



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

MICHAEL F. EASLEY
GOVERNOR

CHARLES E. PERUSSE
STATE BUDGET DIRECTOR

September 19, 2008

MEMORANDUM

TO: Senator Marc Basnight, President Pro-Tempore of the Senate
Representative Joe Hackney, Speaker of the House of Representatives

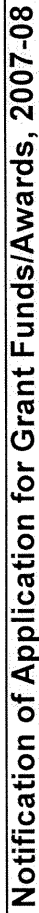
FROM: Charles Perusse *Charles Perusse*

SUBJECT: Consultation on Expenditure of Grant Awards

Pursuant to Section 6.9 of Session Law 2008-107 (House Bill 2436), 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 grants included in the attached Notifications of Application for Grant Funds/Awards.

If you have any questions or concerns, please contact me at 919-807-4700.

Thank you.



- 1 Department
- 2 Division (except in DHHS)
- 3 DHHS only, choose division from drop down list.
- 4 Contact person (name)
- 5 Phone number
- 6 E-mail
- 7 Funding Entity (grantor)
- 8 CFDA number
- 9 Grant title
- 10 Grant application deadline (MM/DD/YY)
- 11 Start date of grant (MM/DD/YY)
- 12 End date of grant (MM/DD/YY)
- 13 Application type
- 14 Is this grant already in agency's continuation budget?
- 15 Budget code the grant will be expended in (XXXXX)
- 16 Fund code (XXXX or NA)
- 17 Is there a state matching requirement?
- 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?
- 21 If yes, what is the MOE?
- 22 Is an additional General Fund appropriation required to meet the state match requirement?
- 23 Will any of these funds be passed through to local governments or non-state entities?
- 24 If yes, identify affected entities by type.
- 25 Will additional state monies be required to continue the program if grant expires or is reduced?
- 26 If yes, is this a requirement of the grant?
- 27 Are new FTEs funded through the grant?

SFY 2010-11

Proposed

Proposed

Proposed

27 If yes, give the number by type for each year: Permanent

Time-limited

28 Amount of grants funds applied for in each year

29 Amount of grants funds awarded in each year

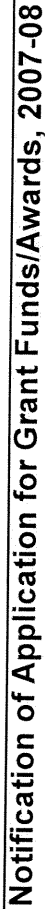
30 Purpose of grant or amendment

.....

31 Comments

2500

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.



Judicial Branch

Judicial Branch
www.ohio.state.nc.us/ncs/ncinstruments_instr.pdf
 ADMINISTRATIVE OFFICE OF THE COURTS
 PETER GILCHRIST
 704-347-7891
 Peter.S.Gilchrist@nccourts.org
 Mecklenburg County

CRIMINAL SYSTEM PLAN
MECKLENBURG COUNTY

| |
|----------|
| 37/01/08 |
| 36/30/09 |
| New |
| No |
| 22001 |
| 2091 |
| No |

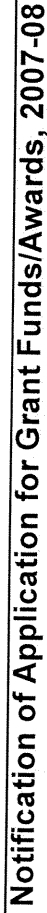
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| lo |
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| es |
| lo |
| es |

| | SFY 2006-07 Actual | SFY 2007-08 Authorized | SFY 2007-08 Proposed | For 2007-08 Complete either Authorized or Proposed |
|--|-----------------------|---------------------------|-------------------------|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

provide a total of 23 positions (Criminal Court Administrator, Criminal Case Coordinator, Court Clerks, Court Reporters, District Attorney Legal Assistants, and Deputy Clerks) for Mecklenburg County Court House Processing, H & I Felonies in District Court, and Citizen Warrant Process program.

new contract between Mecklenburg County and AOC, never previously executed.

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.



Judicial Branch

ADMINISTRATIVE OFFICE OF THE COURTS

| |
|---|
| http://www.uscourts.state.tn.us/files/norms/grants_instr_pot |
| Judicial Branch |
| ADMINISTRATIVE OFFICE OF THE COURTS |
| |
| SHEILA EASON |
| 919-564-7116 |
| <u>Sheila.G.Eason@nccourts.org</u> |
| Durham County |
| |
| DOMESTIC VIOLENCE ADA |
| |
| 07/01/08 |
| 06/30/09 |
| Continuation/renewal |
| Yes |
| 22001 |
| 2100 |
| No |

| |
|----|
| No |
| |
| |
| |

| | |
|--|-----|
| | No |
| | No |
| | |
| | Yes |
| | No |
| | No |

| SFY 2006-07 Actual | SFY 2007-08 Authorized | Complete either Authorized or Proposed SFY 2007-08 | For 2007-08 Proposed |
|-----------------------|---------------------------|---|-------------------------|
| d | 1,000 | | |
| | \$30,000.00 | | |
| | | | |

Provides one Assistant District Attorney to address the expenditure above.

Contract renewal between Durham County and AOC. The prior contract was for a 6-month period, and the new contract was for a 12-month period. The new contract was designed to address the expanding domestic violence cases.

er agency sign-offs have been obtained. Contact your OSBM budget analyst if you have

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.



Notification of Application for Grant Funds/Awards, 2007-08

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/forms/grants_instr.pdf

| | | | |
|--|--|--|--|
| 1 Department | | JUDICIAL BRANCH | |
| 2 Division (except in DHHS) | | ADMINISTRATIVE OFFICE OF THE COURTS | |
| 3 Contact person (name) | | SHEILA EASON | |
| 4 Phone number | | 919-564-7116 | |
| 5 E-mail | | Sheila.G.Eason@nccourts.org | |
| 6 Funding Entity (grantor) | | Durham County | |
| 7 CFDA number | | DOMESTIC VIOLENCE PROJECT & COMMUNITY LIFE COURT | |
| 8 Grant title | | | |
| 9 Grant application deadline (MM/DD/YY) | | 07/01/08 | |
| 10 Start date of grant (MM/DD/YY) | | 06/30/09 | |
| 11 End date of grant (MM/DD/YY) | | Continuation/renewal | |
| 12 Application type | | Yes | |
| 13 Is this grant already in agency's continuation budget? | | 22001 | |
| 14 Budget code the grant will be expended in (XXXX) | | 2100 | |
| 15 Fund code (XXXX or NA) | | No | |
| 16 Is there a state matching requirement? | | | |
| 17 If yes, what is the matching requirement? | | | |
| 18 If yes, what is the source of state funds being used to match grant funds. | | No | |
| 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? | | No | |
| 23 If yes, identify affected entities by type | | Yes | |
| 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 | |
| 27 If yes, give the number by type for each year: Permanent | | For 2007-08 | |
| Time-Limited | | Complete either Authorized or Proposed | |
| | | SFY 2007-07 | |
| Actual | | SFY 2007-08 | |
| Authorized | | Proposed | |
| SFY 2008-09 | | SFY 2009-10 | |
| Proposed | | Proposed | |
| SFY 2010-11 | | Proposed | |
| 1,800 | | 1,800 | |
| \$93,700.00 | | \$122,800.00 | |
| \$122,800.00 | | \$122,800.00 | |
| Provide one District Court Judge for 4 days a week and one full-time Victim/Witness Legal Assistant to expedite the disposition of domestic violence cases in District 14. | | | |
| 31 Comments | | Contract renewal between Durham County and AOC. | |

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Instructions at http://www.osbm.state.nc.us/files/forms/grants_instr.pdf

- 1 Department
- 2 Division (except in DHHS)
- 3 Contact person (name)
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- 16 Is there a state matching requirement?
- 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?
- 20 If yes, what is the MOE?

- 21 Is an additional General Fund appropriation required to meet the state match requirement?
- 22 Will any of these funds be passed through to local governments or non-state entities?
- 23 If yes, identify affected entities by type
- 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?

