



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

MICHAEL F. EASLEY  
GOVERNOR

CHARLES E. PERUSSE  
STATE BUDGET DIRECTOR

October 17, 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.



Department of Justice

**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.**

# OSBM Notification of Application for Grant Funds/Awards, 2008-09

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/pdf\\_files/grants\\_instr.pdf](http://www.osbm.state.nc.us/files/pdf_files/grants_instr.pdf)

1 Department .....	Department of Justice
2 Division (except in DHHS) .....	SBI
3 Contact person (name) .....	Troy Hamlin
4 Phone number .....	919.662.4509 x 1210
5 E-mail .....	Thamlin@ncdoj.gov
6 Funding Entity (grantor) .....	US DOJ Office of Justice Programs passed thru GCC
7 CFDA number .....	2008 Coverdell NSFIA
8 Grant title .....	
9 Grant application deadline (MM/DD/YY) .....	10/01/08
10 Start date of grant (MM/DD/YY) .....	10/01/08
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 (XXXXX) .....	23600
15 Fund code (XXXX or NA) .....	2471
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?	No
25 If yes, is this a requirement of the grant?	No
26 Are new FTEs funded through the grant?	No

  

	SFY 2007-08 Actual	For 2008-09		SFY 2009-10 Proposed	SFY 2010-11 Proposed	SFY 2011-12 Proposed
		Complete either SFY 2008-09 Authorized	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 .....		\$336,362.00				
30 Purpose of grant or amendment .....		\$336,362.00				
This will address bottlenecks and inefficiencies in forensic casework by providing equipment that can help to automate the process and free analysts to work other cases						
31 Comments .....						

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1 Department .....	Department of Justice
2 Division (except in DHHS) .....	SBI
3 Contact person (name) .....	Mark Boodee
4 Phone number .....	919-662-4509 x 1222
5 E-mail .....	Mboodee@ncdoj.gov
6 Funding Entity (grantor) .....	US DOJ Office of Justice Programs passed thru GCC
7 CFDA number .....	2008 DNA Backlog Reduction
8 Grant title .....	
9 Grant application deadline (MM/DD/YY) .....	10/01/08
10 Start date of grant (MM/DD/YY) .....	10/01/08
11 End date of grant (MM/DD/YY) .....	03/31/08
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) .....	23600
15 Fund code (XXXX or NA) .....	2473
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 .....	No
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 2007-08 Actual	For 2008-09		SFY 2009-10 Proposed	SFY 2010-11 Proposed	SFY 2011-12 Proposed
		Complete SFY 2008-09 Authorized	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 .....		\$1,477,798.70				
30 Purpose of grant or amendment .....		\$1,477,798.70				
This will provide funding for supplies, equipment, and training needed for analysts to work on backlogged DNA cases.						
31 Comments .....						

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1 Department .....	Department of Crime Control and Public Safety
2 Division (except in DHHS) .....	State Highway Patrol
3 DHHS only, choose division from drop down list.....	
4 Contact person (name) .....	Sergeant Mark L. Brown
5 Phone number .....	252-662-4430
6 E-mail .....	mlbrown@ncshp.org
7 Funding Entity (grantor) .....	North Carolina Governor's Highway Safety Program
8 CFDA number.....	
9 Grant title .....	FY 2009 BikeSafe NC
10 Grant application deadline (MM/DD/YY) .....	09/30/08
11 Start date of grant (MM/DD/YY) .....	10/13/08
12 End date of grant (MM/DD/YY) .....	09/30/09
13 Application type .....	New
14 Is this grant already in agency's continuation budget?	No
15 Budget code the grant will be expended in (XXXX) .....	24960
16 Fund code (XXXX or NA) .....	2679
17 Is there a state matching requirement?	No
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? .....	No
24 If yes, identify affected entities by type .....	Yes
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? .....	No
27 Are new FTEs funded through the grant? .....	No

SFY 2007-08 Actual	For 2008-09		SFY 2011-12 Proposed
	Complete either Authorized or Proposed SFY 2008-09 Authorized	Proposed	
		\$56,450.00	
		\$56,450.00	
This grant will provide funding for the BikeSafe NC program to expand throughout the state. It will purchase three camera systems, travel, and promotional supplies for the program.			

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 .....

