

AGENCY NAME:	South Carolina Department of Transportation		
AGENCY CODE:	U120	SECTION:	84



Fiscal Year 2017-18 Agency Budget Plan

FORM A – SUMMARY

RECURRING FUNDS (FORM B DECISION PACKAGES)	My agency is submitting the following recurring decision packages listed in <u>priority order (FormB)</u> : 9307/9314/9317/9326/9335/9384/9387/9393/9396/9437/9440/9527/9878/.	
	For FY 2017-18, my agency is (mark "X"):	
	<input checked="" type="checkbox"/>	Requesting a net increase in recurring General Fund appropriations.
	<input type="checkbox"/>	Not requesting a net increase in recurring General Fund Appropriations.

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

PROVISOS (FORM D)	For FY 2017-18, my agency is (mark "X"):	
	<input checked="" type="checkbox"/>	Requesting a new proviso and/or substantive changes to existing provisos.
	<input type="checkbox"/>	Only requesting technical proviso changes (such as date references).
	<input type="checkbox"/>	Not requesting any proviso changes.

Please identify your agency's preferred contacts for this year's budget process.

	<u>Name</u>	<u>Phone</u>	<u>Email</u>
PRIMARY CONTACT:	Kace L. Smith	737-1259	smithkl@scdot.org
SECONDARY CONTACT:	Scott A. Ludlam	737-2919	ludlamsa@scdot.org

I have reviewed and approved the enclosed FY 2017-18 Agency Budget Plan, which is complete and accurate to the extent of my knowledge.

SIGN/DATE:	<u>Agency Director</u> 	<u>Board or Commission Chair</u>
	Christy A. Hall, PE	Mike Wooten, Commission Chair

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

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FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	9317
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Revenue: Commerce Berkeley County – Volvo Fund 43809000
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Provide a brief, descriptive title for this request.

AMOUNT	\$21,843,750
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What is the net change in requested appropriations for FY 2017-18? This amount should correspond to the decision package's total in PBF across all funding sources.

ENABLING AUTHORITY	S.C. Code Section 57-3-110. Inter-Agency agreement between SCDOT and the SC Department of Commerce signed November 17, 2015 for \$35 million.
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What specific state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority? Please avoid citing general provisions of law where possible, and instead cite to the most specific legal authority supporting the request.

FACTORS ASSOCIATED WITH THE REQUEST	Mark "X" for all that apply:
	<input type="checkbox"/> (Base Adjustment) Allocation of statewide employee benefits.
	<input checked="" 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.

RECIPIENTS OF FUNDS	Funds will primarily go to contractors, vendors, and professional services in accordance with SCDOT procurement policies and procedures.
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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

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

ACCOUNTABILITY OF FUNDS	<p>Error! Not a valid link.</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?

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

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

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

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SUMMARY	<p>Construction is based on the current project plan increasing.</p>
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Using as much detail as necessary to make an informed decision regarding this request, provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.

METHOD OF CALCULATION	<p>Amount forecasted using SCDOT's engineering project plan.</p>
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How was the amount of the request calculated? List the per unit or per FTE costs of implementation. What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?

FUTURE IMPACT	<p>N/A</p>
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Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been

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identified and/or obtained by your agency?

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

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

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

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FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	9878
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Revenues: 44909000 – Highway Fund
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Provide a brief, descriptive title for this request.

AMOUNT	\$208,008,636
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What is the net change in requested appropriations for FY 2017-18? This amount should correspond to the decision package's total in PBF across all funding sources.

ENABLING AUTHORITY	S.C. Code Sections 57-3-110, 57-3-130, 56-3-710, 57-5-340, 57-11-20, 30-4-10, 12-28-10 to 12-28-2490, Title 23 of US Code of Law, Act 98 of the 120 th Session for 2014-2014 of the General Assembly S.C. Code Section 12-36-2647. Act 275 – S1258 of the 121 st Session for 2015-2016.
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What specific state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority? Please avoid citing general provisions of law where possible, and instead cite to the most specific legal authority supporting the request.

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

RECIPIENTS OF FUNDS	Funds will primarily go to contractors, vendors, and professional services in accordance with SCDOT procurement policies and procedures.
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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

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

ACCOUNTABILITY OF FUNDS	Error! Not a valid link.
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What specific agency objective, as outlined in the agency's accountability report, does this funding request support? How would this request advance that objective?

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

MATCHING FUNDS	Federal revenue from the Federal Highway Administration is a reimbursement for federally eligible expenditures. These expenditures do require a match, usually around 16%.
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Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source, amount, and terms of the match requirement.

