

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



Fiscal Year 2018-19 Agency Budget Plan

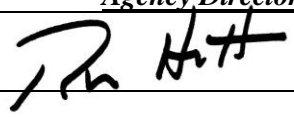
FORM A - BUDGET PLAN SUMMARY

OPERATING REQUESTS (FORM B1)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">For FY 2018-19, my agency is (mark "X"):</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Requesting General Fund Appropriations.</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Requesting Federal/Other Authorization.</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Not requesting any changes.</td> </tr> </table>	For FY 2018-19, my agency is (mark "X"):		<input checked="" type="checkbox"/>	Requesting General Fund Appropriations.	<input checked="" type="checkbox"/>	Requesting Federal/Other Authorization.	<input type="checkbox"/>	Not requesting any changes.
For FY 2018-19, my agency is (mark "X"):									
<input checked="" type="checkbox"/>	Requesting General Fund Appropriations.								
<input checked="" type="checkbox"/>	Requesting Federal/Other Authorization.								
<input type="checkbox"/>	Not requesting any changes.								
NON-RECURRING REQUESTS (FORM B2)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">For FY 2018-19, my agency is (mark "X"):</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Requesting Non-Recurring Appropriations.</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Requesting Non-Recurring Federal/Other Authorization.</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Not requesting any changes.</td> </tr> </table>	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.
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)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">For FY 2018-19, my agency is (mark "X"):</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Requesting funding for Capital Projects.</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Not requesting any changes.</td> </tr> </table>	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.		
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)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">For FY 2018-19, my agency is (mark "X"):</td> </tr> <tr> <td style="text-align: center;"><input checked="" 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 type="checkbox"/></td> <td>Not requesting any proviso changes.</td> </tr> </table>	For FY 2018-19, 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.
For FY 2018-19, 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 2018-19 Agency Budget Plan, which is complete and accurate to the extent of my knowledge.

	<u>Agency Director</u>	<u>Board or Commission Chair</u>
SIGN/DATE:		
TYPE/PRINT NAME:	Robert M. Hitt III	

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

Fiscal Year 2018-19 Budget Request Executive Summary

Agency Code: P320
 Agency Name: SC Department of Commerce
 Section:

BUDGET REQUESTS			FUNDING					FTES				
Priority	Request Type	Request Title	State	Federal	Earmarked	Restricted	Total	State	Federal	Earmarked	Restricted	Total
1	B1 - Recurring	Closing Fund	2,500,000				2,500,000					0.00
2	B2 - Non-Recurring	Closing Fund	2,700,000				2,700,000					0.00
3	B2 - Non-Recurring	Locate - SC	4,000,000				4,000,000					0.00
4	B2 - Non-Recurring	Research/Applied Research Centers	3,000,000				3,000,000					0.00
5	B2 - Non-Recurring	Military Base Task Force	600,000				600,000					0.00
6	B1 - Recurring	South Carolina Manufacturing Extension Partnership (SCMEP)	250,000				250,000					0.00
7	B1 - Recurring	Appalachian Regional Commission (ARC) statewide assessment	150,000				150,000					0.00
8	B2 - Non-Recurring	Disaster Recovery	50,000				50,000					0.00
9	B1 - Recurring	Disaster Recovery - Federal Authority		47,000,000			47,000,000					0.00
10	B1 - Recurring	Other Fund Authority			106,000	44,000	150,000					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			13,250,000	47,000,000	106,000	44,000	60,400,000	0.00	0.00	0.00	0.00	0.00

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

FORM B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY	1 – Form #13467
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Provide the Agency Priority Ranking from the Executive Summary.

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

AMOUNT	General: \$2,500,000 Federal: Other: Total: \$2,500,000
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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.

NEW POSITIONS	None
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Please provide the total number of new positions needed for this request.

FACTORS ASSOCIATED WITH THE REQUEST	Mark “X” for all that apply:
	<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
	<input type="checkbox"/> IT Technology/Security related
	<input type="checkbox"/> Consulted DTO during development
<input checked="" type="checkbox"/> Related to a Non-Recurring request – If so, Priority # <u> 2 </u>	

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES	Mark “X” for primary applicable Statewide Enterprise Strategic Objective:
	<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	

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

ACCOUNTABILITY OF FUNDS	<p>1.1.1, 1.2.1. Increase the number of new/retained jobs and capital investment recruited into South Carolina.</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?

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

JUSTIFICATION OF REQUEST	<p>The SC Department of Commerce is requesting \$5,200,000 in funding (combined recurring and nonrecurring) 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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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. If new positions have been requested, explain why existing vacancies are not sufficient.

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

FORM B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY	6 – Form #13472
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Provide the Agency Priority Ranking from the Executive Summary.

TITLE	South Carolina Manufacturing Extension Partnership (SCMEP)
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Provide a brief, descriptive title for this request.

AMOUNT	General: \$250,000 Federal: Other: Total: \$250,000
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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.

NEW POSITIONS	None
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Please provide the total number of new positions needed for this request.

FACTORS ASSOCIATED WITH THE REQUEST	Mark “X” for all that apply:	
	<input type="checkbox"/>	Change in cost of providing current services to existing program audience
	<input checked="" type="checkbox"/>	Change in case load/enrollment under existing program guidelines
	<input type="checkbox"/>	Non-mandated change in eligibility/enrollment for existing program
	<input type="checkbox"/>	Non-mandated program change in service levels or areas
	<input type="checkbox"/>	Proposed establishment of a new program or initiative
	<input type="checkbox"/>	Loss of federal or other external financial support for existing program
	<input type="checkbox"/>	Exhaustion of fund balances previously used to support program
	<input type="checkbox"/>	IT Technology/Security related
	<input type="checkbox"/>	Consulted DTO during development
	Related to a Non-Recurring request – If so, Priority # _____	

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES	Mark “X” for primary applicable Statewide Enterprise Strategic Objective:	
	<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

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

ACCOUNTABILITY OF FUNDS	1.1.2,2.1.1,2.2.1. Number of small businesses receiving services
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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?

RECIPIENTS OF FUNDS	These funds would pay for the services provided by SCMEP.
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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?

JUSTIFICATION OF REQUEST	SCMEP is a vital ally in our existing industry ally network SCMEP assists with communicating with existing industries to understand their opportunities and barriers that limit their success. This appropriation would increase the amount of services provided by SCMEP to small businesses with less than 20 employees. SCMEP services can be utilized and strengthen these small businesses that call South Carolina home.
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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. If new positions have been requested, explain why existing vacancies are not sufficient.

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AGENCY CODE:	P320	SECTION:	50

FORM B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY	7 – Form #13473 <i>Provide the Agency Priority Ranking from the Executive Summary.</i>
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TITLE	Appalachian Regional Commission (ARC) statewide assessment <i>Provide a brief, descriptive title for this request.</i>
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AMOUNT	General: \$150,000 Federal: Other: Total: \$150,000 <i>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.</i>
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NEW POSITIONS	None <i>Please provide the total number of new positions needed for this request.</i>
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FACTORS ASSOCIATED WITH THE REQUEST	Mark “X” for all that apply:
	<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
	<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, Priority # _____	

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES	Mark “X” for primary applicable Statewide Enterprise Strategic Objective:
	<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	

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

ACCOUNTABILITY OF FUNDS	3.2.1, 3.1.2. Continued availability of federal funds
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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?

RECIPIENTS OF FUNDS	The assessment is paid to the Appalachian Regional Commission (ARC).
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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?

JUSTIFICATION OF REQUEST	The Appalachian Regional Commission (ARC) is a regional economic development agency that represents a partnership of federal, state, and local government. Established by an act of Congress in 1965, ARC is composed of the governors of the 13 Appalachian states and a federal co-chair, who is appointed by the president. ARC calculates each state's assessment based off the funds available to each state. South Carolina must remain current on its assessment in order to have access to the \$2.8 million in federal funds. To be eligible, a project must be located in the six county region of Appalachia and benefit residents of Anderson, Cherokee, Greenville, Oconee, Pickens, and Spartanburg counties. The assessment has increased significantly over the past two years from \$82,000 to \$209,000 a year. This funding is, in essence, a match needed to receive federal funds. The 2017 matching rate was \$209,000 assessment for \$2.819 million in grants. 13.5 federal to 1 state ratio.
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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. If new positions have been requested, explain why existing vacancies are not sufficient.

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

FORM B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY	9 – Form #13475 <i>Provide the Agency Priority Ranking from the Executive Summary.</i>
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TITLE	Community Development Block Grant – Disaster Recovery <i>Provide a brief, descriptive title for this request.</i>
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AMOUNT	General: Federal: \$47,000,000 Other: Total: \$47,000,000 <i>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.</i>
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NEW POSITIONS	None <i>Please provide the total number of new positions needed for this request.</i>
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FACTORS ASSOCIATED WITH THE REQUEST	Mark “X” for all that apply:
	<input type="checkbox"/> Change in cost of providing current services to existing program audience
	<input checked="" type="checkbox"/> Change in case load/enrollment under existing program guidelines
	<input type="checkbox"/> Non-mandated change in eligibility/enrollment for existing program
	<input type="checkbox"/> Non-mandated program change in service levels or areas
	<input type="checkbox"/> Proposed establishment of a new program or initiative
	<input type="checkbox"/> Loss of federal or other external financial support for existing program
	<input type="checkbox"/> Exhaustion of fund balances previously used to support program
	<input type="checkbox"/> IT Technology/Security related
	<input checked="" type="checkbox"/> Consulted DTO during development
<input type="checkbox"/> Related to a Non-Recurring request – If so, Priority # <u> 8 </u>	

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES	Mark “X” for primary applicable Statewide Enterprise Strategic Objective:
	<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	

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

ACCOUNTABILITY OF FUNDS	3.2.2. number of damaged homes repaired or replaced.
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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?

RECIPIENTS OF FUNDS	Typical operating costs for a program plus contractor costs.
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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?

JUSTIFICATION OF REQUEST	<p>This program is responsible for disaster recovery for the 2015 Flood and 2016 Hurricane Matthew. USHUD has awarded South Carolina additional funding for both disasters. This additional authority will give the program the needed authority to conduct operations and recovery for the upcoming fiscal year.</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. If new positions have been requested, explain why existing vacancies are not sufficient.

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

FORM B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY	10 – Form #13746 <i>Provide the Agency Priority Ranking from the Executive Summary.</i>
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TITLE	Personnel and Employer Contribution increases <i>Provide a brief, descriptive title for this request.</i>
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AMOUNT	General: Federal: Other:\$150,000 Total: \$150,000 <i>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.</i>
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NEW POSITIONS	None <i>Please provide the total number of new positions needed for this request.</i>
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FACTORS ASSOCIATED WITH THE REQUEST	Mark “X” for all that apply:
	<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
	<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, Priority # _____	

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES	Mark “X” for primary applicable Statewide Enterprise Strategic Objective:
	<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	

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

ACCOUNTABILITY OF FUNDS	Various
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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?

RECIPIENTS OF FUNDS	Personnel and employer Contributions.
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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?

JUSTIFICATION OF REQUEST	Over the past fiscal years, Commerce has seen an increase in other funded personnel services and employer contributions. This increase in authority is to cover the costs of those increases to other funded positions.
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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. If new positions have been requested, explain why existing vacancies are not sufficient.

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FORM B2 – NON-RECURRING OPERATING REQUEST

AGENCY PRIORITY	2 – Form #13468 <i>Provide the Agency Priority Ranking from the Executive Summary.</i>
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TITLE	Closing Fund <i>Provide a brief, descriptive title for this request.</i>
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AMOUNT	\$2,700,000 <i>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.</i>
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FACTORS ASSOCIATED WITH THE REQUEST	Mark “X” for all that apply:
	<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 checked="" type="checkbox"/> Related to a Recurring request – If so, Priority # <u> 1 </u>	

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES	Mark “X” for primary applicable Statewide Enterprise Strategic Objective:
	<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	

ACCOUNTABILITY OF FUNDS	1.1.1, 1.2.1. Increase the number of new/retained jobs and capital investment recruited into South Carolina.
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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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RECIPIENTS OF FUNDS	<p>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.</p>
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What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

JUSTIFICATION OF REQUEST	<p>The SC Department of Commerce is requesting \$5,200,000 in funding (combined recurring and nonrecurring) 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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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?

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

FORM B2 – NON-RECURRING OPERATING REQUEST

AGENCY PRIORITY	3 – Form #13469 <i>Provide the Agency Priority Ranking from the Executive Summary.</i>
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TITLE	Locate-SC <i>Provide a brief, descriptive title for this request.</i>
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AMOUNT	\$4,000,000 <i>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.</i>
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FACTORS ASSOCIATED WITH THE REQUEST	Mark “X” for all that apply:
	<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 # _____	

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES	Mark “X” for primary applicable Statewide Enterprise Strategic Objective:
	<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	

ACCOUNTABILITY OF FUNDS	3.1.1. Assist with the improvements of available inventory of sites and building.
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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?

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

RECIPIENTS OF FUNDS	<p>These funds will be awarded as grants to local governments or ally groups.</p>
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What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

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

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

FORM B2 – NON-RECURRING OPERATING REQUEST

AGENCY PRIORITY	4 – Form #13470 <i>Provide the Agency Priority Ranking from the Executive Summary.</i>
------------------------	--

TITLE	Research/Applied Research Centers <i>Provide a brief, descriptive title for this request.</i>
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AMOUNT	\$3,000,000 <i>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.</i>
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FACTORS ASSOCIATED WITH THE REQUEST	Mark “X” for all that apply:
	<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 # _____	

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES	Mark “X” for primary applicable Statewide Enterprise Strategic Objective:
	<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	

ACCOUNTABILITY OF FUNDS	1.1.2. Increase connection of our business and education communities
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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?

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

RECIPIENTS OF FUNDS	<p>These funds will be awarded as grants to higher education agencies, local organizations or ally groups.</p>
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What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

JUSTIFICATION OF REQUEST	<p>Commerce is seeking to continue to fund initiatives such as the Clemson University Composite Center, 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>
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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?

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

AGENCY PRIORITY	5 – Form #13471
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Provide the Agency Priority Ranking from the Executive Summary.

TITLE	Military Base Task Force
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Provide a brief, descriptive title for this request.

AMOUNT	\$600,000
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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.

FACTORS ASSOCIATED WITH THE REQUEST	Mark “X” for all that apply:
	<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 # _____	

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES	Mark “X” for primary applicable Statewide Enterprise Strategic Objective:
	<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	

ACCOUNTABILITY OF FUNDS	1.1.2. 3.1.2 Continued collaboration between military bases and their communities
--------------------------------	---

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?

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

RECIPIENTS OF FUNDS	Local military base communities
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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?

JUSTIFICATION OF REQUEST	<p>The Military Base Task Force has been funded with non-recurring appropriation over the last few years. This non-recurring appropriation is nearly depleted and additional funds are needed to continue the program. These funds will be used 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>
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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?

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

FORM B2 – NON-RECURRING OPERATING REQUEST

AGENCY PRIORITY	8 – Form #13474 <i>Provide the Agency Priority Ranking from the Executive Summary.</i>
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TITLE	Disaster Recovery <i>Provide a brief, descriptive title for this request.</i>
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AMOUNT	\$50,000 <i>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.</i>
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FACTORS ASSOCIATED WITH THE REQUEST	Mark “X” for all that apply:
	<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 checked="" type="checkbox"/> Related to a Recurring request – If so, Priority # <u> 9 </u>	

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES	Mark “X” for primary applicable Statewide Enterprise Strategic Objective:
	<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	

ACCOUNTABILITY OF FUNDS	3.2.2. Number of damaged homes repaired or replaced
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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?

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

RECIPIENTS OF FUNDS	Typical operating costs of running a program
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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?

JUSTIFICATION OF REQUEST	<p>The Department of Commerce is the grant recipient of Community Development Block Grant – Disaster Recovery funds to address the unmet needs from the October 2015 flood and 2016 Hurricane Matthew. Commerce will receive approximately \$225 million in federal funds to meet these needs. However, we do anticipate that some disaster recovery/emergency preparedness activities will not be eligible under the CDBG-DR program. Commerce is requesting these non-recurring appropriations to cover the actual costs of providing services to affected citizens in areas that are not covered by federal funds.</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?

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

FORM D – PROVISO REVISION REQUEST

NUMBER	50.NEW
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Cite the proviso according to the renumbered list for FY 2018-19 (or mark "NEW").

TITLE	Funding For Rail Infrastructure
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Provide the title from the FY 2017-18 Appropriations Act or suggest a short title for any new request.

BUDGET PROGRAM	N/A
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Identify the associated budget program(s) by name and budget section.

RELATED BUDGET REQUEST	N/A
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Is this request associated with a budget request you have submitted for FY 2018-19? If so, cite it here.

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

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

SUMMARY & EXPLANATION	<p>Rail is an important condition needed for economic development. State-Owned Palmetto Railways has several large rail infrastructure projects. These projects require significant investment to become operational. Commerce is seeking flexibility to utilize a portion of the funding for the Coordinating Council Economic Development (CCED) to assist in the funding of these projects.</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.

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

FISCAL IMPACT	<p>The Coordinating Council Economic Development would have approximately \$2.5-\$3.0 million less funds available if the Secretary of Commerce utilizes this proviso.</p>
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Provide estimates of any fiscal impacts associated with this proviso, whether for state, federal, or other funds. Explain the method of calculation.

PROPOSED PROVISIO TEXT	<p>50.NEW. (CMRC: Funding For Rail Infrastructure) Of the funds authorized for the Coordinating Council for Economic Development under Section 12-10-85 (B), the Secretary of Commerce may utilize these funds toward state-owned rail infrastructure projects.</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.

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

FORM D – PROVISIO REVISION REQUEST

NUMBER	117.133 <i>Cite the proviso according to the renumbered list for FY 2018-19 (or mark "NEW").</i>
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TITLE	Distribution Facility <i>Provide the title from the FY 2017-18 Appropriations Act or suggest a short title for any new request.</i>
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BUDGET PROGRAM	N/A <i>Identify the associated budget program(s) by name and budget section.</i>
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RELATED BUDGET REQUEST	N/A <i>Is this request associated with a budget request you have submitted for FY 2018-19? If so, cite it here.</i>
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REQUESTED ACTION	Amend <i>Choose from: Add, Delete, Amend, or Codify.</i>
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OTHER AGENCIES AFFECTED	None <i>Which other agencies would be affected by the recommended action? How?</i>
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SUMMARY & EXPLANATION	<p>This proviso would allow Palmetto Railways’ Naval Base Intermodal Facility, currently under construction, to be considered a Distribution Facility for the purpose of sales tax exemptions in the same manner as the Ports Authority.</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.

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

FISCAL IMPACT	<p>It is estimated that the sales tax exemption would save Palmetto Railways approximately \$2,000,000.</p>
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Provide estimates of any fiscal impacts associated with this proviso, whether for state, federal, or other funds. Explain the method of calculation.

PROPOSED PROVISO TEXT	<p>117.133. (GP: Distribution Facility) The State Ports Authority <u>and the Navy Base Intermodal Facility owned by Palmetto Railways, a division of the SC Department of Commerce,</u> shall be considered a distribution facility for the purpose of sales tax exemptions associated with the purchase of equipment and construction materials.</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.

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

FORM D – PROVISIO REVISION REQUEST

NUMBER	117.20
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Cite the proviso according to the renumbered list for FY 2018-19 (or mark "NEW").

TITLE	GP: Travel - Subsistence Expenses & Mileage
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Provide the title from the FY 2017-18 Appropriations Act or suggest a short title for any new request.

BUDGET PROGRAM	N/A
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Identify the associated budget program(s) by name and budget section.

RELATED BUDGET REQUEST	N/A
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Is this request associated with a budget request you have submitted for FY 2018-19? If so, cite it here.

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

OTHER AGENCIES AFFECTED	PRT and any other agency that promotes South Carolina.
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Which other agencies would be affected by the recommended action? How?

SUMMARY & EXPLANATION	<p>These changes would allow employees who are promoting South Carolina to received federal per diem for meals while traveling outside of South Carolina. It also allows Canada to be classified as a foreign country while employees are in travel status.</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.