- 27 If yes, give the number by type for each year: Permanent
Time-Limited
- 28 Amount of grants funds applied for in each year
- 29 Amount of grants funds awarded in each year
- 30 Purpose of grant or amendment

- 31 Comments

| | |
|--------------------------------------|--|
| Judicial Branch | |
| ADMINISTRATIVE OFFICE OF THE COURTS | |
| LYNN STROUD | |
| 252-695-7231 | |
| Lynn.T.Stroud@nccourts.org | |
| NC GOVERNOR'S HIGHWAY SAFETY PROGRAM | |
| DWI LEGAL ASSISTANT | |
| 03/31/08 | |
| 10/01/08 | |
| 09/30/09 | |
| Continuation/renewal | |
| Yes | |
| 22001 | |
| 2092 | |
| No | |
| | |
| No | |
| No | |
| Yes | |
| No | |
| No | |

| For 2007-08 | | Complete either Authorized or Proposed | |
|---|-------------|--|-------------|
| SFY 2006-07 | SFY 2007-08 | SFY 2007-08 | SFY 2007-08 |
| Actual | Authorized | Proposed | Proposed |
| | | | |
| | | | |
| | | | |
| | | \$44,724.00 | |
| Provide one full-time DWI Legal Assistant in Pitt County to help reduce by the number of DWI cases that have been pending for more than one year, reduce the number of dismissals due to lack of sufficient evidence, and aggressively prosecute habitual DWI offenders. The Assistant would help collect evidence, identify and contact witnesses, compile driving records, and organize case files for trial. | | | |
| Third-year funding is being sought for one existing full-time position. | | | |



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Instructions at http://www.osbm.state.nc.us/files/forms/grants_instr.pdf

| | |
|---|--------------------------------------|
| 1 Department | Judicial Branch |
| 2 Division (except in DHHS) | ADMINISTRATIVE OFFICE OF THE COURTS |
| 3 Contact person (name) | JANET GREENE |
| 4 Phone number | 919-890-1916 |
| 5 E-mail | Janet.Green@nccourts.org |
| 6 Funding Entity (grantor) | NC GOVERNOR'S HIGHWAY SAFETY PROGRAM |
| 7 CFDA number | |
| 8 Grant title | eCITATION PRINTERS |
| 9 Grant application deadline (MM/DD/YY) | 03/31/08 |
| 10 Start date of grant (MM/DD/YY) | 05/22/08 |
| 11 End date of grant (MM/DD/YY) | 09/30/09 |
| 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) | 2100 |
| 15 Fund code (XXXX or NA) | No |
| 16 Is there a state matching requirement? | |
| 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? | No |
| 23 If yes, identify affected entities by type | |
| 24 Will additional state monies be required to continue the program if grant expires or is reduced? | Yes |
| 25 If yes, is this a requirement of the grant? | No |
| 26 Are new FTEs funded through the grant? | No |

| | | | | | |
|-----------------------|---------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| SFY 2006-07 Actual | SFY 2007-08 Authorized | SFY 2007-08 Proposed | SFY 2008-09 Proposed | SFY 2009-10 Proposed | SFY 2010-11 Proposed |
| | | | | | |
| | | | | | |
| \$0.00 | \$0.00 | | \$328,491.00 | | |
| | | | \$328,491.00 | | |

For 2007-08
Complete either Authorized or Proposed

27 If yes, give the number by type for each year: Permanent
Time-Limited

28 Amount of grants funds applied for in each year

29 Amount of grants funds awarded in each year

30 Purpose of grant or amendment

31 Comments

Provide 750 mobile printers for use in law enforcement officers' patrol cars to implement the eCITATION program. eCITATION replaces the manual citation-writing process with an automated one that enables officers to electronically create citations and transmit the data to the AOC's database.

This is a new grant that has never been received previously.

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Instructions at http://www.osbm.state.nc.us/files/forms/grants_instr.pdf

| | | |
|---|--|---------------------------------------|
| 1 Department | | Judicial Branch |
| 2 Division (except in DHHS)..... DHHS only, choose division from drop down list | | ADMINISTRATIVE OFFICE OF THE COURTS |
| 3 Contact person (name) | | WHEATON CASEY |
| 4 Phone number | | 336-574-4350 |
| 5 E-mail | | Wheaton.O.Casey@nccourts.org |
| 6 Funding Entity (grantor) | | Guilford County |
| 7 CFDA number | | EXPANDED PRE-TRIAL SCREENING SERVICES |
| 8 Grant title | | |
| 9 Grant application deadline (MM/DD/YY) | | |
| 10 Start date of grant (MM/DD/YY) | | 07/01/08 |
| 11 End date of grant (MM/DD/YY) | | 06/30/09 |
| 12 Application type | | Continuation/renewal |
| 13 Is this grant already in agency's continuation budget? | | Yes |
| 14 Budget code the grant will be expended in (XXXX) | | 22001 |
| 15 Fund code (XXXX or NA) | | 2100 |
| 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? | | No |
| 23 If yes, identify affected entities by type | | |
| 24 Will additional state monies be required to continue the program if grant expires or is reduced? | | Yes |
| 25 If yes, is this a requirement of the grant? | | No |
| 26 Are new FTEs funded through the grant? | | No |
| 27 If yes, give the number by type for each year: Permanent Time-Limited | | |
| 28 Amount of grants funds applied for in each year | | |
| 29 Amount of grants funds awarded in each year | | |
| 30 Purpose of grant or amendment | | |
| 31 Comments | | |

| SFY 2006-07 Actual | SFY 2007-08 Authorized | SFY 2007-08 Proposed | SFY 2008-09 Proposed | SFY 2009-10 Proposed | SFY 2010-11 Proposed |
|--|------------------------|----------------------|----------------------|----------------------|----------------------|
| | 6,000 | | | | |
| | \$250,473.00 | | 6,000 | | |
| | | | \$267,860.00 | | |
| Provide six positions to screen jail inmates for eligibility for pre-trial release to help reduce jail overcrowding. | | | | | |
| Contract renewal between Guilford County and AOC. | | | | | |

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| | |
|---|--|
| 1 Department | Judicial Branch |
| 2 Division (except in DHHS) | ADMINISTRATIVE OFFICE OF THE COURTS |
| 3 Contact person (name) | IRIS DERRICK |
| 4 Phone number | 910-346-5335 |
| 5 E-mail | Iris.Derrick@nccourts.org |
| 6 Funding Entity (grantor) | NATIONAL COURT APPOINTED SPECIAL ADVOCATE (CASA) ASSOCIATION |
| 7 CFDA number | |
| 8 Grant title | NORTH CAROLINA GUARDIAN AD LITEM PROGRAM FOURTH JUDICIAL DISTRICT |
| 9 Grant application deadline (MM/DD/YY) | 03/07/08 |
| 10 Start date of grant (MM/DD/YY) | 07/01/08 |
| 11 End date of grant (MM/DD/YY) | 06/30/09 |
| 12 Application type | Continuation/renewal |
| 13 Is this grant already in agency's continuation budget? | No |
| 14 Budget code the grant will be expended in (XXXX) | 22001 |
| 15 Fund code (XXXX or NA) | 2095 |
| 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? | No |
| 23 If yes, identify affected entities by type | |
| 24 Will additional state monies be required to continue the program if grant expires or is reduced? | Yes |
| 25 If yes, is this a requirement of the grant? | No |
| 26 Are new FTEs funded through the grant? | No |

| | | | | | | |
|--|-----------------------|---------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| | SFY 2006-07 Actual | SFY 2007-08 Authorized | SFY 2007-08 Proposed | SFY 2008-09 Proposed | SFY 2009-10 Proposed | SFY 2010-11 Proposed |
| 27 If yes, give the number by type for each year: Permanent | | | | | | |
| Time-Limited | | | | | | |
| 28 Amount of grants funds applied for in each year | \$0.00 | | \$0.00 | | | |
| 29 Amount of grants funds awarded in each year | | | \$9,842.00 | | | |
| 30 Purpose of grant or amendment | | | \$0.00 | | | |
| Provide educational workshops in District 4 to raise community awareness about GAL issues. | | | | | | |
| 31 Comments | | | | | | |

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Notification of Application for Grant Funds/Awards, 2007-08