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

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SUMMARY	<p>Reimbursements were adjusted to reflect expected increase in eligible federal reimbursement expenditures. There are no expected FEMA reimbursements in FY18. Gas Tax receipts were based on estimates given by the Fiscal Affairs Office. Estimate is net of IFTA. Additional revenues were adjusted based on historical actuals.</p>
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Using as much detail as necessary to make an informed decision regarding this request, provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.

METHOD OF CALCULATION	<p>Analysis of eligible federal reimbursable expenditures and analysis of revenues received in prior years.</p>
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How was the amount of the request calculated? List the per unit or per FTE costs of implementation. What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?

FUTURE IMPACT	<p>No.</p>
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Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been

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identified and/or obtained by your agency?

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

INTENDED IMPACT	Adequate funding helps provide for construction and improvements of the state highway system roads.
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What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?

PROGRAM EVALUATION	Through State Highway road system condition and level of service.
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How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?

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FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	9440
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Revenues: 48629000 Non Federal Aid
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Provide a brief, descriptive title for this request.

AMOUNT	(\$61,225,328)
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What is the net change in requested appropriations for FY 2017-18? This amount should correspond to the decision package's total in PBF across all funding sources.

ENABLING AUTHORITY	The Non-Federal Aid Highway Fund was established by Act 176 during the 116 th Legislative Session, 2005-2006 S.C. Code section 57-11-20.
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What specific state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority? Please avoid citing general provisions of law where possible, and instead cite to the most specific legal authority supporting the request.

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

RECIPIENTS OF FUNDS	Funds will primarily go to contractors, vendors, and professional services in accordance with SCDOT procurement policies and procedures.
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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

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

ACCOUNTABILITY OF FUNDS	Error! Not a valid link.
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What specific agency objective, as outlined in the agency's accountability report, does this funding request support? How would this request advance that objective?

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

MATCHING FUNDS	No.
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Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source, amount, and terms of the match requirement.

FUNDING ALTERNATIVES	None
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What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.

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SUMMARY	<p>Reduction due to Act 275 Legislation which moves the Auto sales Tax to the highway fund.</p>
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Using as much detail as necessary to make an informed decision regarding this request, provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.

METHOD OF CALCULATION	<p>Analysis of actual revenues from prior years.</p>
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How was the amount of the request calculated? List the per unit or per FTE costs of implementation. What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?

FUTURE IMPACT	<p>No.</p>
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Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been

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identified and/or obtained by your agency?

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

INTENDED IMPACT	The SCDOT Non Federal Aid account is greatly impacted by the loss of the Act 98 car sales tax estimated at \$65m annually. As a result, SCDOT is requesting recurring state appropriations, PBF 9527, to maintain the level of support needed for the Non Federal Aid System and ongoing road maintenance projects.
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What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?

PROGRAM EVALUATION	Maintain and improve the state's Non Federal Aid secondary road system condition and level of service.
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How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?

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FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	9437
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Provide the decision package number issued by the PBF system (“Governor’s Request”).

TITLE	Revenues: 47D7 Toll Road
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Provide a brief, descriptive title for this request.

AMOUNT	\$315,000
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What is the net change in requested appropriations for FY 2017-18? This amount should correspond to the decision package’s total in PBF across all funding sources.

ENABLING AUTHORITY	S.C. Code Section 57-3-615 and Sections 57-5-1340, 1495.
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What specific state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority? Please avoid citing general provisions of law where possible, and instead cite to the most specific legal authority supporting the request.

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

RECIPIENTS OF FUNDS	The recipient of the funding is the external vendor that manages the toll operation, and funding to support internal support staff tasked with operations.
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What individuals or entities would receive these funds (contractors, vendors, grantees,

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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	Error! Not a valid link.
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What specific agency objective, as outlined in the agency’s accountability report, does this funding request support? How would this request advance that objective?

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

MATCHING FUNDS	No.
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Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source, amount, and terms of the match requirement.

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

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

METHOD OF CALCULATION	Analysis of actual revenues from prior years.
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How was the amount of the request calculated? List the per unit or per FTE costs of implementation. What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?

FUTURE IMPACT	No.
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Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been

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identified and/or obtained by your agency?

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

INTENDED IMPACT	No impact to service delivery and program outcomes.
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What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?

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

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FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	9387
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Tolls
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Provide a brief, descriptive title for this request.

AMOUNT	(\$59,631)
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What is the net change in requested appropriations for FY 2017-18? This amount should correspond to the decision package's total in PBF across all funding sources.

