



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

PAT MCCRORY  
GOVERNOR

ANDREW T. HEATH  
STATE BUDGET DIRECTOR

August 9, 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 *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](mailto:andrew.heath@osbm.nc.gov).

Thank you.

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## Notification of Application for Grant Funds/Awards, 2016-17

Office of State Budget and Management, 116 West Jones Street, Raleigh, NC 27603-8005, 919-907-4700  
 Instructions at [https://ncosbm.s3.amazonaws.com/31e-publicdocuments/notifications/grants\\_instr.pdf](https://ncosbm.s3.amazonaws.com/31e-publicdocuments/notifications/grants_instr.pdf)

1 Department .....	Department of Administration
2 Division (except in DHHS) .....	Human Relations Commission
3 DHHS only, choose division from drop down list .....	
4 Contact person (name) .....	Emily Hunter
5 Phone number .....	919-907-4424
6 E-mail .....	emily.hunter@doa.nc.gov
7 Funding Entity (grantor) .....	US Department of Housing and Urban Development
8 CFDA number .....	14.401
9 Grant title .....	FHAP Enhanced Education and Outreach Partnership
10 Grant application deadline (MM/DD/YY) .....	04/22/16
11 Start date of grant (MM/DD/YY) .....	09/01/16
12 End date of grant (MM/DD/YY) .....	08/31/17
13 Application type .....	no
14 Is this grant already in agency's continuation budget?	24100
15 Budget code the grant will be expended in (XXXXX) .....	2744
16 Fund code (XXXX or NA) .....	no
17 Is there a state matching requirement?	N/A
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? .....	Yes
24 If yes, identify affected entities by type .....	local govt AND private non-profit AND other state agency
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? .....	no

  

	For 2016-17				
	SFY 2015-16	SFY 2016-17	SFY 2016-17	SFY 2017-18	SFY 2018-19
	Actual	Authorized	Proposed	Proposed	Proposed
27 If yes, give the number by type for each year					
28 Amount of grants funds applied for in each year					
29 Amount of grants funds awarded in each year					

<p><b>30 Purpose of grant or amendment</b> .....</p> <p><b>31 Comments</b> .....</p>	<p><b>Education/outreach about requirements of the State and Federal Fair Housing Acts</b></p>
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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.