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/forms/grants_instr.pdf

- 1 Department
- 2 Division (except in DHHS)
- 3 DHHS only, choose division from drop down list
- 4 Contact person (name)
- 5 Phone number
- 6 E-mail
- 7 Funding Entity (grantor)
- 8 CFDA number
- 9 Grant title
- 10 Grant application deadline (MM/DD/YY)
- 11 Start date of grant (MM/DD/YY)
- 12 End date of grant (MM/DD/YY)
- 13 Application type
- 14 Is this grant already in agency's continuation budget?
- 15 Budget code the grant will be expended in (XXXX)
- 16 Fund code (XXXX or NA)
- 17 Is there a state matching requirement?
- 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?
- 21 If yes, what is the MOE?
- 22 Is an additional General Fund appropriation required to meet the state match requirement?
- 23 Will any of these funds be passed through to local governments or non-state entities?
- 24 If yes, identify affected entities by type
- 25 Will additional state monies be required to continue the program if grant expires or is reduced?
- 26 If yes, is this a requirement of the grant?
- 27 Are new FTEs funded through the grant?
- 28 If yes, give the number by type for each year: Permanent
- 29 Amount of grants funds applied for in each year
- 30 Amount of grants funds awarded in each year
- 31 Purpose of grant or amendment
- 32 Comments

| |
|--|
| Judicial Branch |
| ADMINISTRATIVE OFFICE OF THE COURTS |
| IRIS DERRICK |
| 910-346-5335 |
| Iris.Derrick@nccourts.org |
| NATIONAL COURT APPOINTED SPECIAL ADVOCATE (CASA) ASSOCIATION |
| FOURTH DISTRICT GUARDIAN AD LITEM PROGRAM |
| 03/07/08 |
| 07/01/08 |
| 06/30/09 |
| Continuation/renewal |
| No |
| 22001 |
| 2095 |
| No |
| |
| No |
| No |
| Yes |
| No |
| Yes |

For 2007-08
Complete either Authorized or Proposed

| SFY 2006-07 Actual | SFY 2007-08 Authorized | SFY 2007-08 Proposed | SFY 2008-09 Proposed | SFY 2009-10 Proposed | SFY 2010-11 Proposed |
|--|---------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| \$0.00 | | \$0.00 | 1,000 | | |
| | | \$39,935.00 | | | |
| | | \$40,000.00 | | | |
| Expand current GAL program in District 4 by adding one full-time Volunteer Coordinator to recruit, train, and supervise 25 new volunteers. The additional volunteers will enable the program to serve 60 children in District 4. | | | | | |



Notification of Application for Grant Funds/Awards, 2007-08

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Instructions at http://www.osbm.state.nc.us/files/forms/grants_instr.pdf

| | |
|---|--|
| 1 Department | Judicial Branch |
| 2 Division (except in DHHS) | ADMINISTRATIVE OFFICE OF THE COURTS |
| 3 Contact person (name) | LIZ KACHRIS-JONES |
| 4 Phone number | 910-341-1516 |
| 5 E-mail | Liz.K.Jones@nccourts.org |
| 6 Funding Entity (grantor) | NATIONAL COURT APPOINTED SPECIAL ADVOCATE (CASA) ASSOCIATION |
| 7 CFDA number | |
| 8 Grant title | FIFTH JUDICIAL DISTRICT, NC GUARDIAN AD LITEM PROGRAM |
| 9 Grant application deadline (MM/DD/YY) | 03/07/08 |
| 10 Start date of grant (MM/DD/YY) | 07/01/08 |
| 11 End date of grant (MM/DD/YY) | 06/30/09 |
| 12 Application type | Continuation/renewal |
| 13 Is this grant already in agency's continuation budget? | No |
| 14 Budget code the grant will be expended in (XXXX) | 22001 |
| 15 Fund code (XXXX or NA) | 2095 |
| 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? | No |
| 23 If yes, identify affected entities by type | |
| 24 Will additional state monies be required to continue the program if grant expires or is reduced? | Yes |
| 25 If yes, is this a requirement of the grant? | No |
| 26 Are new FTEs funded through the grant? | Yes |

For 2007-08

Complete either Authorized or Proposed

SFY 2006-07 Actual

SFY 2007-08 Authorized

SFY 2007-08 Proposed

SFY 2008-09 Proposed

SFY 2009-10 Proposed

SFY 2010-11 Proposed

| | | | | | | |
|---|--------|--|--|--|-------------|--|
| | | | | | | |
| | \$0.00 | | | | | |
| | | | | | 0.750 | |
| | | | | | \$30,000.00 | |
| | | | | | \$30,000.00 | |
| Expand current GAL program in District 5 by adding one three-quarter time Adolescent Specialist Program Supervisor to recruit, train, and supervise volunteers to serve children age 12 and up. | | | | | | |

Permanent

Time-Limited

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

30 Purpose of grant or amendment

31 Comments

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| | |
|---|--|
| 1 Department | Judicial Branch |
| 2 Division (except in DHHS) | ADMINISTRATIVE OFFICE OF THE COURTS |
| 3 Contact person (name) | NAEIME LIVINGSTON |
| 4 Phone number | 919-715-9012 |
| 5 E-mail | Naeime.N.Livingston@nccourts.org |
| 6 Funding Entity (grantor) | NATIONAL COURT APPOINTED SPECIAL ADVOCATE (CASA) ASSOCIATION |
| 7 CFDA number | |
| 8 Grant title | GUARDIAN AD LITEM PROGRAM 10TH JUDICIAL DISTRICT |
| 9 Grant application deadline (MM/DD/YY) | 03/07/08 |
| 10 Start date of grant (MM/DD/YY) | 07/01/08 |
| 11 End date of grant (MM/DD/YY) | 06/30/09 |
| 12 Application type | Continuation/renewal |
| 13 Is this grant already in agency's continuation budget? | No |
| 14 Budget code the grant will be expended in (XXXX) | 22001 |
| 15 Fund code (XXXX or NA) | 2095 |
| 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? | No |
| 23 If yes, identify affected entities by type | |
| 24 Will additional state monies be required to continue the program if grant expires or is reduced? | Yes |
| 25 If yes, is this a requirement of the grant? | No |
| 26 Are new FTEs funded through the grant? | Yes |

| | | | | | | |
|--|-----------------------|---------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| | SFY 2006-07 Actual | SFY 2007-08 Authorized | SFY 2007-08 Proposed | SFY 2008-09 Proposed | SFY 2009-10 Proposed | SFY 2010-11 Proposed |
| 27 If yes, give the number by type for each year: Permanent | | | | | | |
| Time-Limited | | | | | | |
| 28 Amount of grants funds applied for in each year | | | 0.750 | | | |
| 29 Amount of grants funds awarded in each year | | | \$39,993.00 | | | |
| 30 Purpose of grant or amendment | | | \$0.00 | | | |
| Provide a three-quarter time At-Risk Youth Case Manager in District 10 to recruit, train, and supervise 25 additional GAL volunteers to serve 30 at-risk children. | | | | | | |
| 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.



Notification of Application for Grant Funds/Awards, 2007-08

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/forms/grants_instr.pdf

| | |
|---|--|
| 1 Department | Judicial Branch |
| 2 Division (except in DHHS) | ADMINISTRATIVE OFFICE OF THE COURTS |
| 3 Contact person (name) | VALERIE HAYNES |
| 4 Phone number | 910-321-3828 |
| 5 E-mail | Valerie.Haynes@nccourts.org |
| 6 Funding Entity (grantor) | NATIONAL COURT APPOINTED SPECIAL ADVOCATE (CASA) ASSOCIATION |
| 7 CFDA number | |
| 8 Grant title | NC GUARDIAN AD LITEM PROGRAM DISTRICT 12 |
| 9 Grant application deadline (MM/DD/YY) | 03/07/08 |
| 10 Start date of grant (MM/DD/YY) | 07/01/08 |
| 11 End date of grant (MM/DD/YY) | 06/30/09 |
| 12 Application type | Continuation/renewal |
| 13 Is this grant already in agency's continuation budget? | No |
| 14 Budget code the grant will be expended in (XXXX) | 22001 |
| 15 Fund code (XXXX or NA) | 2095 |
| 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? | No |
| 23 If yes, identify affected entities by type | Yes |
| 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? | Yes |
| 26 Are new FTEs funded through the grant? | |
| 27 If yes, give the number by type for each year: Permanent Time-Limited | |
| 28 Amount of grants funds applied for in each year | |
| 29 Amount of grants funds awarded in each year | |
| 30 Purpose of grant or amendment | |
| 31 Comments | |

| SFY 2006-07 Actual | SFY 2007-08 Authorized | SFY 2007-08 Proposed | SFY 2008-09 Proposed | SFY 2009-10 Proposed | SFY 2010-11 Proposed |
|--|---------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| \$0.00 | | | 1,000 | | |
| | | \$0.00 | \$30,000.00 | | |
| | | | \$30,000.00 | | |
| Expand GAL program in District 12 by adding one full-time At-Risk Youth Case Manager to recruit, train, and supervise 10 additional volunteers to serve 20 additional at-risk youth. | | | | | |

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.



