

AGENCY NAME: SC Department of Commerce

AGENCY CODE: P320

SECTION: 50



Fiscal Year 2017-18 Agency Budget Plan

FORM A – SUMMARY

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| RECURRING FUNDS (FORM B DECISION PACKAGES) | My agency is submitting the following recurring decision packages listed in <u>priority order</u> (Form B): 10188, 10211, 10223, 10226, 10333, 10352 |
| | 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. |

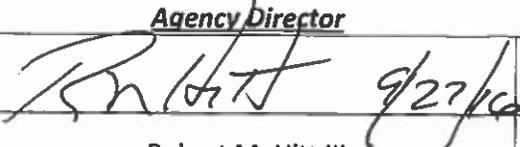
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| CAPITAL & NON-RECURRING FUNDS (FORM C DECISION PACKAGES) | My agency is submitting the following one-time decision packages listed in <u>priority order</u> (Form C): 10214, 10217, 10229, 10232 |
| | For FY 2017-18, my agency is (mark "X"): |
| | <input checked="" type="checkbox"/> Requesting capital and/or non-recurring funds. <input type="checkbox"/> Not requesting capital and/or non-recurring funds. |

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| 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.

| | <u>Name</u> | <u>Phone</u> | <u>Email</u> |
|---------------------------|-------------------|--------------|---------------------------|
| PRIMARY CONTACT: | Chris Huffman | 803-737-0462 | chuffman@sccommerce.com |
| SECONDARY CONTACT: | Michael McInerney | 803-737-3949 | mmcinerney@sccommerce.com |

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: | Agency Director  | Board or Commission Chair |
| | TYPE/PRINT NAME: Robert M. Hitt III | |

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

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| AGENCY NAME: | SC Department of Commerce | | |
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FORM B – PROGRAM REVISION REQUEST

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|-------------------------|--------------|
| DECISION PACKAGE | 10188 |
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Provide the decision package number issued by the PBF system ("Governor's Request").

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|--------------|---------------------|
| TITLE | Closing Fund |
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Provide a brief, descriptive title for this request.

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| AMOUNT | \$10,000,000 |
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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.

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| ENABLING AUTHORITY | Title 13 – Chapter 1 |
|---------------------------|----------------------|

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

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

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| RECIPIENTS OF FUNDS | The purpose of the Closing Fund is to assist companies in locating or expanding in South Carolina. This program provides funding necessary to encourage competitive projects to locate or expand in South Carolina. |
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What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

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| ACCOUNTABILITY OF FUNDS | 1.1.1, 1.2.1 |
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What specific agency objective, as outlined in the agency's accountability report, does this funding request support? How would this request advance that objective?

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| POTENTIAL OFFSETS | N/A |
|--------------------------|-----|

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 | None |
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Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source, amount, and terms of the match requirement.

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| FUNDING ALTERNATIVES | The Closing Fund has been funded through a variety of accounts over the last several fiscal years. Of the funds on hand, less than \$500,000 was uncommitted at year end. |
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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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| AGENCY NAME: | SC Department of Commerce | | |
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| SUMMARY | <p>The SC Department of Commerce is requesting ten million in funding for the closing fund. These funds will be used to recruit new jobs and new investments to South Carolina. The Closing Fund offers greater flexibility than other incentive resources.</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 discussions with the Secretary of Commerce, Director of Global Business Development and the Executive Director of the Coordinating Council for Economic Development.</p> |
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How was the amount of the request calculated? List the per unit or per FTE costs of implementation. What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?

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| FUTURE IMPACT | <p>None</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>Commerce would have fewer funds on hand to assist companies in locating or expanding in South Carolina.</p> |
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If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2017-18? Please be specific.

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| INTENDED IMPACT | <p>Increase the number of new/retained jobs and capital investment recruited into South Carolina.</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>Number of new/retained jobs and capital investment recruited into South Carolina.</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 NAME: | SC Department of Commerce | | |
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FORM B – PROGRAM REVISION REQUEST

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|-------------------------|--------------|
| DECISION PACKAGE | 10211 |
|-------------------------|--------------|

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

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| TITLE | International Strategy & Trade |
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Provide a brief, descriptive title for this request.

