August 31, 2021

MEMORANDUM

TO: Senator Phil Berger, President Pro-Tempore of the Senate
             Representative Tim Moore, Speaker of the House of
             Representatives

FROM: Charles Perusse   *Charles Perusse*
             State Budget Director

SUBJECT: Grant Award for Consult

Pursuant to G.S. 143C-5-4(9), as amended by S.L. 2021-25, the Office of State Budget and
Management (OSBM) submits the attached Notification of Grant Award (DNCR Shuttered
Venue Operators Grant, NC Zoo Division) for consultation with the Joint Legislative
Commission on Governmental Operations.

If you have questions or concerns, please contact me by email to
charles.perusse@osbm.nc.gov.

Thank you.

Attachment

Notification of Application for Grant Funds/Awards, 2021-22

OSBM

Office of State Budget and Management, 116 W. Jones Street, Raleigh, NC 27603, 984-236-0600.
Instructions at https://files.nc.gov/ncosbm/documents/files/grants_instr.pdf

1 Department ...…………………….………………...	Department of Natural and Cultural Resources
2 Division *(except in DHHS)*………………….……...........	NC Zoo
DHHS only, choose division from drop down list……..	
3 Contact person *(name)* …………………...……...…........	Kimberly Kandros
4 Phone number …………………….…………………...	919-814-6657
5 E-mail ….………………….………………………….	kimberly.kandros@ncdcr.gov
6 Funding Entity (grantor) ………………………………….	Small Business Administration
7 CFDA number.…………………………………………….	
8 Grant title ………………………………………………..	**Shuttered Venue Operators Grant**
9 Grant application deadline *(MM/DD/YY)* ……….………....	
10 Start date of grant *(MM/DD/YY)* ………………………….	07/21/21
11 End date of grant *(MM/DD/YY)* ………………………….	12/31/21
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)*…..	
15 Fund code *(XXXX* or *NA)* …………………………….	
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?……….....……	Yes

For 2021-22
Complete either Authorized or Proposed

	SFY 2020-21 Actual	SFY 2021-22 Authorized	SFY 2021-22 Proposed	SFY 2022-23 Proposed	SFY 2023-24 Proposed	SFY 2024-25 Proposed
27 If yes, give the number by type for each year: *Permanent*						
Time-Limited						
28 Amount of grants funds <u>applied for</u> in each year ……….		$4,500,000.00				
29 Amount of grants funds <u>awarded</u> in each year ………….						

| 30 Purpose of grant or amendment …………….………… | $4.5 million grant in response to shuttered venue operators grant from SBA. Budget is as follows: $1,783,920 in personnel; $650,572 in fringe benefits; $310,000 in supplies; and $1,829,661 in other (maintenance and equipment). |
| 31 Comments ……………………………….…………… | |