

# Notification of Application for Grant Funds/Awards, 2019-20



Office of State Budget and Management, 430 N. Salisbury Street, Raleigh, NC 27603, 919-807-4700.

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

<p>1 Department .....</p> <p>2 Division (<i>except in DHHS</i>)..... DHHS only, choose division from drop down list.....</p> <p>3 Contact person (<i>name</i>) .....</p> <p>4 Phone number .....</p> <p>5 E-mail .....</p> <p>6 Funding Entity (grantor) .....</p> <p>7 CFDA number.....</p> <p>8 Grant title .....</p> <p>9 Grant application deadline (<i>MM/DD/YY</i>) .....</p> <p>10 Start date of grant (<i>MM/DD/YY</i>) .....</p> <p>11 End date of grant (<i>MM/DD/YY</i>) .....</p> <p>12 Application type .....</p> <p>13 Is this grant already in agency's continuation budget?</p> <p>14 Budget code the grant will be expended in (<i>XXXXX</i>).....</p> <p>15 Fund code (<i>XXXX</i> or <i>NA</i>) .....</p> <p>16 Is there a state matching requirement? .....</p> <p>17 If yes, what is the matching requirement? .....</p> <p>18 If yes, what is the source of state funds being used to match grant funds. ....</p> <p>19 Is there a maintenance of effort (MOE) requirement? .....</p> <p>20 If yes, what is the MOE? .....</p> <p>21 Is an additional General Fund appropriation required to meet the state match requirement? .....</p> <p>22 Will any of these funds be passed through to local governments or non-state entities? .....</p> <p>23 If yes, identify affected entities by type .....</p> <p>24 Will additional state monies be required to continue the program if grant expires or is reduced? .....</p> <p>25 If yes, is this a requirement of the grant? .....</p> <p>26 Are new FTEs funded through the grant?.....</p>	<p>Department of Health and Human Services</p> <p>Division of Central Management and Support</p> <p>Nick Galvez</p> <p>919-527-6467</p> <p><a href="mailto:nick.galvez@dhhs.nc.gov">nick.galvez@dhhs.nc.gov</a></p> <p>US HHS, Health Resources and Services Administration, Federal Office of Rural Health Policy Hospital-State Division</p> <p>93.301</p> <p><b>20 COVID- Small Rural Hospital Improvement Grant Program (SHIP)</b></p> <p>04/01/20</p> <p>04/01/20</p> <p>09/30/21</p> <p>New</p> <p>Yes</p> <p>14410</p> <p>1169</p> <p>No</p> <p></p> <p>No</p> <p></p> <p>No</p> <p>Yes</p> <p>private non-profit</p> <p>No</p> <p></p> <p>No</p>				
	<p style="color: red;">For 2019-20</p> <p style="color: red;">Complete <u>either</u> Authorized or Proposed</p>				
	<p>SFY 2018-19 Actual</p> <p>SFY 2019-20 Authorized</p> <p>SFY 2019-20 Proposed</p>	<p>SFY 2020-21 Proposed</p> <p>SFY 2021-22 Proposed</p> <p>SFY 2022-23 Proposed</p>			
27 If yes, give the number by type for each year: <i>Permanent</i>					
<i>Time-Limited</i>					
28 Amount of grants funds <u>applied for</u> in each year .....					
29 Amount of grants funds <u>awarded</u> in each year .....		\$2,529,510.00			

30 Purpose of grant or amendment .....

Through the CARES Act (P.L. 116-136), Health Resources and Services Administration (HRSA) made available grant awards for hospitals to prevent, prepare for, and respond to coronavirus. This includes responding to the increased need for testing, clinical services, and equipment to meet the needs of the community as well as to address financial and workforce challenges related to the impact of the coronavirus-related (COVID-19) public health emergency.

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.

Allison H. Owen  
Allison H. Owen (Apr 24, 2020)

Apr 24, 2020

Deputy Director

# BD 606 Form

Final Audit Report

2020-04-24

Created:	2020-04-24
By:	David Britt (david.britt@dhhs.nc.gov)
Status:	Signed
Transaction ID:	CBJCHBCAABAA-1LzPqzrSulBhVO_PRoDxcp_ke9AsvFs

## "BD 606 Form" History

-  Document created by David Britt (david.britt@dhhs.nc.gov)  
2020-04-24 - 8:01:15 PM GMT- IP address: 107.7.188.82
-  Document emailed to Allison H. Owen (allison.owen@dhhs.nc.gov) for signature  
2020-04-24 - 8:02:28 PM GMT
-  Email viewed by Allison H. Owen (allison.owen@dhhs.nc.gov)  
2020-04-24 - 8:47:38 PM GMT- IP address: 199.90.157.13
-  Document e-signed by Allison H. Owen (allison.owen@dhhs.nc.gov)  
Signature Date: 2020-04-24 - 8:48:12 PM GMT - Time Source: server- IP address: 199.90.157.13
-  Signed document emailed to David Britt (david.britt@dhhs.nc.gov), Allison H. Owen (allison.owen@dhhs.nc.gov), renee.clark@dhhs.nc.gov, and nick.galvez@dhhs.nc.gov  
2020-04-24 - 8:48:12 PM GMT