

AGENCY NAME:	DEPT. OF CORRECTIONS		
AGENCY CODE:	N04	SECTION:	65



Fiscal Year 2017-18 Agency Budget Plan

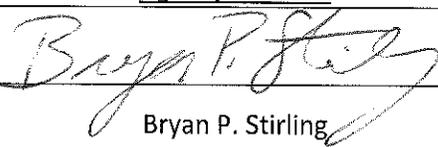
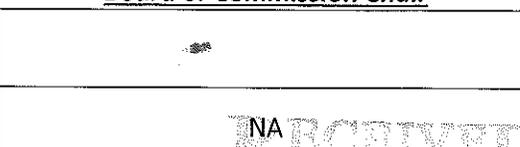
FORM A – SUMMARY

RECURRING FUNDS (FORM B DECISION PACKAGES)	My agency is submitting the following recurring decision packages listed in <u>priority order</u> (Form B): 10052, 10178, 10061, 10201, 10431, 10271, 10220, 10298, 10444, 10115, 10084, 10283, 10280, 10118, 10241, 10289, 10244	
	For FY 2017-18, my agency is (mark "X"):	
	<input checked="" type="checkbox"/>	Requesting a net increase in recurring General Fund appropriations.
	<input type="checkbox"/>	Not requesting a net increase in recurring General Fund Appropriations.
CAPITAL & NON-RECURRING FUNDS (FORM C DECISION PACKAGES)	My agency is submitting the following one-time decision packages listed in <u>priority order</u> (Form C): 10481, 10484, 10487, 10490, 10493, 10499	
	For FY 2017-18, my agency is (mark "X"):	
	<input checked="" type="checkbox"/>	Requesting capital and/or non-recurring funds.
	<input type="checkbox"/>	Not requesting capital and/or non-recurring funds.
PROVISOS (FORM D)	For FY 2017-18, my agency is (mark "X"):	
	<input checked="" type="checkbox"/>	Requesting a new proviso and/or substantive changes to existing provisos.
	<input type="checkbox"/>	Only requesting technical proviso changes (such as date references).
	<input type="checkbox"/>	Not requesting any proviso changes.

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

	<i>Name</i>	<i>Phone</i>	<i>Email</i>
PRIMARY CONTACT:	Tom Osmer	(803) 896-1743	osmer.tom@doc.sc.gov
SECONDARY CONTACT:	John Morgan	(803) 896-8528	morgan.john@doc.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.

SIGN/DATE:	<i>Agency Director</i>	<i>Board or Commission Chair</i>
	 Bryan P. Stirling	 NA

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

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FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	9968
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	FY17 Fringe Allocation
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Provide a brief, descriptive title for this request.

AMOUNT	State General Fund (10010000) Fringe \$2,275,957 III. Employee Benefits 513000 (9500.050000.000) - \$2,275,957
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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.

ENABLING AUTHORITY	General Appropriations Bill H. 5001 of 2016-2017
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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.

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.	

RECIPIENTS OF FUNDS	State-funded Full-time classified positions.
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What individuals or entities would receive these funds (contractors, vendors, grantees,

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individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

ACCOUNTABILITY OF FUNDS	This request is legislatively driven to cover the rising costs in employee benefits.
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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?

POTENTIAL OFFSETS	This request is legislatively driven to cover the rising costs in employee benefits.
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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).

MATCHING FUNDS	No matching funds are required as these funds were provided legislatively through the Appropriations Act of 2018.
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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.

FUNDING ALTERNATIVES	No funding alternatives were considered as these funds were provided legislatively through the Appropriations Act of 2018.
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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>Rationale for this decision package is based on the September 1 2016 memo from the South Carolina Department of Administration instructing us to spread the total fringe benefits programs for FY2016-17.</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.

METHOD OF CALCULATION	<p>The South Carolina Department of Administration calculated our allocations based on predetermined calculations developed by their Budget analysts.</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?

FUTURE IMPACT	<p>Provides additional fringe benefit funding for the applicable Agency employees.</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	No funding priority needs to be considered as these funds were provided legislatively through the Appropriations Act of 2018.
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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.

INTENDED IMPACT	Provides incentive for employees to continue to perform as outlined in their Agency position descriptions and a boost in morale.
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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?

PROGRAM EVALUATION	These funds will continue to be evaluated based on employee position turnover and general satisfaction of the employees as they perform their daily job responsibilities.
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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

DECISION PACKAGE	10009
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	FY17 3.25% State Funded Base Pay Increase
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Provide a brief, descriptive title for this request.

AMOUNT	<p>State General Fund (10010000) Salary \$6,349,374 Fringe \$1,992,433</p> <p>I. Administration Classified Salaries 501058 (0100.000000.000) - \$285,023</p> <p>I. Administration Unclassified Salaries 501060 (0100.000000.000) - \$14,746</p> <p>II A. Housing and Supervision Classified Salaries 501058 (4001.050000.000) - \$5,824,324</p> <p>II A. Housing and Supervision Unclassified Salaries 501060 (4001.050000.000) - \$17,104</p> <p>II C. Work & Vocational Activities Classified Salaries 501058 (4001.150000.000) - \$17,970</p> <p>II D Palmetto Unified School District One Classified Salaries 501058 (4001.200000.000) - \$36,671</p> <p>II D Palmetto Unified School District One Unclassified Salaries 501060 (4001.200000.000) - \$58,500</p> <p>II E Individual Growth and Motivation Classified Salaries 501058 (4001.250000.000) - \$91,527</p> <p>II F Penal Facility Inspection Service Classified Salaries 501058 (4001.300000.000) - \$3,509</p> <p>III. Employee Benefits 513000 (9500.050000.000) - \$1,992,433</p> <p>Total = 8,341,807</p>
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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.

ENABLING AUTHORITY	General Appropriations Bill H. 5001 of 2016-2017
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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.

FACTORS ASSOCIATED	<p>Mark "X" for all that apply:</p> <p><input type="checkbox"/> (Base Adjustment) Allocation of statewide employee benefits.</p>
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WITH THE REQUEST	<input checked="" 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.	

RECIPIENTS OF FUNDS	State-funded Full-time classified positions.
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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?

ACCOUNTABILITY OF FUNDS	This request is legislatively driven to provide an across the board State funded employee base salary increase of 3.25%.
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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?

POTENTIAL OFFSETS	This request is legislatively driven to cover the rising costs of living for State Employees.
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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	No matching funds are required as these funds were provided legislatively through the Appropriations Act of 2018.
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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.

FUNDING ALTERNATIVES	No funding alternatives were considered as these funds were provided legislatively through the Appropriations Act of 2018.
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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.

SUMMARY	Rationale for this decision package is based on the September 1 2016 memo from the South Carolina Department of Administration instructing us to spread the total salary increase to applicable funded programs for FY2016-17.
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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 South Carolina Department of Administration calculated our allocations based on predetermined calculations developed by their Budget analysts.</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?

FUTURE IMPACT	<p>Provides additional compensation for the applicable Agency employees.</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?

PRIORITIZATION	<p>No funding priority needs to be considered as these funds were provided legislatively through the Appropriations Act of 2018.</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.

INTENDED IMPACT	<p>Provides incentive for employees to continue to perform as outlined in their Agency position descriptions and a boost in morale.</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>These funds will continue to be evaluated based on employee position turnover and general satisfaction of the employees as they perform their daily job responsibilities.</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

DECISION PACKAGE	10040
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Reallocation of Personal Services to Operating Services
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Provide a brief, descriptive title for this request.

AMOUNT	State General Fund (10010000): From: III. Employee Benefits 513000 (9500.050000.000) - \$14,000,000 To: II.A. Housing, Care and Security 512001 (4001.050000.000) - \$14,000,000
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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.

ENABLING AUTHORITY	General Appropriations Bill H. 5001 of 2016-2017
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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.

FACTORS ASSOCIATED WITH THE REQUEST	Mark "X" for all that apply:
	<input type="checkbox"/> (Base Adjustment) Allocation of statewide employee benefits.
	<input checked="" 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.	

RECIPIENTS OF FUNDS	Transferring a small portion of personnel services to cover the increase in operating expenditures for the care and safety of our inmates and security staff.
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What individuals or entities would receive these funds (contractors, vendors, grantees,

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individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

ACCOUNTABILITY OF FUNDS	This request relates to maintaining safety of our employees and the inmates by reallocating personnel services to operating services to cover the increase in costs of providing medical services and security safety equipment.
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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?

POTENTIAL OFFSETS	Allocating additional budget to medical services and security services will reduce the costs of institutional-wide sickness, security staff sick call, and possible damages created by inmates during periods of low security staffing and reduction of working security equipment such as radios and other security personal items.
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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).

MATCHING FUNDS	No matching funds are required as these funds were provided legislatively through the Appropriations Act of 2018.
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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.

FUNDING ALTERNATIVES	No funding alternatives were considered as these funds were provided legislatively through the Appropriations Act of 2018.
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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>Rationale for this request is to push down payroll services to operating services to reduce the year-end carryforward while being able to maintain secure institutions. During periods of high turnover of security and nursing personnel, too much budget is remaining stagnant and can't be pushed down to cover additional Agency needs for the protection of the employees, inmates and the public.</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.

METHOD OF CALCULATION	<p>Based on the current Agency carryforward calculated at the end of FY16 and projected carryforward for FY17.</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?

FUTURE IMPACT	<p>Provides additional budget to cover the rising costs of operating services for the Agency.</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>Reallocation of budget.</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.

INTENDED IMPACT	<p>Create more budget for operating expenditures.</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?

PROGRAM EVALUATION	<p>These funds will continue to be evaluated based on employee position turnover and general spending of the Agency.</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

DECISION PACKAGE	10052
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Recurring Mental Health Remedial Plan – Phase III of III General Fund (10010000) Housing Care and Security – 4001.050000.000 General Fund (10010000) Employer Contribution – 9500.050000.000
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Provide a brief, descriptive title for this request.

