Pre-Approval Grant Request

Request # 05822003

General Grant Information

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1. Guilford county employee name: Pamela Lough

2. Guilford county employee email address: plough@guilfordcountync.gov

3. Name of grant: CCNC Diabetes Testing Grant

4. Department name: PUBLIC HEALTH

5. Application due date: 05/31/2025

6. Name of the sponsor or funding agency: Community Care of North Carolina, Inc.

8. What is the source of funding for this grant?: Private Foundation

9. Will Guilford County be the prime recipient of grant funding or a subrecipient/contractor?: Subrecipient

10. What is the period of performance (start and end date of the agreement)?: June 1. 2025-May, 31, 2026

11. When does the funder anticipate notifying grantees that their proposal was awarded or not awarded?: We have already been awarded the grant, did not have to apply

12. Does the application indicate renewal options are available?: No

13. Funding Opportunity Description: New Grant

14. Does the grant application require any of the following?: MOU(s)

15. Please enter the web address (URL) for the grant application so that we may review the relevant materials.: https://www.communitycarenc.org/

16. Please upload a copy of the grant guidance / funding opportunity: Guilford County Health Department - Diabetes Testing Grant Agreement March 2025.docx

17. Please list the name of the Guilford County employee serving as the primary point of contact for this grant application.: LaTanya Pender

18. To your knowledge, has the Guilford County department seeking to apply for this grant received grant funding from this sponsor agency in the past? *: No

19. Please briefly describe the purpose of the proposed program, service or activity to be supported by this grant funding.: It is best practice to obtain point of care A1C values for patients with diabetes while they are at their appointment. This best practice allows for diagnosis, education, and follow-up plans to be provided to the patient before leaving the clinic.

20. Submission of this Notice of Intent to Submit a Grant has been reviewed by:: Department Director

22. Will the proposal include a request for new or temporary positions?: No

25. If awarded, does implementing the grant require any of the following?: None of the above

26. If the grant requires match, what type of match is allowed?: No match required

28. Does this grant require reporting?: Yes

29. If applicable, please tell us the frequency and type of reporting that the grant requires.: The lab values are reported to the insurance payers via CPT II codes which in turn helps to close care gaps when the values are within a normal range.

30. How will the grant application be submitted?: E-mail

31. Is this a collaborative proposal with other Guilford County departments?: No

33. Is this a collaborative proposal with any non-Guilford County entities?: No

35. Which of the following Board of Commissioners goals and key strategic actions does this grant align with?: Community Health & Vitality

Finance Review Information

Is department able to satisfy reporting needs for SEFSA, if applicable?: N/A

Dept/County able to meet Internal control/closeout requirements?: Yes

Approved By Finance Department?: Yes

Legal Review Information

Adequate timeframe for public notice/hearing requirements, if any?: N/A

Are the department and/or County able to satisfy conformance requirements of the award?: Yes

Is the applicant aware of and compliant with all standard certifications required?: NA

Approved by Legal Department?: Yes

Assistant County Manager Review Information

Approved by Assistant County Manager?: Yes

Attachments