**INSTRUCTIONS**

This form provides the Executive Budget Office (EBO) more detailed information for Temporary Grant (TG) and/or Time-Limited (TL) positions. **The grant/project should be set up prior to requesting positions. Positions must not be established until approval is received from EBO**.

TG and TL positions are not to exceed the duration of the grant or contract. Attach a copy of approved GS-5, GCR-6, FPR, grant award, contract or copy of revenue statement with your request document to EBO.

Additional information regarding TG and TL positions may be found on the Division of State Human Resources’ website at: [www.admin.sc.gov/humanresources/agency-information/temporary-grant-time-limited-project-positions](http://www.admin.sc.gov/humanresources/agency-information/temporary-grant-time-limited-project-positions).

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| **Type of Position Requested** | Check the appropriate box. |
| **Temporary Grant** | Non-FTE position established to perform work directly associated with federal grants, public charity grants, private foundation grants, or research grants. |
| **Time-Limited** | Non-FTE position established to perform work directly associated with a time-limited project. Time-limited projects are specific work products or services provided by a state agency or by one state agency to another state agency, local government, or other public or private entity over specific time period as a contractual agreement between the two entities. |
| **Grant Name** | Brief title and/or appropriate description of grant or contract. |
| **Funding Period** | Beginning and ending dates of funding cycle for grant or project. |
| **Type of Action** | Check the appropriate box. |
| **New** | New grant/contract awarded. |
| **Delimit** | Deletion of position(s) of established grant or contract. |
| **Moving from/to Grant No.** | Moving TG or TL position to a different grant or contract. |
| **Addition** | Adding another position to an established grant or contract. |
| **Extension** | Continuation of a position for additional funding or budget period *(Attach copy of FPR form, grant extension award, or contract extension).* |
| **Funding Source** | Percentage of funding from each funding source. State funds can only be used as a match to a Federal grant. Use of any State matching funds should be reflected on request form under other. |
| **Federal** | Percentage of funding from Federal sources. |
| **Other** | Percentage of funding from any other source. |
| **Identify Other** | Identify the source of the other funds. |
| **Identification Number** | FPR number is for Federal projects; GCR-6 indicates control number for research and student aid grants; GS-5 letter indicates receipt of grant by EBO. |
| **Internal Reference Number** | 4-digit (STARS) project number assigned by EBO for Federal grants from the grants module. If no number has been assigned, a Federal Grant Maintenance form (D38) must be submitted to the EBO. |
| **Previous Number** | GCR control number from GS-5 letter for other funded projects. |
| **SCEIS Grant Number** | Number created by agency for grant/project set up in SCEIS grants module. |
| **Other** | Use if none of the above is applicable and identify. |
| **Position Descriptions** | Use a separate line for each position. Attached additional sheets, if necessary. |
| **SCEIS Position Number** | 8-digit number assigned by SCEIS for existing positions being extended, deleted, or moved. |
| **Number of Positions** | Enter the number of positions if new grant or addition to existing grant. |
| **Organizational Unit Number** | Entity within an agency’s organizational structure such as Division, Department, Region, etc. |
| **Cost Center** | 10-digit number linking the SCEIS Financial data to the Human Resource data. (Ex. R200A00010). |
| **Percent** | Percentage of Federal or Other funds used. |
| **Fund** | 8-digit number representing the source of monies used to fund the position. |
| **Functional Area** | 8-digit Functional Area representing the state level of appropriation. |
| **Grant Number** | 12-digit agency-specific number used to identify the grant (Ex. H71012123210). |

**AGENCY**: Choose an item. **DATE**:

**Complete this form to request a Temporary Grant or Time-Limited Position. This form must be sent to the Executive Budget Office for approval prior to establishing the position in the HR/payroll system.**

**1. TYPE OF POSITION REQUESTED:**   Temporary Grant  Time-Limited

**2. GRANT NAME:**

**3. FUNDING PERIOD:** Start Date       End Date

**4. TYPE OF ACTION:**  New  Addition to Established Grant or Project

Delimit  Extension

Moving from Grant No.       to Grant No.

**5. FUNDING SOURCE:** % Federal       % Other       Identify Other:

**6. IDENTIFICATION NUMBER**: Internal Reference Number:       SCEIS Grant Number:

Previous Number:       Other:

**7. POSITION DESCRIPTION(S)** *(If necessary, submit the information on a separate sheet.)*

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| **SCEIS Position Number** | **Number of Positions** | **Org Unit Number** | **Class Code** | **Cost Center** | **Percent** | **Fund** | **Grant Number** | **County Code** |
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**AGENCY INFORMATION**

REQUESTOR:       TITLE:

PHONE NUMBER:       EMAIL ADDRESS:

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Authorized Agency Representative Signature Date

**EXECUTIVE BUDGET OFFICE**

APPROVE DISAPPROVE SIGNATURE DATE

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GRANT SERVICES COORDINATOR

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

DIRECTOR, EXECUTIVE BUDGET OFFICE