AMOUNT	\$ 1,025,274 Increase in Classified Positions – 501058 (13.5 FTE) \$ 464,653 Increase in Employer Contributions – 513000 \$ 1,489,927 Total
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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.

ENABLING AUTHORITY	<p>There is hereby created as an administrative agency of the State government the Department of Corrections. The functions of the Department shall be to implement and carry out the policy of the State with respect to its prison system, as set forth in Section 24-1-20, and the performance of such other duties and matters as may be delegated to it pursuant to law.</p>
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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.

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 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	<p>This request is for the employment of a sufficient number of trained mental health professionals that will be the base for the implementation of this new program.</p>
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What individuals or entities would receive these funds (contractors, vendors, grantees,

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individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

ACCOUNTABILITY OF FUNDS	This request is related to the Housing, Care, and Security of the inmate population.
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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?

POTENTIAL OFFSETS	This request is a result of the Mental Health lawsuit brought against the Agency and the applicable remedies provided by the Court.
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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).

MATCHING FUNDS	No matching funds will be provided for this request.
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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.

FUNDING ALTERNATIVES	There were no other funding alternatives that could have been sought after to fund this program.
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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 request is a continuation (Phase III of III) to fund the employment of a sufficient number of trained mental health professionals that will be able to make this new program function and that will maintain accurate, complete and confidential mental health treatment records.</p> <p>New positions include:</p> <table border="0"> <tr> <td>Classified</td> <td>Psychiatrist (2.50) – Salary</td> <td>\$516,250</td> <td>Fringe</td> <td>\$233,965</td> </tr> <tr> <td>Classified</td> <td>Counselors (4.00) – Salary</td> <td>\$185,850</td> <td>Fringe</td> <td>\$84,227</td> </tr> <tr> <td>Classified</td> <td>Technicians (5.00) – Salary</td> <td>\$191,013</td> <td>Fringe</td> <td>\$86,566</td> </tr> <tr> <td>Classified</td> <td>Therapist (1.00) – Salary</td> <td>\$34,073</td> <td>Fringe</td> <td>\$15,442</td> </tr> <tr> <td>Classified</td> <td>Psychologist (1.00) – Salary</td> <td>\$98,088</td> <td>Fringe</td> <td>\$44,453</td> </tr> </table>	Classified	Psychiatrist (2.50) – Salary	\$516,250	Fringe	\$233,965	Classified	Counselors (4.00) – Salary	\$185,850	Fringe	\$84,227	Classified	Technicians (5.00) – Salary	\$191,013	Fringe	\$86,566	Classified	Therapist (1.00) – Salary	\$34,073	Fringe	\$15,442	Classified	Psychologist (1.00) – Salary	\$98,088	Fringe	\$44,453
Classified	Psychiatrist (2.50) – Salary	\$516,250	Fringe	\$233,965																						
Classified	Counselors (4.00) – Salary	\$185,850	Fringe	\$84,227																						
Classified	Technicians (5.00) – Salary	\$191,013	Fringe	\$86,566																						
Classified	Therapist (1.00) – Salary	\$34,073	Fringe	\$15,442																						
Classified	Psychologist (1.00) – Salary	\$98,088	Fringe	\$44,453																						

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 amount was calculated based upon the projected and approved needs of the program from FY18.</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?

FUTURE IMPACT	<p>No maintenance of effort or other obligations should be incurred by adopting this decision package.</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 Agency was party to a negative judgment concerning our current mental health program. This new initiative will try to defer future concerns over the Agency's mental health program.</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.

INTENDED IMPACT	<p>To substantially improve the Agency mental health care treatment programs within the institutions.</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?

PROGRAM EVALUATION	<p>The program's progress will be continually evaluated by Agency management for needed upgrades and improvements.</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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AGENCY CODE:	N040	SECTION:	65

FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	10178
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Correctional Officer Hiring Rate Adjustment and Retention Plan (Phase II of II) General Fund (10010000) Housing Care and Security – 4001.050000.000 General Fund (10010000) Employer Contribution – 9500.050000.000
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Provide a brief, descriptive title for this request.

AMOUNT	\$ 5,541,387 Increase in Classified Positions – 501058 \$ 2,511,357 Increase in Employer Contributions – 513000 \$ 8,052,744 Total
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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.

ENABLING AUTHORITY	There is hereby created as an administrative agency of the State government the Department of Corrections. The functions of the Department shall be to implement and carry out the policy of the State with respect to its prison system, as set forth in Section 24-1-20, and the performance of such other duties and matters as may be delegated to it pursuant to law.
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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.

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.	

RECIPIENTS OF FUNDS	This request is for the employment and retention of a sufficient number of security officers that will continue to provide protection to the public, our employees and inmates.
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What individuals or entities would receive these funds (contractors, vendors, grantees,

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individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

ACCOUNTABILITY OF FUNDS	This request is related to the Housing, Care, and Security of the inmate population.
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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?

POTENTIAL OFFSETS	This request is for the employment and retention of a sufficient number of security officers that will continue to provide protection to the public, our employees and inmates.
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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).

MATCHING FUNDS	No matching funds will be provided for this request.
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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.

FUNDING ALTERNATIVES	There were no other funding alternatives that could have been sought after to fund this program.
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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 request is to provide the funding for competitive increases for our front-line institutional correctional staff which will help reduce overall shortages due to outside competition and the nature of the dangerous work in a correctional setting. The request also includes our Food Service personnel who work directly with inmates in a potentially dangerous environment that uses heavy kitchen equipment and tools/utensils.</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.

METHOD OF CALCULATION	<p>The amount was calculated based upon the projected and approved needs of the program from FY18.</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?

FUTURE IMPACT	<p>No maintenance of effort or other obligations should be incurred by adopting this decision package.</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>This additional request will try to defer future concerns over the Agency's retention of qualified correctional officers.</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.

INTENDED IMPACT	<p>To substantially improve the Agency working environment within the institutions.</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?

PROGRAM EVALUATION	<p>The program's progress will be continually evaluated by Agency management for needed upgrades and improvements.</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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AGENCY CODE:	N040	SECTION:	65

FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	10061
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Recurring Medical Remedial Plan – Phase III of III General Fund (10010000) Housing Care and Security – 4001.050000.000 General Fund (10010000) Employer Contribution – 9500.050000.000
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Provide a brief, descriptive title for this request.

AMOUNT	\$ 322,676 Increase in Classified Positions – 501058 (7.00 FTE) \$ 146,235 Increase in Employer Contributions – 513000 \$ 468,911 Total
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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.

ENABLING AUTHORITY	<p>There is hereby created as an administrative agency of the State government the Department of Corrections. The functions of the Department shall be to implement and carry out the policy of the State with respect to its prison system, as set forth in Section 24-1-20, and the performance of such other duties and matters as may be delegated to it pursuant to law.</p>
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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.

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 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	<p>This request is for the employment of a sufficient number of trained mental health professionals that will be the base for the implementation of this new program.</p>
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What individuals or entities would receive these funds (contractors, vendors, grantees,

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individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

ACCOUNTABILITY OF FUNDS	This request is related to the Housing, Care, and Security of the inmate population.
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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?

POTENTIAL OFFSETS	This request is a result of the Mental Health lawsuit brought against the Agency and the applicable remedies provided by the Court.
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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).

MATCHING FUNDS	No matching funds will be provided for this request.
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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.

FUNDING ALTERNATIVES	There were no other funding alternatives that could have been sought after to fund this program.
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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 request is to fund the additional employment (Phase III of III) of a sufficient number of trained medical health professionals that will be able to provide additional care to the inmate patients and that will maintain accurate, complete and confidential medical health treatment records.</p> <p>New positions include:</p> <table border="0"> <tr> <td>Classified</td> <td>Nurse Practitioner (1.00) – Salary</td> <td>\$98,088</td> <td>Fringe</td> <td>\$44,453</td> </tr> <tr> <td>Classified</td> <td>Registered Nurse (2.00) – Salary</td> <td>\$96,983</td> <td>Fringe</td> <td>\$43,952</td> </tr> <tr> <td>Classified</td> <td>LPN (4.00) – Salary</td> <td>\$127,605</td> <td>Fringe</td> <td>\$57,830</td> </tr> </table>	Classified	Nurse Practitioner (1.00) – Salary	\$98,088	Fringe	\$44,453	Classified	Registered Nurse (2.00) – Salary	\$96,983	Fringe	\$43,952	Classified	LPN (4.00) – Salary	\$127,605	Fringe	\$57,830
Classified	Nurse Practitioner (1.00) – Salary	\$98,088	Fringe	\$44,453												
Classified	Registered Nurse (2.00) – Salary	\$96,983	Fringe	\$43,952												
Classified	LPN (4.00) – Salary	\$127,605	Fringe	\$57,830												

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 amount was calculated based upon the projected and approved needs of the program from FY18.</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?

FUTURE IMPACT	<p>No maintenance of effort or other obligations should be incurred by adopting this decision package.</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 Agency was party to a negative judgment concerning our current mental health program. This new initiative will try to defer future concerns over the Agency's mental health program.</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.

INTENDED IMPACT	<p>To substantially improve the Agency mental health care treatment programs within the institutions.</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?

PROGRAM EVALUATION	<p>The program's progress will be continually evaluated by Agency management for needed upgrades and improvements.</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

DECISION PACKAGE	10201
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Institutional Unit Management Staff Phase III General Fund (10010000) Housing Care and Security – 4001.050000.000 General Fund (10010000) Employer Contribution – 9500.050000.000
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Provide a brief, descriptive title for this request.

AMOUNT	\$ 3,304,237 Increase in Classified Positions – 501058 (69.00 FTE) \$ 1,497,480 Increase in Employer Contributions – 513000 \$ 4,801,717 Total
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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.

