



North Carolina Department of Health and Human Services  
Office of the Controller

**Beverly Eaves Perdue, Governor**  
**Lanier M. Cansler, Secretary**

**Laketha M. Miller, Controller**  
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**MEMORANDUM 2010-14**

TO: Division Budget Officers  
FROM: Laketha M. Miller *Laketha M. Miller*  
DATE: May 25, 2010  
RE: Implementation of FRC/Federal Fund Request/Change Form

In an effort to implement sufficient controls to the Department's accounting processes, the Controller's Office has created a form to use for requesting new or revised Federal Reimbursement Codes (FRCs) and Federal Funds. Each division should designate staff that can request FRCs or Federal Funds through the Controller's Office Federal Funds/Financial Reporting Branch.

Required fields on the form include a justification statement as to the FRC/Federal Fund request, budget codes that will use the codes and funding percentages by category. The division designee should forward the form via e-mail to the Branch Head of Federal Funds, Scarlette Edwards. When the Branch Head completes the form, it will be forwarded to the division for final approval and signature. The same process holds true for any non-federal FRC as well.

If you have questions, please call Scarlette Edwards at 855-3718 or contact via e-mail at [Scarlette.edwards@dhhs.nc.gov](mailto:Scarlette.edwards@dhhs.nc.gov). Thank you in advance for your cooperation.

**Attachments**

Cc: Division Directors  
Curtis Crouch  
Scarlette Edwards

**FRC/Federal Fund Request/Change Form**

**New FRC/Federal Fund**

**Revision to Existing FRC/Federal Fund**

**Effective Date:** \_\_\_\_\_

**Justification:** (Include proposed description, grant information if new grant, changes in federal laws/mandates, etc.)

**Assigned to Budget Codes:**

**Funding Percentages:**

(List):

**Federal:**

**State:**

**County:**

**Other:**

**To Be Completed By Federal Grants:**

FRC # \_\_\_\_\_

FRC Title:

\_\_\_\_\_

Federal Fund #: \_\_\_\_\_

Federal Fund Title:

\_\_\_\_\_

**Requested by:**

\_\_\_\_\_  
Name

Division:

Date:

\_\_\_\_\_  
Signature

**Approved by: (Federal Grants)**

\_\_\_\_\_  
Name

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature