

<b>AGENCY NAME:</b>	<b>SC Commission for Minority Affairs</b>		
<b>AGENCY CODE:</b>	<b>L46</b>	<b>SECTION:</b>	<b>71</b>



## Fiscal Year 2017-18 Agency Budget Plan

### FORM A – SUMMARY

<b>RECURRING FUNDS (FORM B DECISION PACKAGES)</b>	<p><b>My agency is submitting the following recurring decision packages listed in <u>priority order</u> (Form B):</b> 11485, 11488, 10079, 10182, 11521</p> <p><b>For FY 2017-18, my agency is (mark "X"):</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;"><input checked="" type="checkbox"/></td> <td>Requesting a net increase in recurring General Fund appropriations.</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Not requesting a net increase in recurring General Fund Appropriations.</td> </tr> </table>	<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.		
<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.						
<b>CAPITAL &amp; NON-RECURRING FUNDS (FORM C DECISION PACKAGES)</b>	<p><b>My agency is submitting the following one-time decision packages listed in <u>priority order</u> (Form C):</b></p> <p><b>For FY 2017-18, my agency is (mark "X"):</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;"><input type="checkbox"/></td> <td>Requesting capital and/or non-recurring funds.</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Not requesting capital and/or non-recurring funds.</td> </tr> </table>	<input type="checkbox"/>	Requesting capital and/or non-recurring funds.	<input checked="" type="checkbox"/>	Not requesting capital and/or non-recurring funds.		
<input type="checkbox"/>	Requesting capital and/or non-recurring funds.						
<input checked="" type="checkbox"/>	Not requesting capital and/or non-recurring funds.						
<b>PROVISOS (FORM D)</b>	<p><b>For FY 2017-18, my agency is (mark "X"):</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;"><input type="checkbox"/></td> <td>Requesting a new proviso and/or substantive changes to existing provisos.</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Only requesting technical proviso changes (such as date references).</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Not requesting any proviso changes.</td> </tr> </table>	<input 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 checked="" type="checkbox"/>	Not requesting any proviso changes.
<input 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 checked="" 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>	Thomas J. Smith	803-832-8160	tsmith@cfma.sc.gov
<b>SECONDARY CONTACT:</b>	Lauretha Whaley	803-832-8161	lwhaley@cfma.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>
<b>SIGN/DATE:</b>		10/31/2016
<b>TYPE/PRINT NAME:</b>	Thomas J. Smith, Agency Director	Kenneth Battle, Board Chair

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

<b>AGENCY NAME:</b>	South Carolina Commission for Minority Affairs		
<b>AGENCY CODE:</b>	L46	<b>SECTION:</b>	071

**FORM B – PROGRAM REVISION REQUEST**

<b>DECISION PACKAGE</b>	11485
-------------------------	-------

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

<b>TITLE</b>	I. Administration. Research Program Expansion – Research and Policy Services
--------------	--

*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	\$298,500.00
---------------	--------------

*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.*

<b>ENABLING AUTHORITY</b>	Section 110 of the Title of the 1976 Code, which created the SC Commission for Minority Affairs provides that the agency serves as a single point of contact for the minority community for statistical and technical assistance in the areas of research and planning; works with minority officials on the state, county, and local levels of government in disseminating statistical data and determining its impact on their constituencies and provides statistical analyses for members of the General Assembly on the state of minority communities as the State experiences economic growth and changes.
---------------------------	--

*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.*

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

<b>RECIPIENTS OF FUNDS</b>	This funding request would be used to fill four Statistical and Research Analyst III positions and 1 Grants Coordinator II, to assist the agency with essential grant services and expanded research services. The Research Program Manager will be undertaking up to three major research initiatives in the coming fiscal year (2017-2018) that would be
----------------------------	--

<b>AGENCY NAME:</b>	<b>South Carolina Commission for Minority Affairs</b>		
<b>AGENCY CODE:</b>	<b>L46</b>	<b>SECTION:</b>	<b>071</b>

recurring on an annual to eighteen-month basis. In addition to these research initiatives, the Research Analyst positions would assist the Research Program Manager and the Program Coordinators in our three main program Initiatives, African American, Native American and Hispanic Affairs, with identifying, writing and conducting preliminary analysis on various legislation in order to determine its potential impact on each of the minority populations that the CMA is mandated to serve. The Research Analysts will also interpret and analyze data collected from our minority communities to assess current needs, predict trends, and determine any future action needed by our stakeholders based on the analysis of this collected information. The Grants Coordinator position would assist the agency and research initiative by preparing grant requests, studying agency needs, goals, and priorities and developing and coordinating grant requests to help to fulfill our mandate to seek federal and other funding on behalf of the state for the purpose of implementing programs and services for the minority groups.

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

**ACCOUNTABILITY OF FUNDS**

This funding request will be used to support several strategic planning objectives in the Agency Accountability Report: These objectives include:

- Strategic Objectives 1.1.1, 1.1.2, 1.1.3
- Strategic Objectives 2.1.2, 2.1.3
- Strategic Objectives 3.1.2
- Strategic Objectives 4.2.1, 4.3.2, 4.3.3, 4.3.4.
- Strategic Objectives 7.1.2, 7.1.3

Each of these objectives will advance the agency’s role of information dissemination, some (detailed) level of research and analysis, production of various statistical reports, and grant proposal writing. Each of these objectives is critical to the agency’s ability to meet its statutory requirements as mandated by law.

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

**POTENTIAL OFFSETS**

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

<b>AGENCY NAME:</b>	<b>South Carolina Commission for Minority Affairs</b>		
<b>AGENCY CODE:</b>	<b>L46</b>	<b>SECTION:</b>	<b>071</b>

<b>MATCHING FUNDS</b>	<p>Currently, there are no matching funds for this request.</p>
-----------------------	---

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

<b>FUNDING ALTERNATIVES</b>	<p>There are no other funding resources available for this request.</p>
-----------------------------	---

*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.*

<b>SUMMARY</b>	<p>The Commission for Minority Affairs statute mandates that the agency serves as a single point of contact for the collection and dissemination of statistical data for the African-American, Native American Indian, Hispanic-Latino and Asian populations. In addition, the statute mandates that research be provided to minority officials, the business community, state and local municipal government(s), the general public, as well as members of the General Assembly on an as needed basis. We are also mandated to seek federal and other funding on behalf of the State of South Carolina for the purpose of implementing various programs and services for African Americans, Native American Indians, Hispanics/Latinos, Asians, and other minority groups. This is in keeping with the major goals in the agency’s Accountability Report related to current and ongoing systemic research.</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.*

<b>AGENCY NAME:</b>	<b>South Carolina Commission for Minority Affairs</b>		
<b>AGENCY CODE:</b>	<b>L46</b>	<b>SECTION:</b>	<b>071</b>

<b>METHOD OF CALCULATION</b>	<p>The amount of the request was calculated as follows:</p> <table> <tr> <td>5 FTE Salary</td> <td>\$210,000.00</td> </tr> <tr> <td>Related Fringe</td> <td>\$73,500.00</td> </tr> <tr> <td>Supplies/Travel</td> <td></td> </tr> <tr> <td>    @\$3,000/ea</td> <td>\$15,000.00</td> </tr> <tr> <td>    Total</td> <td>\$298,500.00</td> </tr> </table>	5 FTE Salary	\$210,000.00	Related Fringe	\$73,500.00	Supplies/Travel		@\$3,000/ea	\$15,000.00	Total	\$298,500.00
5 FTE Salary	\$210,000.00										
Related Fringe	\$73,500.00										
Supplies/Travel											
@\$3,000/ea	\$15,000.00										
Total	\$298,500.00										

*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?*

<b>FUTURE IMPACT</b>	<p>The state will not incur any maintenance-of-effort or other obligations by adopting this decision package.</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?*

<b>PRIORITIZATION</b>	<p>If no or insufficient new funds are available in order to meet this need the agency will defer action on this request in FY2017-18.</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.*

<b>INTENDED IMPACT</b>	<p>This decision package is expected to significantly impact the agency's delivery of research services and program outcomes during the next fiscal year and beyond and will significantly increase the agency's ability to provide research services in accordance with its mandate.</p>
------------------------	---

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

<b>AGENCY NAME:</b>	<b>South Carolina Commission for Minority Affairs</b>		
<b>AGENCY CODE:</b>	<b>L46</b>	<b>SECTION:</b>	<b>071</b>

<b>PROGRAM EVALUATION</b>	<p>The effectiveness of the use of these funds would be determined by the increase in the agency's research and the production and dissemination of statistical data and publications as requested. Also the number of grants and other funding to implement programs for our minority communities would increase our ability to provide services for these groups.</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?*

<b>AGENCY NAME:</b>	South Carolina Commission for Minority Affairs		
<b>AGENCY CODE:</b>	L46	<b>SECTION:</b>	071

**FORM B – PROGRAM REVISION REQUEST**

<b>DECISION PACKAGE</b>	<b>10079</b>
-------------------------	--------------

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

<b>TITLE</b>	<b>Allocations Pay Plan/SCRS</b>
--------------	----------------------------------

*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>\$20,535</b>
---------------	-----------------

*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.*

<b>ENABLING AUTHORITY</b>	Regulatory Statute: SC Code of Laws Section 1 – 31 - 10
---------------------------	---

*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.*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark "X" for all that apply:</b>
	<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.	