ENABLING AUTHORITY	<p>There is hereby created as an administrative agency of the State government the Department of Corrections. The functions of the Department shall be to implement and carry out the policy of the State with respect to its prison system, as set forth in Section 24-1-20, and the performance of such other duties and matters as may be delegated to it pursuant to law.</p>
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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.

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 checked="" 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.	

RECIPIENTS OF FUNDS	<p>This request is for the employment of a sufficient number of trained staff that will provide unit management/counselors to our inmate population and a mentoring/retention initiative to our front-line officers.</p>
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What individuals or entities would receive these funds (contractors, vendors, grantees,

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individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

ACCOUNTABILITY OF FUNDS	This request is related to the Housing, Care, and Security of the inmate population.
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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?

POTENTIAL OFFSETS	This request is for the employment and retention of a sufficient number of security officers that will continue to provide protection to the public, our employees and inmates.
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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).

MATCHING FUNDS	No matching funds will be provided for this request.
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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.

FUNDING ALTERNATIVES	There were no other funding alternatives that could have been sought after to fund this program.
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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 request is to continue to establish a unit management approach for inmate management designed to improve control and interworking relationships by dividing larger institution populations into smaller, more manageable groups. This type of approach is also designed to improve the delivery of correctional services and programs.</p> <p>The following positions are needed to make the program a success:</p> <p>Classified Correctional Officer IV (19) – Salary \$981,652 Fringe \$444,885 Classified Correctional Officer III (28) – Salary \$1,129,089 Fringe \$511,703 Classified Correctional Officer II (22) – Salary \$803,000 Fringe \$363,920</p> <p>Also, we are asking for additional budget to provide equitable salary increases for security personnel already assigned in these positions during Phase I and Phase II.</p> <p>Classified Correctional Officer IV (53) – Salary \$133,667 Fringe \$60,578 Classified Correctional Officer III (38) – Salary \$184,197 Fringe \$83,478 Classified Correctional Officer II (59) – Salary \$72,632 Fringe \$32,916</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.

METHOD OF CALCULATION	<p>The amount was calculated based upon the projected and approved needs of the program from FY18.</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?

FUTURE IMPACT	<p>No maintenance of effort or other obligations should be incurred by adopting this decision package.</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

AGENCY NAME:	SOUTH CAROLINA DEPARTMENT OF CORRECTIONS		
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budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?

PRIORITIZATION	This additional request will try to defer future concerns over the Agency's security shortages and provide additional security to the inmates and institutional staff.
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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.

INTENDED IMPACT	To substantially improve the Agency working environment within the institutions.
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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?

PROGRAM EVALUATION	The program's progress will be continually evaluated by Agency management for needed upgrades and improvements.
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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

DECISION PACKAGE	10431
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Essential Recruiting and Retention Personnel for Recruiting and Employment General Fund (10010000) Administration – 0100.000000.000 General Fund (10010000) Employer Contribution – 9500.050000.000
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Provide a brief, descriptive title for this request.

AMOUNT	\$ 128,000 Increase in Classified Positions – 501058 (4.00 FTE) \$ 58,000 Increase in Employer Contributions – 513000 \$ 186,000 Total
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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.

ENABLING AUTHORITY	<p>There is hereby created as an administrative agency of the State government the Department of Corrections. The functions of the Department shall be to implement and carry out the policy of the State with respect to its prison system, as set forth in Section 24-1-20, and the performance of such other duties and matters as may be delegated to it pursuant to law.</p>
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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.

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 checked="" 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.	

RECIPIENTS OF FUNDS	<p>This request continues to build our recruiting effort to hire and maintain qualified individuals for security and health services.</p>
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What individuals or entities would receive these funds (contractors, vendors, grantees,

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individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

ACCOUNTABILITY OF FUNDS	This request is related to the housing, feeding, and clothing inmates in a secure and safe institution until sentence completion by recruiting and retaining quality security and Agency staff.
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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?

POTENTIAL OFFSETS	This request will help to strengthen our security staff while reducing institutional lockdowns because of smaller security staff working within institutional shifts.
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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).

MATCHING FUNDS	No matching funds will be provided for this request.
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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.

FUNDING ALTERNATIVES	There were no other funding alternatives that could have been sought after to fund this program.
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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.

AGENCY NAME:	SOUTH CAROLINA DEPARTMENT OF CORRECTIONS		
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SUMMARY	<p>Request is to hire four (4) program assistants to expand the recruiting and retention of vital security and health services positions. Our current recruiting staff is minimal and they are doing their best to recruit qualified personnel, however, during a revived economy, there is greater competition to recruit and maintain staff due to the competitiveness of other Agencies and non-state entities.</p> <p>Classified Program Assistants I (4.00) – Salary \$128,000 Fringe \$58,000</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.

METHOD OF CALCULATION	<p>The amount was calculated based upon the projected and approved needs of the program from FY18.</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?

FUTURE IMPACT	<p>No maintenance of effort or other obligations should be incurred by adopting this decision package.</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>This request will benefit the Agency in recruiting and retaining qualified security and medical services personnel which will provide more complete safety and services to the inmate population.</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.

INTENDED IMPACT	<p>Quality of personnel being recruited and retained thus reducing turnover of our critical security and health services positions.</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?

PROGRAM EVALUATION	<p>The program's progress will be continually evaluated by Agency management for needed upgrades and improvements.</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?

AGENCY NAME:	SOUTH CAROLINA DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	10271
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Palmetto Unified School District Temporary Employee Conversion Phase I of III General Fund (10010000) Palmetto Unified School District – 4001.200000.000 General Fund (10010000) Employer Contribution – 9500.050000.000
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Provide a brief, descriptive title for this request.

AMOUNT	\$ 289,629 Increase in Unclassified Positions – 501060 (9.00 FTE) \$ 131,256 Increase in Employer Contributions – 513000 \$ 420,885 Total
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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.

ENABLING AUTHORITY	There is hereby created as an administrative agency of the State government the Department of Corrections. The functions of the Department shall be to implement and carry out the policy of the State with respect to its prison system, as set forth in Section 24-1-20, and the performance of such other duties and matters as may be delegated to it pursuant to law.
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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.

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 checked="" 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.	

RECIPIENTS OF FUNDS	This request will benefit temporary employees working in the Palmetto Unified School District.
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What individuals or entities would receive these funds (contractors, vendors, grantees,

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individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

ACCOUNTABILITY OF FUNDS	<p>This request is related to the preparation for inmates for re-entry back into their communities by providing rehabilitation and self-improvement opportunities for inmates. This program targets inmates that do not have High School level education and vocational skills so that they will have critical skills to work with the Public community after release.</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?

POTENTIAL OFFSETS	<p>Provides basic skills for the inmate population to reduce recidivism.</p>
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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).

MATCHING FUNDS	<p>No matching funds will be provided for this request.</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.

FUNDING ALTERNATIVES	<p>There were no other funding alternatives that could have been sought after to fund this program.</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 request is Phase I out of a three-phase plan to fund nine (9) temporary positions out of twenty-seven (27) for full-time status within the Palmetto Unified School District. The conversion will provide a better platform for recruitment and retention within the school district.</p> <p>Unclassified Certified Teacher (9.00) – Salary \$289,629 Fringe \$131,256</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.

METHOD OF CALCULATION	<p>The amount was calculated based upon the projected and approved needs of the program from FY18.</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?

FUTURE IMPACT	<p>No maintenance of effort or other obligations should be incurred by adopting this decision package.</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	This request will benefit current temporary staff and future recruitment.
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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.

INTENDED IMPACT	Reduce turnover among the District staff and teachers.
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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?

PROGRAM EVALUATION	The program's progress will be continually evaluated by Agency management for needed upgrades and improvements.
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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

DECISION PACKAGE	10220
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Re-Entry Skills (CHANCES) Program Phase I of II General Fund (10010000) Individual Growth and Motivation – 4001.250000.000 General Fund (10010000) Employer Contribution – 9500.050000.000
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Provide a brief, descriptive title for this request.

AMOUNT	\$ 197,120 Increase in Classified Positions – 501058 (4.00 FTE) \$ 88,331 Increase in Employer Contributions – 513000 \$ 285,451 Total
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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.

ENABLING AUTHORITY	There is hereby created as an administrative agency of the State government the Department of Corrections. The functions of the Department shall be to implement and carry out the policy of the State with respect to its prison system, as set forth in Section 24-1-20, and the performance of such other duties and matters as may be delegated to it pursuant to law.
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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.

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 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	This request will benefit approximately one thousand two hundred (1,200) inmates during a twelve month period at Kershaw Correctional Institution, a level II male facility.
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What individuals or entities would receive these funds (contractors, vendors, grantees,

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individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

ACCOUNTABILITY OF FUNDS	This request is related to preparing inmates for re-entry back into their communities by providing rehabilitation and self-improvement opportunities for inmates.
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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?

POTENTIAL OFFSETS	This request is for the reduction of the recidivism of inmates coming back into our institutions after release into the general public.
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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).

MATCHING FUNDS	No matching funds will be provided for this request.
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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.

FUNDING ALTERNATIVES	There were no other funding alternatives that could have been sought after to fund this program.
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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 request is to establish a program at Kershaw Correctional Institution which will provide skills training to inmates who will be released back into the community within six months. The skills training will include soft skills programming, nutritional consultation, resume preparation, character skills, etc. This program provides critical life skills that should reduce the recidivism rate among this inmate population.</p> <p>The positions requested are as follows: Phase I Classified Vocational (Brick Masonry) Instructor – Salary \$44,700 Fringe \$20,300 Classified Program Coordinator I (2) – Salary \$97,802 Fringe \$43,278 Classified Program Coordinator II – Salary \$54,618 Fringe \$24,753</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.

METHOD OF CALCULATION	<p>The amount was calculated based upon the projected and approved needs of the program from FY18.</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?