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

FISCAL IMPACT	<p>It is estimated that this changes would result in an increased cost of around \$7,500 which would be adsorbed by current funding levels.</p>
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Provide estimates of any fiscal impacts associated with this proviso, whether for state, federal, or other funds. Explain the method of calculation.

PROPOSED PROVISO TEXT	<p>117.20. (GP: Travel - Subsistence Expenses & Mileage) Travel and subsistence expenses, whether paid from state appropriated, federal, local or other funds, shall be allowed in accordance with the following provisions:</p> <p>(A) Unless otherwise provided in paragraphs B through H of this section, all employees of the State of South Carolina or any agency thereof including employees and members of the governing bodies of each technical college while traveling on the business of the State shall, upon presentation of a paid receipt, be allowed reimbursement for actual expenses incurred for lodging, not to exceed the current maximum lodging rates, excluding taxes, established by the U.S. General Services Administration. The lodging reimbursement for employees of a school district must also conform to these rates when that employee's travel reimbursement is paid by state funds that are transferred to the school district. Agencies may contract with lodging facilities to pay on behalf of an employee. Failure to maintain proper control of direct payments for lodging may result in the revocation of the agency's authority by the Comptroller General or the State Auditor. The employee shall also be reimbursed for the actual expenses incurred in the obtaining of meals except that such costs shall not exceed \$25 per day within the State of South Carolina. For travel outside of South Carolina the maximum daily reimbursement for meals shall not exceed \$32 <u>except for employees traveling upon promotional business for the State of South Carolina may seek reimbursement using the maximum daily rate for meals as established by the federal government per diem rates.</u> Agencies may contract with food or dining facilities to pay for meals on behalf of employees in accordance with rules and regulations established by the Office of Comptroller General. It shall be the responsibility of the agency head to monitor the charges for lodging which might be claimed by his employees in order to determine that such charges are following maximum lodging rates as established by the U.S. General Services Administration. Any exceptions must have the written approval of the agency head, taking into consideration location, purpose of travel or other extenuating circumstances. The provisions of this item shall not apply to Section 42-3-40 of the 1976 Code, and when pertaining to institutions of higher learning, for travel paid with funds other than General Funds.</p> <p>(B) That employees of the State, when traveling outside the United States, Canada, and Puerto Rico upon promotional business for the State of South Carolina shall be entitled to actual expenses for both food and lodging <u>or, for meals, may elect to seek reimbursement using the maximum daily rate for meals as established by the federal government per diem rates for travel in foreign areas.</u></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.

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

FORM D – PROVISIO REVISION REQUEST

NUMBER	50.13
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Cite the proviso according to the renumbered list for FY 2018-19 (or mark "NEW").

TITLE	CMRC: Regional Economic Development Organizations
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Provide the title from the FY 2017-18 Appropriations Act or suggest a short title for any new request.

BUDGET PROGRAM	N/A
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Identify the associated budget program(s) by name and budget section.

RELATED BUDGET REQUEST	N/A
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Is this request associated with a budget request you have submitted for FY 2018-19? If so, cite it here.

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

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

SUMMARY & EXPLANATION	Year change
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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.

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

FISCAL IMPACT	None
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Provide estimates of any fiscal impacts associated with this proviso, whether for state, federal, or other funds. Explain the method of calculation.

PROPOSED PROVISOR TEXT	<p>50.13. (CMRC: Regional Economic Development Organizations) The Department of Commerce shall utilize \$5,000,000 appropriated in Fiscal Year 2017-18 2018-19 for Regional Economic Development Organizations to provide funds to the following economic development organizations and must be disbursed as follows:</p> <ul style="list-style-type: none"> (1) Upstate Alliance \$ 750,000; (2) Central SC Economic Development Alliance \$ 750,000; (3) North Eastern Strategic Alliance (NESA) \$ 745,000; (4) Charleston Regional Development Alliance \$ 660,000; (5) I-77 Alliance \$ 600,000; (6) Economic Development Partnership \$ 450,000; (7) Southern Carolina Alliance \$ 460,000; and (8) The LINK Economic Alliance \$ 385,000. <p>Each dollar of state funds must be matched with one dollar of private funds. The organization receiving state funds must certify that the private funds are new dollars specifically designated for the purpose of matching state funds and have not been previously allocated or designated for economic development. No funds appropriated in this proviso may be used for routine operating costs of the organization as defined by the Department of Commerce.</p> <p>The remaining \$200,000 shall be provided to counties as follows, provided they meet the requirements established above:</p> <ul style="list-style-type: none"> (1) Beaufort County \$ 140,000; and (2) Lancaster County \$ 60,000. <p>Upon receipt of the request for the funds and certification of the matching funds, the Department of Commerce shall disburse the funds to the requesting organization.</p> <p>Funds recipients shall provide an annual report by November first, to the Chairmen of the Senate Finance Committee and the House Ways and Means Committee and the Secretary of Commerce on the expenditure of the funds and on the outcome measures.</p> <p>Any unexpended, unallocated, or undistributed funds appropriated in prior fiscal years for Regional Economic Development Organizations shall first be made available to Regional Economic Development Organizations and any remainder shall be transferred to the Rural Infrastructure Fund at the Department of Commerce. If more than one alliance applies for the same funds, the funds will be distributed pro-rata.</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.