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Instructions at http://www.osbm.state.nc.us/files/forms/grants_instr.pdf

| | |
|---|--|
| 1 Department | Judicial Branch |
| 2 Division (except in DHHS) | ADMINISTRATIVE OFFICE OF THE COURTS |
| 3 Contact person (name) | SHIRLEY HARLEY-SMITH |
| 4 Phone number | 919-564-7290 |
| 5 E-mail | Shirley.H.Smith@nccourts.org |
| 6 Funding Entity (grantor) | NATIONAL COURT APPOINTED SPECIAL ADVOCATE (CASA) ASSOCIATION |
| 7 CFDA number | 14TH JUDICIAL DISTRICT, GUARDIAN AD LITEM PROGRAM |
| 8 Grant title | |
| 9 Grant application deadline (MM/DD/YY) | 03/07/08 |
| 10 Start date of grant (MM/DD/YY) | 07/01/08 |
| 11 End date of grant (MM/DD/YY) | 06/30/09 |
| 12 Application type | Continuation/renewal |
| 13 Is this grant already in agency's continuation budget? | No |
| 14 Budget code the grant will be expended in (XXXXX) | 22001 |
| 15 Fund code (XXXX or NA) | 2095 |
| 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? | No |
| 23 If yes, identify affected entities by type | |
| 24 Will additional state monies be required to continue the program if grant expires or is reduced? | Yes |
| 25 If yes, is this a requirement of the grant? | No |
| 26 Are new FTEs funded through the grant? | Yes |
| 27 If yes, give the number by type for each year: | |
| Permanent | |
| Time-Limited | |
| 28 Amount of grants funds applied for in each year | \$0.00 |
| 29 Amount of grants funds awarded in each year | \$0.00 |
| 30 Purpose of grant or amendment | \$0.00 |
| 31 Comments | |

SFY 2006-07 Actual SFY 2007-08 Authorized SFY 2007-08 Proposed SFY 2008-09 Proposed SFY 2009-10 Proposed SFY 2010-11 Proposed

Complete either Authorized or Proposed
For 2007-08

Provide a three-quarter time Program Supervisor to recruit, train, and supervise volunteers for the GAL program in District 14.

After completing this form, please email it to the appropriate contact person listed above. If you have questions, contact your OSBM budget analyst at (919) 733-2222.

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.

0524

Notification of Application for Grant Funds/Awards, 2007-08

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/forms/grants_instr.pdf

| | | | | | | |
|---|--|--|--|--|--|--|
| 1 Department | Judicial Branch | | | | | |
| 2 Division (except in DHHS) | ADMINISTRATIVE OFFICE OF THE COURTS | | | | | |
| 3 Contact person (name) | LYNN DODGE | | | | | |
| 4 Phone number | 336-328-3170 | | | | | |
| 5 E-mail | Lynn.Dodge@nccourts.com | | | | | |
| 6 Funding Entity (grantor) | NATIONAL COURT APPOINTED SPECIAL ADVOCATE (CASA) ASSOCIATION | | | | | |
| 7 CFDA number | | | | | | |
| 8 Grant title | GUARDIAN AD LITEM, JUDICIAL DISTRICT 19B | | | | | |
| 9 Grant application deadline (MM/DD/YY) | 03/07/08 | | | | | |
| 10 Start date of grant (MM/DD/YY) | 07/01/08 | | | | | |
| 11 End date of grant (MM/DD/YY) | 06/30/09 | | | | | |
| 12 Application type | Continuation/renewal | | | | | |
| 13 Is this grant already in agency's continuation budget? | No | | | | | |
| 14 Budget code the grant will be expended in (XXXXX) | 22001 | | | | | |
| 15 Fund code (XXXX or NA) | 2095 | | | | | |
| 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? | No | | | | | |
| 23 If yes, identify affected entities by type | | | | | | |
| 24 Will additional state monies be required to continue the program if grant expires or is reduced? | Yes | | | | | |
| 25 If yes, is this a requirement of the grant? | No | | | | | |
| 26 Are new FTEs funded through the grant? | No | | | | | |
| 27 If yes, give the number by type for each year: Permanent | | | | | | |
| 28 Amount of grants funds applied for in each year | | | | | | |
| 29 Amount of grants funds awarded in each year | | | | | | |
| 30 Purpose of grant or amendment | | | | | | |
| 31 Comments | | | | | | |

proper agency sign-offs have been obtained. Contact your OSBM budget analyst if you have questions.



| | |
|---|---|
| 1 Department 2 Division (<i>except in DHHS</i>) DHHS only, choose division from drop list..... 3 Contact person (<i>name</i>) 4 Phone number 5 E-mail 6 Funding Entity (grantor) 7 CFDA number..... 8 Grant title 9 Grant application deadline (<i>MM/DD/YYYY</i>) 10 Start date of grant (<i>MM/DD/YYYY</i>) 11 End date of grant (<i>MM/DD/YYYY</i>) 12 Application type 13 Is this grant already in agency's continuation budget? 14 Budget code the grant will be expended in (XXXXX) 15 Fund code (XXXX or NA) 16 Is there a state matching requirement? 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? 20 If yes, what is the MOE?,.,. 21 Is an additional General Fund appropriation required to meet the state match requirement? 22 Will any of these funds be passed through to local govern- ments or non-state entities? 23 If yes, identify affected entities by type 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? | <div> Judicial Branch ADMINISTRATIVE OFFICE OF THE COURTS <hr/> JOANNE CRANKS 704-852-3297 <u>Joanne.S.Crank@nccourts.org</u> NATIONAL COURT APPOINTED SPECIAL ADVOCATE (CASA) ASSOCIATION <hr/> GUARDIAN AD LITEM PROGRAM 03/07/08 07/01/08 06/30/09 Continuation/renewal No 22001 2095 No No No Yes No Yes </div> |
|---|---|

For SFY 2007-08 → Complete either Authorized or Proposed

| SFY 2006-07 Actual | SFY 2007-08 Authorized | SFY 2007-08 Proposed | SFY 2008-09 Proposed | SFY 2009-10 Proposed | SFY 2010-11 Proposed |
|--------------------|------------------------|----------------------|----------------------|----------------------|----------------------|
| \$0.00 | | \$0.00 | 0.750 | | |
| | | \$37,672.00 | | | |
| | | \$0.00 | | | |

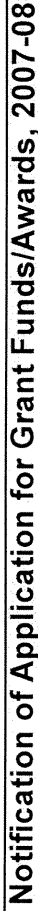
Provide a three-quarter time Volunteer Coordinator in District 27A to recruit at least 20 additional volunteers for the GAL program.

If yes, give the number by type for each year:

| | |
|--|------------------|
| <i>Time-Limited</i> | <i>Permanent</i> |
| 27 Amount of grants funds applied for in each year | |
| 28 Amount of grants funds awarded in each year | |
| 29 Purpose of grant or amendment | |

31 Comments

Reduce completed form on email attachment and indicate in message that proper agency sign-offs have been obtained. Contact your OSBM budget analyst if you have questions.