FUTURE IMPACT	<p>No maintenance of effort or other obligations should be incurred by adopting this decision package.</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>This request will try to defer future concerns over the Agency's recidivism rate among the targeted inmate population.</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.

INTENDED IMPACT	<p>To substantially improve the inmates' marketability within the job market after release.</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?

PROGRAM EVALUATION	<p>The program's progress will be continually evaluated by Agency management for needed upgrades and improvements.</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?

FORM B – PROGRAM REVISION REQUEST

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DECISION PACKAGE	10298 <i>Provide the decision package number issued by the PBF system ("Governor's Request").</i>
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TITLE	Inspector General Staffing and Equipment Plan General Fund (10010000) Administration – 0100.000000.000 General Fund (10010000) Employer Contribution – 9500.050000.000 <i>Provide a brief, descriptive title for this request.</i>
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AMOUNT	\$ 728,468 Increase in Classified Positions – 501058 (16.00 FTE) \$ 330,142 Increase in Employer Contributions – 513000 \$ 1,058,610 Total <i>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.</i>
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ENABLING AUTHORITY	There is hereby created as an administrative agency of the State government the Department of Corrections. The functions of the Department shall be to implement and carry out the policy of the State with respect to its prison system, as set forth in Section 24-1-20, and the performance of such other duties and matters as may be delegated to it pursuant to law. <i>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.</i>
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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 checked="" 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	The Agency does not have enough law enforcement officers to combat illegal use of cell phones within our institutions and the outside incursion of gang activity via cell phone usage, mail distribution, inmate threats on staff, etc. <i>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?</i>
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ACCOUNTABILITY OF FUNDS	<p>This request is related to the housing, feeding, and clothing inmates in a secure and safe institution until sentence completion by the enforcement of criminal activity within our institutions and the outside element that is assisting the inmates to continue to commit crimes while incarcerated.</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?

POTENTIAL OFFSETS	<p>The request reduces the continuing criminal activity within our institutions providing a safer environment for the inmates and outside criminal interdiction.</p>
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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).

MATCHING FUNDS	<p>No matching funds will be provided for this request.</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.

FUNDING ALTERNATIVES	<p>There were no other funding alternatives that could have been sought after to fund this program.</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 request is to add critical positions to our Inspector General Office consisting of Law Enforcement Class 1 officers (including K-9). The changing criminal environment expanding from within the correctional institution walls to outside influences (gang activity) have increased through illegal cell phone usage, contraband smuggling, contraband throw-overs, etc. The current staffing does not provide enough enforcement to combat the increasing threats to/from the inmates and threats to the Agency staff and the public. This request is to add additional positions as follows:</p> <p>Classified Law Enforcement Officer II (12) – Salary \$480,468 Fringe \$217,748 Classified Law Enforcement Officer IV (4) – Salary \$248,000 Fringe \$112,394</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.

METHOD OF CALCULATION	<p>The amount was calculated based upon the projected and approved needs of the program from FY18.</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?

FUTURE IMPACT	<p>No maintenance of effort or other obligations should be incurred by adopting this decision package.</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>This request will benefit the Agency as the current Inspector General staff will increase to a level to match the level of threats received and investigative cases.</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.

INTENDED IMPACT	<p>To increase additional protection for the security staff within the institutions.</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?

PROGRAM EVALUATION	<p>The program's progress will be continually evaluated by Agency management for needed upgrades and improvements.</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

DECISION PACKAGE	10444
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Deputy Management for Facilities Management General Fund (10010000) Housing and Security – 4001.050000.000 General Fund (10010000) Employer Contribution – 9500.050000.000
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Provide a brief, descriptive title for this request.

AMOUNT	\$ 65,000 Increase in Classified Positions – 501058 (1.00 FTE) \$ 29,000 Increase in Employer Contributions – 513000 \$ 94,000 Total
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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.

ENABLING AUTHORITY	<p>There is hereby created as an administrative agency of the State government the Department of Corrections. The functions of the Department shall be to implement and carry out the policy of the State with respect to its prison system, as set forth in Section 24-1-20, and the performance of such other duties and matters as may be delegated to it pursuant to law.</p>
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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.

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 checked="" 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.	

RECIPIENTS OF FUNDS	<p>These are two new management positions that are going to work closely with current facilities upper management.</p>
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What individuals or entities would receive these funds (contractors, vendors, grantees,

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individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

ACCOUNTABILITY OF FUNDS	<p>This request is related to the housing, feeding, and clothing inmates in a secure and safe institution until sentence completion by this Division being responsible for the most critical maintenance repairs, renovations and system & equipment replacement for the Agency's 26 institutions and support service buildings located statewide which is more than 6.5 million square feet of building space.</p> <p>.</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?

POTENTIAL OFFSETS	<p>This request will provide additional management to our Division of Facilities Management and provide a smoother transition upon retirement of long-term managerial staff.</p>
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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).

MATCHING FUNDS	<p>No matching funds will be provided for this request.</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.

FUNDING ALTERNATIVES	<p>There were no other funding alternatives that could have been sought after to fund this program.</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 request is to fund one (1) new position that will work closely with our current facilities management of the Division of Facilities and Maintenance. This Division is responsible for the most critical maintenance repairs, renovations and system & equipment replacement for the Agency's 26 institutions and support service buildings located statewide which is more than 6.5 million square feet of building space.</p> <p>Classified Building/Grounds Manager III (1.00) – Salary \$65,000 Fringe \$29,000</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.

METHOD OF CALCULATION	<p>The amount was calculated based upon the projected and approved needs of the program from FY18.</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?

FUTURE IMPACT	<p>No maintenance of effort or other obligations should be incurred by adopting this decision package.</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>This request will benefit both our security, institutional staff and inmates.</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.

INTENDED IMPACT	<p>Provides additional management of a large area responsible for our buildings' upkeep.</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?

PROGRAM EVALUATION	<p>The program's progress will be continually evaluated by Agency management for needed upgrades and improvements.</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

DECISION PACKAGE	10115
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Hepatitis "C" Infectious Disease Control Plan General Fund (10010000) Housing Care and Security – 4001.050000.000
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Provide a brief, descriptive title for this request.

AMOUNT	\$1,200,000 Increase in Case Services – 511000
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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.

ENABLING AUTHORITY	There is hereby created as an administrative agency of the State government the Department of Corrections. The functions of the Department shall be to implement and carry out the policy of the State with respect to its prison system, as set forth in Section 24-1-20, and the performance of such other duties and matters as may be delegated to it pursuant to law.
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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.

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 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	This request is for the purchase of HEP C medications for a projected cure of twenty (20) inmates.
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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?

ACCOUNTABILITY OF FUNDS	This request is related to the Housing, Care, and Security of the inmate population.
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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?

POTENTIAL OFFSETS	This request is to reduce the spread of the infectious disease, Hepatitis C, within the inmate population which will decrease the costs of long-term medical treatment.
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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).

MATCHING FUNDS	No matching funds will be provided for this request.
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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.

FUNDING ALTERNATIVES	There were no other funding alternatives that could have been sought after to fund this program.
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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 request is to purchase of current Hepatitis “C” medications that will serve twenty (20) inmates as a “cure” and contain the spread within the inmate population.</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.

METHOD OF CALCULATION	<p>The amount was calculated based upon the projected and approved needs of the program from FY18.</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?

FUTURE IMPACT	<p>No maintenance of effort or other obligations should be incurred by adopting this decision package.</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>This additional request will try to defer future concerns over the Agency's inmate population infected with Hepatitis C. This is a new program that should have been in place during past fiscal years.</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.

INTENDED IMPACT	<p>To substantially improve the Agency health care treatment programs within the institutions.</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?

PROGRAM EVALUATION	<p>The program's progress will be continually evaluated by Agency management for needed upgrades and improvements.</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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AGENCY CODE:	N040	SECTION:	65

FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	10084
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Critical Staffing for Male/Female Crisis Intervention Unit Plan General Fund (10010000) Housing Care and Security – 4001.050000.000 General Fund (10010000) Employer Contribution – 9500.050000.000
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Provide a brief, descriptive title for this request.

AMOUNT	\$ 922,467 Increase in Classified Positions – 501058 (20.00 FTE) \$ 418,062 Increase in Employer Contributions – 513000 \$ 1,340,529 Total
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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.

ENABLING AUTHORITY	<p>There is hereby created as an administrative agency of the State government the Department of Corrections. The functions of the Department shall be to implement and carry out the policy of the State with respect to its prison system, as set forth in Section 24-1-20, and the performance of such other duties and matters as may be delegated to it pursuant to law.</p>
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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.

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 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	<p>This request is for the employment of a sufficient number of trained professionals that will be the base for the implementation of this new program.</p>
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What individuals or entities would receive these funds (contractors, vendors, grantees,

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individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

ACCOUNTABILITY OF FUNDS	This request is related to the Housing, Care, and Security of the inmate population.
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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?

POTENTIAL OFFSETS	This request is a result of the Mental Health lawsuit brought against the Agency and the applicable remedies provided by the Court.
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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).

MATCHING FUNDS	No matching funds will be provided for this request.
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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.

FUNDING ALTERNATIVES	There were no other funding alternatives that could have been sought after to fund this program.
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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 request is to fund the employment (Phase I of II) of a sufficient number of trained medical health professionals (RN's and LPN's) that will be able to provide proper medical care and monitoring to the inmate assigned to this unit. This group of inmates have a high volatile desire to injure themselves through cutting, puncturing and/or stabbing with any found materials capable of inflicting injury.</p> <p>New positions include: Classified Registered Nurse (15.00) – Salary \$719,145 Fringe \$325,917 Classified LPN (5.00) – Salary \$203,322 Fringe \$92,145</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.

METHOD OF CALCULATION	<p>The amount was calculated based upon the projected and approved needs of the program from FY18.</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?