<b>RECIPIENTS OF FUNDS</b>	N/A
----------------------------	-----

*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>AGENCY NAME:</b>	South Carolina Commission for Minority Affairs		
<b>AGENCY CODE:</b>	L46	<b>SECTION:</b>	071

<b>ACCOUNTABILITY OF FUNDS</b>	N/A
--------------------------------	-----

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

<b>POTENTIAL OFFSETS</b>	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).*

<b>MATCHING FUNDS</b>	No
-----------------------	----

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

<b>FUNDING ALTERNATIVES</b>	No
-----------------------------	----

*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.*

<b>AGENCY NAME:</b>	South Carolina Commission for Minority Affairs		
<b>AGENCY CODE:</b>	L46	<b>SECTION:</b>	071

<b>SUMMARY</b>	Allocation of FY 2018 Pay Plan/SCRS Rate Increase
----------------	---

*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.*

<b>METHOD OF CALCULATION</b>	N/A
------------------------------	-----

*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?*

<b>FUTURE IMPACT</b>	N/A
----------------------	-----

*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?*

<b>AGENCY NAME:</b>	South Carolina Commission for Minority Affairs		
<b>AGENCY CODE:</b>	L46	<b>SECTION:</b>	071

<b>PRIORITIZATION</b>	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.*

<b>INTENDED IMPACT</b>	N/A
------------------------	-----

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

<b>PROGRAM EVALUATION</b>	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?*

<b>AGENCY NAME:</b>	South Carolina Commission for Minority Affairs		
<b>AGENCY CODE:</b>	L46	<b>SECTION:</b>	071

**FORM B – PROGRAM REVISION REQUEST**

<b>DECISION PACKAGE</b>	<b>10182</b>
-------------------------	--------------

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

<b>TITLE</b>	<b>Allocations: Health and Dental</b>
--------------	---------------------------------------

*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>\$2,184</b>
---------------	----------------

*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.*

<b>ENABLING AUTHORITY</b>	Regulatory Statute: SC Code of Laws Section 1 – 31 - 10
---------------------------	---

*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.*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark “X” for all that apply:</b>
	<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.	

<b>RECIPIENTS OF FUNDS</b>	N/A
----------------------------	-----

*What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing*

<b>AGENCY NAME:</b>	South Carolina Commission for Minority Affairs		
<b>AGENCY CODE:</b>	L46	<b>SECTION:</b>	071

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

<b>ACCOUNTABILITY OF FUNDS</b>	N/A
--------------------------------	-----

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

<b>POTENTIAL OFFSETS</b>	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).*

<b>MATCHING FUNDS</b>	No
-----------------------	----

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

<b>FUNDING ALTERNATIVES</b>	No
-----------------------------	----

*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.*

<b>AGENCY NAME:</b>	South Carolina Commission for Minority Affairs		
<b>AGENCY CODE:</b>	L46	<b>SECTION:</b>	071

<b>SUMMARY</b>	Allocation of FY 2018 Health & Dental Rate Increase
----------------	---

*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.*

<b>METHOD OF CALCULATION</b>	N/A
------------------------------	-----

*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?*

<b>FUTURE IMPACT</b>	N/A
----------------------	-----

*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?*

<b>AGENCY NAME:</b>	South Carolina Commission for Minority Affairs		
<b>AGENCY CODE:</b>	L46	<b>SECTION:</b>	071

<b>PRIORITIZATION</b>	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.*

<b>INTENDED IMPACT</b>	N/A
------------------------	-----

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

<b>PROGRAM EVALUATION</b>	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?*

<b>AGENCY NAME:</b>	South Carolina Commission for Minority Affairs		
<b>AGENCY CODE:</b>	L46	<b>SECTION:</b>	071

**FORM B – PROGRAM REVISION REQUEST**

<b>DECISION PACKAGE</b>	<b>11488</b>
-------------------------	--------------

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

<b>TITLE</b>	<b>I. Administration. Program Expansion – Small &amp; Minority Business Initiative</b>
--------------	--

*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>\$250,000.00</b>
---------------	---------------------