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|---------------|------------------|
| AMOUNT | \$350,000 |
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What is the net change in requested appropriations for FY 2017-18? This amount should correspond to the decision package’s total in PBF across all funding sources.

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| ENABLING AUTHORITY | Title 13 – Chapter 1 |
|---------------------------|----------------------|

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 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 | Typical operating costs for a programs such as employees, vendors and contractors |
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What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

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| ACCOUNTABILITY OF FUNDS | 1.1.3, 2.1.2, 1.1.1 |
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What specific agency objective, as outlined in the agency's accountability report, does this funding request support? How would this request advance that objective?

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

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| MATCHING FUNDS | None |
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Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source, amount, and terms of the match requirement.

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| FUNDING ALTERNATIVES | Commerce has little operating funds beyond state appropriations. The agency could use nonrecurring funds to expand this program but would not have the resources to continue the program constructively into future years. |
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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>Commerce has long been committed to helping international companies in their efforts to establish, relocate and expand business operations in South Carolina. These efforts have been supported by the state's international presence in key locations around the globe. In order to bolster our efforts, Commerce has combined our trade and international departments. This will allow for a more coordinated and strategic approach toward our international company recruitment and export efforts.</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>This request is based off of experience in operating existing program and the anticipated needs of the expanded program. In Fiscal Year 2016-17, The General Assembly funded a portion of this request, Commerce is requesting the remaining portion be future in FY2017-18.</p> |
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How was the amount of the request calculated? List the per unit or per FTE costs of implementation. What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?

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| FUTURE IMPACT | <p>None</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>Commerce would have fewer funds on hand to assist companies in locating or expanding in South Carolina.</p> |
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If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2017-18? Please be specific.

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| INTENDED IMPACT | <p>Continue success from the prior few years on Foreign Direct Investment into South Carolina. Commerce has an objective to continue to be ranked in the top five states for Foreign Direct Investment. Increase export opportunities for existing industries.</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>To Increase South Carolina's ranking of states in exports per capita and have South Carolina ranked in the top 5 among the states of the number of estimated jobs created by Foreign Direct and Interstate Investment per million inhabitants</p> |
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How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?

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FORM B – PROGRAM REVISION REQUEST

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|-------------------------|--------------|
| DECISION PACKAGE | 10223 |
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Provide the decision package number issued by the PBF system ("Governor's Request").

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| TITLE | South Carolina Small Business Development Centers |
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Provide a brief, descriptive title for this request.

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| AMOUNT | \$400,000 |
|---------------|------------------|

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

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| ENABLING AUTHORITY | Small Business Act, Section 21(c)(3)(T) and Section 27 (15USC 648©(3)(T) and 654 (Title IX of Public Law 105-277, Public Law 018-447) |
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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 checked="" 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 | These funds would pay for operating costs to provide the services performed by the SCSBDC. |
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What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

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| ACCOUNTABILITY OF FUNDS | 2.2.1, 1.1.1 |
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What specific agency objective, as outlined in the agency's accountability report, does this funding request support? How would this request advance that objective?

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| POTENTIAL OFFSETS | This program is currently funded with short term grant funding. This funding could be extended, however, long term funding of the program is needed. |
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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 | These funds will be used to match an existing federal grant on a one to one ratio. |
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Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source, amount, and terms of the match requirement.

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| FUNDING ALTERNATIVES | The SCSBDC are funded through state appropriations (USC), grants, and contributions. The grant expires in mid-2017 and SCSBDC needs more permanent long term funding. |
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What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.

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| SUMMARY | <p>\$400,000 recurrent funding requested in addition to current SC SBDC state funding (USC). Funds will focus on several key initiatives.</p> <ol style="list-style-type: none"> Expanded rural assistance. Replace existing grant of \$260,000 which ends in mid-2016 which has allowed the SBDC to deploy a targeted assistance program in about 14 <i>rural</i> counties that previously were underserved, including new centers in Union, Cheraw, Georgetown and Allendale. State funding will ensure this effort is continued and expanded, particularly in Walterboro and Tri-County areas. <p>Additional \$140,000 will help to:</p> <ol style="list-style-type: none"> Increase and enhance assistance to companies in developing/commercializing new products. Add consulting capacity to meet growing demand and reduce wait time for appointments. <p>Provide funding needed to meet federal match requirement of 1:1. Program operates on reimbursement basis and unmatched federal funds cannot be utilized.</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 figures were calculated with SCSBDC input.</p> |
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How was the amount of the request calculated? List the per unit or per FTE costs of implementation. What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?