1 Department

- 2 Division (except in DHHS).....
DHHS only, choose division from drop down list.....
- 3 Contact person (name).....
- 4 Phone number.....
- 5 E-mail.....
- 6 Funding Entity (grantor).....
- 7 CFDA number.....
- 8 Grant title.....
- 9 Grant application deadline (MM/DDYY).....
- 10 Start date of grant (MM/DDYY).....
- 11 End date of grant (MM/DDYY).....
- 12 Application type.....
- 13 Is this grant already in agency's continuation budget?
- 14 Budget code the grant will be expended in (XXXXX).....
- 15 Fund code (XXXX or NA).....
- 16 Is there a state matching requirement?.....
If yes, what is the matching requirement?.....
- 17
- 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?
- 20 If yes, what is the MOE?.....
- 21 Is an additional General Fund appropriation required to meet
the state match requirement?.....
- 22 Will any of these funds be passed through to local govern-
ments or non-state entities?.....
- 23 If yes, identify affected entities by type.....
- 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?.....

| | For 2007-08 | Complete <u>either</u> Authorized or Proposed |
|--|-------------|---|
|--|-------------|---|

| | | SFY 2006-07 | SFY 2007-08 | SFY 2007-08 | SFY 2007-08 | SFY 2008-09 | SFY 2009-10 | SFY 2010-11 |
|----|---|-------------|-------------|-------------|-------------|--------------|-------------|-------------|
| | | Actual | Authorized | Proposed | Proposed | Proposed | Proposed | Proposed |
| 27 | If yes, give the number by type for each year: | | | | | | | |
| | <i>Permanent</i> | | | | | | | |
| | <i>Time-Limited</i> | | | | | | | |
| 28 | Amount of grants funds applied for in each year | \$0.00 | \$0.00 | | | \$116,236.69 | | |
| 29 | Amount of grants funds awarded in each year | | | | | | | |

This one-year grant will provide training to 650-700 GAL volunteers, staff, attorneys, and court personnel to increase the effectiveness of their advocacy for children who have been abused and/or neglected.

This is a new grant that has never been received previously.

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.



Notification of Application for Grant Funds/Awards, 2007-08

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/forms/grants_instr.pdf

| | |
|---|--|
| 1 Department | Judicial Branch |
| 2 Division (except in DHHS) | ADMINISTRATIVE OFFICE OF THE COURTS |
| 3 Contact person (name) | BRAD FOWLER |
| 4 Phone number | 919-890-1252 |
| 5 E-mail | Brad.D.Fowler@nccourts.org |
| 6 Funding Entity (grantor) | NATIONAL COURT APPOINTED SPECIAL ADVOCATE (CASA) ASSOCIATION |
| 7 CFDA number | |
| 8 Grant title | NORTH CAROLINA GUARDIAN AD LITEM PROGRAM |
| 9 Grant application deadline (MM/DD/YY) | 03/07/08 |
| 10 Start date of grant (MM/DD/YY) | 07/01/08 |
| 11 End date of grant (MM/DD/YY) | 06/30/09 |
| 12 Application type | Continuation/renewal |
| 13 Is this grant already in agency's continuation budget? | No |
| 14 Budget code the grant will be expended in (XXXX) | 22001 |
| 15 Fund code (XXXX or NA) | 2318 |
| 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? | No |
| 23 If yes, identify affected entities by type | |
| 24 Will additional state monies be required to continue the program if grant expires or is reduced? | Yes |
| 25 If yes, is this a requirement of the grant? | No |
| 26 Are new FTEs funded through the grant? | Yes |

| | | | | | | |
|---|--|---------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| | SFY 2006-07 Actual | SFY 2007-08 Authorized | SFY 2007-08 Proposed | SFY 2008-09 Proposed | SFY 2009-10 Proposed | SFY 2010-11 Proposed |
| 27 If yes, give the number by type for each year: Permanent | | | | | | |
| Time-Limited | | | | | | |
| 28 Amount of grants funds applied for in each year | \$0.00 | | | 1,000 | | |
| 29 Amount of grants funds awarded in each year | | | \$0.00 | \$50,000.00 | | |
| 30 Purpose of grant or amendment | | | | \$50,000.00 | | |
| 31 Comments | Provide continued funding for a Training Administrator to conduct training in curriculum transition, train-the-trainer topics, continuing education for staff and volunteers, and information sharing. | | | | | |

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.

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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/forms/grants_instr.pdf

| | |
|---|-------------------------------------|
| 1 Department | Judicial Branch |
| 2 Division (except in DHHS) | ADMINISTRATIVE OFFICE OF THE COURTS |
| 3 DHHS only, choose division from drop down list | |
| 4 Contact person (name) | WHEATON CASEY |
| 5 Phone number | 336-574-4350 |
| 6 E-mail | Wheaton.O.Casey@hccourts.org |
| 7 Funding Entity (grantor) | Guilford County |
| 7 CFDA number | |
| 8 Grant title | HIGH POINT DRUG COURT PROGRAM |
| 9 Grant application deadline (MM/DD/YY) | |
| 10 Start date of grant (MM/DD/YY) | 07/01/08 |
| 11 End date of grant (MM/DD/YY) | 06/30/09 |
| 12 Application type | Continuation/renewal |
| 13 Is this grant already in agency's continuation budget? | Yes |
| 14 Budget code the grant will be expended in (XXXXX) | 22001 |
| 15 Fund code (XXXX or NA) | 2100 |
| 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? | No |
| 23 If yes, identify affected entities by type | |
| 24 Will additional state monies be required to continue the program if grant expires or is reduced? | Yes |
| 25 If yes, is this a requirement of the grant? | No |
| 26 Are new FTEs funded through the grant? | No |

For 2007-08
 Complete either Authorized or Proposed
 SFY 2006-07 Actual SFY 2007-08 Authorized SFY 2007-08 Proposed SFY 2008-09 Proposed SFY 2009-10 Proposed SFY 2010-11 Proposed

| | | | | | | |
|---|---|-------------|--|--------------|--|--|
| 27 If yes, give the number by type for each year: Permanent | | | | | | |
| Time-Limited | | | | | | |
| 28 Amount of grants funds applied for in each year | | 1,000 | | 2,000 | | |
| 29 Amount of grants funds awarded in each year | | \$53,000.00 | | \$116,000.00 | | |
| 30 Purpose of grant or amendment | | \$53,000.00 | | \$116,000.00 | | |
| 31 Comments | Provide one Drug Treatment Court Coordinator and one Case Manager to oversee Drug Treatment Court operations in the City of High Point. | | | | | |
| | Contract renewal between Guilford County and AOC. | | | | | |



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Instructions at http://www.osbm.state.nc.us/files/forms/grants_instr.pdf

| | |
|---|--------------------------------------|
| 1 Department | Judicial Branch |
| 2 Division (except in DHHS) | ADMINISTRATIVE OFFICE OF THE COURTS |
| 3 DHHS only, choose division from drop down list | |
| 4 Contact person (name) | LAWRENCE CAMPBELL |
| 5 Phone number | 919-564-7000 |
| 6 E-mail | Lawrence.M.Campbell@nccourts.org |
| 7 Funding Entity (grantor) | Durham County |
| 7 CFDA number | |
| 8 Grant title | JAIL MANAGEMENT/BOND HEARING PROJECT |
| 9 Grant application deadline (MM/DD/YY) | |
| 10 Start date of grant (MM/DD/YY) | 07/01/08 |
| 11 End date of grant (MM/DD/YY) | 06/30/09 |
| 12 Application type | Continuation/renewal |
| 13 Is this grant already in agency's continuation budget? | Yes |
| 14 Budget code the grant will be expended in (XXXX) | 12001 |
| 15 Fund code (XXXX or NA) | 1320 |
| 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? | No |
| 23 If yes, identify affected entities by type | |
| 24 Will additional state monies be required to continue the program if grant expires or is reduced? | Yes |
| 25 If yes, is this a requirement of the grant? | No |
| 26 Are new FTEs funded through the grant? | No |
| 27 If yes, give the number by type for each year: Permanent Time-Limited | |
| 28 Amount of grants funds applied for in each year | |
| 29 Amount of grants funds awarded in each year | |
| 30 Purpose of grant or amendment | |
| 31 Comments | |

| | | | | | |
|--|---------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| SFY 2006-07 Actual | SFY 2007-08 Authorized | SFY 2007-08 Proposed | SFY 2008-09 Proposed | SFY 2009-10 Proposed | SFY 2010-11 Proposed |
| | 1,000 | 1,000 | | | |
| | \$59,310.00 | \$59,310.00 | \$55,825.00 | | |
| | | | \$55,825.00 | | |
| Provide one Assistant Public Defender for the Bond Hearing Project in Durham County. | | | | | |
| Contract renewal between Durham County and AOC. | | | | | |

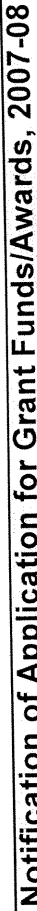
Return completed form as email attachment and indicate in message that proper agency sign-offs have been obtained. Contact your OSBM budget analyst if you have questions.



