

<b>AGENCY NAME:</b>	South Carolina State Ports Authority		
<b>AGENCY CODE:</b>	Y140	<b>SECTION:</b>	88



**Fiscal Year 2018-19  
Agency Budget Plan**

**FORM A - BUDGET PLAN SUMMARY**

**OPERATING REQUESTS (FORM B1)**

**For FY 2018-19, my agency is (mark "X"):**

<input type="checkbox"/>	Requesting General Fund Appropriations.
<input type="checkbox"/>	Requesting Federal/Other Authorization.
<input checked="" type="checkbox"/>	Not requesting any changes.

**NON-RECURRING REQUESTS (FORM B2)**

**For FY 2018-19, my agency is (mark "X"):**

<input checked="" type="checkbox"/>	Requesting Non-Recurring Appropriations.
<input type="checkbox"/>	Requesting Non-Recurring Federal/Other Authorization.
<input type="checkbox"/>	Not requesting any changes.

**CAPITAL REQUESTS (FORM C)**

**For FY 2018-19, my agency is (mark "X"):**

<input type="checkbox"/>	Requesting funding for Capital Projects.
<input checked="" type="checkbox"/>	Not requesting any changes.

**PROVISOS (FORM D)**

**For FY 2018-19, my agency is (mark "X"):**

<input type="checkbox"/>	Requesting a new proviso and/or substantive changes to existing provisos.
<input checked="" 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>
<b>PRIMARY CONTACT:</b>	Tate Zeigler	843-577-8670	tzeigler@scspa.com
<b>SECONDARY CONTACT:</b>	Phillip Padgett	843-577-8139	PPadgett@scspa.com

I have reviewed and approved the enclosed FY 2018-19 Agency Budget Plan, which is complete and accurate to the extent of my knowledge.

	<i>Agency Director</i>	<i>Board or Commission Chair</i>
<b>SIGN/DATE:</b>		
<b>TYPE/PRINT NAME:</b>	Jim Newsome, President & CEO	Pamela Lackey, Chair

*This form must be signed by the agency head - not a delegate.*

Fiscal Year 2018-19 Budget Request Executive Summary

Agency Code: Y140  
 Agency Name: State Ports Authority  
 Section:

BUDGET REQUESTS			FUNDING					FTES				
Priority	Request Type	Request Title	State	Federal	Earmarked	Restricted	Total	State	Federal	Earmarked	Restricted	Total
1	B2 - Non-Recurring	Jasper Ocean Terminal Permitting	5,000,000	0	0	0	5,000,000	0.00	0.00	0.00	0.00	0.00
2							0					0.00
3							0					0.00
4							0					0.00
5							0					0.00
6							0					0.00
7							0					0.00
8							0					0.00
9							0					0.00
10							0					0.00
11							0					0.00
12							0					0.00
13							0					0.00
14							0					0.00
15							0					0.00
16							0					0.00
17							0					0.00
18							0					0.00
19							0					0.00
20							0					0.00
21							0					0.00
22							0					0.00
23							0					0.00
24							0					0.00
25							0					0.00
26							0					0.00
27							0					0.00
28							0					0.00
29							0					0.00
30							0					0.00
TOTAL BUDGET REQUESTS			5,000,000	0	0	0	5,000,000	0.00	0.00	0.00	0.00	0.00

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**FORM B2 – NON-RECURRING OPERATING REQUEST**

<b>AGENCY PRIORITY</b>	<b>1 – Form #13511</b>
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*Provide the Agency Priority Ranking from the Executive Summary.*

<b>TITLE</b>	<b>Jasper Ocean Terminal, Channel and Supporting Inland Infrastructure Permitting</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>\$5,000,000</b>
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*What is the net change in requested appropriations for FY 2018-19? This amount should correspond to the total for all funding sources on the Executive Summary.*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark “X” for all that apply:</b>
	<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
	<input type="checkbox"/> IT Technology/Security related
	<input type="checkbox"/> Consulted DTO during development
	<input checked="" type="checkbox"/> Request for Non-Recurring Appropriations
<input type="checkbox"/> Request for Federal/Other Authorization to spend existing funding	
<input type="checkbox"/> Related to a Recurring request – If so, Priority # _____	

<b>STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES</b>	<b>Mark “X” for primary applicable Statewide Enterprise Strategic Objective:</b>
	<input type="checkbox"/> Education, Training, and Human Development
	<input type="checkbox"/> Healthy and Safe Families
	<input type="checkbox"/> Maintaining Safety, Integrity, and Security
	<input checked="" type="checkbox"/> Public Infrastructure and Economic Development
<input type="checkbox"/> Government and Citizens	