FUTURE IMPACT	<p>No maintenance of effort or other obligations should be incurred by adopting this decision package.</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 Agency was party to a negative judgment concerning our current mental health program. This new initiative will try to defer future concerns over the Agency's mental health program.</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.

INTENDED IMPACT	<p>To substantially improve the Agency mental health care treatment programs within the institutions.</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?

PROGRAM EVALUATION	<p>The program's progress will be continually evaluated by Agency management for needed upgrades and improvements.</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

DECISION PACKAGE	10283
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Critical Quality Assurance and Risk Management Personnel General Fund (10010000) Housing and Security – 4001.050000.000 General Fund (10010000) Employer Contribution – 9500.050000.000
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Provide a brief, descriptive title for this request.

AMOUNT	\$ 129,627 Increase in Classified Positions – 501058 (3.00 FTE) \$ 58,767 Increase in Employer Contributions – 513000 \$ 188,394 Total
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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.

ENABLING AUTHORITY	<p>There is hereby created as an administrative agency of the State government the Department of Corrections. The functions of the Department shall be to implement and carry out the policy of the State with respect to its prison system, as set forth in Section 24-1-20, and the performance of such other duties and matters as may be delegated to it pursuant to law.</p>
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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.

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 checked="" 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.	

RECIPIENTS OF FUNDS	<p>This request benefits the inmate population as to the progress and continued monitoring of the mental health lawsuit.</p>
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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?

ACCOUNTABILITY OF FUNDS	This request is related to the housing, feeding, and clothing inmates in a secure and safe institution until sentence completion by the continual monitoring by our Quality Assurances monitoring programs related to the Mental Health Lawsuit.
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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?

POTENTIAL OFFSETS	Aids the Agency in remaining compliant with the Court’s instructions.
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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).

MATCHING FUNDS	No matching funds will be provided for this request.
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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.

FUNDING ALTERNATIVES	There were no other funding alternatives that could have been sought after to fund this program.
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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 request is to add two (2) quality assurance monitors and one (1) administrative assistant to continue to monitor the progression and success of the Agency’s actions related to the Mental Health Lawsuit.</p> <p>Classified Administrative Assistant (1.00) – Salary \$33,627 Fringe \$15,259 Classified Quality Assurance Monitors (2.00) – Salary \$96,000 Fringe \$43,508</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.

METHOD OF CALCULATION	<p>The amount was calculated based upon the projected and approved needs of the program from FY18.</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?

FUTURE IMPACT	<p>No maintenance of effort or other obligations should be incurred by adopting this decision package.</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>This request will benefit the inmates and the “judgement” parties against the Agency in relation to the Mental Health Lawsuit.</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.

INTENDED IMPACT	<p>This request will benefit the inmates and the “judgement” parties against the Agency in relation to the Mental Health Lawsuit.</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?

PROGRAM EVALUATION	<p>The program’s progress will be continually evaluated by Agency management for needed upgrades and improvements.</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

DECISION PACKAGE	10280
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Critical Salary Adjustments for Postal and Grievance Coordinators General Fund (10010000) Housing and Security – 4001.050000.000 General Fund (10010000) Employer Contribution – 9500.050000.000
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Provide a brief, descriptive title for this request.

AMOUNT	\$ 283,061 Increase in Classified Positions – 501058 \$ 128,283 Increase in Employer Contributions – 513000 \$ 411,344 Total
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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.

ENABLING AUTHORITY	<p>There is hereby created as an administrative agency of the State government the Department of Corrections. The functions of the Department shall be to implement and carry out the policy of the State with respect to its prison system, as set forth in Section 24-1-20, and the performance of such other duties and matters as may be delegated to it pursuant to law.</p>
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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.

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 checked="" 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.	

RECIPIENTS OF FUNDS	<p>This request will benefit the inmate populations because it should reduce the turnover experience that the Agency has with Postal employees and provide incentive to grievance coordinators to continue to keep current in their job duties.</p>
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What individuals or entities would receive these funds (contractors, vendors, grantees,

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individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

ACCOUNTABILITY OF FUNDS	<p>This request is related to the preparation of the inmates for re-entry back into their communities. This request will benefit the inmates' morale by receiving current and timely mailings from family and friends which should reduce filed grievances and improve the security atmosphere.</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?

POTENTIAL OFFSETS	<p>This request will help reduce the cost of continual training of new personnel because of the high turnover rate.</p>
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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).

MATCHING FUNDS	<p>No matching funds will be provided for this request.</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.

FUNDING ALTERNATIVES	<p>There were no other funding alternatives that could have been sought after to fund this program.</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 request is to provide critical salary adjustments to thirty five (35) institutional grievance coordinators and thirty six (36) institutional postal couriers, which are the lowest paid positions in the Agency. The request should reduce employee turnover within a high volatile area that is directly responsible for the degree of inmate morale.</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.

METHOD OF CALCULATION	<p>The amount was calculated based upon the projected and approved needs of the program from FY18.</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?

FUTURE IMPACT	<p>No maintenance of effort or other obligations should be incurred by adopting this decision package.</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?

AGENCY NAME:	SOUTH CAROLINA DEPARTMENT OF CORRECTIONS		
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PRIORITIZATION	<p>This request will benefit the inmates' morale by receiving current and timely mailings from family and friends which should reduce filed grievances and improve the security atmosphere.</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.

INTENDED IMPACT	<p>The Agency does not set a limit to the amount of mail an inmate may receive or send. Receiving mail helps to restore inmate morale and comfort. Request is to strengthen employee retention of institutional postal employees while reducing the number of grievances relating to the processing of inmate mail.</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?

PROGRAM EVALUATION	<p>The program's progress will be continually evaluated by Agency management for needed upgrades and improvements.</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

DECISION PACKAGE	10118
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Regional Dental Staffing – Dental Hygienists General Fund (10010000) Housing Care and Security – 4001.050000.000 General Fund (10010000) Employer Contribution – 9500.050000.000
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Provide a brief, descriptive title for this request.

AMOUNT	\$ 65,525 Increase in Classified Positions – 501058 (2.00 FTE) \$ 29,676 Increase in Employer Contributions – 513000 \$ 95,201 Total
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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.

ENABLING AUTHORITY	<p>There is hereby created as an administrative agency of the State government the Department of Corrections. The functions of the Department shall be to implement and carry out the policy of the State with respect to its prison system, as set forth in Section 24-1-20, and the performance of such other duties and matters as may be delegated to it pursuant to law.</p>
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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.

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 checked="" 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.	

RECIPIENTS OF FUNDS	<p>This request is for the employment of a sufficient number of trained dental health professionals.</p>
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What individuals or entities would receive these funds (contractors, vendors, grantees,

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individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

ACCOUNTABILITY OF FUNDS	This request is related to the Housing, Care, and Security of the inmate population.
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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?

POTENTIAL OFFSETS	This request is to reduce the costs of Dentists performing routine cleanings for inmate dental care. The hygienists will provide this service at a lower cost and allow the dentists to perform more complex duties.
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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).

MATCHING FUNDS	No matching funds will be provided for this request.
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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.

FUNDING ALTERNATIVES	There were no other funding alternatives that could have been sought after to fund this program.
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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 request is to fund two (2.00) dental professionals to perform hygienist duties within our Dental Services. Currently, the dentists are performing such duties and this is very costly and timely for the agency to support this procedure. Adding a staff of hygienists will significantly increase the time that the dentists have available to serve the inmate population.</p> <p>Classified Dental Hygienist (2.00) – Salary \$65,525 Fringe \$29,676</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.

METHOD OF CALCULATION	<p>The amount was calculated based upon the projected and approved needs of the program from FY18.</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?

FUTURE IMPACT	<p>No maintenance of effort or other obligations should be incurred by adopting this decision package.</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>This additional request will try to defer future concerns over the Agency's medical and dental health program.</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.

INTENDED IMPACT	<p>To substantially improve the Agency health care treatment programs within the institutions.</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?

PROGRAM EVALUATION	<p>The program's progress will be continually evaluated by Agency management for needed upgrades and improvements.</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?

AGENCY NAME:	SOUTH CAROLINA DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	10241
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Pastoral Services Enhancement General Fund (10010000) Individual Growth and Motivation – 4001.250000.000 General Fund (10010000) Employer Contribution – 9500.050000.000
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Provide a brief, descriptive title for this request.

AMOUNT	\$ 154,875 Increase in Classified Positions – 501058 (4.00 FTE) \$ 70,189 Increase in Employer Contributions – 513000 \$ 225,064 Total
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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.

ENABLING AUTHORITY	<p>There is hereby created as an administrative agency of the State government the Department of Corrections. The functions of the Department shall be to implement and carry out the policy of the State with respect to its prison system, as set forth in Section 24-1-20, and the performance of such other duties and matters as may be delegated to it pursuant to law.</p>
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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.

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 checked="" 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.	

RECIPIENTS OF FUNDS	<p>This request will benefit the inmate population through pastoral and volunteer services.</p>
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What individuals or entities would receive these funds (contractors, vendors, grantees,

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individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

ACCOUNTABILITY OF FUNDS	This request is related to the improvement of inmate and staff safety by the expansion of pastoral services available to the inmate population.
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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?

POTENTIAL OFFSETS	Provide more positive information to the inmate population and reduce violent tendencies.
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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).

MATCHING FUNDS	No matching funds will be provided for this request.
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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.

FUNDING ALTERNATIVES	There were no other funding alternatives that could have been sought after to fund this program.
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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 request is to add full time pastoral positions at Perry, Lieber, Kirkland and MacDougall Correctional Institutions. Currently, they are staffed with temporary positions that do not work full-time. This type of service to the inmates requires a full time chaplain being available to serve the inmate population.</p> <p>Classified Chaplain I (4.00) – Salary \$154,875 Fringe \$70,189</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.

METHOD OF CALCULATION	<p>The amount was calculated based upon the projected and approved needs of the program from FY18.</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?