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|----------------------|-------------|
| FUTURE IMPACT | <p>None</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

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identified and/or obtained by your agency?

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| PRIORITIZATION | The SCSBDC needs more permanent long term funding in order to serve the rural regions of South Carolina. |
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If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2017-18? Please be specific.

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| INTENDED IMPACT | <p>SC SBDC is a unique part of the state’s small business economic development efforts, providing:</p> <ul style="list-style-type: none"> • Free business consulting and affordable training programs to small businesses in all 46 counties. • Most comprehensive array of services including: <ul style="list-style-type: none"> ○ Consulting on all business issues (financing, marketing, operations, HR, planning, etc.) ○ Specialized services (exporting, government contracting, manufacturing, product commercialization, veterans assistance and minority outreach) ○ Referrals to and from other providers ○ Collaboration with educational partners and others on workshops and training programs • Assistance to both established and start-up companies in all industries • Access to resources, tools and expertise of the national America’s SBDC network • SC SBDC monitors, measures and verifies real economic impact on state’s economy |
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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 | The SCSBDC measures jobs created/saved by small business served, small business started, capital raised by small business served, government contracts awards as a result of services provided, and overall clients served by the program. |
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How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?

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FORM B – PROGRAM REVISION REQUEST

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|-------------------------|--------------|
| DECISION PACKAGE | 10226 |
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Provide the decision package number issued by the PBF system (“Governor’s Request”).

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| TITLE | Coordinating Council for Workforce Development |
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Provide a brief, descriptive title for this request.

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

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| ENABLING AUTHORITY | 13-1-2030 |
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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. | |

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|----------------------------|---|
| RECIPIENTS OF FUNDS | Typical operating costs for a programs such as employees, vendors and contractors |
|----------------------------|---|

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

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| AGENCY NAME: | SC Department of Commerce | | |
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| ACCOUNTABILITY OF FUNDS | 4.1.1 |
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What specific agency objective, as outlined in the agency's accountability report, does this funding request support? How would this request advance that objective?

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|--------------------------|-----|
| POTENTIAL OFFSETS | N/A |
|--------------------------|-----|

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 | N/A |
|-----------------------|-----|

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

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|-----------------------------|---|
| FUNDING ALTERNATIVES | The General Assembly funded the start-up operations of this new program with non-recurring funds. Commerce is seeking recurring dollars for ongoing program costs. Commerce has little operating funds beyond state appropriations. The agency could use nonrecurring funds to expand this program but would not have the resources to continue the program constructively into future years. |
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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>Act 252 was enacted by the General Assembly which created the Coordinating Council for Workforce Development. While the General Assembly did appropriate non-recurring funds for the operations of the Council, Commerce is requesting recurring appropriations to fund the program on an on-going basis.</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>This request is based off of experience in operating existing program and the anticipated needs of the program.</p> |
|------------------------------|--|

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

| | |
|----------------------|-------------|
| FUTURE IMPACT | <p>None</p> |
|----------------------|-------------|

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

| | | | |
|---------------------|----------------------------------|-----------------|-----------|
| AGENCY NAME: | SC Department of Commerce | | |
| AGENCY CODE: | P320 | SECTION: | 50 |

| | |
|-----------------------|---|
| PRIORITIZATION | <p>Commerce has little operating funds beyond state appropriations. The agency could use nonrecurring funds to expand this program but would not have the resources to continue the program constructively into future years.</p> |
|-----------------------|---|

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

| | |
|------------------------|--|
| INTENDED IMPACT | <p>Increase collaboration and information sharing concerning the state's ability to prepare and train workers to meet current and future workforce needs</p> |
|------------------------|--|