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# OSBM Notification of Application for Grant Funds/Awards, 2008-09

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1 Department .....	Department of Justice						
2 Division (except in DHHS) .....	Justice Academy						
3 Contact person (name) .....	Kris Merithew						
4 Phone number .....	828-685-9933						
5 E-mail .....	kmerithew@ncdoj.gov						
6 Funding Entity (grantor) .....	GHSP						
7 CFDA number .....	Traffic Enforcement FY 08-09						
8 Grant title .....							
9 Grant application deadline (MM/DD/YY) .....	10/01/08						
10 Start date of grant (MM/DD/YY) .....	10/01/08						
11 End date of grant (MM/DD/YY) .....	09/30/08						
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) .....	23600						
15 Fund code (XXXX or NA) .....	2468						
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? .....	No						
25 If yes, is this a requirement of the grant? .....							
26 Are new FTEs funded through the grant? .....	No						

  

	SFY 2007-08 Actual	For 2008-09		SFY 2009-10 Proposed	SFY 2010-11 Proposed	SFY 2011-12 Proposed
		Complete either Authorized or Proposed SFY 2008-09	Authorized			
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 .....			\$37,500.00			
30 Purpose of grant or amendment .....			\$37,500.00			
This will provide training for the NC Justice Academy law enforcement. They will use these funds to teach traffic accident courses and will develop a new course on motorcycle crash investigations.						
31 Comments .....						

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# 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](http://www.osbm.state.nc.us/files/forms/grants_instr.pdf)

- 1 Department .....
- 2 Division (except in DHHS) .....
- 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) .....
- 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 .....

Judicial Branch					
ADMINISTRATIVE OFFICE OF THE COURTS					
LANA DIAL					
919-890-1215					
Lana.T.Dial@nccourts.org					
DHHS Administration for Children and Families					
DATA COLLECTION AND ANALYSIS					
06/30/08					
10/01/08					
09/30/10					
Continuation/renewal					
Yes					
22001					
2094					
Yes					
25% cash match: \$83,746					
General Fund					
No					
No					
No					
Yes					
No					
No					

SFY 2006-07		SFY 2007-08		SFY 2008-09		SFY 2009-10		SFY 2010-11	
Actual		Authorized	Proposed	Proposed	Proposed	Proposed	Proposed	Proposed	Proposed
\$0.00		\$0.00							
		\$259,166.00		\$244,369.00					
				\$251,237.00					
Provide three Software Systems Applications Developers to refine data systems for juvenile court proceedings.									

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1 Department .....	Judicial Branch
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 .....	BASIC COURT IMPROVEMENT GRANT
9 Grant application deadline (MM/DD/YY) .....	06/30/08
10 Start date of grant (MM/DD/YY) .....	10/01/08
11 End date of grant (MM/DD/YY) .....	09/30/10
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) .....	2094
16 Is there a state matching requirement? .....	Yes
17 If yes, what is the matching requirement? .....	25% cash match: \$103,745
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 .....	
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	For 2007-08		SFY 2008-09 Proposed	SFY 2009-10 Proposed	SFY 2010-11 Proposed
		Complete either Authorized or Proposed SFY 2007-08	Authorized			
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		\$328,346.00		
29 Amount of grants funds awarded in each year .....		\$348,227.00		\$311,234.00		
30 Purpose of grant or amendment .....	Provide one CJP 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.					
31 Comments .....						

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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) .....	LANA DIAL
5 Phone number .....	919-890-1215
6 E-mail .....	Lana.I.Dial@nccourts.org
7 Funding Entity (grantor) .....	DHHS Administration for Children and Families
8 CFDA number .....	
9 Grant title .....	JUDICIAL AND LEGAL TRAINING GRANT
10 Grant application deadline (MM/DD/YY) .....	06/30/08
11 Start date of grant (MM/DD/YY) .....	10/01/08
12 End date of grant (MM/DD/YY) .....	09/30/10
13 Application type .....	Continuation/renewal
14 Is this grant already in agency's continuation budget? .....	Yes
15 Budget code the grant will be expended in (XXXX) .....	22001
16 Fund code (XXXX or NA) .....	2094
17 Is there a state matching requirement? .....	Yes
18 If yes, what is the matching requirement? .....	25% cash match: \$81,837
19 If yes, what is the source of state funds being used to match grant funds? .....	General Fund
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? .....	No
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? .....	Yes
26 If yes, is this a requirement of the grant? .....	No
27 Are new FTEs funded through the grant? .....	Yes
28 If yes, give the number by type for each year: Permanent Time-Limited	
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 .....	

SFY 2006-07 Actual	For 2007-08		SFY 2008-09 Proposed	SFY 2009-10 Proposed	SFY 2010-11 Proposed
	Complete	Authorized or Proposed			
	SFY 2007-08 Authorized	SFY 2007-08 Proposed			
\$0.00					
\$0.00	\$0.00	1,000			
\$259,371.00	\$259,371.00	\$244,369.00			
\$245,511.00	\$245,511.00	\$245,511.00			
Provide one full-time Court Management Specialist, one half-time Training Coordinator, and one full-time Software Systems Applications Trainer to develop and present JWise training modules.					
Last year's grant provided one full-time Court Management Specialist, one half-time Training Coordinator, and one half-time Curriculum Developer to develop and conduct training. This grant will provide continued funding for these positions in addition to one full-time Software Systems Applications Trainer.					

