

**Report of Research and Student Aid Grants  
GCR-6  
Instructions**

The GCR-6 is a form to provide the Executive Budget Office (EBO) more detailed information about Research and Student Aid Grants' budget, personnel and any information on State or local match requirements.

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

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| 1. <u>Type of Grant</u>                                 | Check appropriate box, Research or Student Aid.  |
| 2. <u>Date Received by Agency</u>                       | Date funds were received by agency.  |
| 3. <u>Date Awarded to Agency</u>                        | Date funds were 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, name email and telephone number of person who can provide further information about project. You are responsible for correct CFDA number.  |
| 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.   |
| 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>Descriptive Title</u>                            | Brief title and/or appropriate description of project.   |
| 11. <u>Funding Period</u>                               | Start and end dates of funding cycle for project.  |
| 12. <u>Personal Services</u>                            | Number of positions.   |
| <u>Temporary Grant Positions</u>                        | Non-FTE positions that perform work only for the period of the 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 that perform 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 specified time period as contractual arrangement. |
| <u>Total</u>  | Sum of (a) and (b) in all columns.   |

13. Type of Application Check appropriate box.
- New Award for new project.
- Continuation Extension of additional funding/budget period for project.
- Supplemental Additional funding from another source.
- Revision Modification to project's nature or scope which may result in funding change (increase or decrease). If modified, enter appropriate letter(s) in box.
- Increase Award Increase in award amount.
- Decrease Award Decrease in award amount.
- Increase Duration Increase in funding time period.
- Decrease Duration Decrease in funding time period.
- Other Use if none of above is applicable and identify.
14. Project Funding If action is change in amount of funding (Revision), indicate only amount of change. For decrease, enclose amount in parentheses. When State or Other funds used for matching Federal funds, indicate In-Kind (IK) or Cash (C).
- Federal Amount of funding from Federal sources.
- State Amount of funding from State sources.
- Local Amount of funding from local government.
- Other Amount of funding from any other source.
- In-Kind or Cash Amount of In-Kind (non-cash) or cash funding.
- Total Sum of (a) through (e).
15. Indirect Cost Amount of Indirect Cost (IDC) claimed determined by recently approved Indirect Cost Rate (%). Rate must be applied to correct portion of budget. (i.e. Salary & Wages, Total Direct Cost, etc.) Include explanation for use of IDC claimed.
- Agency IDC Rate Most recently approved Indirect Cost (IDC) Rate (%) for agency.
- Direct Base Provide IDC base that rate is applied to.
- Total IDC Remitted Indicate amount of IDC to be remitted to the General Fund.
16. State Appropriations Check appropriate box. Explain in detail how State funds will be made available.

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