

AGENCY NAME:	Office of Comptroller General		
AGENCY CODE:	E120	SECTION:	97



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 priority order (Form B):	
11241	
For FY 2017-18, my agency is (mark "X"):	
<input type="checkbox"/>	Requesting a net increase in recurring General Fund appropriations.
<input checked="" 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 priority order (Form C):	
For FY 2017-18, my agency is (mark "X"):	
<input type="checkbox"/>	Requesting capital and/or non-recurring funds.
<input checked="" 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:	William E. Gunn	803-734-2121	EGunn@cg.sc.gov
SECONDARY CONTACT:	Allison W. Houpt	803-734-5011	AHoupt@cg.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.

	<i>Agency Director</i>	<i>Board or Commission Chair</i>
SIGN/DATE:		
TYPE/PRINT NAME:	Richard Eckstrom, CPA	

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

AGENCY NAME:	Office of Comptroller General		
AGENCY CODE:	E120	SECTION:	97

FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	11241
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Allocations Associated with FY 2016 – 17 Salary & Related Fringe Benefits
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Provide a brief, descriptive title for this request.

AMOUNT	\$83,262
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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	The South Carolina Department of Administration, Executive Budget Office
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What specific state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority? Please avoid citing general provisions of law where possible, and instead cite to the most specific legal authority supporting the request.

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	The Office of Comptroller General would receive the funds initially, but all would ultimately end up at PEBA with exception of the pay plan allocation.
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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?

AGENCY NAME:	Office of Comptroller General		
AGENCY CODE:	E120	SECTION:	97

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

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).

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

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

AGENCY NAME:	Office of Comptroller General		
AGENCY CODE:	E120	SECTION:	97

SUMMARY	Pay Plan Allocation (Including Fringe): \$66,933 SCRS & PORS .50% Rate Increase: \$8,571 Health & Dental Insurance Allocation: \$7,758
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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	Calculated by the Executive Budget Office \$29,301 Employer Contributions \$53,961 Classified Positions TOTAL: \$83,262
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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	N/A
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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:	Office of Comptroller General		
AGENCY CODE:	E120	SECTION:	97

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

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

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

AGENCY NAME:	Office of Comptroller General		
AGENCY CODE:	E120	SECTION:	97

FORM D – PROVISO REVISION REQUEST

NUMBER	117.58
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Cite the proviso according to the renumbered list for FY 2017-18 (or mark "NEW").

TITLE	Year-End Financial Statements – Penalties
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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	III. Statewide Financial Reporting
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Identify the associated budget program(s) by name and budget section.

DECISION PACKAGE	N/A
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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	All state entities required to submit annual audited financial statements for inclusion in the State’s Comprehensive Annual Financial Report (CAFR) that do not meet their deadline for submitting their statements.
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Which other agencies would be affected by the recommended action? How?

SUMMARY	Agencies and other reporting entities required to submit annual audited financial statements for inclusion in the State’s Comprehensive Annual Financial Report (CAFR) must comply with statutory deadlines to submit their annual audited financial statements.
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Summarize the existing proviso. If requesting a new proviso, describe the current state of affairs without it.

AGENCY NAME:	Office of Comptroller General		
AGENCY CODE:	E120	SECTION:	97

EXPLANATION	<p>Most of the 56 entities that are required to provide audited financial statements comply with established financial statement submission deadlines. Yet for the past few years we have had problems because several entities are failing to comply, slowing the CAFRs completion and thereby delaying our ability to provide essential information on the state's financial condition to the General Assembly, credit rating agencies, and other interested parties. This situation needs to be rectified because there is a nationwide trend for issuing faster CAFRs.</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>None</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:	Office of Comptroller General		
AGENCY CODE:	E120	SECTION:	97