FUTURE IMPACT	<p>No maintenance of effort or other obligations should be incurred by adopting this decision package.</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>This request will benefit the inmate population attitudes which will aid in positive volunteer experiences and less drain on security personnel.</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.

INTENDED IMPACT	<p>This request will benefit the inmate population attitudes which will aid in positive volunteer experiences and less drain on security personnel.</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?

PROGRAM EVALUATION	<p>The program's progress will be continually evaluated by Agency management for needed upgrades and improvements.</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

DECISION PACKAGE	10289
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Accreditation, Internal Audits and Management Review Programs General Fund (10010000) Penal Facility and Inspections – 4001.300000.000 General Fund (10010000) Employer Contribution – 9500.050000.000
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Provide a brief, descriptive title for this request.

AMOUNT	\$ 169,560 Increase in Classified Positions – 501058 (3.00 FTE) \$ 76,844 Increase in Employer Contributions – 513000 \$ 246,404 Total
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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.

ENABLING AUTHORITY	<p>SECTION 24-9-10. Jail and Prison Inspection Division established in Department of Corrections; personnel.</p> <p>There is hereby established a Jail and Prison Inspection Division under the jurisdiction of the Department of Corrections. The inspectors and such other personnel as may be provided for the division shall be selected by the director of the department.</p> <p>SECTION 24-9-20. Inspection of State and local facilities housing prisoners or pretrial detainees; reports.</p> <p>The division shall be responsible for inspecting, in conjunction with a representative of the State Fire Marshal, at least annually every facility in this State housing prisoners or pretrial detainees operated by or for a state agency, county, municipality, or any other political subdivision, and such inspections shall include all phases of operation, fire safety, and health and sanitation conditions at the respective facilities. Food service operations of the facilities must be inspected at least annually by an employee of the Department of Health and Environmental Control. The inspections of local confinement facilities shall be based on standards established by the South Carolina Association of Counties and adopted by the Department of Corrections, and appropriate fire and health codes and regulations. The division, the inspecting fire marshal, and the food service inspector of the Department of Health and Environmental Control shall each prepare a written report on the conditions of the inspected facility. Copies of the reports shall be filed with the chairman of the governing body of the political subdivision having jurisdiction of the facility inspected, the chairman of the governing body of each political subdivision involved in a multi-jurisdictional facility, the administrator, manager, or supervisor for the political subdivision, the responsible sheriff or police chief if he has operational custody of the inspected facility, and the administrator or director of the inspected facility. All reports shall be filed through the Director of the Department of Corrections.</p>
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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.

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 checked="" 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.	

RECIPIENTS OF FUNDS	This request benefits the inmate population because this group of employees will coordinate and monitor the Agency's accreditation programs.
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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?

ACCOUNTABILITY OF FUNDS	This request is related to the housing, feeding, and clothing inmates in a secure and safe institution until sentence completion by the continual monitoring by our Accreditation monitoring programs related to the functional operations of our institutions.
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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?

POTENTIAL OFFSETS	Aids the Agency in remaining compliant with current national standards.
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For decision packages that request non-mandatory funding increases to programs or

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initiatives, please identify a potential offset within an existing lower priority or ineffective program(s).

MATCHING FUNDS	No matching funds will be provided for this request.
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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.

FUNDING ALTERNATIVES	There were no other funding alternatives that could have been sought after to fund this program.
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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.

SUMMARY	<p>Request is to hire one (1) position to coordinate agency internal accreditation and hire one (1) position to coordinate statewide SCDC monitoring of compliance and procedures as required by law. Also, one (1) internal audit position is needed to expand monitoring of the Agency financial position.</p> <p>Classified Program Manager I (2.00) – Salary \$120,000 Fringe \$54,384 Classified Auditor III (1.00) – Salary \$49,560 Fringe \$22,460</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 amount was calculated based upon the projected and approved needs of the program from FY18.</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?

FUTURE IMPACT	<p>No maintenance of effort or other obligations should be incurred by adopting this decision package.</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?

PRIORITIZATION	<p>This request will benefit the inmates and the "judgement" parties against the Agency in relation to the Mental Health Lawsuit.</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.

INTENDED IMPACT	<p>This request will benefit the inmates and the "judgement" parties against the Agency in relation to the Mental Health Lawsuit.</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 program's progress will be continually evaluated by Agency management for needed upgrades and improvements.</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

DECISION PACKAGE	10244
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Activity Therapist Coordinators General Fund (10010000) Individual Growth and Motivation – 4001.250000.000 General Fund (10010000) Employer Contribution – 9500.050000.000
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Provide a brief, descriptive title for this request.

AMOUNT	\$ 66,000 Increase in Classified Positions – 501058 (2.00 FTE) \$ 29,911 Increase in Employer Contributions – 513000 \$ 95,911 Total
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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.

ENABLING AUTHORITY	There is hereby created as an administrative agency of the State government the Department of Corrections. The functions of the Department shall be to implement and carry out the policy of the State with respect to its prison system, as set forth in Section 24-1-20, and the performance of such other duties and matters as may be delegated to it pursuant to law.
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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.

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 checked="" 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.	

RECIPIENTS OF FUNDS	This request will benefit a target audience of inmates located at Allendale and Trenton Correctional Institutions.
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What individuals or entities would receive these funds (contractors, vendors, grantees,

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individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

ACCOUNTABILITY OF FUNDS	This request is related to the Housing, Care, and Safety of the inmate population.
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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?

POTENTIAL OFFSETS	Provide more alternatives to physical health care for the inmates thus reducing medical calls and sicknesses.
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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).

MATCHING FUNDS	No matching funds will be provided for this request.
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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.

FUNDING ALTERNATIVES	There were no other funding alternatives that could have been sought after to fund this program.
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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 request is to add two full-time (FTE) Activity Therapist Coordinators at Allendale and Trenton Correctional Institutions. Currently, we are using security staff to promote physical fitness among these inmate populations which places a hardship on security personnel not being at assigned posts. These two institutions have an inmate population exceeding five hundred (500) so it is required to have a full-time recreational coordinator on staff.</p> <p>Classified Activity Therapist Coordinator (2.00) – Salary \$66,000 Fringe \$29,911</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.

METHOD OF CALCULATION	<p>The amount was calculated based upon the projected and approved needs of the program from FY18.</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?

FUTURE IMPACT	<p>No maintenance of effort or other obligations should be incurred by adopting this decision package.</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	This request will benefit the inmate population and security personnel.
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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.

INTENDED IMPACT	To promote good health and reduce the instances of medical calls.
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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?

PROGRAM EVALUATION	The program's progress will be continually evaluated by Agency management for needed upgrades and improvements.
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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 C – CAPITAL OR NON-RECURRING APPROPRIATION REQUEST

DECISION PACKAGE	10481
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Inspector General Police Services Equipment
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Provide a brief, descriptive title for this request.

AMOUNT	\$867,000
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How much is requested for this project in FY 2017-18?

BUDGET PROGRAM	IV. A. New Non-recurring Request (98990000)
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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 checked="" type="checkbox"/>	Related to a Recurring request – If so, Decision Package # <u>10298</u>
	<input type="checkbox"/>	Capital Request
	<input type="checkbox"/>	Included in CPIP – If so, CPIP Priority # _____
	<input type="checkbox"/>	Non-recurring request for funding
<input type="checkbox"/>	Non-recurring request for authorization to spend existing cash/revenue	

SUMMARY	<p>This request is to fund essential equipment needed by the Police Services for personal safety equipment and better evidence collecting needs. The equipment needed would include secondary weapons such as Tasers, digital cameras, digital audio recorders, and uniform replacement. Also, includes police package state contract sedans.</p>
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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.

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CLASSIFICATION OF FUNDS	<p>These funds should be classified as non-recurring State General Funds.</p>
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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>There are no matching sources available for this request.</p>
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Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source and amount.

FUNDING ALTERNATIVES	<p>We do not have separate funds to continually fund programs of this magnitude.</p>
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What other possible funding sources were considered?

LONG-TERM PLANNING AND SUSTAINABILITY	<p>Provide safer working conditions for our internal police investigative staff.</p>
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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>No other approvals are considered necessary in order for the agency to proceed forward.</p>
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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.)

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FORM C – CAPITAL OR NON-RECURRING APPROPRIATION REQUEST

DECISION PACKAGE	10484
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Deferred Maintenance and Renovations
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Provide a brief, descriptive title for this request.

AMOUNT	\$10,205,000
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How much is requested for this project in FY 2017-18?

BUDGET PROGRAM	IV. A. Deferred Maintenance and Renovations (98330000)
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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 checked="" type="checkbox"/> Included in CPIP – If so, CPIP Priority # <u> 1 </u>
	<input type="checkbox"/> Non-recurring request for funding
<input type="checkbox"/> Non-recurring request for authorization to spend existing cash/revenue	

SUMMARY	<p>To fund the most critical maintenance repairs, renovations and system & equipment replacement for the Agency's 26 institutions and support service buildings located statewide which is more than 6.5 million square feet of building space (Note: eleven (11) institutions are over 40 years old and ten (10) institutions built before 1990). The Division of Facilities Management performed a detailed assessment report of the Agency's facilities to determine the physical defects that must be corrected to maintain the buildings operationally. None of the building deficiencies noted are merely due to the failure to maintain the systems, equipment or structures or just to renovate to meet current standards that have changed since the building was constructed (i.e. fire/life safety codes, accessibility, energy conservation, and environmental health, including asbestos and indoor air quality).</p> <p>Headquarters - Add fire suppression system & upgrade HVAC in computer room plus replace fire alarm system for entire building - \$900,000.</p> <p>Electrical/Electronics –</p> <ol style="list-style-type: none"> 1. Tyger River CI (Lower Yard) - Replace Fire Alarm \$750,000 2. Turbeville CI - Replace high voltage switch \$150,000 3. Kershaw CI - Replace high voltage switch \$150,000 4. Evans CI -Replace Fire Alarm System \$1,200,000 5. McCormick CI - Replace Fire Alarm System \$1,200,000 6. Manning CI - Replace High Voltage Distribution System \$1,000,000
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	<p>HVAC Equipment Replacement/Upgrade</p> <ol style="list-style-type: none"> 1. Ridgeland CI -- Honeywell Control System \$250,000 2. Ridgeland CI -Heating Boiler Replacement \$360,000 3. Turbeville CI - Chiller (1 each) & pumps replacement \$900,000 4. Evan CI - Replace Chiller #1 \$360,000 5. Manning CI -- Replace Chiller \$320,000 6. Kirkland CI -- Replace 3 Chillers \$915,000 7. Leath CI - Replace 2 Chillers \$750,000 Plumbing Equipment Replacement/Upgrade 8. Broad River CI -- Install Stainless Steel Toilets \$500,000 9. Allendale CI-- Install Stainless Steel Toilets \$500,000 <p>Total \$10,205,000</p>
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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.

