



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

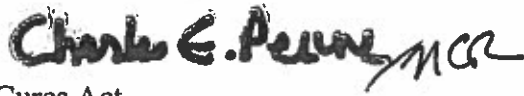
ROY COOPER  
GOVERNOR

CHARLES PERUSSE  
STATE BUDGET DIRECTOR

May 26, 2017

**MEMORANDUM**

TO: Chairs, Joint Legislative Commission on Governmental Operations

FROM: Charles Perusse 

SUBJECT: Federal 21<sup>st</sup> Century Cures Act

The Department of Health and Human Services, Division of Mental Health, Developmental Disabilities and Substance Abuse Services has received federal funding from the 21<sup>st</sup> Century Cures Act to address the opioid crisis in our State. Pursuant to applicable law, we are informing the Commission of this grant award. For the fiscal year ending June 30, 2017, we project actual expenditures will not exceed \$2,500,000. In view of the magnitude of the crisis and the need for prompt response, I am reporting that I have authorized the timely budgeting and expenditure of grant funding to address the opioid epidemic. The Notice of Award from the Substance Abuse and Mental Health Services Administration (SAMHSA) is attached for your reference.

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

**OSBM**

Office of State Budget and Management, 116 West Jones Street, Raleigh, NC 27603-8005, 919-807-4700.

Instructions at [https://ncosbm.s3.amazonaws.com/s3fs-public/documents/files/grants\\_instr.pdf](https://ncosbm.s3.amazonaws.com/s3fs-public/documents/files/grants_instr.pdf)

1 Department .....	Department of Health and Human Services
2 Division (except in DHHS) .....	Division of Mental Health/Developmental Disabilities/Substance Abuse Services
DHHS only, choose division from drop down list.....	DeDe Severino
3 Contact person (name) .....	919-715-2281
4 Phone number .....	dede.severino@dhhs.nc.gov
5 E-mail .....	SAMHSA
6 Funding Entity (grantor) .....	
7 CFDA number.....	93.788
8 Grant title .....	State Targeted Response to the Opioid Crisis Grants (Opioid STR) Also known as the 21st Century Cures Act or Cures Grant
9 Grant application deadline (MM/DD/YY) .....	02/17/17
10 Start date of grant (MM/DD/YY) .....	05/01/17
11 End date of grant (MM/DD/YY) .....	04/30/19
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).....	14460
15 Fund code (XXXX or NA) .....	1463
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 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? .....	
26 Are new FTEs funded through the grant?.....	Yes

	For 2016-17					
	Complete either Authorized or Proposed					
	SFY 2015-16 Actual	SFY 2016-17 Authorized	SFY 2016-17 Proposed	SFY 2017-18 Proposed	SFY 2018-19 Proposed	SFY 2019-20 Proposed
27 If yes, give the number by type for each year: Permanent						
Time-Limited		3.000	6.000			
28 Amount of grants funds applied for in each year .....			\$15,586,724.00	\$15,586,724.00		
29 Amount of grants funds awarded in each year .....		\$2,597,788.00		\$12,988,936.00		



Notice of Award

Issue Date: 04/26/2017

Opioid STR  
Department of Health and Human Services  
Substance Abuse and Mental Health Services Administration

Center for Substance Abuse Treatment

Grant Number: 1H79TI080257-01 REVISED

FAIN: TI080257

Program Director: Flo Stein

Project Title: NC Opioid STR

Grantee Address	Business Address
NC STATE DEPT/HLTH & HUMAN SERVICES Secretary 2001 Mail Service Center Raleigh, NC 276992001	NC STATE DEPT/HLTH & HUMAN SERVICES Assistant Director, Division of MH/DD/SA Services 306 N Wilmington St, 3013 Mail Service Center Raleigh, NC 276993013

Budget Period: 05/01/2017 – 04/30/2018

Project Period: 05/01/2017 – 04/30/2019

Dear Grantee:

The Substance Abuse and Mental Health Services Administration hereby revises this award to reflect an increase in the amount of \$15,586,724 (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to NC STATE DEPT/HLTH & HUMAN SERVICES in support of the above referenced project. This award is pursuant to the authority of Section 1003 of the 21st Century Cures Act and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

Award recipients may access the SAMHSA website at [www.samhsa.gov](http://www.samhsa.gov) (click on "Grants" then SAMHSA Grants Management), which provides information relating to the Division of Payment Management System, HHS Division of Cost Allocation and Postaward Administration Requirements. Please use your grant number for reference.

Acceptance of this award including the "Terms and Conditions" is acknowledged by the grantee when funds are drawn down or otherwise obtained from the grant payment system.

If you have any questions about this award, please contact your Grants Management Specialist and your Government Project Officer listed in your terms and conditions.

Sincerely yours,  
Odessa Crocker  
Grants Management Officer  
Division of Grants Management

See additional information below

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**SECTION III – TERMS AND CONDITIONS – 1H79TI080257-01 REVISED**

This award is based on the application submitted to, and as approved by, SAMHSA on the above-title project and is subject to the terms and conditions incorporated either directly or by reference in the following:

- a. The grant program legislation and program regulation cited in this Notice of Award.
- b. The restrictions on the expenditure of federal funds in appropriations acts to the extent those restrictions are pertinent to the award.
- c. 45 CFR Part 75 as applicable.
- d. The HHS Grants Policy Statement.
- e. This award notice, INCLUDING THE TERMS AND CONDITIONS CITED BELOW.

**Treatment of Program Income:  
Additional Costs**

In accordance with the regulatory requirements provided at 45 CFR 75.113 and Appendix XII to 45 CFR Part 75, recipients that have currently active Federal grants, cooperative agreements, and procurement contracts with cumulative total value greater than \$10,000,000 must report and maintain information in the System for Award Management (SAM) about civil, criminal, and administrative proceedings in connection with the award or performance of a Federal award that reached final disposition within the most recent five-year period. The recipient must also make semiannual disclosures regarding such proceedings. Proceedings information will be made publicly available in the designated integrity and performance system (currently the Federal Awardee Performance and Integrity Information System (FAPIS)). Full reporting requirements and procedures are found in Appendix XII to 45 CFR Part 75.

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**SECTION IV – TI Special Terms and Conditions – 1H79TI080257-01 REVISED**

**REMARKS:**

This revised Notice of Award (NoA) is issued to re-obligate funds in the amount of \$15,586,724 from EIN: 1561636462A1 to EIN: 1561636462A3, due to an internal administrative error.

ALL PREVIOUS TERMS AND CONDITIONS REMAIN IN EFFECT UNTIL SPECIFICALLY APPROVED AND REMOVED BY THE GRANTS MANAGEMENT OFFICER, SAMHSA

**CONTACTS:**

Kim Thierry, Program Official  
Phone: (240) 276-2907 Email: kim.thierry@samhsa.hhs.gov Fax: (240) 276-2970

Wendy Pang, Grants Specialist  
Phone: (240) 276-1419 Email: wendy.pang@samhsa.hhs.gov Fax: (240) 276-1430