December 12, 2022

MEMORANDUM

TO: Joint Legislative Commission on Governmental Operations
    Chairs, Senate Committee on Appropriations/Base Budget
    Chairs, House Appropriations Committee
    Fiscal Research Division

FROM: Kristin Walker

SUBJECT: Grant Award Consultation

Pursuant to Session Law 2021-180 Section 4.2(a), the Office of State Budget and Management (OSBM) submits the attached Notification of Grant Award – Broadband Equity, Access, and Deployment Program (BEAD) - from the North Carolina Department of Information Technology for consultation with the Joint Legislative Commission on Governmental Operations.

Please contact Casey Harris-Pratt (casey.harris-pratt@osbm.nc.gov) if you have questions.

Thank you.
1 Department (except in DHHS) .................................................................
   Office of the Governor

2 Division (except in DHHS) .................................................................
   Department of Information Technology

3 Contact person (name) ...............................................................
   Angie Bailey

4 Phone number .................................................................
   919-817-0541

5 E-mail .................................................................
   angie.bailey@nc.gov

6 Funding Entity (grantor) .................................................................
   National Telecommunications Information Administration (NTIA)

7 CFDA number .................................................................
   11.035

8 Grant title .................................................................
   Broadband Equity, Access, and Deployment Program

9 Grant application deadline (MM/DD/YY) ..............................
   07/18/22

10 Start date of grant (MM/DD/YY) .................................................................
    11/01/22

11 End date of grant (MM/DD/YY) .................................................................
    10/31/22

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) ....
   24665

15 Fund code (XXXXX or NA) .................................................................
   2230

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 govern-
   ments or non-state entities? .................................................................
   Yes

23 If yes, identify affected entities by type ........................
   local govt AND private non-profit AND other state agency

24 Will additional state monies be required to continue the
   program if grant expires or is reduced? ........................
   No

25 If yes, is this a requirement of the grant? .....................
   No

26 Are new FTEs funded through the grant? ......................
   No

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

28 Amount of grants funds applied for in each year ...........
   $5,000,000.00

29 Amount of grants funds awarded in each year ...........
   $5,000,000.00
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.