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Instructions at http://www.osbm.state.nc.us/files/forms/grants_instr.pdf

| | | | | | |
|---|--------------------------------------|-------------|--|--|--|
| 1 Department | Judicial Branch | | | | |
| 2 Division (except in DHHS) | ADMINISTRATIVE OFFICE OF THE COURTS | | | | |
| 3 Contact person (name) | SHEILA EASON | | | | |
| 4 Phone number | 919-564-7116 | | | | |
| 5 E-mail | Sheila.G.Eason@nccourts.org | | | | |
| 6 Funding Entity (grantor) | Durham County | | | | |
| 7 CFDA number | JAIL MANAGEMENT/BOND HEARING PROJECT | | | | |
| 8 Grant title | | | | | |
| 9 Grant application deadline (MM/DD/YY) | 07/01/08 | | | | |
| 10 Start date of grant (MM/DD/YY) | 06/30/09 | | | | |
| 11 End date of grant (MM/DD/YY) | Continuation/renewal | | | | |
| 12 Application type | Yes | | | | |
| 13 Is this grant already in agency's continuation budget? | 22001 | | | | |
| 14 Budget code the grant will be expended in (XXXX) | 2100 | | | | |
| 15 Fund code (XXXX or NA) | No | | | | |
| 16 Is there a state matching requirement? | | | | | |
| 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? | No | | | | |
| 23 If yes, identify affected entities by type | Yes | | | | |
| 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 | | | | |
| 27 If yes, give the number by type for each year: Permanent Time-Limited | | | | | |
| 28 Amount of grants funds applied for in each year | | 1,000 | | | |
| 29 Amount of grants funds awarded in each year | | \$50,070.00 | | | |
| 30 Purpose of grant or amendment | | | | | |
| 31 Comments | | | | | |

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Instructions at http://www.osbm.state.nc.us/files/forms/grants_instr.pdf

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Instructions at http://www.osbm.state.nc.us/files/forms/grants_inst.pdf

- 1 Department
- 2 Division (except in DHHS)
- 3 DHHS only, choose division from drop down list
- 4 Contact person (name)
- 5 Phone number
- 6 E-mail
- 7 Funding Entity (grantor)
- 7 CFDA number
- 8 Grant title
- 9 Grant application deadline (MM/DD/YY)
- 10 Start date of grant (MM/DD/YY)
- 11 End date of grant (MM/DD/YY)
- 12 Application type
- 13 Is this grant already in agency's continuation budget?
- 14 Budget code the grant will be expended in (XXXX)
- 15 Fund code (XXXX or NA)
- 16 Is there a state matching requirement?
- 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?
- 20 If yes, what is the MOE?
- 21 Is an additional General Fund appropriation required to meet the state match requirement?
- 22 Will any of these funds be passed through to local governments or non-state entities?
- 23 If yes, identify affected entities by type
- 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?

27 If yes, give the number by type for each year: Permanent

Time-Limited

28 Amount of grants funds applied for in each year

29 Amount of grants funds awarded in each year

30 Purpose of grant or amendment

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.

Notification of Application for Grant Funds/Awards, 2007-08

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/forms/grants_instr.pdf

1 Department

2 Division (except in DHHS)

3 DHHS only, choose division from drop down list

4 Contact person (name)

5 Phone number

6 E-mail

7 Funding Entity (grantor)

8 CFDA number

9 Grant title

10 Grant application deadline (MM/DD/YY)

11 Start date of grant (MM/DD/YY)

12 End date of grant (MM/DD/YY)

13 Application type

14 Is this grant already in agency's continuation budget?

15 Budget code the grant will be expended in (XXXX)

16 Fund code (XXXX or NA)

17 Is there a state matching requirement?

18 If yes, what is the matching requirement?

19 If yes, what is the source of state funds being used

20 to match grant funds.

21 Is there a maintenance of effort (MOE) requirement?

22 If yes, what is the MOE?

23 Is an additional General Fund appropriation required to meet

24 the state match requirement?

25 Will any of these funds be passed through to local govern-

26 ments or non-state entities?

27 If yes, identify affected entities by type

28 Will additional state monies be required to continue the

29 program if grant expires or is reduced?

30 If yes, is this a requirement of the grant?

31 Are new FTEs funded through the grant?

32 If yes, give the number by type for each year: Permanent

33 Time-Limited

34 Amount of grants funds applied for in each year

35 Amount of grants funds awarded in each year

36 Purpose of grant or amendment

37 Comments

38 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.

| | |
|---|-------------------------------------|
| Judicial Branch | ADMINISTRATIVE OFFICE OF THE COURTS |
| MARIE LAMOUREAUX | |
| 919-245-2274 | |
| Marie.Lamoureux@nccourts.org | |
| Chapel Hill-Carrboro Schools, Orange County Schools, Chatham County Schools, & Chatham/Orange Juvenile Crime Prevention Council | |
| JUVENILE COURT SCHOOL LIAISON | |
| 07/01/08 | |
| 06/30/09 | |
| Continuation/renewal | |
| Yes | |
| 22001 | |
| 2100 | |
| No | |
| No | |
| No | |
| No | |
| Yes | |
| No | |
| No | |

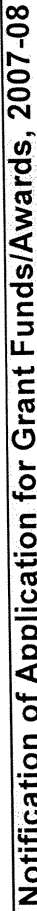
For 2007-08
Complete either Authorized or Proposed

SFY 2006-07 Actual SFY 2007-08 Authorized SFY 2007-08 Proposed SFY 2008-09 Proposed SFY 2009-10 Proposed SFY 2010-11 Proposed

| | | | | | | | | | |
|--|--|-------------|-------|--|--|-------------|--|--|--|
| | | | | | | | | | |
| | | 1,000 | 1,000 | | | 1,000 | | | |
| | | \$48,639.00 | | | | \$49,669.00 | | | |
| | | | | | | \$49,669.00 | | | |

Provide Juvenile Court School Liaison to provide liaison services between the local juvenile courts and the 3 school systems in District 15B.

Contract renewal between the District 15B school systems, Chief District Court Judge, and AOC.



Instructions at http://www.osbm.state.nc.us/files/forms/grants_instr.pdf

OSBM budget analyst if you have questions.

Notification of Application for Grant Funds/Awards, 2007-08

Office of State Budget and Management, 116 West Jones Street, Raleigh, NC 27603-8005, 919-807-4700.
Instructions at http://www.osbpm.state.nc.us/files/forms/grants_instr.pdf

that proper energy sign-offs have been obtained. Contact your OSBM budget analyst if you have questions.



Judicial Branch

| |
|-------------------------------------|
| ADMINISTRATIVE OFFICE OF THE COURTS |
| |
| WHEATON CASEY |
| 336-574-4350 |
| Wheaton.O.Casey@nccourts.org |
| Guilford County |
| |
| PRE-TRIAL SCREENING SERVICES |
| |
| 07/01/08 |
| 06/30/09 |
| Continuation/renewal |
| Yes |
| 22001 |
| 2152 |
| No |
| |
| |
| No |
| |
| No |
| |
| No |
| |
| Yes |
| |
| No |
| No |

| | For 2007-08 | Complete <u>either</u> Authorized or Proposed |
|--|-------------|---|
|--|-------------|---|

| | SFY 2006-07 | SFY 2007-08 | SFY 2007-08 | SFY 2008-09 | SFY 2009-10 | SFY 2010-11 |
|--|-------------|-------------|-------------|-------------|-------------|-------------|
| | Actual | Authorized | Proposed | Proposed | Proposed | Proposed |

27 If yes, give the number by type for each year: Permanent

Time-limited

28 Amount of grants funds applied for in each year

29 Amount of grants funds awarded in each year

23 Amount of grants/turnd awarded in each year

30 Purpose of grant or amendment

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.

Notification of Application for Grant Funds/Awards, 2007-08

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/forms/grants_instr.pdf

- 1 Department
- 2 Division (except in DHHS)
- 3 DHHS only, choose division from drop down list
- 4 Contact person (name)
- 5 Phone number
- 6 E-mail
- 7 Funding Entity (grantor)
- 7 CFDA number
- 8 Grant title
- 9 Grant application deadline (MM/DD/YY)
- 10 Start date of grant (MM/DD/YY)
- 11 End date of grant (MM/DD/YY)
- 12 Application type
- 13 Is this grant already in agency's continuation budget?
- 14 Budget code the grant will be expended in (XXXXX)
- 15 Fund code (XXXX or NA)
- 16 Is there a state matching requirement?
- 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?
- 20 If yes, what is the MOE?

