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| AGENCY NAME: | Secretary of State's Office | | |
| AGENCY CODE: | E080 | SECTION: | 96 |



Fiscal Year 2017-18 Agency Budget Plan

FORM A – SUMMARY

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| RECURRING FUNDS (FORM B DECISION PACKAGES) | <p>My agency is submitting the following recurring decision packages listed in <u>priority order</u> (Form B): 10873, 10993, 10950, 11036, 11027, & 11021</p> <p>For FY 2017-18, my agency is (mark "X"):</p> <p><input checked="" type="checkbox"/> Requesting a net increase in recurring General Fund appropriations.</p> <p><input type="checkbox"/> Not requesting a net increase in recurring General Fund Appropriations.</p> |
| CAPITAL & NON-RECURRING FUNDS (FORM C DECISION PACKAGES) | <p>My agency is submitting the following one-time decision packages listed in <u>priority order</u> (Form C):</p> <p style="text-align: center; font-size: 24px;">11033</p> <p>For FY 2017-18, my agency is (mark "X"):</p> <p><input checked="" type="checkbox"/> Requesting capital and/or non-recurring funds.</p> <p><input type="checkbox"/> Not requesting capital and/or non-recurring funds.</p> |
| PROVISOS (FORM D) | <p>For FY 2017-18, my agency is (mark "X"):</p> <p><input checked="" type="checkbox"/> Requesting a new proviso and/or substantive changes to existing provisos.</p> <p><input type="checkbox"/> Only requesting technical proviso changes (such as date references).</p> <p><input type="checkbox"/> Not requesting any proviso changes.</p> |

Please identify your agency's preferred contacts for this year's budget process.

| | <u>Name</u> | <u>Phone</u> | <u>Email</u> |
|---------------------------|------------------|--------------|----------------------|
| PRIMARY CONTACT: | Melissa Dunlap | 803-734-2157 | mdunlap@sos.sc.gov |
| SECONDARY CONTACT: | LaToria Williams | 803-734-1723 | lwilliams@sos.sc.gov |

I have reviewed and approved the enclosed FY 2017-18 Agency Budget Plan, which is complete and accurate to the extent of my knowledge.

| | <u>Agency Director</u> | <u>Board or Commission Chair</u> |
|-------------------------|------------------------|----------------------------------|
| SIGN/DATE: | Mark Hammond 9/30/16 | |
| TYPE/PRINT NAME: | Mark Hammond 9/30/16 | RECEIVED |

This form must be signed by the department head – not a delegate.

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FORM B – PROGRAM REVISION REQUEST

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| DECISION PACKAGE | 10873 |
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Provide the decision package number issued by the PBF system ("Governor's Request").

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| TITLE | Other Funds Authorization Increase |
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Provide a brief, descriptive title for this request.

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| AMOUNT | \$150,000 |
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What is the net change in requested appropriations for FY 2017-18? This amount should correspond to the decision package's total in PBF across all funding sources.

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| ENABLING AUTHORITY | All duties of the Secretary of State's Office are mandated by statute. |
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What specific state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority? Please avoid citing general provisions of law where possible, and instead cite to the most specific legal authority supporting the request.

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| FACTORS ASSOCIATED WITH THE REQUEST | Mark "X" for all that apply: |
| | <input type="checkbox"/> (Base Adjustment) Allocation of statewide employee benefits. |
| | <input type="checkbox"/> (Base Adjustment) Realignment within existing programs and lines. |
| | <input type="checkbox"/> (Base Adjustment) Restructuring of agency programs – <i>requires pre-approval.</i> |
| | <input type="checkbox"/> IT Technology/Security related |
| | <input type="checkbox"/> Consulted DTO during development |
| | <input type="checkbox"/> Related to a Non-Recurring request – If so, Decision Package # _____ |
| | <input checked="" type="checkbox"/> Change in cost of providing current services to existing program audience. |
| | <input type="checkbox"/> Change in case load / enrollment under existing program guidelines. |
| | <input type="checkbox"/> Non-mandated change in eligibility / enrollment for existing program. |
| | <input type="checkbox"/> Non-mandated program change in service levels or areas. |
| | <input type="checkbox"/> Proposed establishment of a new program or initiative. |
| <input type="checkbox"/> Loss of federal or other external financial support for existing program. | |
| <input checked="" type="checkbox"/> Exhaustion of fund balances previously used to support program. | |

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| RECIPIENTS OF FUNDS | Anticipated fund recipients would include information technology vendors for IT equipment for security and for the necessary revisions to the office website in order to provide the new online corporations filing, search and document retrieval application currently in process. Secretary of State's Office employees would also benefit. |
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What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing

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formula, through a competitive process, based upon predetermined eligibility criteria?

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| ACCOUNTABILITY OF FUNDS | 1.1.1 Increase the number of online services offered to our customers 1.1.2 Make available to the public additional online information to assist with business and educational purposes 2.1.2 Replace legacy system (notaries public) 3.1.1 Participate in multi-state enforcement actions to protect charitable donors in the state. |
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What specific agency objective, as outlined in the agency's accountability report, does this funding request support? How would this request advance that objective?

