

PAT McCrory GOVERNOR

LEE HARRISS ROBERTS STATE BUDGET DIRECTOR

October 23, 2015

MEMORANDUM

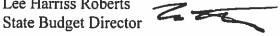
TO:

Senator Phil Berger, President Pro-Tempore of the Senate

Representative Tim Moore, Speaker of the House of Representatives

FROM:

Lee Harriss Roberts



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.

Thank you.

\kI

28 Amount of grants funds <u>applied for</u> in each year	Time-Limited	27 If yes, give the number by type for each year. Permanent	à		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	22 Wif any of these funds be passed through to local govern- ments or non-state entities?	21 Is an additional General Fund appropriation required to meet the state match requirement?	20 II yes, wild is the MOE!	ū	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)	14 Budget code the grant will be expended in (XXXXX)	13 is this grant already in agency's continuation budget?	≥	11 End date of grant (MM/DD/YY)	Start date of gram (MM/DD/YY)	9 Grant application deadline (MM/DOYY)		B Grant size	7 CFDA number	6 Funding Entity (grantor)			3 Contact person (name)	DHHS only, choose division from drop down li	xpt in DHHSJ	1 Department	OSEM Office of State
	ried		Actual		Yes		20	local gorf AND other state agency	Yes	No		200			1	No	NA	14430	No	New	06/30/20	07/01/15	04/01/15	Communities with the Greatest Need (Tier 18)	Replicating Evidence-Base	93.297	US DHHS Office of the Assi	belinda.pettiford@dhh	919-707-5699	Belinda Pettriord	Division of Public Health		Department of Health and Human Services	NOUTICE TION OF Application for Grant Full CS/AWards, 2014-13 Office of State Budget and Management, 116 West Jones Street, Rategot, NC 27503-8005, 919-807-4700, instructions at http://www.osbm.setei.nc.us/files/ports_instructions of files/ports_instructions.
!			Authorized	Complete either Authorized or Proposed				gency																atest Need (Tier 18)	Replicating Evidence-Based Teen Pregnancy Prevention Programs to Scale in		stard Secretary for Health - Off	belinda.pettiford@dhhs.nc.qov					human Services)TAppitcauori for Grant Funds/Awa utget and Management, 116 West Jones Street, Rateigh, NC 27603-8005 Instructions at http://www.osbm.state.nc.us/files/pdf_files/grants_instr.pdf
			Proposed	orized or Proposed +																					on Programs to Scale in		fice of Adolescent Health							US/AWATUS, 20 IC 27603-8005, 919-807-4700 rans_insk pdf
\$999,999 00	0 500		Proposed	EST STATE AS										,																				0 4-10
			Proposed	CEV 7015 17					470		7-15-15	1 1 1 1	ر ا ا	1	ム、て、	/																		
			Proposed	CEV 2017 18						•	•	70		Jap	7	ノノノ	之 ベ	\	\	V.	_													