*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.*

<b>ENABLING AUTHORITY</b>	S. C Code of Laws, Chapter 31, Section 1-31 - 10through Section 1 – 31 - 50
---------------------------	---

*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.*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark "X" for all that apply:</b>
	<input type="checkbox"/> (Base Adjustment) Allocation of statewide employee benefits.
	<input type="checkbox"/> (Base Adjustment) Realignment within existing programs and lines.
	<input type="checkbox"/> (Base Adjustment) Restructuring of agency programs – <i>requires pre-approval.</i>
	<input type="checkbox"/> IT Technology/Security related
	<input type="checkbox"/> Consulted DTO during development
	<input type="checkbox"/> Related to a Non-Recurring request – If so, Decision Package # _____
	<input checked="" type="checkbox"/> Change in cost of providing current services to existing program audience.
	<input type="checkbox"/> Change in case load / enrollment under existing program guidelines.
	<input type="checkbox"/> Non-mandated change in eligibility / enrollment for existing program.
	<input 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.	

<b>RECIPIENTS OF FUNDS</b>	The SC Commission for Minority Affairs will implement a Statewide Micro Business Development program designed to meet the business needs of aspiring and existing micro businesses around the state with emphasis on parts of the state where unemployment and poverty are pervasive. The program will include, but not limited to, the following:
----------------------------	--

The Commission will hire a qualified consultant capable of providing the following services:

i. Provide *Business Management and Technical Assistance* to aspiring and existing entrepreneurs around the state. This will included business plans, Marketing plans, Business Technical Assistance, Business Management Assistance, Loan Packaging, Financial Literacy, Bonding and Financial Assistance, General Management Assistance, Business Education and Training, Contractor and Subcontractor technical education and training, and business conferences/workshops.

ii. Provide Business Education and Training to entrepreneurs interested in starting a business or those interested in expanding their knowledge on how to run a more successful business. The education and training program will be designed to teach participants technical skills that are essential for managing a competitive business. The program of choice is the NxLevel® for Micro Entrepreneurs.

This hands-on training program will boost Micro businesses ability to compete in the market place, efficiently. Participants will learn how to choose a business idea, develop a marketing plan, explore financing options, and develop a customer service philosophy, as well as other relevant entrepreneurial skills.

The NxLevel education program will also include education/training for Agricultural Business owners. The course targets entrepreneurs who have started or are thinking about starting an agricultural venture that is not tied to large-scale, commodity-style production.

iii. Contractor/Subcontractor Education/Training This training program will teach the skilled-trades contractors and sub-contractors skills that are essential for managing a competitive construction business in today's market. The program will help contractors and subcontractors

- Identify challenges of being a contractor;
- Understand fundamentals of estimating and bidding;
- Learn effective methods for locating, obtaining, managing, and scheduling work
- Understand key concepts of contract management
- Locate resources within the construction industry;
- And more.

*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>AGENCY NAME:</b>	South Carolina Commission for Minority Affairs		
<b>AGENCY CODE:</b>	L46	<b>SECTION:</b>	071

<b>ACCOUNTABILITY OF FUNDS</b>	<p>Goal 4, Strategy 4.3 Goal 3, Strategy 3.1</p>
--------------------------------	--

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

<b>POTENTIAL OFFSETS</b>	<p>None</p>
--------------------------	-------------

*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).*

<b>MATCHING FUNDS</b>	<p>None</p>
-----------------------	-------------

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

<b>FUNDING ALTERNATIVES</b>	<p>There are no other resources available for this request.</p>
-----------------------------	---

*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.*

<b>AGENCY NAME:</b>	<b>South Carolina Commission for Minority Affairs</b>		
<b>AGENCY CODE:</b>	<b>L46</b>	<b>SECTION:</b>	<b>071</b>

<b>SUMMARY</b>	<p>A core mission of the South Carolina Commission for Minority Affairs (CMA) is “to serve as a liaison with community leaders, businesses, and elected officials to build the infrastructure needed to foster economic prosperity among the minority population” of the State. One of our focus areas at the Commission is the development and expansion of minority owned businesses as a means to foster economic prosperity among ethnic minorities in the State.</p> <p>The SC Commission for Minority Affairs Micro Business Education and Technical Assistance Program will provide needed services to existing and startup business owners around the State. The program will address those critical needs of the small and micro business owners by providing a robust business management and technical assistance, and education and training program. The program will serve the minority population for which our agency is required to serve as directed by State statues. Moreover, the program will put emphasis on those geographical areas where poverty and unemployment are high (i.e., the I-95 Corridor). The success of the program will be measureable and the impact will be realized around the State as business owners create income, jobs, and wealth for themselves and their communities.</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.*