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| POTENTIAL OFFSETS | N/A |
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For decision packages that request non-mandatory funding increases to programs or initiatives, please identify a potential offset within an existing lower priority or ineffective program(s).

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| MATCHING FUNDS | N/A |
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Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source, amount, and terms of the match requirement.

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| FUNDING ALTERNATIVES | The Secretary of State's Office is seeking to increase spending authority as opposed to requesting an increase in general fund appropriations or a yearly increase in capital funding. |
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What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.

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| SUMMARY | <p>The Secretary of State's Office returned over \$6,000,000 to the State General Fund last year. The agency continues to have increases in general operating expenses that are out of the agency's control. The office is seeking an increase in spending authority in order to self-fund several information technology initiatives rather than asking for an increase in general fund appropriations or requesting a large capital request. A review of the salaries and fringe corresponding to each employee determined that additional funding is required. The requested amount is required to accomplish the mission of the Secretary of State's Office. An increase of \$150,000 in operating will be spread throughout the programs in the agency. As related to the agency's technology plan, the increase in other funds would be utilized to support the notaries public application and database, new agency website, desktop computers, virtual servers and storage, and enable the agency to work toward implementing the DIS security requirements.</p> |
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Using as much detail as necessary to make an informed decision regarding this request, provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.

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| METHOD OF CALCULATION | <p>By requesting an increase in other funds authorization up to \$150,000, this would allow the office to self-fund the IT projects necessary in order for the Secretary of State's Office to provide needed technology applications and security. We evaluated all positions to determine the salary requirements and compared to the current expenditures to determine additional amounts are needed for salaries and fringe.</p> |
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How was the amount of the request calculated? List the per unit or per FTE costs of implementation. What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?

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| FUTURE IMPACT | <p>These costs continue to rise every year. The agency will continue to evaluate these costs to ensure sufficient funds are appropriated.</p> |
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Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?

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| PRIORITIZATION | <p>All duties are mandated by statute, so there are no programs to cut. Funds would be spent based on availability during the year as this is only a request to increase other funds authorization.</p> |
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If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2017-18? Please be specific.

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| INTENDED IMPACT | <p>The result of granting this request would have a tremendous impact on the Secretary of State's Office's ability to continue to provide excellent customer service to our customers with additional online filing capabilities and security of permanent state records. Existing and new businesses would be impacted as well as many other customers who conduct business with the office. It would also provide sufficient staff to respond to requests timely and to accomplish the mission of the Secretary of State's Office in an efficient and effective manner.</p> |
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What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?

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| PROGRAM EVALUATION | <p>The Secretary of State's Office would see an increase in the number of online filing applications offered. In addition, this would enable the agency to work toward meeting the stringent requirements of the Division of Information Security's cyber security policies, guidelines and standards.</p> |
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How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?

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FORM B – PROGRAM REVISION REQUEST

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| DECISION PACKAGE | 11036 |
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Provide the decision package number issued by the PBF system ("Governor's Request").

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| TITLE | Off-site Disaster Recovery for Replication of Secretary of State's Office Servers |
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Provide a brief, descriptive title for this request.

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| AMOUNT | \$16,600 |
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What is the net change in requested appropriations for FY 2017-18? This amount should correspond to the decision package's total in PBF across all funding sources.

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| ENABLING AUTHORITY | The Secretary of State's Office is mandated by statute to maintain permanent state records, such as corporate filings, UCC filings, Executive Orders, ratified Acts, and notary filings. This offsite support is a necessary component of the Secretary of State's Office's disaster recovery plan and comports with the Department of Administration's Division of Information Security's requirements for secure maintenance of data as outlined in Proviso 93.27. |
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What specific state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority? Please avoid citing general provisions of law where possible, and instead cite to the most specific legal authority supporting the request.

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| FACTORS ASSOCIATED WITH THE REQUEST | Mark "X" for all that apply: |
| | <input type="checkbox"/> (Base Adjustment) Allocation of statewide employee benefits. |
| | <input type="checkbox"/> (Base Adjustment) Realignment within existing programs and lines. |
| | <input type="checkbox"/> (Base Adjustment) Restructuring of agency programs – <i>requires pre-approval.</i> |
| | <input type="checkbox"/> IT Technology/Security related |
| | <input type="checkbox"/> Consulted DTO during development |
| | <input type="checkbox"/> Related to a Non-Recurring request – If so, Decision Package # _____ |
| | <input checked="" type="checkbox"/> Change in cost of providing current services to existing program audience. |
| | <input type="checkbox"/> Change in case load / enrollment under existing program guidelines. |
| | <input type="checkbox"/> Non-mandated change in eligibility / enrollment for existing program. |
| | <input type="checkbox"/> Non-mandated program change in service levels or areas. |
| | <input type="checkbox"/> Proposed establishment of a new program or initiative. |
| <input type="checkbox"/> Loss of federal or other external financial support for existing program. | |
| <input type="checkbox"/> Exhaustion of fund balances previously used to support program. | |

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| RECIPIENTS OF FUNDS | Department of Administration |
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What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing

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formula, through a competitive process, based upon predetermined eligibility criteria?

