FEDERAL PROJECT REVIEW (FPR)
INSTRUCTIONS

The Federal Project Review Form (FPR) provides the Executive Budget Office (EBO) with programmatic and financial information on each Federal project included as anticipated revenue in the agency’s budget.

A separate form for each Federal project should be used. You may find the form on our website at http://www.admin.sc.gov/budget/grant-services.

**SECTION A**
**GENERAL INFORMATION**

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Enter fiscal year.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Federal Project Number</td>
<td>Use most recently issued Federal project number and Phase Code assigned by EBO following notification of project award. If no project number has been assigned put the word “NEW GRANT” in the space provided.</td>
</tr>
<tr>
<td>2. Project Award Amount</td>
<td>Total amount of Federal funding for the project.</td>
</tr>
<tr>
<td>3. Project Funding Cycle</td>
<td>Current year of multi-year project where funding may be reasonably expected to continue (i.e., Year 1 of 3).</td>
</tr>
<tr>
<td>4. Projects Anticipated</td>
<td>If not receiving Federal funding, check box and return to Bonny Anderson, Grant Services Coordinator in the Executive Budget Office.</td>
</tr>
<tr>
<td>5. Agency Information</td>
<td>Agency name, name of primary organizational unit undertaking project, name, telephone number, email of person who can provide programmatic details about project, and name telephone number, email of person capable of answering questions on budgetary details of project.</td>
</tr>
<tr>
<td>6. Project Title</td>
<td>Brief title for project (similar to Revenue Statement from Budget).</td>
</tr>
<tr>
<td>7. Type of Assistance</td>
<td>Check appropriate box.</td>
</tr>
<tr>
<td>Formula Grant</td>
<td>Allocation to agency, based on distribution formula (i.e., demographic data) prescribed by law or regulation, for activities of continuing nature.</td>
</tr>
<tr>
<td>Block Grant</td>
<td>Formula grants designated as a block grant at Federal level, generally characterized by transfer of responsibility to State and increased flexibility in use of funds.</td>
</tr>
<tr>
<td>Fee for Service</td>
<td>A contractual agreement in which a pre-established amount is received for providing a specific unit of service.</td>
</tr>
<tr>
<td>Project Grant</td>
<td>The funding for specific project or delivery of specific services for fixed period of time, generally characterized by competitive applicant process.</td>
</tr>
<tr>
<td>Other</td>
<td>Use only if none of the above is applicable and identify.</td>
</tr>
<tr>
<td>8. CFDA Number</td>
<td>Catalog of Federal Domestic Assistance (CFDA) number. The CFDA number may appear on the award document. If not, contact the appropriate cognizant Federal agency.</td>
</tr>
<tr>
<td>9. Funding Agency</td>
<td>Name of Federal agency where funds originated.</td>
</tr>
<tr>
<td>10. Project Period</td>
<td>Start and end dates of Federal funding cycle for project.</td>
</tr>
</tbody>
</table>
SECTION B

PROJECT INFORMATION

1. Project Description
   Attach brief description of project to include:
   a) Description of services and for who;
   b) Description of service providers and in what setting;
   c) Estimated number of clients to be served during State fiscal year;
   d) Areas of State where services are directly provided. If not statewide,
      identify specific subdivisions affected (i.e., county, school district,
      planning district, health district, etc.)
   e) List three to five (3-5) objectives of projects’ quantifiable accomplishments.

2. Federal/State Laws
   Check appropriate box. If yes, explain what change will be.

3. Other Agencies
   Identify any State, local or regional agency and estimated amount of funding to
   be subgranted.

4. State Plan
   If yes, enter title and time period covered by State plan.

SECTION C

FISCAL IMPACT

1. Budget Plan
   Check appropriate box. Attach copy of request for additional State funds
   directly related to project (i.e., the result of a change in Federal funding or
   program requirements, or additional State funds needed to generate Federal
   increases).

2. Provisos
   Check appropriate box. If yes, provide proviso reference and check if
   continuation of proviso is recommended. If additional provisos recommended,
   attach, with explanation.

3. Cost Savings
   Check appropriate box. If yes, provide explanation of cost savings.

SECTION D

FUNDING

1. Source of Funds
   Amounts should reflect funding level agency intends to operate project during
   State fiscal year.
   
   Total
   Sum of (a), (b), and (c). Total should equal sum of Project Total (Section E) and
   Indirect Cost remitted to the General Fund (Section D-4).

   a) Federal
   Amount of Federal project funds budgeted by agency during State fiscal year.
   
   Phase codes
   Two (2) digit phase code for Federal funding from previous years and amount of
   funds for each phase code to be included in project for coming year. Add
   additional lines if needed.

   b) State Cash Match
   Estimated amount of General Fund revenue budgeted by agency as match for
   project. Amount should represent equivalent of State’s commitment to Federal
   agency.

   c) Other Cash Match
   Estimated amount of Other funds budgeted during State fiscal year as match for
   Federal project. Identify specific revenue source.

   d) In-Kind
   In-kind is defined as value of non-cash contributions provided by agency (i.e.,
   volunteer time/effort; use of space/equipment). Complete only if in-kind is
   identified on application to Federal grantor agency as project match. Describe
   in detail, type of in-kind contribution being claimed.
e) Carry Forward
Indicate amount and fiscal year of carry forward funds to be used for project.

2. Total Anticipated Grant Award
Total amount of grant award expected to receive during state fiscal year.
Amount should not be adjusted to reflect total expenditures during fiscal year,
but should be anticipated amount of award based on Federal funding cycle.
Total should be total of Project Total (Section E) and Indirect Cost (IDC)
(Section D-4).

3. Effort/Cost Sharing Requirement
Briefly state requirement(s) and cite governing Federal law/regulation.

4. Indirect Cost
Total amount of indirect cost to be charged to project for remittance to General
Fund during fiscal year. Enter applicable rate and identify base to which rate is
applied. Do not include this amount in Section E.

SECTION E  BUDGET
Budget section identifies the total project funding distribution listed in Section D
(excluding in-kind and indirect costs) across various agency programs on a State
fiscal year basis. Program(s) should correspond to those identified as agency
programs in Detail Budget. If project funds are budgeted in more than two programs,
attach additional sheets.

Program Name
For each program that project funds will be used, identify program by name.
(Use only major program heading, identified in Detail Budget., i.e., those
identified by Roman numeral. Do not use subprograms.)

Program Number
For each program that project funds will be used, identify program by number.
(Use only major program numbers, identified in Detail Budget.)

1. Personal Services
Total number of positions and funding amount in corresponding columns for
each classification.

Temporary Positions
Defined as individual working one (1) year or less.

Temporary Grant Positions
Non-FTE positions that perform work only for period of the project. Once
project period ends the position(s) no longer exists. State funds may only be
used if considered a match to Federal project.

Time-Limited Positions
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.

2-4. Budget Categories
Amount of funding for each budget category by source of funds. When
budgeting State and Other matching funds, include amounts committed to
Federal agency as condition for receiving grant.

5. Special Items
List each special item separately.

6. Employer Contributions
Must be completed for any project that has funds listed in Personal Services.
May include any anticipated pay adjustments (merit, Cost of Living (COLA),
etc.).

7. Program Total
For each program, enter total (sum of 1-6) for all source of funds (Federal, State,
or Other).
| Project Total | Include sum of all program totals (line 7). Amount should agree with Total Anticipated Grant Award (Section D-2), when Federal funds total and Indirect Cost to be remitted to General Fund (Section D-4) if applicable, are added. |