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](http://www.budget.sc.gov/EBO-grant-services.phtm).

### Section A

<table>
<thead>
<tr>
<th></th>
<th>General Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td><strong>Type of Submission</strong></td>
</tr>
<tr>
<td>2.</td>
<td><strong>Date Received by Agency</strong></td>
</tr>
<tr>
<td>3.</td>
<td><strong>Date Awarded to Agency</strong></td>
</tr>
<tr>
<td>4.</td>
<td><strong>SCEIS Grant Number</strong></td>
</tr>
<tr>
<td>5.</td>
<td><strong>External Reference Number</strong></td>
</tr>
<tr>
<td>6.</td>
<td><strong>Agency Information</strong></td>
</tr>
<tr>
<td>7.</td>
<td><strong>Catalog of Federal Domestic Assistance Number</strong></td>
</tr>
<tr>
<td>8.</td>
<td><strong>Title</strong></td>
</tr>
<tr>
<td>9.</td>
<td><strong>Funding Agency</strong></td>
</tr>
<tr>
<td>10.</td>
<td><strong>Type of Application</strong></td>
</tr>
<tr>
<td></td>
<td><strong>New</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Continuation</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Revision</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Increase Award</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Decrease Award</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Increase Duration</strong></td>
</tr>
</tbody>
</table>
### Decrease Duration
Decrease in funding time period.

### Other
Use only if none of above is applicable and identify.

11. **Funding Period**
Start and end dates of funding cycle for project.

12. **Descriptive Title**
Brief title and/or appropriate description of project.

13. **Project Funding**
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.

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal</td>
<td>Amount of funding from Federal sources.</td>
</tr>
<tr>
<td>State</td>
<td>Amount of funding from State sources.</td>
</tr>
<tr>
<td>Local</td>
<td>Amount of funding from local government.</td>
</tr>
<tr>
<td>Other</td>
<td>Amount of funding from any other source.</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>Sum of (a) through (d).</td>
</tr>
<tr>
<td><strong>Project Income</strong></td>
<td>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.</td>
</tr>
</tbody>
</table>

14. **Personal Services**
Number of positions and funding amount in appropriate column.

<table>
<thead>
<tr>
<th>Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Positions</td>
<td>Must be within authorized headcount of agency to be established.</td>
</tr>
<tr>
<td>Positions Continued</td>
<td>Individuals already employed for particular purpose, but percentage of work time is for project.</td>
</tr>
<tr>
<td><strong>Temporary Positions</strong></td>
<td>Individual working one (1) year or less.</td>
</tr>
<tr>
<td><strong>Temporary Grant Positions</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Time-Limited Positions</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>Sum of (a) through (e) in all columns.</td>
</tr>
</tbody>
</table>

15. **State Appropriations**
Check appropriate box. Explain in detail how State funds will be made available.

16. **State Funded Positions**
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”.

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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**

**Project Information**

1. **Other Agency Involvement**
   List agencies that have been consulted or involved.

2. **Approval**
   Identify any agency, local government that must review, comment, approve or otherwise provide clearance for project.

3. **Approved Plan**
   Identify plan that addresses objective of project.

4. **Land Resources**
   Briefly explain involvement of land resources in project.

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

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

**Section E**

**Abstract**

1. **Public Benefit**
   Describe needs and objectives. Include data or documentation.

2. **Project Effectiveness**
   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.