is this a requirement or the grant?	T 9	***	ments or non-state entities?	the state match requirement?	21 Is an additional General Fund appropriation required to meet no	19 is there a maintenance of effort (MOE) requirement? no 20 If yes, what is the MOE?	to match grant funds.	18 If yes, what is the source of state funds being used	17 If yes, what is the matching requirement?	(A)	15 Fund code (XXXX or NA)	14 Budget code the grant will be expended in (XXXXX)	13 Is this grant already in agency's continuation budget?	12 Application type	11 End date of grant (MM/DD/YY)	10 Start date of grant (MM/DD/YY)	9 Grant application deadline (MM/DD/YY)	O Metit into months and the for the form and the form the form the form of the	CFDA number	6 Funding Entity (grantor) USDA FNS	F-mail	3 Contact person (name) Carolin Murray	2 Division (except in DHHS)	
			Authorized	Complete <u>either</u> Authorized or Proposed SFY 2014-15 SFY 2014-1	For 2014-15	ł		VD other state agency	<b>i</b>															unch riogram 2015						umer Services
\$32,890,324.00			Proposed	horized or Proposed SFY 2014-15	)14-15																									
			Proposed	SFY 2015-16																										
			Proposed	SFY 2016-17																										
			Proposed	SFY 2017-18																										

30 Purpose of grant or amendment	Food Value for National School Lunch Program 2015
31 Comments	Notification of grant award # 15-047-FDD. Copies to Mercidee Benton, Tern Overton and Catherine Stogner 3/12/15 KLC.
Return completed form as email attachment and indicate in message that pro-	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.