ENABLING AUTHORITY	S.C. Code Section 57-5-1330 and 1340.
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What specific state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority? Please avoid citing general provisions of law where possible, and instead cite to the most specific legal authority supporting the request.

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

RECIPIENTS OF FUNDS	Service providers used in our Cross Island Toll Road and debt service providers for the debt service associated with the toll road.
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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

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

ACCOUNTABILITY OF FUNDS	1.1.1, 3.1.1
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What specific agency objective, as outlined in the agency's accountability report, does this funding request support? How would this request advance that objective?

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

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

FUNDING ALTERNATIVES	None.
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What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.

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SUMMARY	<p>The budget for debt service is decreased as the amount needed in 2017 continues to decrease until completion in 2022.</p>
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Using as much detail as necessary to make an informed decision regarding this request, provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.

METHOD OF CALCULATION	<p>Debt Service Schedule.</p>
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How was the amount of the request calculated? List the per unit or per FTE costs of implementation. What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?

FUTURE IMPACT	<p>N/A</p>
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Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been

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identified and/or obtained by your agency?

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

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

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

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FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	9393
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Agency Personal Services/Employee Benefits
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Provide a brief, descriptive title for this request.

AMOUNT	\$17,979,463
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What is the net change in requested appropriations for FY 2017-18? This amount should correspond to the decision package's total in PBF across all funding sources.

ENABLING AUTHORITY	S. C. Code Section 57-3-110.
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What specific state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority? Please avoid citing general provisions of law where possible, and instead cite to the most specific legal authority supporting the request.

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

RECIPIENTS OF FUNDS	SCDOT staff.
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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

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

ACCOUNTABILITY OF FUNDS	1.1.1, 1.2.1, 2.1.1, 2.2.1, 2.3.1, 3.1.1, 3.1.2, 3.2.1, 3.3.1, 3.4.1, 4.1.1, and 4.2.1
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What specific agency objective, as outlined in the agency's accountability report, does this funding request support? How would this request advance that objective?

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

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

FUNDING ALTERNATIVES	None
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What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.

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SUMMARY	<p>Anticipated expenditures and general pay increase in 2016. Additional fringe budget is needed to accommodate an increase in health (.5%) and retirement (8%).</p>
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Using as much detail as necessary to make an informed decision regarding this request, provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.

METHOD OF CALCULATION	<p>Based on current filled FTE position and salaries.</p>
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How was the amount of the request calculated? List the per unit or per FTE costs of implementation. What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?

FUTURE IMPACT	<p>Personal services are a recurring level of funding.</p>
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Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been

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identified and/or obtained by your agency?

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

INTENDED IMPACT	SCDOT provides employees with cost of living increases as approved by the State. SCDOT does not receive state general appropriations for the cost of living increases. In an effort of to remain competitive, SCDOT must fund these increases with road maintenance/repair funding.
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What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?

PROGRAM EVALUATION	Competitive compensation levels reduce staff turnover, and additional expense being used in staff training solely due to staff turnover.
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How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?

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FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	9307, 9314
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Engineering and Construction – Port Access Road – Fund 40959000
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Provide a brief, descriptive title for this request.

AMOUNT	\$13,766,229 Increased for budget and for revenue.
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What is the net change in requested appropriations for FY 2017-18? This amount should correspond to the decision package's total in PBF across all funding sources.

ENABLING AUTHORITY	Interagency agreement between the State Ports Authority and SCDOT. S.C. Code Section 57-3-110.
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What specific state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority? Please avoid citing general provisions of law where possible, and instead cite to the most specific legal authority supporting the request.

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

RECIPIENTS OF FUNDS	Right of Way payments to property owners and service providers for construction contracts.
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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

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

ACCOUNTABILITY OF FUNDS	1.1.1, 1.2.1, 2.1.1, 2.2.1, 2.3.1, 3.1.1, 3.1.2, 3.2.1, 3.3.1, 3.4.1, 4.1.1, and 4.2.1
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What specific agency objective, as outlined in the agency's accountability report, does this funding request support? How would this request advance that objective?

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

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

FUNDING ALTERNATIVES	None
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What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.

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SUMMARY	<p>SCDOT will oversee the Port Access Road construction project and process all payments on behalf of the State Ports Authority.</p>
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Using as much detail as necessary to make an informed decision regarding this request, provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.

METHOD OF CALCULATION	<p>Based on construction progress as estimated by the State Ports Authority.</p>
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How was the amount of the request calculated? List the per unit or per FTE costs of implementation. What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?

FUTURE IMPACT	<p>N/A</p>
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Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been

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identified and/or obtained by your agency?