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

FORM D – PROVISIO REVISION REQUEST

NUMBER	117.134
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Cite the proviso according to the renumbered list for FY 2018-19 (or mark "NEW").

TITLE	GP: Catastrophic Weather Event
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Provide the title from the FY 2017-18 Appropriations Act or suggest a short title for any new request.

BUDGET PROGRAM	N/A
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Identify the associated budget program(s) by name and budget section.

RELATED BUDGET REQUEST	N/A
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Is this request associated with a budget request you have submitted for FY 2018-19? If so, cite it here.

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

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

SUMMARY & EXPLANATION	Year change
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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.

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

FISCAL IMPACT	<p>Year change only.</p>
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Provide estimates of any fiscal impacts associated with this proviso, whether for state, federal, or other funds. Explain the method of calculation.

PROPOSED PROVISIO TEXT	<p>117.134. (GP: Catastrophic Weather Event) Any improvements made to real property or personal property used as a residence, such as a mobile home or manufactured housing unit, damaged during the catastrophic weather event in October 2015 or Hurricane Matthew of 2016, after the event and before June 30, 2018 <u>2019</u>, is not considered an improvement and does not require a re-appraisal. This provision only applies if as a result of the catastrophic weather event, the improvements made to the property were funded by the United States Department of Housing and Urban Development Block Grant - Disaster Recovery program. This provision also applies if, at the discretion of the county and using qualifications determined by the county, the improvements were made with the assistance of a volunteer organization active in disaster, or a similar volunteer organization.</p> <p>(B) During the current fiscal year, the property tax value of an eligible property shall remain the same unless an assessable transfer of interest occurs. No refund is allowed on account of values adjusted as provided in this provision.</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.

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

**FORM E – AGENCY COST SAVINGS AND GENERAL FUND REDUCTION
CONTINGENCY PLAN**

TITLE	Agency Cost Savings and General Fund Reduction Contingency Plan
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AMOUNT	<p>\$1,351,115</p> <p><i>What is the General Fund 3% reduction amount (minimum based on the FY 2017-18 recurring appropriations)? This amount should correspond to the reduction spreadsheet prepared by EBO.</i></p>
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ASSOCIATED FTE REDUCTIONS	<p>None</p> <p><i>How many FTEs would be reduced in association with this General Fund reduction?</i></p>
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PROGRAM/ACTIVITY IMPACT	<p>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, Workforce and Small and Existing Business.</p> <p><i>What programs or activities are supported by the General Funds identified?</i></p>
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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, Workforce 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>
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Please provide a detailed summary of service delivery impact caused by a reduction in General Fund Appropriations and provide the method of calculation for anticipated reductions. Agencies should prioritize reduction in expenditures that have the least significant impact on service delivery.

AGENCY COST SAVINGS PLANS	<p>Commerce would need to re-evaluate future travel, hiring decisions, and other spending plans to implement a cost saving plan. Any saving from implementation of a re-evaluation would be either utilized in an investment into a new strategic initiative or carried forward into the next year.</p>
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What measures does the agency plan to implement to reduce its costs and operating expenses by more than \$50,000? Provide a summary of the measures taken and the estimated amount of savings. How does the agency plan to repurpose the savings?