- 21 Is an additional General Fund appropriation required to meet the state match requirement?
- 22 Will any of these funds be passed through to local governments or non-state entities?
- 23 If yes, identify affected entities by type
- 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?

- 27 If yes, give the number by type for each year: Permanent

Time-Limited

- 28 Amount of grants funds applied for in each year

- 29 Amount of grants funds awarded in each year

- 30 Purpose of grant or amendment

- 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.



Notification of Application for Grant Funds/Awards, 2007-08

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/forms/grants_instr.pdf

- 1 Department
- 2 Division (except in DHHS)
DHHS only, choose division from drop down list.
- 3 Contact person (name)
- 4 Phone number
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- 7 CFDA number
- 8 Grant title
- 9 Grant application deadline (MM/DD/YY)
- 10 Start date of grant (MM/DD/YY)
- 11 End date of grant (MM/DD/YY)
- 12 Application type
- 13 Is this grant already in agency's continuation budget?
- 14 Budget code the grant will be expended in (XXXX)
- 15 Fund code (XXXX or NA)
- 16 Is there a state matching requirement?
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- 25 If yes, is this a requirement of the grant?
- 26 Are new FTEs funded through the grant?
- 27 If yes, give the number by type for each year: Permanent
Time-Limited
- 28 Amount of grants funds applied for in each year
- 29 Amount of grants funds awarded in each year
- 30 Purpose of grant or amendment
- 31 Comments

| |
|--|
| Judicial Branch |
| ADMINISTRATIVE OFFICE OF THE COURTS |
| PEG DORER |
| 919-890-1500 |
| Peg.Dorer@nccourts.org |
| NC GOVERNOR'S HIGHWAY SAFETY PROGRAM |
| TRAFFIC SAFETY RESOURCE PROSECUTOR & TRAFFIC SAFETY LEGAL ASSISTANT |
| 03/31/08 |
| 10/01/08 |
| 09/30/09 |
| New |
| No |
| 22001 |
| 2092 |
| No |
| No |
| No |
| No |
| Yes |
| No |
| Yes |

| | | | | | | |
|-----------------------|---|---------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| SFY 2006-07 Actual | Complete either Authorized or Proposed SFY 2007-08 | SFY 2007-08 Authorized | SFY 2007-08 Proposed | SFY 2008-09 Proposed | SFY 2009-10 Proposed | SFY 2010-11 Proposed |
| | | | | | | |

| | | | | | | |
|--|--|--|--------|--------------|--|--|
| | | | | | | |
| | | | | 2,000 | | |
| | | | \$0.00 | \$328,096.00 | | |

Provide one full-time Traffic Safety Resource Prosecutor and one full-time Traffic Safety Legal Assistant to provide training and technical assistance to prosecutors and law enforcement officers in prosecuting DWI cases.

This is a new grant that has never been received previously



- 1 Department
- 2 Division (*except in DHHS*)
- 3 DHHS only, choose division from drop down list.....
- 4 Contact person (*name*)
- 5 Phone number
- 6 E-mail
- 7 Funding Entity (grantor)
- 8 CFDA number.....
- 9 Grant title
- 10 Grant application deadline (*MM/DD/YY*)
- 11 Start date of grant (*MM/DD/YY*)
- 12 End date of grant (*MM/DD/YY*)
- 13 Application type
- 14 Is this grant already in agency's continuation budget?
- 15 Budget code the grant will be expended in (*XXXXX*)
- 16 Fund code (*XXXX* or *NA*)
- 17 Is there a state matching requirement?
- 18 If yes, what is the matching requirement?

7 CFDA number.....

8 Grant title

- 9 Grant application deadline (MM/DD/YYYY)
- 10 Start date of grant (MM/DD/YYYY)
- 11 End date of grant (MM/DD/YYYY)
- 12 Application type
- 13 Is this grant already in agency's continuation budget?
- 14 Budget code the grant will be expended in (XXXXX)
- 15 Fund code (XXXX or NA)
- 16 Is there a state matching requirement?
- 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?

20 If yes, what is the MOE?

- 21 Is an additional General Fund appropriation required to meet the state match requirement?
- 22 Will any of these funds be passed through to local governments or non-state entities?
- 23 If yes, identify affected entities by type
- 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?

27 If yes, give the number by type for each year: *Permanent*
Time-Limited

28 Amount of grants funds applied for in each year

29 Amount of grants funds awarded in each year

30 Purpose of grant or amendment

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.

| | |
|--|-------|
| Judicial Branch | |
| ADMINISTRATIVE OFFICE OF THE COURTS | |
| | |
| COLON WILLOUGHBY | |
| 919-835-3329 | |
| Colon.C.Willoughby@nccourts.org | |
| Wake County | |
| | |
| WAKE TEMPORARY VICTIM WITNESS LEGAL ASSISTANT | |
| | |
| 07/01/08 | |
| 06/30/09 | |
| Continuation/renewal | |
| Yes | |
| 22001 | |
| 2632 | |
| No | |
| | |
| | |
| No | |
| | |
| No | |
| | |
| No | |
| | |
| Yes | |
| No | |
| No | |
| <div style="display: flex; justify-content: space-between;"> <div>SFY 2006-07 Actual</div> <div> <div style="text-align: center;">For 2007-08</div> <div style="display: flex; align-items: center;"> ↓ Complete either Authorized or Proposed SFY 2007-08 </div> <div style="display: flex; align-items: center;"> Authorized Proposed </div> </div> </div> | |
| ed | 1.000 |
| | |
| Provide one full-time Victim Witness Legal Assistant for the District Attorney's Office in | |
| Contract renewal between Wake County and AOC. | |

052M

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/forms/grants_instr.pdf

| | Judicial Branch | Administrative Office of the Courts | SFY 2006-07 Actual | SFY 2007-08 Authorized | SFY 2007-08 Proposed | SFY 2008-09 Proposed | SFY 2009-10 Proposed | SFY 2010-11 Proposed |
|---|--|-------------------------------------|-----------------------|---------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| 1 Department | | | | | | | | |
| 2 Division (except in DHHS) | ADMINISTRATIVE OFFICE OF THE COURTS | | | | | | | |
| 3 Contact person (name) | LANA DIAL | | | | | | | |
| 4 Phone number | 919-890-1215 | | | | | | | |
| 5 E-mail | Lana.I.Dial@nccourts.org | | | | | | | |
| 6 Funding Entity (grantor) | DHHS Administration for Children and Families | | | | | | | |
| 7 CFDA number | | | | | | | | |
| 8 Grant title | | | | | | | | |
| 9 Grant application deadline (MM/DD/YY) | | | | | | | | |
| 10 Start date of grant (MM/DD/YY) | 06/30/08 | | | | | | | |
| 11 End date of grant (MM/DD/YY) | 10/01/08 | | | | | | | |
| 12 Application type | Continuation/renewal | | | | | | | |
| 13 Is this grant already in agency's continuation budget? | Yes | | | | | | | |
| 14 Budget code the grant will be expended in (XXXXX) | 22001 | | | | | | | |
| 15 Fund code (XXXX or NA) | 2094 | | | | | | | |
| 16 Is there a state matching requirement? | Yes | | | | | | | |
| 17 If yes, what is the matching requirement? | 25% cash match: \$81,456 | | | | | | | |
| 18 If yes, what is the source of state funds being used to match grant funds. | General Fund | | | | | | | |
| 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? | No | | | | | | | |
| 23 If yes, identify affected entities by type | Yes | | | | | | | |
| 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 | | | | | | | |
| For 2007-08 Complete either Authorized or Proposed | | | | | | | | |
| 27 If yes, give the number by type for each year: | Permanent Time-Limited | | | | | | | |
| 28 Amount of grants funds applied for in each year | \$0.00 | \$0.00 | | | | | | |
| 29 Amount of grants funds awarded in each year | | | | | | | | |
| 30 Purpose of grant or amendment | Provide three Software Systems Applications Developers to refine data systems for juvenile court proceedings. | | | | | | | |
| 31 Comments | Last year's grant provided two Software Systems Applications Developers and one Software Systems Applications Trainer to refine data systems for juvenile court proceedings. This year's grant will provide continued funding for the two Developers but replace the Trainer with an additional Developer. | | | | | | | |

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.