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| ACCOUNTABILITY OF FUNDS | <p>1.1.3 Provide 24/7 services to customers in creating or amending a business filing with the state.</p> <p>1.2.2 Provide 24/7 services to customers in researching and responding the customer complaints about charitable organizations soliciting in the state.</p> <p>1.3.2 Provide 24/7 information to customers.</p> |
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What specific agency objective, as outlined in the agency's accountability report, does this funding request support? How would this request advance that objective?

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| POTENTIAL OFFSETS | N/A |
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For decision packages that request non-mandatory funding increases to programs or initiatives, please identify a potential offset within an existing lower priority or ineffective program(s).

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| MATCHING FUNDS | N/A |
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Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source, amount, and terms of the match requirement.

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| FUNDING ALTERNATIVES | N/A |
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What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.

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| SUMMARY | <p>The Secretary of State's Office is requesting these funds in order to provide the ongoing support payments to the Department of Administration which provides the offsite security and daily replication of data which includes permanent state records. This is part of the office's disaster recovery plan.</p> |
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Using as much detail as necessary to make an informed decision regarding this request, provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.

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| METHOD OF CALCULATION | <p>Payments are based on the monthly charge of \$1,382.96 per month, or a yearly total of \$16,595.52.</p> |
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How was the amount of the request calculated? List the per unit or per FTE costs of implementation. What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?

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| FUTURE IMPACT | <p>No</p> |
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Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?

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| PRIORITIZATION | <p>The Secretary of State's Office cannot defer making these payments to the Department of Administration.</p> |
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If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2017-18? Please be specific.

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| INTENDED IMPACT | <p>The Secretary of State's Office is responsible for maintaining permanent state records including corporate business filings, UCC filings, ratified Acts of the General Assembly, Executive Orders, and notary filings. These records must be maintained in perpetuity.</p> |
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What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?

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| PROGRAM EVALUATION | <p>Security of permanent state records and off-site replication of agency databases are critical components of the agency's disaster recovery plan and ability to provide 24/7 service to our customers.</p> |
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How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?

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FORM B – PROGRAM REVISION REQUEST

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| DECISION PACKAGE | 11021 |
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Provide the decision package number issued by the PBF system ("Governor's Request").

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| TITLE | General Fund Increase 3.25% |
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Provide a brief, descriptive title for this request.

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| AMOUNT | \$33,260 |
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What is the net change in requested appropriations for FY 2017-18? This amount should correspond to the decision package's total in PBF across all funding sources.

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| ENABLING AUTHORITY | Department of Administration-Executive Budget Office |
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What specific state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority? Please avoid citing general provisions of law where possible, and instead cite to the most specific legal authority supporting the request.

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| FACTORS ASSOCIATED WITH THE REQUEST | Mark "X" for all that apply: |
| | <input checked="" type="checkbox"/> (Base Adjustment) Allocation of statewide employee benefits. |
| | <input type="checkbox"/> (Base Adjustment) Realignment within existing programs and lines. |
| | <input type="checkbox"/> (Base Adjustment) Restructuring of agency programs – <i>requires pre-approval.</i> |
| | <input type="checkbox"/> IT Technology/Security related |
| | <input type="checkbox"/> Consulted DTO during development |
| | <input type="checkbox"/> Related to a Non-Recurring request – If so, Decision Package # _____ |
| | <input type="checkbox"/> Change in cost of providing current services to existing program audience. |
| | <input type="checkbox"/> Change in case load / enrollment under existing program guidelines. |
| | <input type="checkbox"/> Non-mandated change in eligibility / enrollment for existing program. |
| | <input type="checkbox"/> Non-mandated program change in service levels or areas. |
| | <input type="checkbox"/> Proposed establishment of a new program or initiative. |
| <input type="checkbox"/> Loss of federal or other external financial support for existing program. | |
| <input type="checkbox"/> Exhaustion of fund balances previously used to support program. | |

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| RECIPIENTS OF FUNDS | Secretary of State's Office employees |
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What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

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| ACCOUNTABILITY OF FUNDS | <p>This funding is requested to support the 3.25% general fund increase as determined by the Executive Budget Office.</p> |
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What specific agency objective, as outlined in the agency's accountability report, does this funding request support? How would this request advance that objective?

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| POTENTIAL OFFSETS | |
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For decision packages that request non-mandatory funding increases to programs or initiatives, please identify a potential offset within an existing lower priority or ineffective program(s).

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| MATCHING FUNDS | <p>No</p> |
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Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source, amount, and terms of the match requirement.

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| FUNDING ALTERNATIVES | <p>None</p> |
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What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.

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| SUMMARY | <p>This funding is requested to support the 3.25% general fund increase as determined by the Executive Budget Office.</p> |
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Using as much detail as necessary to make an informed decision regarding this request, provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.

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| METHOD OF CALCULATION | <p>Amount is calculated by the Executive Budget Office for each agency.</p> |
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How was the amount of the request calculated? List the per unit or per FTE costs of implementation. What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?

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| FUTURE IMPACT | <p>N/A</p> |
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Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?

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| PRIORITIZATION | N/A |
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If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2017-18? Please be specific.

