OMB Number: 4040-0020
Expiration Date: 02/28/2026

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

1.a. Type of Submission:

- [ ] Application
- [ ] Plan
- [x] Funding Request
- [ ] Other

Other (specify):

1.b. Frequency:

- [x] Annual
- [ ] Quarterly
- [ ] Other

Other (specify):

1.c. Consolidated Application/Plan/Funding Request?

Yes [ ] No [x] Explanation

1.d. Version:

[x] Initial [ ] Resubmission [ ] Revision [ ] Update

2. Date Received: 09/26/2025

STATE USE ONLY:

3. Applicant Identifier:

5. Date Received by State: 09/26/2025

4a. Federal Entity Identifier:

6. State Application Identifier:

4b. Federal Award Identifier:

7. APPLICANT INFORMATION:

a. Legal Name:

North Carolina Department of Health and Human Services

b. Employer/Taxpayer Identification Number (EIN/TIN): 56-6023166

c. UEI: 809785363000

d. Address:

Street1: 1915 Health Services Way

Street2: 2001 Mail Service Center

City: Raleigh

County / Parish: Wake

State: NC: North Carolina

Province:

Country: USA: UNITED STATES

Zip / Postal Code: 27699-2001

e. Organizational Unit:

Department Name: DHHS

Division Name: Division of Social Services

f. Name and contact information of person to be contacted on matters involving this submission:

Prefix:

First Name: Michael

Middle Name:

Last Name: Leighs

Suffix:

Title: Deputy Secretary for Opportunity & Well-Being

Organizational Affiliation: North Carolina Department of Health and Human Services

Telephone Number: 919-627-0945

Fax Number:

Email: michael.leighs@dhhs.nc.gov

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

8a. TYPE OF APPLICANT:

A: State Government

Other (specify):

b. Additional Description:

9. Name of Federal Agency:

Office of the Administration for Children and Families

10. Assistance Listing Number:

93.667

Assistance Listing Title:

Social Services Block Grant

11. Descriptive Title of Applicant's Project:

Social Services Block Grant

12. Areas Affected by Funding:

Statewide

13. CONGRESSIONAL DISTRICTS OF:

a. Applicant: N/A

b. Program/Project: N/A

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment | Delete Attachment | View Attachment

14. FUNDING PERIOD:

a. Start Date: 07/01/2025

b. End Date: 06/30/2026

15. ESTIMATED FUNDING:

a. Federal ($): 51,774,071.00

b. Match ($):

16. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?

- [ ] a. This submission was made available to the State under the Executive Order 12372 Process for review on:
- [ ] b. Program is subject to E.O. 12372 but has not been selected by State for review.
- [x] c. Program is not covered by E.O. 12372.

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

17. Is The Applicant Delinquent On Any Federal Debt?

Yes ☐ No ☒ Explanation

18. By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)**

** I Agree ☒

** This list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix:	First Name:
	Michael

Middle Name:

Last Name: Leighs

Suffix:	Title:
	Deputy Secretary for Opportunity & Well-Being

Organizational Affiliation:

Telephone Number: 919-627-0945

Fax Number:

Email: michael.leighs@dhhs.nc.gov

Signature of Authorized Representative: DocuSigned by: 3C33184820C14A9...

Date Signed: 09/26/25 | 3:35 PM EDT

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

Docusign Envelope ID: 8DE56BEE-8E28-4541-9957-4A45EC2B7051

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Consolidated Application/Plan/Funding Request Explanation:

Docusign Envelope ID: 8DE56BEE-8E28-4541-9957-4A45EC2B7051

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Applicant Federal Debt Delinquency Explanation:

Certificate Of Completion

Envelope Id: 8DE56BEE-8E28-4541-9957-4A45EC2B7051
Status: Completed
Subject: Complete with Docusign: SF424 Mandatory Form1.pdf
Source Envelope:
Document Pages: 5
Signatures: 1
Certificate Pages: 2
Initials: 0
AutoNav: Enabled
EnvelopeId Stamping: Enabled
Time Zone: (UTC-05:00) Eastern Time (US & Canada)

Envelope Originator:
Melinda Remaley
695 Palmer Drive
Raleigh, NC 27603
melinda.remaley@dhhs.nc.gov
IP Address: 199.90.157.25

Record Tracking

Status: Original
9/26/2025 3:13:59 PM
Holder: Melinda Remaley
melinda.remaley@dhhs.nc.gov
Location: DocuSign

Security Appliance Status: Connected
Pool: StateLocal

Storage Appliance Status: Connected
Pool: Department of Health & Human Services (DT)
Location: Docusign

Signer Events	Signature	Timestamp
Michael Leighs Michael.Leighs@dhhs.nc.gov Deputy Secretary for Opportunity and Wellbeing DHHS Security Level: Email, Account Authentication (None)	DocuSigned by: 3C33184820C14A9... Signature Adoption: Drawn on Device Using IP Address: 152.22.35.23	Sent: 9/26/2025 3:18:35 PM Viewed: 9/26/2025 3:30:07 PM Signed: 9/26/2025 3:35:47 PM

Electronic Record and Signature Disclosure:
Not Offered via Docusign

In Person Signer Events	Signature	Timestamp

Editor Delivery Events	Status	Timestamp

Agent Delivery Events	Status	Timestamp

Intermediary Delivery Events	Status	Timestamp

Certified Delivery Events	Status	Timestamp

Carbon Copy Events	Status	Timestamp
Erin Matteson Erin.Matteson@dhhs.nc.gov CFO, Opportunity and Well-being DHHS Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Not Offered via Docusign	COPIED	Sent: 9/26/2025 3:18:36 PM
gloria waters Gloria.Waters@dhhs.nc.gov Budget Officer DHHS Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Not Offered via Docusign	COPIED	Sent: 9/26/2025 3:18:36 PM Viewed: 9/26/2025 3:18:58 PM

Carbon Copy Events	Status	Timestamp
Jill Simmerman Jill.Simmerman@dhhs.nc.gov Deputy Director, Division of Aging DHHS Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Not Offered via Docusign	COPIED	Sent: 9/26/2025 3:18:37 PM

Witness Events	Signature	Timestamp

Notary Events	Signature	Timestamp

Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	9/26/2025 3:18:37 PM
Certified Delivered	Security Checked	9/26/2025 3:30:07 PM
Signing Complete	Security Checked	9/26/2025 3:35:47 PM
Completed	Security Checked	9/26/2025 3:35:47 PM

Payment Events	Status	Timestamps