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

| | |
|---------------------------|--|
| PROGRAM EVALUATION | <p>The first Council meeting will be held in October of 2016. The enabling legislation establishes certain reports be established. The first year goals would working toward the development of a method for identifying and addressing long-term workforce needs, conducting an inventory of existing workforce programs, and submitting an annual progress report.</p> |
|---------------------------|--|

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

| | | | |
|---------------------|---------------------------|-----------------|----|
| AGENCY NAME: | SC Department of Commerce | | |
| AGENCY CODE: | P320 | SECTION: | 50 |

FORM B – PROGRAM REVISION REQUEST

| | |
|-------------------------|--------------|
| DECISION PACKAGE | 10333 |
|-------------------------|--------------|

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

| | |
|--------------|------------------------------------|
| TITLE | Disaster Recovery – CDBG DR |
|--------------|------------------------------------|

Provide a brief, descriptive title for this request.

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

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

| | |
|---------------------------|----------------------|
| ENABLING AUTHORITY | Title 13 – Chapter 1 |
|---------------------------|----------------------|

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 | Typical operating costs for a programs such as employees, vendors and contractors. The largest contractor cost will be repairs to homes damaged by the October floods. |
|----------------------------|---|

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

| | | | |
|---------------------|---------------------------|-----------------|----|
| AGENCY NAME: | SC Department of Commerce | | |
| AGENCY CODE: | P320 | SECTION: | 50 |

| | |
|--------------------------------|-------|
| ACCOUNTABILITY OF FUNDS | 3.2.2 |
|--------------------------------|-------|

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 | N/A |
|--------------------------|-----|

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 | N/A |
|-----------------------|-----|

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

| | |
|-----------------------------|------------------------------|
| FUNDING ALTERNATIVES | N/A. Federal Funds Authority |
|-----------------------------|------------------------------|

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: | SC Department of Commerce | | |
| AGENCY CODE: | P320 | SECTION: | 50 |

| | |
|----------------|---|
| SUMMARY | <p>The South Carolina Department of Commerce’s Grants Management Division has been tasked to manage federal funds being used to assist the state in recovering from the flooding experienced in October 2015. These funds come from the Community Development Block Grant (CDBG) Disaster Recovery programs of the U.S. Department of Housing and Urban Development. The Department of Commerce is committed to efficiently and effectively addressing the long-term needs of South Carolina’s flood-impacted residents and communities through programs designed to help homeowners, tenants, landlords, developers and local governments.</p> |
|----------------|---|

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

| | |
|------------------------------|---|
| METHOD OF CALCULATION | <p>Estimates of expenses for Fiscal Year 2017-18 based off of projections given to HUD.</p> |
|------------------------------|---|

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

| | |
|----------------------|-------------|
| FUTURE IMPACT | <p>None</p> |
|----------------------|-------------|

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

| | | | |
|---------------------|----------------------------------|-----------------|-----------|
| AGENCY NAME: | SC Department of Commerce | | |
| AGENCY CODE: | P320 | SECTION: | 50 |

| | |
|-----------------------|------------------------------|
| PRIORITIZATION | N/A. Federal Funds Authority |
|-----------------------|------------------------------|

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 | The intended impact is to use the federal funds available to our state to repair, rehab, or replace homes affected by the October 2015 flood. |
|------------------------|---|

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

| | |
|---------------------------|---|
| PROGRAM EVALUATION | This program will ultimately be evaluated on the number of homes repaired, rehabbed, or replaced. |
|---------------------------|---|

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: | SC Department of Commerce | | |
| AGENCY CODE: | P320 | SECTION: | 50 |

FORM B – PROGRAM REVISION REQUEST

| | |
|-------------------------|--------------|
| DECISION PACKAGE | 10352 |
|-------------------------|--------------|

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

| | |
|--------------|---|
| TITLE | BPI and Employer Contribution Allocation |
|--------------|---|

Provide a brief, descriptive title for this request.

| | |
|---------------|------------------|
| AMOUNT | \$186,616 |
|---------------|------------------|

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 | N/A |
|---------------------------|-----|