<b>ACCOUNTABILITY OF FUNDS</b>	<p>A decade long partnership between Georgia and South Carolina, the Jasper Ocean Terminal’s purpose is to provide a bi-state owned and operated port facility in Jasper County, South Carolina that can accommodate projected throughput growth for containerized cargo in support of economic development for the region. These funds would support the development of the Jasper Ocean Terminal.</p> <p>The Joint Project Office (JPO) is governed by a Board of Directors from both South Carolina and Georgia.</p>
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*What specific agency objective, as outlined in the agency’s accountability report, does this funding request support? How would this request advance that objective? How would the use of these funds be evaluated?*

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<b>RECIPIENTS OF FUNDS</b>	The Joint Project Office, which is established to oversee planning, permitting and construction of the Jasper Ocean Terminal and supporting channel infrastructure.
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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?*

<b>JUSTIFICATION OF REQUEST</b>	<p>These funds will be utilized by the Joint Project Office to continue the necessary permitting process as outlined in South Carolina and in the National Environmental Policy Act (NEPA) for the development of the Jasper Ocean Terminal and necessary supporting channel and inland infrastructure. Funds will also be dispersed for continued terminal development and design work, as well as to assist the Corps and their selected contractors prepare permitting documents.</p> <p>These funds will be matched dollar for dollar by the State of Georgia. If not appropriated by the State, the South Carolina Ports Authority would be required to cover South Carolina’s portion of the funding.</p>
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*Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. Does this non-recurring appropriation request create an annualization or need for recurring funds?*

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**FORM D – PROVISIO REVISION REQUEST**

<b>NUMBER</b>	<b>88.1</b>
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*Cite the proviso according to the renumbered list for FY 2018-19 (or mark "NEW").*

<b>TITLE</b>	<b>SPA: Charleston Cooper River Bridge Project</b>
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*Provide the title from the FY 2017-18 Appropriations Act or suggest a short title for any new request.*

<b>BUDGET PROGRAM</b>	<b>n/a</b>
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*Identify the associated budget program(s) by name and budget section.*

<b>RELATED BUDGET REQUEST</b>	<b>No</b>
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*Is this request associated with a budget request you have submitted for FY 2018-19? If so, cite it here.*

<b>REQUESTED ACTION</b>	<b>Amend</b>
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*Choose from: Add, Delete, Amend, or Codify.*

<b>OTHER AGENCIES AFFECTED</b>	<b>State Transportation Infrastructure Bank</b>
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*Which other agencies would be affected by the recommended action? How?*

<b>SUMMARY &amp; EXPLANATION</b>	<p>This proviso directs the State Ports Authority to pay the State Transportation Infrastructure Bank \$1,000,000 annually from other general fund or operating fund surplus and any funds appropriated to the authority in prior fiscal years that are unspent as of 7/1/17 to continue the Charleston Cooper River Bridge Project.</p> <p>The request is to amend the FY2017 – 2018 proviso to change the dates from 6/30/18 to 6/30/19 and 7/1/17 to 7/1/18. This proviso meets the obligations of the Ports Authority to the State Infrastructure Bank’s financial agreement with no impact on the general fund. The funds used to pay the Transportation Infrastructure Bank are operating funds of the Ports Authority, none of which are state appropriated funds. Per the Ports Authority, the commitment of the agency is to provide \$1,000,000 per year for 25 years, until 2027.</p>
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*Summarize the existing proviso. If requesting a new proviso, describe the current state of affairs without it. Explain the need for your requested action. For deletion requests due to recent codification, please identify SC Code section where language now appears.*

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<b>FISCAL IMPACT</b>	<p>The funds used to pay the Transportation Infrastructure Bank are operating funds of the State Ports Authority, none of which are state appropriated funds. There is no fiscal impact on the General Fund.</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.*

<b>PROPOSED PROVISIO TEXT</b>	<p>(SPA: Charleston Cooper River Bridge Project) The State Ports Authority shall, from other general fund or operating fund surplus available and any funds appropriated to the authority in prior fiscal years and left unexpended as of July 1, <del>2017-2018</del>, pay to the State Transportation Infrastructure Bank one million dollars before June 30, <del>2018</del> <b>2019</b>, to continue the Charleston Cooper River Bridge Project.</p>
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*Paste FY 2017-18 text above, then bold and underline insertions and strikethrough deletions. For new proviso requests, enter requested text above.*