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

INTENDED IMPACT	Funds provided from the State Ports Authority to SCDOT will be used for expenditures paid on behalf of the State Ports Authority for the Port Access Road project. SCDOT oversees the project.
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What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?

PROGRAM EVALUATION	Periodic evaluation of the construction progress.
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How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?

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FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	9527
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Provide the decision package number issued by the PBF system (“Governor’s Request”).

TITLE	Non-Federal Aid Maintenance (\$65m)
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Provide a brief, descriptive title for this request.

AMOUNT	\$65,000,000 – Recurring Request for State Appropriation 1001
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What is the net change in requested appropriations for FY 2017-18? This amount should correspond to the decision package’s total in PBF across all funding sources.

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

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

RECIPIENTS OF FUNDS	Contractors and vendors supplying materials for projects related to the Non Federally eligible road system.
----------------------------	---

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

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ACCOUNTABILITY OF FUNDS	1.1.1, 2.1.1, 2.2.1, 4.2.1
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What specific agency objective, as outlined in the agency's accountability report, does this funding request support? How would this request advance that objective?

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

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

FUNDING ALTERNATIVES	None
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What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.

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SUMMARY	<p>Funding is greatly needed to replenish the Non-Federal Aid program in an effort to maintain the service level for continuing projects on the Non Federal Aid system.</p>
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Using as much detail as necessary to make an informed decision regarding this request, provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.

METHOD OF CALCULATION	<p>None.</p>
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How was the amount of the request calculated? List the per unit or per FTE costs of implementation. What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?

FUTURE IMPACT	<p>Preservation and Maintenance of the non-federally eligible secondary road system greatly depends on additional funding to replenish the loss of approximately \$65m annually from the loss of the Act 98 car sales tax program.</p>
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Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been

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identified and/or obtained by your agency?

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

INTENDED IMPACT	A better maintained secondary road system.
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What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?

PROGRAM EVALUATION	Level of service provided through maintenance and preservation of secondary roads.
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How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?

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FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	9335
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Highway Fund Program Operations
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Provide a brief, descriptive title for this request.

AMOUNT	\$260,883,993
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What is the net change in requested appropriations for FY 2017-18? This amount should correspond to the decision package's total in PBF across all funding sources.

ENABLING AUTHORITY	S.C. Code Section 57-3-110. S. C. Code Section 11-43-160 (A) (1) (SCTIB 1 Cent Transfer)
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What specific state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority? Please avoid citing general provisions of law where possible, and instead cite to the most specific legal authority supporting the request.

FACTORS ASSOCIATED WITH THE REQUEST	Mark "X" for all that apply:
	<input type="checkbox"/> (Base Adjustment) Allocation of statewide employee benefits.
	<input checked="" 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.

RECIPIENTS OF FUNDS	Vendors who provide services to SCDOT. For example liability insurance, debt service providers, contractors). SC Transportation Infrastructure Bank (STIB)
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What individuals or entities would receive these funds (contractors, vendors, grantees,

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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	1.1.1, 1.2.1, 2.1.1, 2.2.1, 2.3.1, 3.1.1, 3.1.2, 3.2.1, 3.3.1, 3.4.1, 4.1.1, and 4.2.1
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What specific agency objective, as outlined in the agency’s accountability report, does this funding request support? How would this request advance that objective?

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

MATCHING FUNDS	Engineering and Construction expenditures are reimbursable by FHWA.
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Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source, amount, and terms of the match requirement.

FUNDING ALTERNATIVES	Funding provided as a portion of fuel revenues.
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What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.

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SUMMARY	<p>Construction program based on the current project plan is increasing. Projects are let, and payments to vendors are projected after analyzing construction milestones and anticipated payments due to vendors. Reduction in debt service per amortization schedule. Debt associated with CTC project. SCDOT administration is requesting a budget increase for anticipated increasing in the agency insurance paid with "Operating" within Administration. Land and Buildings program is requesting a budget increase in anticipation of installing a sprinkler system at the SCDOT headquarters building and performing additional maintenance to SCDOT buildings. Additional authorization needed to pay the SCTIB for the 1 cent equivalent annual funding to capitalize the SCTIB. Increase due to in part to the Revenue and Fiscal Affairs' forecast for a minimal gas increase usage in 2017.</p>
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Using as much detail as necessary to make an informed decision regarding this request, provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.

METHOD OF CALCULATION	<p>Amount forecasted using SCDOT's engineering project plan and debt service amortization schedule.</p>
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How was the amount of the request calculated? List the per unit or per FTE costs of implementation. What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?