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| INTENDED IMPACT | N/A |
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What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?

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| PROGRAM EVALUATION | N/A |
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How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?

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FORM B – PROGRAM REVISION REQUEST

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| DECISION PACKAGE | 11027 |
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Provide the decision package number issued by the PBF system ("Governor's Request").

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| TITLE | Other Funds 3.25% General Increase |
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Provide a brief, descriptive title for this request.

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| AMOUNT | \$45,538 |
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What is the net change in requested appropriations for FY 2017-18? This amount should correspond to the decision package's total in PBF across all funding sources.

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| ENABLING AUTHORITY | Department of Administration-Executive Budget Office |
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What specific state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority? Please avoid citing general provisions of law where possible, and instead cite to the most specific legal authority supporting the request.

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| FACTORS ASSOCIATED WITH THE REQUEST | Mark "X" for all that apply: |
| | <input type="checkbox"/> (Base Adjustment) Allocation of statewide employee benefits. |
| | <input type="checkbox"/> (Base Adjustment) Realignment within existing programs and lines. |
| | <input type="checkbox"/> (Base Adjustment) Restructuring of agency programs – <i>requires pre-approval.</i> |
| | <input type="checkbox"/> IT Technology/Security related |
| | <input type="checkbox"/> Consulted DTO during development |
| | <input type="checkbox"/> Related to a Non-Recurring request – If so, Decision Package # _____ |
| | <input type="checkbox"/> Change in cost of providing current services to existing program audience. |
| | <input type="checkbox"/> Change in case load / enrollment under existing program guidelines. |
| | <input type="checkbox"/> Non-mandated change in eligibility / enrollment for existing program. |
| | <input type="checkbox"/> Non-mandated program change in service levels or areas. |
| | <input type="checkbox"/> Proposed establishment of a new program or initiative. |
| <input type="checkbox"/> Loss of federal or other external financial support for existing program. | |
| <input type="checkbox"/> Exhaustion of fund balances previously used to support program. | |

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| RECIPIENTS OF FUNDS | Secretary of State's Office employees |
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What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

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| ACCOUNTABILITY OF FUNDS | N/A |
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What specific agency objective, as outlined in the agency's accountability report, does this funding request support? How would this request advance that objective?

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| POTENTIAL OFFSETS | N/A |
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For decision packages that request non-mandatory funding increases to programs or initiatives, please identify a potential offset within an existing lower priority or ineffective program(s).

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| MATCHING FUNDS | N/A |
|-----------------------|-----|

Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source, amount, and terms of the match requirement.

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| FUNDING ALTERNATIVES | N/A |
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What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.

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|----------------|---|
| SUMMARY | <p>This funding is requested to support the 3.25% general fund increase as determined by the Executive Budget Office.</p> |
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Using as much detail as necessary to make an informed decision regarding this request, provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.

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| METHOD OF CALCULATION | <p>The Secretary of State's Office has 12 FTE's supported by other funds. In FY 2015-16, \$215,984 was spent in employer contributions and \$668,789 on classified positions.</p> |
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How was the amount of the request calculated? List the per unit or per FTE costs of implementation. What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?

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| FUTURE IMPACT | <p>N/A</p> |
|----------------------|------------|

Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?

| | | | |
|---------------------|------------------------------------|-----------------|-----------|
| AGENCY NAME: | Secretary of State's Office | | |
| AGENCY CODE: | E080 | SECTION: | 96 |

| | |
|-----------------------|--|
| PRIORITIZATION | |
|-----------------------|--|

If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2017-18? Please be specific.

| | |
|------------------------|--|
| INTENDED IMPACT | |
|------------------------|--|

What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?

| | |
|---------------------------|--|
| PROGRAM EVALUATION | |
|---------------------------|--|

How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?

| | | | |
|---------------------|-----------------------------|-----------------|----|
| AGENCY NAME: | Secretary of State's Office | | |
| AGENCY CODE: | E080 | SECTION: | 96 |

FORM B – PROGRAM REVISION REQUEST

| | |
|-------------------------|--------------|
| DECISION PACKAGE | 10950 |
|-------------------------|--------------|

Provide the decision package number issued by the PBF system ("Governor's Request").

| | |
|--------------|--|
| TITLE | Administrative Assistant-Charities Division |
|--------------|--|

Provide a brief, descriptive title for this request.

| | |
|---------------|-----------------|
| AMOUNT | \$53,000 |
|---------------|-----------------|

What is the net change in requested appropriations for FY 2017-18? This amount should correspond to the decision package's total in PBF across all funding sources.

| | |
|---------------------------|---|
| ENABLING AUTHORITY | S.C. Code § 33-56-10, et seq., the Solicitation of Charitable Funds Act |
|---------------------------|---|

What specific state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority? Please avoid citing general provisions of law where possible, and instead cite to the most specific legal authority supporting the request.