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 | Allocation of statewide employee benefits and BPI. |
|----------------------------|--|

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

| | | | |
|---------------------|---------------------------|-----------------|----|
| AGENCY NAME: | SC Department of Commerce | | |
| AGENCY CODE: | P320 | SECTION: | 50 |

| | |
|--------------------------------|-----|
| ACCOUNTABILITY OF FUNDS | All |
|--------------------------------|-----|

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 | N/A |
|--------------------------|-----|

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 | N/A |
|-----------------------|-----|

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

| | |
|-----------------------------|-----|
| FUNDING ALTERNATIVES | N/A |
|-----------------------------|-----|

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: | SC Department of Commerce | | |
| AGENCY CODE: | P320 | SECTION: | 50 |

| | |
|----------------|--|
| SUMMARY | Allocation of statewide employee benefits and BPI. |
|----------------|--|

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 | Figure calculated by the Executive Budget Office |
|------------------------------|--|

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 | None |
|----------------------|------|

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: | SC Department of Commerce | | |
| AGENCY CODE: | P320 | SECTION: | 50 |

| | |
|-----------------------|-----|
| PRIORITIZATION | N/A |
|-----------------------|-----|

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 | N/A |
|------------------------|-----|

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

| | |
|---------------------------|-----|
| PROGRAM EVALUATION | N/A |
|---------------------------|-----|

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: | SC Department of Commerce | | |
| AGENCY CODE: | P320 | SECTION: | 50 |

FORM C – CAPITAL OR NON-RECURRING APPROPRIATION REQUEST

| | |
|-------------------------|--------------|
| DECISION PACKAGE | 10214 |
|-------------------------|--------------|

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

| | |
|--------------|--------------------|
| TITLE | Locate – SC |
|--------------|--------------------|

Provide a brief, descriptive title for this request.

| | |
|---------------|--------------------|
| AMOUNT | \$5,000,000 |
|---------------|--------------------|

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

| | |
|-----------------------|---|
| BUDGET PROGRAM | II. Program and Services, A. Global Business Development |
|-----------------------|---|

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

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

| | |
|----------------|---|
| SUMMARY | <p>Locate SC Site Inventory - funding that will allow the state to be proactive in preparing sites into suitable inventory for potential prospects.</p> |
|----------------|---|

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

| | | | |
|---------------------|---------------------------|-----------------|----|
| AGENCY NAME: | SC Department of Commerce | | |
| AGENCY CODE: | P320 | SECTION: | 50 |

| | |
|--------------------------------|-----|
| CLASSIFICATION OF FUNDS | N/A |
|--------------------------------|-----|

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 | Potential match from other local government sources. |
|-----------------------|--|

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

| | |
|-----------------------------|---|
| FUNDING ALTERNATIVES | Commerce could use portions of the RIF, however, this fund would be limited predominantly to rural counties based upon the amount of funds available in the fund. |
|-----------------------------|---|

What other possible funding sources were considered?

| | |
|--|--|
| LONG-TERM PLANNING AND SUSTAINABILITY | Rural Infrastructure Funding at the Department of Commerce and the Rural Infrastructure Authority are being used to assist with this initiative. The General Assembly has funded a recurring appropriation for this program. |
|--|--|

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 | None |
|------------------------|------|

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

| | | | |
|---------------------|---------------------------|-----------------|----|
| AGENCY NAME: | SC Department of Commerce | | |
| AGENCY CODE: | P320 | SECTION: | 50 |

FORM C – CAPITAL OR NON-RECURRING APPROPRIATION REQUEST

| | |
|-------------------------|--------------|
| DECISION PACKAGE | 10217 |
|-------------------------|--------------|

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

| | |
|--------------|---|
| TITLE | Research/ South Carolina Applied Research Center |
|--------------|---|

Provide a brief, descriptive title for this request.

| | |
|---------------|--------------------|
| AMOUNT | \$4,000,000 |
|---------------|--------------------|

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

| | |
|-----------------------|--|
| BUDGET PROGRAM | II. Program and Services, F. Regional Education Centers |
|-----------------------|--|

