



STATE OF NORTH CAROLINA
OFFICE OF STATE BUDGET AND MANAGEMENT


PAT MCCRORY
GOVERNOR

ANDREW T. HEATH
STATE BUDGET DIRECTOR

July 18, 2016

MEMORANDUM

TO: Senator Phil Berger, President Pro-Tempore of the Senate
Representative Tim Moore, Speaker of the House of Representatives

FROM: Andrew T. Heath
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 andrew.heath@osbm.nc.gov.

Thank you.

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1 Department	Department of Health and Human Services
2 Division (except in DHHS).....	Division of Public Health
DHHS only, choose division from drop down list.....	Marc Kerner
3 Contact person (name)	919-715-1410
4 Phone number	mac.kerner@dhs.nc.gov
5 E-mail	Centers for Disease Control and Prevention (CDC) / Agency for Toxic Substances and Disease Registry (ATSDR)
6 Funding Entity (grantor)	93.069
7 CFDA number.....	Public Health Preparedness and Response (PHPR) Cooperative Agreement for All Hazards Public Health Emergencies: Zika 2016
8 Grant title	
9 Grant application deadline (MM/DD/YYYY)	06/13/16
10 Start date of grant (MM/DD/YYYY)	08/01/16
11 End date of grant (MM/DD/YYYY)	07/31/17
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),....	14430
15 Fund code (XXXX or NA)	1264
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?	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?	No
26 Are new FTEs funded through the grant?	No

	SFY 2015-16		For 2016-17		SFY 2017-18	SFY 2018-19	SFY 2019-20
	Actual	Authorized	Complete either Authorized or Proposed	Proposed	Proposed	Proposed	Proposed
Time-Limited							
\$396,993.67							
\$396,993.67							

7-11-2016
for 7/14/16

7-11-2016
To Day
Return
from farm

<p>30 Purpose of grant or amendment</p>	<p>The purpose of this grant is to support North Carolina's public health system readiness and response capability to respond effectively to Zika Virus Disease (ZVD) within the State to reduce the spread of ZVD associated with Aedes aegypti and Aedes albopictus mosquitoes and minimize maternal-fetal transmission of Zika virus. UPDATE NOA received 08/30/16. UPDATE 07/11/16 errors corrected for items 13, 17 and 18</p>
<p>31 Comments</p>	<p>Grant Number NU90TP921834-01-00, from FCA #CDC-RFA-TP-16-1602</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.