<p>PROPOSED PROVISO TEXT</p>	<p>Agencies, institutions, and other reporting entities required to submit annual audited financial statements for inclusion in the State’s Comprehensive Annual Financial Report must submit <u>draft annual financial statements not later than September 18 and</u> final audited financial statements to the Comptroller General not later than October first 2 <u>October 16</u> for those with fiscal year-end June thirtieth 30. For institutions and reporting entities with fiscal year-ends other than June thirtieth 30, final audited financial statements must be submitted to the Comptroller General within 120 days of that fiscal year-end.</p> <p>The Comptroller General shall provide a written report of each agency, institution, or other reporting entity not in compliance with this provision to the State Fiscal Accountability Authority by November thirtieth <u>and the respective Legislative Oversight Committees by October 16 listing</u> each agency, institution, or other reporting entity not in compliance with this provision. <u>In addition each reporting entity not in compliance shall appear before the SFAA providing an explanation for their noncompliance.</u></p>
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Paste FY 2016-17 text above, then bold and underline insertions and strikethrough deletions. For new proviso requests, enter requested text above.

AGENCY NAME:	Office of Comptroller General		
AGENCY CODE:	E120	SECTION:	97

FORM D – PROVISO REVISION REQUEST

NUMBER	118.1
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Cite the proviso according to the renumbered list for FY 2017-18 (or mark "NEW").

TITLE	Year-End Cutoff
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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	II. Statewide Payroll/Accounts Payables & V. Statewide Accounting Services
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Identify the associated budget program(s) by name and budget section.

DECISION PACKAGE	N/A
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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	All SCEIS agencies
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Which other agencies would be affected by the recommended action? How?

SUMMARY	Cutoff date for agencies to submit input documents and electronic workflow supporting their year-end expenditures to the Office of Comptroller General for processing.
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Summarize the existing proviso. If requesting a new proviso, describe the current state of affairs without it.

AGENCY NAME:	Office of Comptroller General		
AGENCY CODE:	E120	SECTION:	97

EXPLANATION	<p>To update the date state agencies are required to submit all current fiscal year input documents and electronic workflow for accounts payable transactions to the Office of the Comptroller General.</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>None</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:	Office of Comptroller General		
AGENCY CODE:	E120	SECTION:	97

<p>PROPOSED PROVISO TEXT</p>	<p>Unless specifically authorized herein, the appropriations provided in Part IA of this act as ordinary expenses of the State Government shall lapse on July 31, 2017 <u>July 31, 2018</u>. State agencies are required to submit all current fiscal year input documents and all electronic workflow for accounts payable transactions to the Office of Comptroller General by July 14, 2017 <u>July 13, 2018</u>. Appropriations for Permanent Improvements, now outstanding or hereafter provided, shall lapse at the end of the second fiscal year in which such appropriations were provided, unless definite commitments shall have been made, with the approval of the State Fiscal Accountability Authority and Joint Bond Review Committee, toward the accomplishment of the purposes for which the appropriations were provided. Appropriations for other specific purposes aside from ordinary operating expenses, now outstanding or hereafter provided, shall lapse at the end of the second fiscal year in which such appropriations were provided, unless definite commitments shall have been made, with the approval of the State Fiscal Accountability Authority, toward the accomplishment of the purposes for which the appropriations were provided.</p>
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Paste FY 2016-17 text above, then bold and underline insertions and strikethrough deletions. For new proviso requests, enter requested text above.

AGENCY NAME:	Office of Comptroller General		
AGENCY CODE:	E120	SECTION:	97

FORM E – 3% GENERAL FUND REDUCTION

DECISION PACKAGE	11244
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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	-\$70,723
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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	3% of FY 2016 – 17 General Fund Appropriations
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Describe the method of calculation for determining the reduction in General Funds.

ASSOCIATED FTE REDUCTIONS	1
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How many FTEs would be reduced in association with this General Fund reduction?

PROGRAM/ACTIVITY IMPACT	Statewide Accounts Payable
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What programs or activities are supported by the General Funds identified?

AGENCY NAME:	Office of Comptroller General		
AGENCY CODE:	E120	SECTION:	97

SUMMARY	<p>The Office of Comptroller General would absorb a 3% general fund reduction by not filling a position in our Statewide Accounts Payable division that is being vacated through a retirement. This would strain our division’s ability to achieve its target value for objective 1.1.1 in the agency’s FY 2015 – 16 Accountability Report. This objective calls for vendor payment requests to be processed within 4 business days.</p>
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Please provide a detailed summary of service delivery impact caused by a reduction in General Fund Appropriations.