<b>METHOD OF CALCULATION</b>	<p>The bases for calculations for this budget amount requested is based on average salaries, overhead costs, and indirect costs associated with administering a program that provides the services that we are proposing for this budget increase. Moreover, we took into account of the level of professional expertise, experience and education required to carry out the duties that will be set forth in this project.</p> <p>Also, we considered information from other organization around the state that provides similar proposed services, have similar staffing costs, and similar direct and indirect costs. These references are available upon request.</p> <p style="text-align: center;">Consultant Services    \$250,000.00</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?*

<b>AGENCY NAME:</b>	<b>South Carolina Commission for Minority Affairs</b>		
<b>AGENCY CODE:</b>	<b>L46</b>	<b>SECTION:</b>	<b>071</b>

<b>FUTURE IMPACT</b>	<p>The state will not incur any maintenance of effort or other obligations by adopting this decision package</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?*

<b>PRIORITIZATION</b>	<p>If no or insufficient new funds are available to meet this need the agency will defer action on this request in FY2017-18.</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.*

<b>INTENDED IMPACT</b>	<p>The Micro Business Development Program will provide business technical assistance, business management, procurement assistance, and education and training to aspiring and currently entrepreneur around the state. The ultimate intent of the program is to develop businesses and business owners in the way that will create and/or increase income for families, create job opportunities, and create wealth among the citizens of South Carolina with emphasis on those families that live in poverty, and where unemployment is high and pervasive.</p>
------------------------	--

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

<b>PROGRAM EVALUATION</b>	<p>Program Evaluation: The program will develop clear and precise goals and objectives that will address the intent of the Micro Business Development program. These goals and objectives will be communicated by way of a Request for Proposal (RFP) from qualified contractors/consultants. The successful contractor/consultant awarded the project will be responsible to providing to the agency details on how and by what measure do they proposed to meet the program's intent. The contractor will make a quantitative and qualitative report on a quarterly and annually basis as to what was accomplished during the reporting period (i.e., number of business plans completed, amount of business loan applications submitted and loan dollars obtained, etc, etc).</p>
---------------------------	--

<b>AGENCY NAME:</b>	<b>South Carolina Commission for Minority Affairs</b>		
<b>AGENCY CODE:</b>	<b>L46</b>	<b>SECTION:</b>	<b>071</b>

---

*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?*

<b>AGENCY NAME:</b>	<b>SC Commission for Minority Affairs</b>		
<b>AGENCY CODE:</b>	<b>L46</b>	<b>SECTION:</b>	<b>71</b>

**FORM E – 3% GENERAL FUND REDUCTION**

<b>DECISION PACKAGE</b>	<b>11521</b>
-------------------------	--------------

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

<b>TITLE</b>	<b>Agency General Fund Reduction</b>
--------------	--------------------------------------

*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>-\$30,622</b>
---------------	------------------

*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.*

<b>METHOD OF CALCULATION</b>	Taken from General fund budget reduction analysis provided by the Department of Administration.
------------------------------	---

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

<b>ASSOCIATED FTE REDUCTIONS</b>	None
----------------------------------	------

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

<b>PROGRAM/ACTIVITY IMPACT</b>	<p><b>I. Administration. Human Trafficking Hotline Initiative.</b>  The Agency received funding for this new program initiative in FY 2016-2017. We would take the 3% reduction from some of the operational costs funded through this new program area. These activities would include some training and technical assistance activities, printed materials, and translation services.</p>
--------------------------------	---

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

<b>AGENCY NAME:</b>	<b>SC Commission for Minority Affairs</b>		
<b>AGENCY CODE:</b>	<b>L46</b>	<b>SECTION:</b>	<b>71</b>

<b>SUMMARY</b>	<p>The Human Trafficking Hotline is intended to reduce the incidences of violations of federal immigration laws or related provisions of South Carolina law by any non-United States citizen or immigrant, and allegations of violations of any federal immigration laws or related provisions in South Carolina law against any non-United States citizen or immigrant by the reporting, investigation, and the prosecution of the same.</p> <p>We are in the process of establishing a statewide twenty-four hour toll free telephone number for the receiving, recording, collecting, and reporting of allegations of violations of federal immigration laws or related provisions of South Carolina law by any non-United States citizen or immigrant, and allegations of violations of any federal immigration laws or related provisions in South Carolina law against any non-United States citizen or immigrant. This reduction in services would impact our ability to provide awareness, outreach and technical assistance throughout the State regarding human trafficking.</p>
----------------	--

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