

**Report of Federal/Other Financial Assistance
(Under \$200,000)
GS-7
Instructions**

The GS-7 form provides the Office of State Budget (OSB) detailed information about a project's budget, personnel and funding information for project awards under \$200,000.

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

1. Type of Submission Check appropriate box, construction or non-construction.
2. Date Received by Agency Date funds were received by agency.
3. Date Awarded to Agency Date funds were awarded to agency.
4. Agency Identifier Agency's control number, if desired.
5. Funding Identifier Control number issued by Federal agency, if applicable.
6. Agency Information Agency name, complete address, primary organizational unit undertaking project, and name and telephone number of person who can provide further information about project.
7. Catalog of Federal Domestic Assistance Number Enter 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. Title Title assigned to project under which assistance is awarded, if applicable.
9. Funding Agency Name of funding agency where funds originated.
10. Type of Application Check appropriate box.
 - New Award for new project.
 - Continuation Extension for additional funding/budget period for project.
 - Revision Modification to project's nature or scope which may result in funding change (increase or decrease). If revision, 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.

<u>Other</u>	Use only if none of above is applicable and identify.
11. <u>Funding Period</u>	Beginning and ending dates of funding cycle for project.
12. <u>Descriptive Title</u>	Brief title and/or appropriate description of project.
13. <u>Project Funding</u>	Amount awarded or to be contributed during first funding budget period by funding source. Value of In-Kind contributions should be included. If action is change in amount of funding for existing project revision, indicate only amount of change. For decrease, 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) in all columns.
<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 nature and source of income.
14. <u>Personal Services</u>	Number of positions and funding in appropriate column.
<u>New Positions</u>	Must be within 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 exists. State funds only used if considered 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 a specified time period as contractual arrangement.
<u>Total</u>	Sum of (a) through (e) in all columns.
15. <u>Indirect Cost Information</u>	
<u>Agency IDC Rate</u>	Most recently approved Indirect Cost (IDC) Rate (%) for agency.
<u>IDC Base</u>	Provide IDC base that rate is applied to.

Total IDC Remitted

Indicate amount of IDC to be remitted to 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. List only personnel to be paid from Federal or Other funds previously paid from State funds.

18. State Authorized Funds

Check appropriate box. If State funds to be used and not budgeted, attach explanation of action necessary to secure funds.

19. Agency Budget Plan

Budget Plan submitted to OSB for current year includes Federal or Other projects agency anticipates receiving during fiscal year. If project included, check YES and indicate amount projected.

20. Other Agencies

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

21. Signature

Type name of authorized representative of submitting agency and title. Have authorized representative sign and date.