| | |
|--|--|
| FACTORS ASSOCIATED WITH THE REQUEST | Mark "X" for all that apply: |
| | <input type="checkbox"/> (Base Adjustment) Allocation of statewide employee benefits. |
| | <input type="checkbox"/> (Base Adjustment) Realignment within existing programs and lines. |
| | <input type="checkbox"/> (Base Adjustment) Restructuring of agency programs – <i>requires pre-approval.</i> |
| | <input type="checkbox"/> IT Technology/Security related |
| | <input type="checkbox"/> Consulted DTO during development |
| | <input type="checkbox"/> Related to a Non-Recurring request – If so, Decision Package # _____ |
| | <input checked="" type="checkbox"/> Change in cost of providing current services to existing program audience. |
| | <input type="checkbox"/> Change in case load / enrollment under existing program guidelines. |
| | <input type="checkbox"/> Non-mandated change in eligibility / enrollment for existing program. |
| | <input type="checkbox"/> Non-mandated program change in service levels or areas. |
| | <input checked="" type="checkbox"/> Proposed establishment of a new program or initiative. |
| <input type="checkbox"/> Loss of federal or other external financial support for existing program. | |
| <input type="checkbox"/> Exhaustion of fund balances previously used to support program. | |

| | |
|----------------------------|---|
| RECIPIENTS OF FUNDS | New employee of the Secretary of State's Office: Administrative Assistant |
|----------------------------|---|

What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

| | | | |
|---------------------|------------------------------------|-----------------|-----------|
| AGENCY NAME: | Secretary of State's Office | | |
| AGENCY CODE: | E080 | SECTION: | 96 |

| | |
|--------------------------------|--|
| ACCOUNTABILITY OF FUNDS | <p>3.1.1 Participate in multi-state enforcement actions to protect the citizens of the state.</p> <p>3.2.1 Provide training to charity and raffle groups statewide.</p> <p>3.2.2 Publish additional reports on the agency website to educate and protect charitable donors.</p> <p>3.2.3 Create a charitable raffle educational brochure.</p> <p>3.3.1 Protect charitable donors in the state through filing injunctions against noncompliant organizations.</p> |
|--------------------------------|--|

What specific agency objective, as outlined in the agency's accountability report, does this funding request support? How would this request advance that objective?

| | |
|--------------------------|--|
| POTENTIAL OFFSETS | |
|--------------------------|--|

For decision packages that request non-mandatory funding increases to programs or initiatives, please identify a potential offset within an existing lower priority or ineffective program(s).

| | |
|-----------------------|-----------------------------------|
| MATCHING FUNDS | There would be no matching funds. |
|-----------------------|-----------------------------------|

Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source, amount, and terms of the match requirement.

| | |
|-----------------------------|---|
| FUNDING ALTERNATIVES | There are no funding alternatives for this request. |
|-----------------------------|---|

What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.

| | | | |
|---------------------|------------------------------------|-----------------|-----------|
| AGENCY NAME: | Secretary of State's Office | | |
| AGENCY CODE: | E080 | SECTION: | 96 |

| | |
|----------------|---|
| SUMMARY | <p>The Secretary of State's Office is seeking an Administrative Assistant for the Charities Division. The Administrative Assistant will process all filings received for the Charities Division of the Secretary of State's Office. This will include the filing of registrations, renewals, financials, violations, and other Charities Division documents.</p> <p>The position will provide telephone, mail and other clerical support for the Charities Division, answer email inquiries and assist walk-in customers regarding charitable organizations and professional fundraisers. Employee shall process daily deposits for work completed and report on the status of all work processes. By ensuring that filings are processed timely and accurately, this will improve the efficiency of the division and provide the foundation for effective enforcement of the Solicitation of Charitable Funds Act.</p> |
|----------------|---|

Using as much detail as necessary to make an informed decision regarding this request, provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.

| | |
|------------------------------|--|
| METHOD OF CALCULATION | <p>The costs were calculated by using average salary for this position, fringe and overhead.</p> |
|------------------------------|--|

How was the amount of the request calculated? List the per unit or per FTE costs of implementation. What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?

| | |
|----------------------|--|
| FUTURE IMPACT | |
|----------------------|--|

Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?

| | | | |
|---------------------|------------------------------------|-----------------|-----------|
| AGENCY NAME: | Secretary of State's Office | | |
| AGENCY CODE: | E080 | SECTION: | 96 |

| | |
|-----------------------|--|
| PRIORITIZATION | <p>We would use fund balances or generate new revenue.</p> |
|-----------------------|--|

If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2017-18? Please be specific.

| | |
|------------------------|--|
| INTENDED IMPACT | <p>The impact will allow the Secretary of State's Office to better focus on fulfilling the agency's mission of protecting charitable donors.</p> |
|------------------------|--|

What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?

| | |
|---------------------------|---|
| PROGRAM EVALUATION | <p>The outcome of this request is to provide the Secretary of State's Office with the appropriate support needed to maintain the functions of the office and to increase productivity and efficiency.</p> |
|---------------------------|---|

How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?

| | | | |
|---------------------|-----------------------------|-----------------|----|
| AGENCY NAME: | Secretary of State's Office | | |
| AGENCY CODE: | E080 | SECTION: | 96 |

FORM B – PROGRAM REVISION REQUEST

| | |
|-------------------------|-------|
| DECISION PACKAGE | 10993 |
|-------------------------|-------|

Provide the decision package number issued by the PBF system ("Governor's Request").