CLASSIFICATION OF FUNDS	<p>These funds should be classified as non-recurring State General Funds.</p>
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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>There are no matching sources available for this request.</p>
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Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source and amount.

FUNDING ALTERNATIVES	<p>We do not have separate funds to continually fund programs of this magnitude.</p>
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What other possible funding sources were considered?

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LONG-TERM PLANNING AND SUSTAINABILITY	<p>Proper maintaining and renovating our institutions and support services buildings are an ongoing cycle each fiscal year. Due to age, weather conditions, inmate destruction, and other uncontrolled factors, our buildings are constantly being repaired.</p>
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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>No other approvals are considered necessary in order for the agency to proceed forward.</p>
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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.)

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FORM C – CAPITAL OR NON-RECURRING APPROPRIATION REQUEST

DECISION PACKAGE	10487
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	General Maintenance - Security/Detention Systems & Equipment
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Provide a brief, descriptive title for this request.

AMOUNT	\$2,800,000
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How much is requested for this project in FY 2017-18?

BUDGET PROGRAM	IV. A. Deferred Maintenance and Renovations (98330000)
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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 checked="" type="checkbox"/> Included in CPIP – If so, CPIP Priority # <u> 3 </u>
	<input type="checkbox"/> Non-recurring request for funding
<input type="checkbox"/> Non-recurring request for authorization to spend existing cash/revenue	

SUMMARY	<p>Request to fund the maintenance, upgrades and repairs of the security/detention systems and equipment replacement such as locks, door hardware, cameras, NVR detection systems, etc. These items are easily vandalized by inmates when we are short of security staffing. Projects include:</p> <ul style="list-style-type: none"> • Upgrade all Housing Units Exits and recreational door hardware at Level II and III Institutions - \$700,000 • Upgrade all Housing Unit cell door hardware at Allendale and Kershaw - \$750,000 • Upgrade security perimeter camera system at Perry, McCormick and Broad River - \$1,350,000
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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.

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CLASSIFICATION OF FUNDS	<p>These funds should be classified as non-recurring State General Funds.</p>
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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>There are no matching sources available for this request.</p>
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Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source and amount.

FUNDING ALTERNATIVES	<p>We do not have separate funds to continually fund programs of this magnitude.</p>
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What other possible funding sources were considered?

LONG-TERM PLANNING AND SUSTAINABILITY	<p>Proper maintaining and renovating our institutions and support services buildings are an ongoing cycle each fiscal year. Due to age, weather conditions, inmate destruction, and other uncontrolled factors, our buildings are constantly being repaired.</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>No other approvals are considered necessary in order for the agency to proceed forward.</p>
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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:	SOUTH CAROLINA DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

FORM C – CAPITAL OR NON-RECURRING APPROPRIATION REQUEST

DECISION PACKAGE	10490
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Agency Wide Roofing
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Provide a brief, descriptive title for this request.

AMOUNT	\$2,500,000
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How much is requested for this project in FY 2017-18?

BUDGET PROGRAM	IV. Statewide Roof Replacement (98190000)
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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 checked="" type="checkbox"/> Included in CPIP – If so, CPIP Priority # <u>4</u>
	<input type="checkbox"/> Non-recurring request for funding
<input type="checkbox"/> Non-recurring request for authorization to spend existing cash/revenue	

SUMMARY	<p>This request is to fund the most critical roofing renovations projects that replace assemblies (bitumen and membrane), asphalt shingles and underlayment, standing seam metal systems, insulation, vapor barriers, gutter, and associated flashing materials at various correctional institutions and administrative/support services buildings statewide. The Agency has numerous institutions statewide with original roofing systems 20 to 30 years old in need of replacement.</p>
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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:	SOUTH CAROLINA DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

CLASSIFICATION OF FUNDS	<p>These funds should be classified as non-recurring State General Funds.</p>
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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>There are no matching sources available for this request.</p>
-----------------------	------------------------------------------------------------------

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

FUNDING ALTERNATIVES	<p>We do not have separate funds to continually fund programs of this magnitude.</p>
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What other possible funding sources were considered?

LONG-TERM PLANNING AND SUSTAINABILITY	<p>Proper maintaining and renovating our institutions and support services buildings are an ongoing cycle each fiscal year. Due to age, weather conditions, inmate destruction, and other uncontrolled factors, our buildings are constantly being repaired.</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>No other approvals are considered necessary in order for the agency to proceed forward.</p>
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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:	SOUTH CAROLINA DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

FORM C – CAPITAL OR NON-RECURRING APPROPRIATION REQUEST

DECISION PACKAGE	10493
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Agency Water/Wastewater Projects, Phase I of V
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Provide a brief, descriptive title for this request.

AMOUNT	\$1,000,000
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How much is requested for this project in FY 2017-18?

BUDGET PROGRAM	IV. A. Deferred Maintenance and Renovations (98330000)
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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 checked="" type="checkbox"/> Included in CPIP – If so, CPIP Priority # <u> 2 </u>
	<input type="checkbox"/> Non-recurring request for funding
<input type="checkbox"/> Non-recurring request for authorization to spend existing cash/revenue	

SUMMARY	<p>Request is to repair and maintain the ageing institutional public water and waste water equipment at the Agency institutions and support service buildings and meet SCDEC compliance/regulations. Request includes:</p> <ul style="list-style-type: none"> • Elevated Water Tower Inspections, Repairs At Lieber & Tyger River - \$800,000 • Bar Screen Replacement at McCormick and Perry - \$200,000
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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:	SOUTH CAROLINA DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

CLASSIFICATION OF FUNDS	<p>These funds should be classified as non-recurring State General Funds.</p>
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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>There are no matching sources available for this request.</p>
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Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source and amount.

FUNDING ALTERNATIVES	<p>We do not have separate funds to continually fund programs of this magnitude.</p>
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What other possible funding sources were considered?

LONG-TERM PLANNING AND SUSTAINABILITY	<p>Proper maintaining and renovating our institutions and support services buildings are an ongoing cycle each fiscal year. Due to age, weather conditions, inmate destruction, and other uncontrolled factors, our buildings are constantly being repaired.</p>
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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>No other approvals are considered necessary in order for the agency to proceed forward.</p>
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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:	SOUTH CAROLINA DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

FORM C – CAPITAL OR NON-RECURRING APPROPRIATION REQUEST

DECISION PACKAGE	10499
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Manning Boiler and Infrastructure Upgrades
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Provide a brief, descriptive title for this request.

AMOUNT	\$3,100,000
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How much is requested for this project in FY 2017-18?

BUDGET PROGRAM	IV. A. Deferred Maintenance and Renovations (98330000)
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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 checked="" type="checkbox"/> Included in CPIP – If so, CPIP Priority # <u> 6 </u>
	<input type="checkbox"/> Non-recurring request for funding
<input type="checkbox"/> Non-recurring request for authorization to spend existing cash/revenue	

SUMMARY	<p>Renovations and infrastructure improvements at the Manning Correctional Institution including the creation of a new central boiler facility for use as the central laundry system and replacement of the kitchen area that connects to the boiler and exhaust systems.</p> <ul style="list-style-type: none"> • Heating, Central Boiler - \$510,000 • Laundry/Commissary - \$700,000 • Loading Dock - \$450,000 • Kitchen Hood Replacement - \$480,000 • Kitchen Boiler Replacement - \$250,000 • Kitchen Flooring - \$90,000 • Kitchen Utility Piping - \$60,000 • Additional Freezer Space - \$200,000 • Dishwasher area - \$130,000 • Miscellaneous - \$230,000
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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:	SOUTH CAROLINA DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

CLASSIFICATION OF FUNDS	<p>These funds should be classified as non-recurring State General Funds.</p>
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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>There are no matching sources available for this request.</p>
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Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source and amount.

FUNDING ALTERNATIVES	<p>We do not have separate funds to continually fund programs of this magnitude.</p>
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What other possible funding sources were considered?

LONG-TERM PLANNING AND SUSTAINABILITY	<p>Proper maintaining and renovating our institutions and support services buildings are an ongoing cycle each fiscal year. Due to age, weather conditions, inmate destruction, and other uncontrolled factors, our buildings are constantly being repaired.</p>
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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>No other approvals are considered necessary in order for the agency to proceed forward.</p>
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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:	SOUTH CAROLINA DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

FORM D – PROVISO REVISION REQUEST

NUMBER	65.18
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Cite the proviso according to the renumbered list for FY 2017-18 (or mark "NEW").

TITLE	65.18 (CORR: Special Assignment Pay Level 2 & 3)
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Provide the title from the FY 2016-17 Appropriations Act or suggest a short title for any new request.

BUDGET PROGRAM	Housing, Care and Security – 4001.050000.000
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Identify the associated budget program(s) by name and budget section.

DECISION PACKAGE	Request for change relates to FY18 Decision Package B - 10178
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Is this request associated with a decision package you have submitted for FY 2017-18? If so, cite it here.