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1 Department .....	Department of Environment and Natural Resources				
2 Division (except in DHHS) .....	Water Quality				
3 Contact person (name) .....	Larry Sutton				
4 Phone number .....	919-807-6320				
5 E-mail .....	<a href="mailto:larry.sutton@ncmail.net">larry.sutton@ncmail.net</a>				
6 Funding Entity (grantor) .....	EPA				
7 CFDA number .....	66.461				
8 Grant title .....	Violation Response Restoration				
9 Grant application deadline (MM/DD/YY) .....	05/01/08				
10 Start date of grant (MM/DD/YY) .....	10/01/08				
11 End date of grant (MM/DD/YY) .....	09/30/10				
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) .....	14300				
15 Fund code (XXXX or NA) .....	1725				
16 Is there a state matching requirement?	Yes				
17 If yes, what is the matching requirement? .....	\$38,453 match, \$38,453 in kind				
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? .....	Yes				
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? .....	No				
25 If yes, is this a requirement of the grant? .....					
26 Are new FTEs funded through the grant? .....	Yes				
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 .....	This is an annual competitive grant through EPA.				

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Instructions at [http://www.osbm.state.nc.us/files/forms/grants\\_instr.pdf](http://www.osbm.state.nc.us/files/forms/grants_instr.pdf)

1 Department .....	Department of Environment and Natural Resources				
2 Division (except in DHHS) .....	Water Quality				
3 Contact person (name) .....	Larry Sutton				
4 Phone number .....	919-807-6320				
5 E-mail .....	<a href="mailto:larry.sutton@ncmail.net">larry.sutton@ncmail.net</a>				
6 Funding Entity (grantor) .....	EPA				
7 CFDA number .....	66.461				
8 Grant title .....	CU-scale Impacts vs. Mitigation				
9 Grant application deadline (MM/DD/YY) .....	05/01/08				
10 Start date of grant (MM/DD/YY) .....	10/01/08				
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) .....	14300				
15 Fund code (XXXX or NA) .....	1725				
16 Is there a state matching requirement? .....	Yes				
17 If yes, what is the matching requirement? .....	\$34,043 match, \$27,493 in kind				
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? .....	Yes				
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? .....	No				
25 If yes, is this a requirement of the grant? .....					
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 .....					
29 Amount of grants funds awarded in each year .....			1,000		
30 Purpose of grant or amendment .....			\$90,548.00		
31 Comments .....	This is an annual competitive grant through EPA.				

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- 1 Department .....
- 2 Division (except in DHHS) .....
- 3 Contact person (name) .....  
DHHS only, choose division from drop down list.
- 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) .....
- 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? .....

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 .....
- 29 Amount of grants funds awarded in each year .....
- 30 Purpose of grant or amendment .....

31 Comments .....

This is an annual competitive grant through EPA.

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](http://www.osbm.state.nc.us/files/forms/grants_instr.pdf)

**OSBM**

1 Department .....	Department of Environment and Natural Resources				
2 Division (except in DHHS) .....	Water Quality				
3 Contact person (name) .....	Larry Sutton				
4 Phone number .....	919-807-6320				
5 E-mail .....	<a href="mailto:larry.sutton@ncmail.net">larry.sutton@ncmail.net</a>				
6 Funding Entity (grantor) .....	EPA				
7 CFDA number .....	56.461				
8 Grant title .....	Hydrologic Connectivity Isolated Wetland				
9 Grant application deadline (MM/DD/YY) .....	05/01/08				
10 Start date of grant (MM/DD/YY) .....	10/01/08				
11 End date of grant (MM/DD/YY) .....	09/30/10				
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) .....	14300				
15 Fund code (XXXX or NA) .....	1725				
16 Is there a state matching requirement?	Yes				
17 If yes, what is the matching requirement? .....	\$255,046 match, \$32,000 in kind				
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? .....	Yes				
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? .....	No				
25 If yes, is this a requirement of the grant? .....					
26 Are new FTEs funded through the grant? .....	Yes				

  

	SFY 2006-07 Actual	For 2007-08		SFY 2009-10 Proposed	SFY 2010-11 Proposed
		Complete either Authorized or Proposed	Authorized		
27 If yes, give the number by type for each year: Permanent					
Time-Limited					
28 Amount of grants funds applied for in each year .....				3,000	
29 Amount of grants funds awarded in each year .....				\$403,994.00	
30 Purpose of grant or amendment .....					
31 Comments .....	This is an annual competitive grant through EPA.				

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- 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? .....
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- 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 .....

Department of Environment and Natural Resources
Water Quality
Larry Sutton
919-807-6320
<a href="mailto:larry.sutton@ncmail.net">larry.sutton@ncmail.net</a>
EPA
56.433
Underground Injection Control Program FY 2009 Grant
10/01/08
09/30/09
Continuation/renewal
Yes
14300
1660
Yes
\$26,133.00
In Kind
No
No
No
Yes
Yes
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
	1,000		1,000		
	\$80,666.00		\$78,400.00		
	\$80,666.00				

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