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

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

| | |
|----------------|--|
| SUMMARY | <p>Commerce is seeking to continue to fund initiatives such as the South Carolina Applied Research Center-Supply Chain and Logistics, USC Cyber Security Initiative and other innovative programs which involves the collaboration among the universities, state agencies and business community to address needs of industry.</p> |
|----------------|--|

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

| | | | |
|---------------------|---------------------------|-----------------|----|
| AGENCY NAME: | SC Department of Commerce | | |
| AGENCY CODE: | P320 | SECTION: | 50 |

| | |
|--------------------------------|------|
| CLASSIFICATION OF FUNDS | None |
|--------------------------------|------|

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 | None |
|-----------------------|------|

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

| | |
|-----------------------------|---|
| FUNDING ALTERNATIVES | Commerce has limited funds beyond state appropriations. |
|-----------------------------|---|

What other possible funding sources were considered?

| | |
|--|--|
| LONG-TERM PLANNING AND SUSTAINABILITY | Only funding available to this program have been non-recurring sources of revenue. |
|--|--|

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 | None |
|------------------------|------|

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

| | | | |
|---------------------|---------------------------|-----------------|----|
| AGENCY NAME: | SC Department of Commerce | | |
| AGENCY CODE: | P320 | SECTION: | 50 |

FORM C – CAPITAL OR NON-RECURRING APPROPRIATION REQUEST

| | |
|-------------------------|--------------|
| DECISION PACKAGE | 10229 |
|-------------------------|--------------|

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

| | |
|--------------|---------------------------------|
| TITLE | Military Base Task Force |
|--------------|---------------------------------|

Provide a brief, descriptive title for this request.

| | |
|---------------|------------------|
| AMOUNT | \$300,000 |
|---------------|------------------|

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

| | |
|-----------------------|-----|
| BUDGET PROGRAM | N/A |
|-----------------------|-----|

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

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

| | |
|----------------|--|
| SUMMARY | <p>To assist the military base communities of South Carolina in dealing with the issues related to an uncertain federal military budget, veteran affairs, and its effect on potential reductions in the bases, It is anticipated that a portion of these funds would be used as grants to the local communities.</p> |
|----------------|--|

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

| | | | |
|---------------------|---------------------------|-----------------|----|
| AGENCY NAME: | SC Department of Commerce | | |
| AGENCY CODE: | P320 | SECTION: | 50 |

| | |
|--------------------------------|-----|
| CLASSIFICATION OF FUNDS | N/A |
|--------------------------------|-----|

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 | None |
|-----------------------|------|

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

| | |
|-----------------------------|--|
| FUNDING ALTERNATIVES | MBTF has some remaining non-recurring appropriations funded in prior fiscal years, but these funds will run out over the next 24 months. |
|-----------------------------|--|

What other possible funding sources were considered?

| | |
|--|------|
| LONG-TERM PLANNING AND SUSTAINABILITY | None |
|--|------|

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 | None |
|------------------------|------|

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

| | | | |
|---------------------|---------------------------|-----------------|----|
| AGENCY NAME: | SC Department of Commerce | | |
| AGENCY CODE: | P320 | SECTION: | 50 |

FORM C – CAPITAL OR NON-RECURRING APPROPRIATION REQUEST

| | |
|-------------------------|--------------|
| DECISION PACKAGE | 10232 |
|-------------------------|--------------|

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

| | |
|--------------|---------------------------------|
| TITLE | CDBG – Disaster Recovery |
|--------------|---------------------------------|

Provide a brief, descriptive title for this request.

| | |
|---------------|------------------|
| AMOUNT | \$250,000 |
|---------------|------------------|

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

| | |
|-----------------------|---|
| BUDGET PROGRAM | II. Programs and Services. E. Grant Programs 3. CDBG-Disaster Recovery |
|-----------------------|---|