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

OTHER AGENCIES AFFECTED	None
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Which other agencies would be affected by the recommended action? How?

SUMMARY	<p>Current Proviso verbiage:</p> <p>65.18. (CORR: Special Assignment Pay Level 2 & 3 Facilities) Funds appropriated for special assignment pay at the Department of Corrections are for the purpose of addressing vacancies and turnover of staff by providing a pay differential for certain employees assigned to institutions with a Level II or Level III security designation. The funds are to be used for special assignment pay only and may not be transferred to any other program. If the employee leaves one of the qualifying job classes or leaves a Level II or Level III institution for a non-Level II or non-Level III facility, they shall no longer be eligible for this special assignment pay. Only employees in full-time equivalent positions are eligible for this special assignment pay.</p> <p>The special assignment pay is not a part of the employee's base salary, but is a percentage thereof, and is to be paid so as not to exceed the percentages specified below and as determined by the Director of the Department of Corrections:</p> <p>(A) At Level II institutions:</p> <ol style="list-style-type: none"> (1) four percent for Correctional Officers including Class Code JD-30 (cadets and Officer I and II positions) and Corporals I and II; (2) two percent for Sergeants and Lieutenants; (3) one percent for Captains and Majors; (4) two percent for Nursing staff; and (5) two percent for Food Service staff. <p>(B) At Level III institutions:</p>
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AGENCY NAME:	SOUTH CAROLINA DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

	<p>(1) eight percent for Correctional Officers including Class Code JD-30 (cadets and Officer I and II positions) and Corporals I and II;</p> <p>(2) three percent for Sergeants and Lieutenants;</p> <p>(3) one percent for Captains and Majors;</p> <p>(4) three percent for Nursing staff; and</p> <p>(5) three percent for Food Service staff.</p>
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Summarize the existing proviso. If requesting a new proviso, describe the current state of affairs without it.

EXPLANATION	<p>This proviso needs to be changed due to the Decision Package B #7450. We are implementing a new pay and retention schedule for our correctional officer and food service personnel to provide increased recruitment and eliminate excessive turnover within our frontline security staff. This request is to convert the percentage scales that were previously used to a specific dollar value assigned to a specific rank and location.</p>
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Explain the need for your requested action. For deletion requests due to recent codification, please identify SC Code section where language now appears.

AGENCY NAME:	SOUTH CAROLINA DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

FISCAL IMPACT	<p>The fiscal impact is that we will be paying our correctional officers and kitchen staff a higher incentive to work in our Level II and III institutions. This is a change in our pay plan that should possibly have cost savings in that turnover may be reduced which will reduce our training expenses and increase the safety of our security staff and inmates. This plan was included in the original pay plan implemented on July 1, 2016.</p>
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Provide estimates of any fiscal impacts associated with this proviso, whether for state, federal, or other funds. Explain the method of calculation.

PROPOSED
PROVISO TEXT

65.18 . (CORR: Special Assignment Pay Level 2 & 3 Facilities) Funds appropriated for special assignment pay at the Department of Corrections are for the purpose of addressing vacancies and turnover of staff by providing a pay differential for certain employees assigned to institutions with a Level II or Level III security designation. The funds are to be used for special assignment pay only and may not be transferred to any other program. If the employee leaves one of the qualifying job classes or leaves a Level II or Level III institution for a non-Level II or non-Level III facility, they shall no longer be eligible for this special assignment pay. Only employees in full-time equivalent positions are eligible for this special assignment pay.

The special assignment pay is not a part of the employee's base salary, ~~but is a percentage thereof, and is to be paid so as not to exceed the percentages specified below and as~~ and is determined by the Director of the Department of Corrections for the following positions:

~~(A) At Level II institutions:~~

- ~~(1) four percent for Correctional Officers including Class Code JD-30 (cadets and Officer I and II positions) and Corporals I and II;~~
- ~~(2) two percent for Sergeants and Lieutenants;~~
- ~~(3) one percent for Captains and Majors;~~
- ~~(4) two percent for Nursing staff; and~~
- ~~(5) two percent for Food Service staff.~~

~~(B) At Level III institutions:~~

- ~~(1) eight percent for Correctional Officers including Class Code JD-30 (cadets and Officer I and II positions) and Corporals I and II;~~
- ~~(2) three percent for Sergeants and Lieutenants;~~
- ~~(3) one percent for Captains and Majors;~~
- ~~(4) three percent for Nursing staff; and~~
- ~~(5) three percent for Food Service staff.~~

(A) At Level II institutions:

- (1) ***Cadets***
- (2) ***Correctional Officers, including Class Code JD-30 (Officer I and II positions)***
- (3) ***Corporals I and II;***
- (4) ***Sergeants and Lieutenants;***
- (5) ***Captains and Majors;***
- (6) ***Nursing Staff***
- (7) ***Food Service Staff***
- (8) ***Warden***

(B) At Level III institutions:

- (1) ***Cadets***
- (2) ***Correctional Officers, including Class Code JD-30 (Officer I and II positions)***
- (3) ***Corporals I and II;***
- (4) ***Sergeants and Lieutenants;***
- (5) ***Captains and Majors;***
- (6) ***Nursing Staff***
- (7) ***Food Service***
- (8) ***Warden***

(

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

AGENCY NAME:	SOUTH CAROLINA DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

AGENCY NAME:	SOUTH CAROLINA DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

FORM D – PROVISO REVISION REQUEST

NUMBER	117.95
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Cite the proviso according to the renumbered list for FY 2017-18 (or mark "NEW").

TITLE	117.95 (GP: Victims Assistance Transfer)
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Provide the title from the FY 2016-17 Appropriations Act or suggest a short title for any new request.

BUDGET PROGRAM	I. Internal Administration and Support – 0100.000000.000
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Identify the associated budget program(s) by name and budget section.

DECISION PACKAGE	Not related to any FY2017-18 Decision Package
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Is this request associated with a decision package you have submitted for FY 2017-18? If so, cite it here.

REQUESTED ACTION	Amend Existing Proviso 117.96
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Choose from: Add, Delete, Amend, or Codify.

OTHER AGENCIES AFFECTED	This proviso request is solely for the use of the South Carolina Department of Corrections and the South Carolina Department of Public Safety.
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Which other agencies would be affected by the recommended action? How?

SUMMARY	<p>117.95 (GP: Victims Assistance Transfer) The Department of Corrections shall transfer \$20,500 each month to the Department of Public Safety for distribution through the State Victims Assistance Program.</p>
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Summarize the existing proviso. If requesting a new proviso, describe the current state of affairs without it.

AGENCY NAME:	SOUTH CAROLINA DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

EXPLANATION	<p>We request this revision because the Agency does not always receive \$20,500 on a monthly basis to transfer to the Department of Public Safety.</p>
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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>Should not have any fiscal impact unless the Agency receives less than the monthly \$20,500. We will only remit to Department of Public Safety what we have received monthly up to \$20,500.</p>
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Provide estimates of any fiscal impacts associated with this proviso, whether for state, federal, or other funds. Explain the method of calculation.

AGENCY NAME:	SOUTH CAROLINA DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

117.95 (GP: Victims Assistance Transfer) The Department of Corrections shall transfer \$20,500 each month, **or up to the amount received,** to the Department of Public Safety for distribution through the State Victims Assistance Program.

**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:	SOUTH CAQROLINA DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

FORM E – 3% GENERAL FUND REDUCTION

DECISION PACKAGE	11433
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Provide the decision package number issued by the PBF system (“Governor’s Request”).

TITLE	Agency General Fund Reduction Analysis
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Provide a brief, descriptive title for this request.

AMOUNT	\$12,259,889 General Fund Reduction
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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	The FY17 adjusted Agency General Fund Budget amounts to \$408,662,973 which is made up of Personal Services \$310,955,485 (76%) and General Operating \$97,707,488 (24%). As determined by the Executive Budget Office, this Agency is responsible for reducing State General Funds of \$12,259,889.
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Describe the method of calculation for determining the reduction in General Funds.

ASSOCIATED FTE REDUCTIONS	Approximately two hundred (200) non-uniformed positions would have to remain unfilled and temporary positons would be eliminated.
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How many FTEs would be reduced in association with this General Fund reduction?

PROGRAM/ACTIVITY IMPACT	Security is our number one priority and we cannot eliminate nor can we tolerate a furlough for any uniformed positions. Currently, we have a tremendous burden filling uniformed security positions to fully staff our institutions thus we are operating under unsafe conditions. To remedy this, we are utilizing extensive overtime and facility lockdowns to control the inmate flow within our institutions for the protection of institutional staff and the public. The Agency is also pushing an aggressive recruiting campaign for uniformed positions by drawing attention to career opportunity via television/radio media, social networking, positive advocacy through word of mouth, advertising billboards, etc. It would be almost impossible for the Agency to reduce our security budget with all of the work that we are doing to support our institutional staff which represents approximately eight five (85%) of our State General Fund budget.
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What programs or activities are supported by the General Funds identified?

AGENCY NAME:	SOUTH CAQROLINA DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

SUMMARY	<p>In order to reduce our budget, we would be obligated to reduce expenditures in our administrative and support services function which represent the remaining fifteen (15%) of our budget, approximately \$61,299,445.</p> <p>We studied the Agency payroll as of August 30, 2016 and have determined that we would place a hiring freeze on mostly administrative, maintenance, teachers, vocational instructors, case workers, and supply warehouse worker positions in conjunction with not filling positons that become vacant from staff retirements/attrition, and continue to watch our costs of medical delivery and reduce socialized programs to the inmates. We would also have to redefine non-uniformed positions as essential and non-essential and implement a furlough/reduction in force for those positions considered non-essential to direct security support. While this protects our security staffing, it does create support issues. The security staff cannot maintain a secure environment without the support of the positions listed above.</p>
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Please provide a detailed summary of service delivery impact caused by a reduction in General Fund Appropriations.