



# Pre-Approval Grant Request

Request # 05802326

## General Grant Information

Request # 05802326

1. **Guilford county employee name:** Kirsten Paulson
2. **Guilford county employee email address:** kpaulso@guilfordcountync.gov
3. **Name of grant:** County of Alamance - Minority Diabetes Prevention Program (MDPP)
4. **Department name:** Public Health
5. **Application due date:** 09/23/2024
6. **Name of the sponsor or funding agency:** County of Alamance
7. **Estimated dollar amount to be requested in this grant application:** < \$25,000
8. **What is the source of funding for this grant?:** State
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)?:** 06/01/2024-5/31/2025
11. **When does the funder anticipate notifying grantees that their proposal was awarded or not awarded?:** 09/16/2024
12. **Does the application indicate renewal options are available?:** No
13. **Funding Opportunity Description:** Sub-recipient (Is this a sub-award of federal dollars that is being awarded by a pass through entity, like a state agency)
14. **Does the grant application require any of the following?:** None of the above
15. **Please enter the web address (URL) for the grant application so that we may review the relevant materials.:** There is none
16. **Please upload a copy of the grant guidance / funding opportunity:** Interlocal Agreement GuilfordPartnership MDPP MOU\_2024-25.pdf, ATTACHMENT B - ALAMANCE CO Health Department Budget.pdf
17. **Please list the name of the Guilford County employee serving as the primary point of contact for this grant application.:** Kirsten Paulson
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? \*:** Yes
19. **Please briefly describe the purpose of the proposed program, service or activity to be supported by this grant funding.:** The Minority Diabetes Prevention Program (MDPP) operates primarily under the sponsorships of Alamance County's Health Department, which serves as the sole provider of this initiative within Region 5. This exclusivity allows the County to coordinate effectively across the nine-county region, ensuring that resources and services are directed to minority populations at risk of prediabetes and diabetes including Guilford, Chatham, Rockingham, Durham, Alamance, Orange, Caswell, Person, and Randolph
20. **Submission of this Notice of Intent to Submit a Grant has been reviewed by::** None of the Above
21. **If you selected "Other" in the question above, please list the person's name below. If you selected "None of the Above" please provide additional about your department's internal approval process below.:** Annual interlocal agreement with Alamance County for MDPP services, Guilford County does not apply for funds it is a part of a regional project. Alamance is the fiscal agent for this service.
22. **Will the proposal include a request for new or temporary positions?:** No



# Pre-Approval Grant Request

Request # 05802326

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.: Monthly reports submitted to County of Alamance for expenses incurred.

30. How will the grant application be submitted?: Other

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

33. Is this a collaborative proposal with any non-Guilford County entities?: Yes

34. If this is a collaborative proposal with non-Guilford entities, please list those below.: County of Alamance

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

37. Additional Questions or Comments?: This is a interlocal agreement with County of Alamance as part of their state consolidated agreement. Guilford County does not apply for these funds.

## Finance Review Information

Is department able to satisfy reporting needs for SEFSA, if applicable?: Yes

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?: Yes

Approved by Legal Department?: Yes



# Pre-Approval Grant Request

Request # 05802326

## Assistant County Manager Review Information

Approved by Assistant County Manager?: Yes

## Attachments