



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


**PAT MCCRORY**  
GOVERNOR

**LEE HARRISS ROBERTS**  
STATE BUDGET DIRECTOR

October 23, 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 5.1 of Session Law 2015-241, 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(s) 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](mailto:lee.roberts@osbm.nc.gov).

Thank you.

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# OSBM

## 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\\_insr.pdf](http://www.osbm.state.nc.us/files/pdf_files/grants_insr.pdf)

1 Department: Department of Health and Human Services

2 Division (except in DHHS): Division of Public Health

3 DHHS only, choose division from drop down list: Belinda Peaford

4 Phone number: 919-707-5699

5 E-mail: belinda.peaford@dhs.nc.gov

6 Funding Entity (grantor): US DHHS Office of the Assistant Secretary for Health - Office of Adolescent Health

7 CFDA number: 93.297

8 Grant title: Replicating Evidence-Based Teen Pregnancy Prevention Programs to Scale in Communities with the Greatest Need (Tier 1B)

9 Grant application deadline (MM/DD/YYYY): 04/01/15

10 Start date of grant (MM/DD/YYYY): 07/01/15

11 End date of grant (MM/DD/YYYY): 06/30/20

12 Application type: New

13 Is this grant already in agency's continuation budget? No

14 Budget code the grant will be expended in (XXXXXX): NA

15 Fund code (XXXX or NA): NA

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 other state agency

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? Yes

|   | Permanent | For 2014-15 |            |  |          | SFY 2015-16 Proposed | SFY 2016-17 Proposed | SFY 2017-18 Proposed |
|---|-----------|-------------|------------|--|----------|----------------------|----------------------|----------------------|
|   |           | Actual      | Authorized | Complete either Authorized or Proposed | Proposed |                      |                      |                      |
| 27 If yes, give the number by type for each year:   |           |             |            |  |          |                      |                      |                      |
| 28 Amount of grants funds applied for in each year: |           |             |            |  |          | 1,000                |                      |                      |
| 29 Amount of grants funds awarded in each year:     |           |             |            |  |          | 0,500                |                      |                      |
|   |           |             |            |  |          | \$999,999.00         |                      |                      |
|   |           |             |            |  |          | \$999,999.00         |                      |                      |

Handwritten notes and signatures:

1-15-15 JOR

9-15-15 JH

7-15-15 JH

Signature: [Handwritten Signature]

30 Purpose of grant or amendment

This grant will implement evidence-based teen pregnancy prevention programs in Graham, Edgecombe, and Richmond counties through partnerships with schools and community based organizations. The 1.5 FTE includes a permanent (1 FTE) PH Program Consultant II and a time limited (0.50 FTE) PH Human Services Planner/Evaluator III

31 Comments

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.