



# Directives for completion of the Subrecipient Financial Status Report and Request for Funds Form

## SECTION I – GENERAL INFORMATION

*Most of the information for this section can be located on Part 1, Page 2 of the Subrecipient Agreement*

- Grant Title:** See Part 1, page 2 of Subrecipient Agreement.
- Subrecipient Reference Number/Name:** See Part 1, page 2 of Subrecipient Agreement.
- Grantee Reference Number:** The Grant Reference Number (SCDNR), see Part 1, page 2 .
- Subrecipient Address:** Address of the Subrecipient .
- Performance Period:** The period covered for the requested reimbursement (*i.e.* 7/1/2018-9/30/2018).
- Report Number:** Please identify the **number** of the request for funds (*i.e.* 1= first request; 2=second request, etc. or **FINAL**).
- Prepared By:** Name/Title of individual completing the form.
- Email/Phone:** Email address and phone number of the preparer.
- Tax ID/DUNS#:** Enter your agencies Tax Identification Number and DUNS Number (*if registered*).

## SECTION II – FUNDING REQUEST

- Description:** Enter the name of the budget items (*i.e.* salaries, wages, fringe, equipment, repairs, insurance, contractual services, travel, etc.). Please include the indirect rate, budget amount and costs (*when applicable*).
- Budget:** Enter the budget amount for each item listed in the Description line (*i.e.* Salaries - \$400; Equipment - \$1000, etc.). The overall budget entered on this form must match the budget on Subrecipient Agreement
- Current Expenditures:** Enter the amount of the corresponding current expenditures for the stated period of performance.
- Prior Expenditures:** Enter the corresponding **cumulative** expenditures that were previously requested and reimbursed.
- Total Expended:** Represents the current and prior expenses combined (*this is a self-calculating column*).
- Remaining Budget:** The budget remaining after the current/prior expenses have been deducted (*this is a self-calculating column*).
- Cumulative Cost Share:** Please include the cumulative amount of the match/cost share for each applicable line item (*when match is required*).
- Signature:** Signature of authorized staff (*i.e.* Program Representative, PI), title and date.

Remit this form with the required support documentation (*see Agreement*) to [GrantSubmissions@dnr.sc.gov](mailto:GrantSubmissions@dnr.sc.gov) or the physical address noted in Section I of this form.

*\* The Reimbursement Calculation Worksheet is not a mandatory form. This form serves as a tool to assist in the calculation of the Grantee's share of the invoice (when cost share is applicable to the project).*



**South Carolina Department of Natural Resources**  
**Office of Grants Administration**  
**Subrecipient Financial Status Report and Request for Funds**

SECTION I – GENERAL INFORMATION						
Grant Title:			Subrecipient Reference Number/Name:			
Grantee Reference Number:			Subrecipient Address:			
Performance Period:	Report #:	City	State	Zip code		
Remit To: SCDNR-Office of Grants Administration P.O. Box 167 Columbia, SC 29202 or <a href="mailto:GrantSubmissions@dnr.sc.gov">GrantSubmissions@dnr.sc.gov</a>			Prepared By:	Email:	Tax ID: SAM UEI:	
				Phone:		
SECTION II – FUNDING REQUEST						
Description	Budget	Current Expenses	Prior Expenses	Total Expended	Remaining Budget	Cumulative Cost Share
IDC Rate:	Indirect Costs					
<b>Totals</b>						
<b>CURRENT REIMBURSEMENT AMOUNT REQUESTED</b>						

**CERTIFICATION**

I, a duly authorized signatory for the referenced Subrecipient, certify that the data reported above is correct and all spending is in accordance with the approved award and that the amount requested is not in excess of either current needs or cumulatively for the term of the award.

\_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
 Agency Authorized Program Signature

**SC Department of Natural Resources Approval:**

\_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
 SCDNR Authorized Program Signature

*The SCDNR Program Manager has verified that deliverables have been completed as outline in the Agreement and the attached invoice(s) appear to be permissible.*

\_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
 SCDNR Authorized Fiscal Signature

*The SCDNR Office of Grants Administration processed this request for funds on the above date*

# SC Department of Natural Resources Reimbursement Calculation Worksheet

Federal Percentage Rate: \_\_\_\_\_%

Grantee Percentage Rate: \_\_\_\_\_%

\*Enter the type of Transaction (i.e. equipment purchase,etc.) and the total dollar amount of the transaction.

The **Amount to be Reimbursed** and **Match Amount** fields will auto calculate base upon the federal and grantee percentage rate entered in the above noted fields.

* Type of Transaction	* Total Transaction Amount	Amount to be Reimbursed (by SCDNR)	Match Amount (Grantee Portion)
<b>Totals</b>			

**Total Requested Reimbursement:** \_\_\_\_\_  
 Period of Request for Reimbursement: \_\_\_\_\_ to \_\_\_\_\_

*Please note that the purpose of this Worksheet is to assist in the calculation of the grantee's match only. This worksheet does not replace the required support financial documentation stated in the Subrecipient Agreement (please see terms for financial reporting in Attachment B of the Subrecipient Agreement) .*