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>10333</u> |
| | <input type="checkbox"/> Capital Request |
| | <input type="checkbox"/> Included in CPIP – If so, CPIP Priority # _____ |
| <input checked="" type="checkbox"/> Non-recurring request for funding | |
| <input type="checkbox"/> Non-recurring request for authorization to spend existing cash/revenue | |

| | |
|----------------|---|
| SUMMARY | <p>The Department of Commerce will be the grant recipient of Community Development Block Grant – Disaster Recovery funds to address the unmet needs from the October 2015 flood. Commerce will receive approximately \$97 million in federal funds to meet these needs. However, we do anticipate that some disaster recovery activities will not be eligible under the CDBG-DR program. Commerce is requesting these non-recurring appropriations to cover the estimated costs of providing services to affected citizens in areas that are not covered by federal funds. The program is estimated to take up to three years to complete. At the end of the program, if any funds remain in this appropriation, the remaining funds will be used by Commerce's annual CDBG program as match toward that program.</p> |
|----------------|---|

| | | | |
|---------------------|----------------------------------|-----------------|-----------|
| AGENCY NAME: | SC Department of Commerce | | |
| AGENCY CODE: | P320 | SECTION: | 50 |

| | |
|--------------------------------|-----|
| CLASSIFICATION OF FUNDS | N/A |
|--------------------------------|-----|

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 | None |
|-----------------------|------|

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

| | |
|-----------------------------|---|
| FUNDING ALTERNATIVES | Commerce has limited funds beyond state appropriations and other funding available for this purpose. Federal funds will cover the vast majority of expenses related to the Flood Recovery, but some activities may be outside of our Action Plan. |
|-----------------------------|---|

What other possible funding sources were considered?

| | |
|--|------|
| LONG-TERM PLANNING AND SUSTAINABILITY | None |
|--|------|

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 | None |
|------------------------|------|

| | | | |
|---------------------|---------------------------|-----------------|----|
| AGENCY NAME: | SC Department of Commerce | | |
| AGENCY CODE: | P320 | SECTION: | 50 |

FORM D – PROVISO REVISION REQUEST

| | |
|---------------|-------|
| NUMBER | 50.19 |
|---------------|-------|

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

| | |
|--------------|---|
| TITLE | CMRC: Water System Corrective Action Plan |
|--------------|---|

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

| | |
|-----------------------|-----|
| BUDGET PROGRAM | N/A |
|-----------------------|-----|

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

| | |
|-------------------------|-----|
| DECISION PACKAGE | N/A |
|-------------------------|-----|

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

| | |
|-------------------------|--------|
| REQUESTED ACTION | Delete |
|-------------------------|--------|

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

| | |
|--------------------------------|-----|
| OTHER AGENCIES AFFECTED | N/A |
|--------------------------------|-----|

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

| | |
|----------------|--|
| SUMMARY | The proviso directed that remaining funds for the Hartsville Downtown Revitalization - Center Theater (Requires 2:1 Match) in Act 91 of 2015 by proviso 118.14(B)(42)(i) shall be redirected to the Town of Lamar for the Water System Corrective Action Plan. |
|----------------|--|

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

| | | | |
|---------------------|----------------------------------|-----------------|-----------|
| AGENCY NAME: | SC Department of Commerce | | |
| AGENCY CODE: | P320 | SECTION: | 50 |

| | |
|--------------------|--|
| EXPLANATION | Funds redirected in FY2016-17 and proviso is no longer needed. |
|--------------------|--|

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 | None |
|----------------------|------|

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

| | | | |
|---------------------|----------------------------------|-----------------|-----------|
| AGENCY NAME: | SC Department of Commerce | | |
| AGENCY CODE: | P320 | SECTION: | 50 |

~~50.19. — (CMRC: Water System Corrective Action Plan) The \$500,000 appropriated through the Department of Commerce for the Hartsville Downtown Revitalization-Center Theater (Requires 2:1 Match) in Act 91 of 2015 by proviso 118.14(B)(42)(i) shall be redirected to the Town of Lamar for the Water System Corrective Action Plan.~~

**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: | SC Department of Commerce | | |
| AGENCY CODE: | P320 | SECTION: | 50 |

FORM D – PROVISO REVISION REQUEST

| | |
|---------------|---------|
| NUMBER | 117.125 |
|---------------|---------|

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

| | |
|--------------|----------------------------|
| TITLE | GP: Endowed Chairs Funding |
|--------------|----------------------------|

