

**Report of Federal/Other Financial Assistance
(Over \$200,000)
GCR-1
Instructions**

The GCR-1 is a multi-purpose form to provide the Executive Budget Office (EBO) detailed information about project's budget, personnel and any information on State or local match requirements, as well as an abstract about the project.

You may find the form on our website at <http://www.budget.sc.gov/EBO-grant-services.phtm>.

Section A

General Information.

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|---|---|
| 1. <u>Type of Submission</u> | Check appropriate box, construction or non-construction. |
| 2. <u>Date Received by Agency</u> | Date funds received by agency. |
| 3. <u>Date Awarded to Agency</u> | Date funds awarded to agency. |
| 4. <u>SCEIS Grant Number</u> | Number created by agency for grant/project setup. |
| 5. <u>External Reference Number</u> | Actual grant award number issued by Federal agency. |
| 6. <u>Agency Information</u> | Agency name, complete address, organizational unit undertaking project, and name, email and telephone number of person who can provide further information. |
| 7. <u>Catalog of Federal Domestic Assistance Number</u> | Catalog of Federal Domestic Assistance (CFDA) number (if Federal funds). CFDA number may appear on award document. If not, contact appropriate cognizant Federal agency. You are responsible for correct CFDA number. |
| 8. <u>Title</u> | Title assigned to project under which assistance is awarded, if applicable. |
| 9. <u>Funding Agency</u> | Name of funding agency where funds originated. |
| 10. <u>Type of Application</u> | Check appropriate box. |
| <u>New</u> | Award for new project. |
| <u>Continuation</u> | Extension for additional funding/budget period for project. |
| <u>Revision</u> | Modification to project's nature or scope which may result in funding change (increase or decrease). If modified, enter appropriate letter(s) in box. |
| <u>Increase Award</u> | Increase in award amount. |
| <u>Decrease Award</u> | Decrease in award amount. |
| <u>Increase Duration</u> | Increase in funding time period. |

<u>Decrease Duration</u>	Decrease in funding time period.
<u>Other</u>	Use only if none of above is applicable and identify.
11. <u>Funding Period</u>	Start and end dates of funding cycle for project.
12. <u>Descriptive Title</u>	Brief title and/or appropriate description of project.
13. <u>Project Funding</u>	If action is change in amount of funding for existing project (revision), indicate only amount of change. For decrease in funding, enclose amount in parentheses.
<u>Federal</u>	Amount of funding from Federal sources.
<u>State</u>	Amount of funding from State sources.
<u>Local</u>	Amount of funding from local government.
<u>Other</u>	Amount of funding from any other source.
<u>Total</u>	Sum of (a) through (d).
<u>Project Income</u>	Estimated amount of income, if any, expected to be generated. Do not add or subtract amount from total project amount. Explain in Section E (Abstract), nature and source of income.
14. <u>Personal Services</u>	Number of positions and funding amount in appropriate column.
<u>New Positions</u>	Must be within authorized headcount of agency to be established.
<u>Positions Continued</u>	Individuals already employed for particular purpose, but percentage of work time is for project.
<u>Temporary Positions</u>	Individual working one (1) year or less.
<u>Temporary Grant Positions</u>	Non-FTE positions that perform work only for period of project. Once project funding period ends position(s) no longer exist. State funds may be used if considered a match to Federal project.
<u>Time-Limited Positions</u>	Non-FTE positions performing work directly associated with time-limited project. Time-limited projects are specific work products or services provided by one State agency to another State agency, local government, or other public or private entity over a specified time period such as contractual arrangement.
<u>Total</u>	Sum of (a) through (e) in all columns.
15. <u>State Appropriations</u>	Check appropriate box. Explain in detail how State funds will be made available.
16. <u>State Funded Positions</u>	Check appropriate box. List only personnel paid from Federal or Other funds previously paid from State funds.

17. State Authorized Funds Check appropriate box. If State funds are to be used and not budgeted, attach explanation of action necessary to secure funds.
18. Agency Budget Plan Budget Plan submitted to EBO for current year includes Federal/Other projects agency anticipates receiving during fiscal year. If project included, check YES and indicate amount projected.
19. Other Agencies Identify any State, local or regional agency and estimated amount of funding to be sub-granted.
20. Signature Type name of authorized representative of agency, title. Have authorized representative sign and date.

Section B

Budget Information

1. Proposed Budget Categories List amount for first year funding/budget period by funding source. If State or Other funds are used for matching Federal funds, indicate In-Kind (IK) or Cash (C) amount at each object class category.
- Object Class Categories Estimated amount of funding for each direct cost budget category (object class) for source of funds.
- Total Direct Charges Totals for each column.
- Indirect Charges Amount of Indirect Charges determined by most recently approved Indirect Cost (IDC) Rate (%). Rate must be applied to correct portion of budget as applicable. (i.e. Salary & Wages, Total Direct Cost, etc.) Indicate IDC rate.
- Total Total amount of direct and indirect charges for each column.
- Project Income Estimated amount of income, if any, expected to be generated. Do not add or subtract from total project. Explain in Section E (Abstract) nature and source of income.

2. Estimate of Funds Needed for Continuation of Project

- Source of Funds Estimated funds needed to complete or continue project over succeeding funding periods. When State or Other funds used for matching Federal funds, indicate In-Kind (IK) or Cash (C) with amount at each object class category.
- Future Funding Periods (years) Estimated amount of funds needed to complete or continue project over succeeding funding periods.

Section C

Funding

1. Method of Payment Indicate method of payment. If Other, identify.
2. Comptroller General's Acct. No. Number assigned by Comptroller General for receipt and disbursement of funds. If no number assigned, enter "NA".

3. SC Code Authority Title and Section from SC Code of Laws which authorizes agency to engage in activity.
4. Funds Indicate if Restricted (for specific use), or Unrestricted (for use within agency).
5. Audit Indicate if funds are allocated for an audit of these funds. If YES, identify funds by budget activity level or identify amount and category from Section 2, (Proposed Budget Categories).
6. Carry Forward Authorized Check appropriate box concerning authorization to carry over funds to new funding or budget period and provide amount to be carried over.

Section D

1. Other Agency Involvement
2. Approval
3. Approved Plan
4. Land Resources
5. Supportive Services

Project Information

- List agencies that have been consulted or involved.
- Identify any agency, local government that must review, comment, approve or otherwise provide clearance for project.
- Identify plan that addresses objective of project.
- Briefly explain involvement of land resources in project.
- Services provided as component to support primary effort in achieving overall objective of project.

Transportation Services

Includes “Conveyance of human passengers by bus, van or any other ground surface vehicles which is provided to general public, or selected groups thereof, on a regular basis” (Section 12, Act 82). Example: Transportation provided to children in a day-care center.

Training

Example: Formal training to a group other than routine training necessary for job performance.

Other

Use if none of above is applicable. Identify specific service.

6. Environmental Impact Statements
7. Additional Space

Indicate if an environmental impact assessment or statement is required. If adverse impact is anticipated, explain in Section E (Abstract).

If additional space is required and funds have not been requested, be specific as to how agency will make space available.

Section E

1. Public Benefit
2. Project Effectiveness

Abstract

Describe needs and objectives. Include data or documentation.

Describe how project effectiveness will be measured. For continuation projects, attach copy of last performance evaluation.

3. Funding

Describe action to be taken if funding is withdrawn, decreased or if State funds utilized for project are not budgeted. Attach explanation of action necessary to secure funds.