| | |
|--------------|-----------------|
| TITLE | Investigator II |
|--------------|-----------------|

Provide a brief, descriptive title for this request.

| | |
|---------------|----------|
| AMOUNT | \$53,000 |
|---------------|----------|

What is the net change in requested appropriations for FY 2017-18? This amount should correspond to the decision package's total in PBF across all funding sources.

| | |
|---------------------------|---|
| ENABLING AUTHORITY | S.C. Code § 33-56-10, et seq., the Solicitation of Charitable Funds Act |
|---------------------------|---|

What specific state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority? Please avoid citing general provisions of law where possible, and instead cite to the most specific legal authority supporting the request.

| | |
|--|--|
| FACTORS ASSOCIATED WITH THE REQUEST | Mark "X" for all that apply: |
| | <input type="checkbox"/> (Base Adjustment) Allocation of statewide employee benefits. |
| | <input type="checkbox"/> (Base Adjustment) Realignment within existing programs and lines. |
| | <input type="checkbox"/> (Base Adjustment) Restructuring of agency programs – <i>requires pre-approval.</i> |
| | <input type="checkbox"/> IT Technology/Security related |
| | <input type="checkbox"/> Consulted DTO during development |
| | <input type="checkbox"/> Related to a Non-Recurring request – If so, Decision Package # _____ |
| | <input checked="" type="checkbox"/> Change in cost of providing current services to existing program audience. |
| | <input type="checkbox"/> Change in case load / enrollment under existing program guidelines. |
| | <input type="checkbox"/> Non-mandated change in eligibility / enrollment for existing program. |
| | <input type="checkbox"/> Non-mandated program change in service levels or areas. |
| | <input checked="" type="checkbox"/> Proposed establishment of a new program or initiative. |
| <input type="checkbox"/> Loss of federal or other external financial support for existing program. | |
| <input type="checkbox"/> Exhaustion of fund balances previously used to support program. | |

| | |
|----------------------------|---|
| RECIPIENTS OF FUNDS | New employee of the Secretary of State's Office: Investigator II. |
|----------------------------|---|

What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

| | | | |
|---------------------|------------------------------------|-----------------|-----------|
| AGENCY NAME: | Secretary of State's Office | | |
| AGENCY CODE: | E080 | SECTION: | 96 |

| | |
|--------------------------------|--|
| ACCOUNTABILITY OF FUNDS | <p>3.1.1 Participate in multi-state enforcement actions to protect the citizens of the state.</p> <p>3.2.1 Provide training to charity and raffle groups statewide.</p> <p>3.2.2 Publish additional reports on the agency website to educate and protect charitable donors.</p> <p>3.2.3 Create a charitable raffle educational brochure.</p> <p>3.3.1 Protect charitable donors in the state through filing injunctions against noncompliant organizations.</p> |
|--------------------------------|--|

What specific agency objective, as outlined in the agency's accountability report, does this funding request support? How would this request advance that objective?

| | |
|--------------------------|--|
| POTENTIAL OFFSETS | |
|--------------------------|--|

For decision packages that request non-mandatory funding increases to programs or initiatives, please identify a potential offset within an existing lower priority or ineffective program(s).

| | |
|-----------------------|-----------------------------------|
| MATCHING FUNDS | There would be no matching funds. |
|-----------------------|-----------------------------------|

Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source, amount, and terms of the match requirement.

| | |
|-----------------------------|---|
| FUNDING ALTERNATIVES | There are no funding alternatives for this request. |
|-----------------------------|---|

What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.

| | | | |
|---------------------|------------------------------------|-----------------|-----------|
| AGENCY NAME: | Secretary of State's Office | | |
| AGENCY CODE: | E080 | SECTION: | 96 |

| | |
|----------------|---|
| SUMMARY | <p>The Secretary of State's Office is seeking an Investigator II to assist the Chief Investigator. The Investigator II will assist the Chief Investigator with investigating regulated activities for charities, trademarks, service marks, business opportunities, and employment agencies to ensure compliance with federal, state or municipal laws. The Investigator II will also assist the Chief Investigator with statewide public awareness campaigns to educate the public about the Solicitation of Charitable Funds Act, nonprofit raffles and trademarks enforcement.</p> |
|----------------|---|

Using as much detail as necessary to make an informed decision regarding this request, provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.

| | |
|------------------------------|--|
| METHOD OF CALCULATION | <p>The costs were calculated by using average salary for this position, fringe and overhead.</p> |
|------------------------------|--|

How was the amount of the request calculated? List the per unit or per FTE costs of implementation. What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?

| | |
|----------------------|--|
| FUTURE IMPACT | |
|----------------------|--|

Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?

| | | | |
|---------------------|------------------------------------|-----------------|-----------|
| AGENCY NAME: | Secretary of State's Office | | |
| AGENCY CODE: | E080 | SECTION: | 96 |

| | |
|-----------------------|--|
| PRIORITIZATION | <p>We would use fund balances or generate new revenue.</p> |
|-----------------------|--|

If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2017-18? Please be specific.