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

| | |
|-----------------------|-----|
| BUDGET PROGRAM | N/A |
|-----------------------|-----|

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

| | |
|-------------------------|-----|
| DECISION PACKAGE | N/A |
|-------------------------|-----|

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

| | |
|-------------------------|--------|
| REQUESTED ACTION | Delete |
|-------------------------|--------|

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

| | |
|--------------------------------|--------------------------------|
| OTHER AGENCIES AFFECTED | Commission on Higher Education |
|--------------------------------|--------------------------------|

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

| | |
|----------------|--|
| SUMMARY | This proviso directed the Endowed Chairs Program funds that have been set aside for "Commerce Awards" shall be transferred by the Commission on Higher Education to the Department of Commerce's Applied Research Centers by August 1, 2016. |
|----------------|--|

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

| | | | |
|---------------------|---------------------------|-----------------|----|
| AGENCY NAME: | SC Department of Commerce | | |
| AGENCY CODE: | P320 | SECTION: | 50 |

| | |
|--------------------|--|
| EXPLANATION | Funds were transferred in FY2016-17 and proviso is no longer needed. |
|--------------------|--|

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 | None |
|----------------------|------|

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

| | | | |
|---------------------|----------------------------------|-----------------|-----------|
| AGENCY NAME: | SC Department of Commerce | | |
| AGENCY CODE: | P320 | SECTION: | 50 |

~~**117.125.** (GP: Endowed Chairs Funding) The Endowed Chairs Program funds that have been set aside for "Commerce Awards" shall be transferred by the Commission on Higher Education to the Department of Commerce's Applied Research Centers by August 1, 2016.~~

**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: | SC Department of Commerce | | |
| AGENCY CODE: | P320 | SECTION: | 50 |

FORM E – 3% GENERAL FUND REDUCTION

| | |
|-------------------------|--------------|
| DECISION PACKAGE | 10210 |
|-------------------------|--------------|

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

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

Provide a brief, descriptive title for this request.

| | |
|---------------|------------------|
| AMOUNT | 1,058,227 |
|---------------|------------------|

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 | Calculated by the Executive Budget Office |
|------------------------------|---|

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

| | |
|----------------------------------|------|
| ASSOCIATED FTE REDUCTIONS | None |
|----------------------------------|------|

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

| | |
|--------------------------------|--|
| PROGRAM/ACTIVITY IMPACT | Closing Fund, Local Economic Development Organizations, LocateSC, SC Manufacturing Extension Partnership, Small Business Development Centers, Council on Competitiveness, State Export Grant Program, Marketing, Secretary's Office, Administration, Global Business Development, and Small and Existing Business. |
|--------------------------------|--|

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

| | | | |
|---------------------|----------------------------------|-----------------|-----------|
| AGENCY NAME: | SC Department of Commerce | | |
| AGENCY CODE: | P320 | SECTION: | 50 |

| | |
|----------------|---|
| SUMMARY | <p>A)Closing Fund- Commerce would have fewer funds on hand to assist companies in locating or expanding in South Carolina.</p> <p>b)Local Economic Development Organizations- LEDA would have fewer funds on hand to market the state, position their region competitively and to find and assist companies looking to locate and expand in South Carolina.</p> <p>c)LocateSC- Commerce would have fewer funds that will allow the state to be proactive in preparing sites into suitable inventory for potential prospects</p> <p>d)SC Manufacturing Extension Partnership- Fewer companies would benefit from the services SCMEP provide.</p> <p>e) Small Business Development Centers- Fewer small businesses would benefit from the services SCSBDC provide.</p> <p>f)Council on Competitiveness- Fewer funds available to continue our collaboration in aerospace and TDL.</p> <p>g)State Export Grant Program- Fewer small businesses would benefit from exporting assistance.</p> <p>h)Marketing Activities-Fewer funds available to make strategic investments into potential areas to market our state.</p> <p>i) Secretary’s Office, Administration, Global Business Development, Innovation, Research, Marketing and Small and Existing Business – Commerce would need to re-evaluate future travel, hiring decisions, and other spending plans to determine if recurring resources are available.</p> |
|----------------|---|

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