Notification of Application for Grant Funds/Awards, 2007-08

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/forms/grants_instr.pdf

- 1 Department
- 2 Division (except in DHHS)
DHHS only, choose division from drop down list.....
- 3 Contact person (name)
- 4 Phone number
- 5 E-mail
- 6 Funding Entity (grantor)
- 7 CFDA number
- 8 Grant title
- 9 Grant application deadline (MM/DD/YY)
- 10 Start date of grant (MM/DD/YY)
- 11 End date of grant (MM/DD/YY)
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- 15 Fund code (XXXX or NA)
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- 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?
- 20 If yes, what is the MOE?
- 21 Is an additional General Fund appropriation required to meet the state match requirement?
- 22 Will any of these funds be passed through to local governments or non-state entities?
- 23 If yes, identify affected entities by type
- 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?

| |
|--|
| Judicial Branch |
| ADMINISTRATIVE OFFICE OF THE COURTS |
| SETH HOJK |
| 336-242-6719 |
| Seth A.Houk@nccourts.org |
| NATIONAL COURT APPOINTED SPECIAL ADVOCATE (CASA) ASSOCIATION |
| GUARDIAN AD LITEM DISTRICT 22 - NORTH CAROLINA |
| 03/07/08 |
| 07/01/08 |
| 06/30/09 |
| Continuation/renewal |
| No |
| 22001 |
| 2095 |
| No |
| No |
| No |
| No |
| Yes |
| No |
| Yes |

For 2007-08
Complete either Authorized or Proposed

| SFY 2006-07 Actual | SFY 2007-08 Authorized | SFY 2007-08 Proposed | SFY 2008-09 Proposed | SFY 2009-10 Proposed | SFY 2010-11 Proposed |
|-----------------------|---------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| | | | | | |
| \$0.00 | | \$0.00 | 0.750 | | |
| | | | \$30,333.00 | | |
| | | | \$0.00 | | |

Provide a three-quarter time Volunteer Coordinator in District 22 to recruit at least 20 additional GAL volunteers to serve 45 additional children.

- 27 If yes, give the number by type for each year: Permanent
Time-Limited
- 28 Amount of grants funds applied for in each year
- 29 Amount of grants funds awarded in each year
- 30 Purpose of grant or amendment

31 Comments



- 1 Department
- 2 Division (except in DHHS)
- 3 DHHs only, choose division from drop down list.....
- 4 Contact person (name)
- 5 Phone number
- 6 E-mail
- 7 Funding Entity (grantor)
- 8 CFDA number
- 9 Grant title
- 10 Grant application deadline (MM/DD/YY)
- 11 Start date of grant (MM/DD/YY)
- 12 End date of grant (MM/DD/YY)
- 13 Application type
- 14 Is this grant already in agency's continuation budget?
- 15 Budget code the grant will be expended in (XXXX)
- 16 Fund code (XXXX or NA)
- 17 Is there a state matching requirement?
- 18 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?

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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?.....

27 If yes, give the number by type for each year: Permanent

Time-Limited

28 Amount of grants funds applied for in each year

29 Amount of grants funds awarded in each year

30 Purpose of grant or amendment

31 Comments

| | | |
|--|-------------------------------------|--|
| Judicial Branch | ADMINISTRATIVE OFFICE OF THE COURTS | |
| | | |
| MARY MAY | | |
| 828-837-8003 | | |
| Mary.R.May@incourts.org | | |
| NATIONAL COURT APPOINTED SPECIAL ADVOCATE (CASA) ASSOCIATION | | |
| | | |
| GUARDIAN AD LITEM PROGRAM | | |
| 30TH JUDICIAL DISTRICT | | |
| | | |
| 03/07/08 | | |
| 07/01/08 | | |
| 06/30/09 | | |
| Continuation/renewal | | |
| No | | |
| 22001 | | |
| 2095 | | |
| No | | |
| | | |
| | | |
| No | | |
| | | |
| No | | |
| | | |
| No | | |
| | | |
| Yes | | |
| | | |
| No | | |
| No | | |

| SFY 2006-07 | | For 2007-08 | | SFY 2007-08 | | SFY 2008-09 | | SFY 2009-10 | | SFY 2010-11 | |
|-------------|--------|-------------|--|-------------|--|-------------|--|-------------|--|-------------|--|
| Actual | | Authorized | | Proposed | | Proposed | | Proposed | | Proposed | |
| | | | | | | | | | | | |
| | \$0.00 | | | \$0.00 | | \$9,883.00 | | | | | |
| | | | | | | \$0.00 | | | | | |

| | | | |
|--|--|--|--|
| Contract with a Diversity Facilitator to increase the number of Native American GALs to serve 20 additional children, and train 266 volunteers to provide more effective and culturally sensitive services to children of the Eastern Band of the Cherokee nation. | | | |
|--|--|--|--|

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- 1 Department
- 2 Division (except in DHHS)
- 3 Contact person, choose division from drop down list.
DHHS only, (name)
- 4 Phone number
- 5 E-mail
- 6 Funding Entity (grantor)
- 7 CFDA number
- 8 Grant title
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- 17 If yes, what is the matching requirement?

31 Comments

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| | | | | | | | | | |
|---|--------|--------|--------------|--------------|--|--|--|--|--|
| Judicial Branch | | | | | | | | | |
| ADMINISTRATIVE OFFICE OF THE COURTS | | | | | | | | | |
| ANA DIAL | | | | | | | | | |
| 19-890-1215 | | | | | | | | | |
| ana.T.Dial@nccourts.org | | | | | | | | | |
| HHHS Administration for Children and Families | | | | | | | | | |
| | | | | | | | | | |
| BASIC COURT IMPROVEMENT GRANT | | | | | | | | | |
| | | | | | | | | | |
| 06/30/08 | | | | | | | | | |
| 10/01/08 | | | | | | | | | |
| 09/30/10 | | | | | | | | | |
| Continuation/renewal | | | | | | | | | |
| Yes | | | | | | | | | |
| 22001 | | | | | | | | | |
| 2094 | | | | | | | | | |
| Yes | | | | | | | | | |
| 25% cash match: \$109,449 | | | | | | | | | |
| | | | | | | | | | |
| General Fund | | | | | | | | | |
| No | | | | | | | | | |
| No | | | | | | | | | |
| | | | | | | | | | |
| Yes | | | | | | | | | |
| No | | | | | | | | | |
| No | | | | | | | | | |
| | | | | | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> <div style="display: flex; align-items: center;"> <div style="width: 15px; height: 15px; border: 1px solid black; margin-right: 5px;"></div> <div>Complete either: Authorized or Proposed</div> </div> <div style="display: flex; justify-content: space-around; width: 100%;"> <div> <div style="display: flex; align-items: center;"> <div style="width: 15px; height: 15px; border: 1px solid black; margin-right: 5px;"></div> <div>SFY 2007-08 Authorized</div> </div> <div style="width: 15px; height: 15px; border: 1px solid black; margin-right: 5px;"></div> <div>SFY 2007-08 Proposed</div> </div> <div> <div style="display: flex; align-items: center;"> <div style="width: 15px; height: 15px; border: 1px solid black; margin-right: 5px;"></div> <div>SFY 2008-09 Proposed</div> </div> <div style="width: 15px; height: 15px; border: 1px solid black; margin-right: 5px;"></div> <div>SFY 2009-10 Proposed</div> </div> <div> <div style="display: flex; align-items: center;"> <div style="width: 15px; height: 15px; border: 1px solid black; margin-right: 5px;"></div> <div>SFY 2010-11 Proposed</div> </div> <div style="width: 15px; height: 15px; border: 1px solid black; margin-right: 5px;"></div> <div></div> </div> </div> </div> </div> | | | | | | | | | |
| ad | \$0.00 | \$0.00 | \$328,346.00 | \$328,346.00 | | | | | |
| Provide one CIP Project Manager and four Juvenile Court Case Coordinators to monitor court sites and provide technical assistance to judges and staff. In the second year, the number of Juvenile Court Case Coordinators will be reduced to three. | | | | | | | | | |
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