| | |
|------------------------|--|
| INTENDED IMPACT | <p>The impact will allow the Secretary of State's Office to better focus on fulfilling the agency's mission of protecting charitable donors through enforcement of the Solicitation of Charitable Funds Act.</p> |
|------------------------|--|

What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?

| | |
|---------------------------|--|
| PROGRAM EVALUATION | <p>The outcome of this request is to provide the Secretary of State's Office with the appropriate support needed to support the functions of the office and to increase productivity and efficiency.</p> |
|---------------------------|--|

How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?

| | | | |
|---------------------|------------------------------------|-----------------|-----------|
| AGENCY NAME: | Secretary of State's Office | | |
| AGENCY CODE: | E080 | SECTION: | 96 |

FORM C – CAPITAL OR NON-RECURRING APPROPRIATION REQUEST

| | |
|-------------------------|--------------|
| DECISION PACKAGE | 11033 |
|-------------------------|--------------|

Provide the decision package number issued by the PBF system ("Governor's Request").

| | |
|--------------|--------------------------------|
| TITLE | Office Security Project |
|--------------|--------------------------------|

Provide a brief, descriptive title for this request.

| | |
|---------------|-----------------|
| AMOUNT | \$50,000 |
|---------------|-----------------|

How much is requested for this project in FY 2017-18?

| | |
|-----------------------|--------------------------|
| BUDGET PROGRAM | Miscellaneous Operations |
|-----------------------|--------------------------|

Identify the associated budget program(s) by name and budget section.

| | |
|---|---|
| FACTORS ASSOCIATED WITH THE REQUEST | Mark "X" for all that apply: |
| | <input type="checkbox"/> IT Technology/Security related |
| | <input type="checkbox"/> Consulted DTO during development |
| | <input type="checkbox"/> Related to a Recurring request – If so, Decision Package # _____ |
| | <input type="checkbox"/> Capital Request |
| | <input type="checkbox"/> Included in CPIP – If so, CPIP Priority # _____ |
| <input checked="" type="checkbox"/> Non-recurring request for funding | |
| <input type="checkbox"/> Non-recurring request for authorization to spend existing cash/revenue | |

| | |
|----------------|--|
| SUMMARY | <p>Department of Administration and Secretary of State's Office will work together to make needed improvements to the Secretary of State's Office reception area to make it more secure. This security will provide necessary protection for staff and customers of the office. This request will provide funding for essential security within the reception area of the Secretary of State's Office.</p> |
|----------------|--|

Provide a summary of the project and explain why it is necessary. If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.

| | | | |
|---------------------|------------------------------------|-----------------|-----------|
| AGENCY NAME: | Secretary of State's Office | | |
| AGENCY CODE: | E080 | SECTION: | 96 |

| | |
|--------------------------------|---|
| CLASSIFICATION OF FUNDS | <p>This request is in support of non-recurring expenditures not a capital project. This is ranked #1 in Secretary of State's Office nonrecurring request.</p> |
|--------------------------------|---|

Is this request in support of a capital project or is it in support of other non-recurring expenditures? If this request is for a capital project, is it included in the agency's CPIP (please include CPIP year and priority)? How does this project rank in priority to all other nonrecurring agency requests?

| | |
|-----------------------|--------------------------|
| MATCHING FUNDS | <p>No matching funds</p> |
|-----------------------|--------------------------|

Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source and amount.

| | |
|-----------------------------|------------|
| FUNDING ALTERNATIVES | <p>N/A</p> |
|-----------------------------|------------|

What other possible funding sources were considered?

| | |
|--|---|
| LONG-TERM PLANNING AND SUSTAINABILITY | <p>No other funds have been invested in this project.</p> |
|--|---|

What other funds have already been invested in this project (source/type, amount, timeframe)? Will other capital and/or operating funds for this project be requested in the future? If so, how much, and in which fiscal years? Has a source for those funds been identified/secured?

| | |
|------------------------|-------------------------------------|
| OTHER APPROVALS | <p>Department of Administration</p> |
|------------------------|-------------------------------------|

What approvals have already been obtained? Are there additional approvals that must be secured in order for the project to succeed? (Institutional board, JBRC, SFAA, etc.)

| | | | |
|---------------------|-----------------------------|-----------------|----|
| AGENCY NAME: | Secretary of State's Office | | |
| AGENCY CODE: | E080 | SECTION: | 96 |

FORM D – PROVISO REVISION REQUEST

| | |
|---------------|------------|
| NUMBER | NEW |
|---------------|------------|

Cite the proviso according to the renumbered list for FY 2017-18 (or mark "NEW").

| | |
|--------------|-----------------------------|
| TITLE | Charity Fine Revenue |
|--------------|-----------------------------|

Provide the title from the FY 2016-17 Appropriations Act or suggest a short title for any new request.

| | |
|-----------------------|--|
| BUDGET PROGRAM | I. Administration II. Employee Benefits |
|-----------------------|--|

Identify the associated budget program(s) by name and budget section.

| | |
|-------------------------|-----------------------|
| DECISION PACKAGE | 10950, 10993, & 10873 |
|-------------------------|-----------------------|

