



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


PAT MCCRORY
GOVERNOR

LEE HARRISS ROBERTS
STATE BUDGET DIRECTOR

September 18, 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: 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 the grant included in the attached Notification 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, 2015-16

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	Department of Agriculture and Consumer Services				
2 Division (except in DHHS)	Food and Drug				
3 DHHS only, choose division from drop down list.					
4 Contact person (name)	JB Lewis				
5 Phone number	919-857-4106				
6 E-mail	jbl.lewis@ncagr.gov				
7 Funding Entity (grantor)	DHHS-OEHS				
8 CFDA number	93.103				
9 Grant title	North Carolina Animal Feed Regulatory Program Standards (AFRPS)				
10 Grant application deadline (MM/DD/YY)	07/15/15				
11 Start date of grant (MM/DD/YY)	09/01/15				
12 End date of grant (MM/DD/YY)	08/31/20				
13 Application type	New				
14 Is this grant already in agency's continuation budget?	No				
15 Budget code the grant will be expended in (XXXXX)	13700				
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?	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?	Yes				

	For 2015-16				SFY 2016-17 Proposed	SFY 2017-18 Proposed	SFY 2018-19 Proposed
	SFY 2014-15 Actual	SFY 2015-16 Authorized	SFY 2015-16 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				3,500			
29 Amount of grants funds awarded in each year				\$2,250,000.00			
				\$450,000.00			

30 Purpose of grant or amendment	To develop a risk-based feed safety program and establish a uniform foundation for the design, management and improvement of the Program to enhance the programmatic objective to protect public health through the regulation of animal feed.
31 Comments	Notification of grant award #15-002-FD. Note: Three fulltime positions are funded and one part-time item. Copies to Thomas Cheek, Terri Overton and Catherine Stogner 9/4/15 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.

1 Department	Department of Agriculture and Consumer Services
2 Division (except in DHHS) DHHS only, choose division from drop down list.	Plant Industry
3 Contact person (name)	Phil Wilson
4 Phone number	918-707-3753
5 E-mail	phil.wilson@ncagr.gov
6 Funding Entity (grantor)	USDA,APHIS,PPQ
7 CFDA number	10.025
8 Grant title	Farm Bill Tomato Commodity Survey
9 Grant application deadline (MM/DD/YYYY)	04/30/15
10 Start date of grant (MM/DD/YYYY)	06/06/15
11 End date of grant (MM/DD/YYYY)	11/30/15
12 Application type	New
13 Is this grant already in agency's continuation budget?	No
14 Budget code the grant will be expended in (XXXXXX)	13700
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 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?	No
25 If yes, is this a requirement of the grant?	
26 Are new FTEs funded through the grant?	No

	SFY 2013-14	For SFY 2014-15		SFY 2015-16	SFY 2016-17	SFY 2017-18
	Actual	Complete either Authorized or Proposed	Authorized	Proposed	Proposed	Proposed
Permanent						
Time-Limited			\$13,746.00			
			\$13,746.00			

30 Purpose of grant or amendment	To survey for the survey for Tomato Leaf Miner (Tuta absoluta) and Old World Bollworm in commercial host production crops throughout North Carolina
31 Comments	Notification of amendment to extend for two months 15-060-PI. Copies to Thomas Cheek, Terri Overton and Catherine Slogner. 09/04/15 KLC.
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Instructions at http://www.osbm.state.nc.us/files/pdf_files/grants_instr.pdf

1 Department	Food and Drug				
2 Division (except in DHHS) DHHS only, choose division from drop down list	JB Lewis				
3 Contact person (name)	919-733-7366				
4 Phone number	jb.lewis@ncagr.gov				
5 E-mail	DHHS-OEAS				
6 Funding Entity (granor)	93 103				
7 CFDA number	FDA FERR Microbiological Cooperative Agreement Program 2015-2020				
8 Grant title					
9 Grant application deadline (MM/DD/YY)	06/29/15				
10 Start date of grant (MM/DD/YY)	09/01/15				
11 End date of grant (MM/DD/YY)	09/31/20				
12 Application type	NEW				
13 Is this grant already in agency's continuation budget?	NO				
14 Budget code the grant will be expended in (XXXX)	13700				
15 Fund code (XXXX or NA)	1100				
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 2014-15 Actual	For 2015-16 Complete either Authorized or Proposed		SFY 2016-17 Proposed	SFY 2017-18 Proposed	SFY 2018-19 Proposed
		SFY 2015-16 Authorized	SFY 2015-16 Proposed			
27 If yes, give the number by type for each year: Permanent						
			1,000			
28 Amount of grants funds applied for in each year: Time-Limited			\$1,200,000.00			
29 Amount of grants funds awarded in each year			\$257,000.00			

30 Purpose of grant or amendment	To support analysis of food and food products in the event of microbiological contaminations, and to conduct method development and matrix extensions as needed to support FDA and FERN food safety and defense objectives.
31 Comments	Notification of award #15-077-FD. Copies to Tracy Little, Catherine Slogner and Terri Overton 09/10/15 KLC 9/10/15.

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