Is this request associated with a decision package you have submitted for FY 2017-18? If so, cite it here.

| | |
|-------------------------|------------|
| REQUESTED ACTION | Add |
|-------------------------|------------|

Choose from: Add, Delete, Amend, or Codify.

| | |
|--------------------------------|--------------------------------|
| OTHER AGENCIES AFFECTED | No other agencies are affected |
|--------------------------------|--------------------------------|

Which other agencies would be affected by the recommended action? How?

| | |
|----------------|---|
| SUMMARY | <p>The Secretary of State may retain administrative fine revenue collected pursuant to S.C. Code §33-56-140 et seq. from \$200,000 to \$300,000 to offset the expenses of enforcing the Solicitation of Charitable Funds Act.</p> |
|----------------|---|

Summarize the existing proviso. If requesting a new proviso, describe the current state of affairs without it.

| | | | |
|---------------------|------------------------------------|-----------------|-----------|
| AGENCY NAME: | Secretary of State's Office | | |
| AGENCY CODE: | E080 | SECTION: | 96 |

| | |
|--------------------|--|
| EXPLANATION | <p>The Secretary of State is responsible for the regulation of charitable organizations and professional fundraisers pursuant to the Solicitation of Charitable Funds Act, and in 2015 began regulating the registration and financial reporting of certain nonprofit organizations wishing to conduct raffles in the state. Currently the Secretary of State may retain the first \$200,000 in fine revenue received in a fiscal year to offset the expenses of enforcing the Solicitation of Charitable Funds Act as provided under S.C. Code §33-56-160. The new proviso would allow any fine revenue collected over the \$200,000 to be retained by the Secretary of State's Office, not to exceed a total of \$300,000. There are approximately 12,000 charitable organizations, 450 raffles and 2,000 professional fundraisers registered with the office. The retention of additional funds would assist with increasing enforcement and educational efforts and increase protection for charitable donors.</p> |
|--------------------|--|

Explain the need for your requested action. For deletion requests due to recent codification, please identify SC Code section where language now appears.

| | |
|----------------------|---|
| FISCAL IMPACT | <p>The fiscal impact on the Secretary of State's Office would depend on the amount of fine revenue collected based on the number of violations in a fiscal year. As the number of charitable organizations and professional fundraisers increase, additional funding is needed to support the Charities Division. Any revenue collected above \$200,000, but not to exceed \$300,000, would enable the office to expand educational outreach and enforcement efforts.</p> |
|----------------------|---|

Provide estimates of any fiscal impacts associated with this proviso, whether for state, federal, or other funds. Explain the method of calculation.

| | | | |
|---------------------|-----------------------------|-----------------|----|
| AGENCY NAME: | Secretary of State's Office | | |
| AGENCY CODE: | E080 | SECTION: | 96 |

The Secretary of State may retain administrative fine revenue collected pursuant to S.C. Code §33-56-160 up to \$300,000 to offset the expenses of enforcing the Solicitation of Charitable Funds Act.

**PROPOSED
PROVISO TEXT**

Paste FY 2016-17 text above, then bold and underline insertions and strikethrough deletions. For new proviso requests, enter requested text above.

| | | | |
|---------------------|-----------------------------|-----------------|----|
| AGENCY NAME: | Secretary of State's Office | | |
| AGENCY CODE: | E080 | SECTION: | 96 |

FORM E – 3% GENERAL FUND REDUCTION

| | |
|-------------------------|--------------|
| DECISION PACKAGE | 11015 |
|-------------------------|--------------|

Provide the decision package number issued by the PBF system ("Governor's Request").

| | |
|--------------|---|
| TITLE | Agency General Fund Reduction Analysis |
|--------------|---|

Provide a brief, descriptive title for this request.

| | |
|---------------|------------------|
| AMOUNT | -\$32,933 |
|---------------|------------------|

What is the General Fund reduction amount (minimum based on the FY 2016-17 recurring appropriations)? This amount should correspond to the decision package's total in PBF.

| | |
|------------------------------|--|
| METHOD OF CALCULATION | Amount is calculated by the Executive Budget Office for each agency. |
|------------------------------|--|

Describe the method of calculation for determining the reduction in General Funds.

| | |
|----------------------------------|---|
| ASSOCIATED FTE REDUCTIONS | One FTE would be reduced in association with this General Fund reduction. |
|----------------------------------|---|

How many FTEs would be reduced in association with this General Fund reduction?

| | |
|--------------------------------|--|
| PROGRAM/ACTIVITY IMPACT | Administration and Employee Benefits are supported by these General Funds. |
|--------------------------------|--|

What programs or activities are supported by the General Funds identified?

| | | | |
|---------------------|------------------------------------|-----------------|-----------|
| AGENCY NAME: | Secretary of State's Office | | |
| AGENCY CODE: | E080 | SECTION: | 96 |

| | |
|----------------|---|
| SUMMARY | <p>The 3% possible future cut would be covered by keeping open any vacant positions and/or moving a state funded position to another funded position.</p> |
|----------------|---|

Please provide a detailed summary of service delivery impact caused by a reduction in General Fund Appropriations.