FUTURE IMPACT	<p>N/A</p>
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Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been

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identified and/or obtained by your agency?

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

INTENDED IMPACT	Maintenance and Preservation of the state’s highway system, thereby mitigating future costs incurred by a deteriorating system of roads.
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What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?

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

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FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	9384
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Non-Federal Aid Maintenance
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Provide a brief, descriptive title for this request.

AMOUNT	\$31,156,262
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What is the net change in requested appropriations for FY 2017-18? This amount should correspond to the decision package's total in PBF across all funding sources.

ENABLING AUTHORITY	The Non-Federal Aid Highway Fund was established by Act 176 during the 116 th Legislative Session, 2005-06 S.C. Code Section 57-11-20.
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What specific state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority? Please avoid citing general provisions of law where possible, and instead cite to the most specific legal authority supporting the request.

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

RECIPIENTS OF FUNDS	Road repair service providers and vendors supplying materials.
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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

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AGENCY CODE:	U120	SECTION:	84

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

ACCOUNTABILITY OF FUNDS	1.1.1, 2.1.1, 2.2.1, 4.2.1
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What specific agency objective, as outlined in the agency's accountability report, does this funding request support? How would this request advance that objective?

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

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

FUNDING ALTERNATIVES	None
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What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.

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SUMMARY	<p>SCDOT is realigning the budget for anticipated use of the funding concentrated on resurfacing work.</p>
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Using as much detail as necessary to make an informed decision regarding this request, provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.

METHOD OF CALCULATION	<p>Amount forecasted using SCDOT's engineering project plan.</p>
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How was the amount of the request calculated? List the per unit or per FTE costs of implementation. What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?

FUTURE IMPACT	<p>Preservation and Maintenance of the non-federally eligible secondary road system.</p>
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Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been

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identified and/or obtained by your agency?

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

INTENDED IMPACT	A better maintained secondary road system.
------------------------	--

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

PROGRAM EVALUATION	Level of service provided through maintenance and preservation of secondary roads.
---------------------------	--

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

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FORM C – CAPITAL OR NON-RECURRING APPROPRIATION REQUEST

DECISION PACKAGE	9326
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Rest Area Renovations
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Provide a brief, descriptive title for this request.

AMOUNT	\$10,000,000 – Capital Non-Recurring
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How much is requested for this project in FY 2017-18?

BUDGET PROGRAM	I Administration B. Land and Buildings
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Identify the associated budget program(s) by name and budget section.

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

SUMMARY	<p>Replace the east bound Charleston County Rest Area on Interstate I-26 (SCDOT 6100801) and one pair of rest areas located in Sumter County on Interstate I-95 (SCDOT 1430201/1430301), and perform a light rehabilitation to the west bound Berkeley County Rest Area on Interstate I-26 to ensure its use during hurricane evacuations (SCDOT 6080501). The rest areas to be addressed with this funding are more than 30 years old. The existing facilities do not have family assistance restrooms, limited accessibility for the disabled and no air conditioning. The rest area replacement projects will include replacing the rest area building, vending, storage and picnic shelters with site improvements to include improving vehicular flow, resurface paving, and install new sidewalks, and curbs.</p>
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Provide a summary of the project and explain why it is necessary. If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.

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CLASSIFICATION OF FUNDS	Capital Project and is part of our CPIP.
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Is this request in support of a capital project or is it in support of other non-recurring expenditures? If this request is for a capital project, is it included in the agency's CPIP (please include CPIP year and priority)? How does this project rank in priority to all other nonrecurring agency requests?

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

FUNDING ALTERNATIVES	None
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What other possible funding sources were considered?

LONG-TERM PLANNING AND SUSTAINABILITY	None
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What other funds have already been invested in this project (source/type, amount, timeframe)? Will other capital and/or operating funds for this project be requested in the future? If so, how much, and in which fiscal years? Has a source for those funds been identified/secured?

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

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FORM D – PROVISO REVISION REQUEST

NUMBER	84.1
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Cite the proviso according to the renumbered list for FY 2017-18 (or mark "NEW").

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

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

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

REQUESTED ACTION	Codify
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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	<p>The Department of Transportation is hereby authorized to expend all cash balances brought forward from the previous year and all income including all federal funds, unexpended general funds and proceeds from bond sales accruing to the Department of Transportation, but in no case shall the expenditures of the Department of Transportation exceed the amount of cash balances brought forward from the preceding year plus the amount of all income including federal funds, general funds and proceeds from bond sales.</p>
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Summarize the existing proviso. If requesting a new proviso, describe the current state of affairs without it.

AGENCY NAME:	South Carolina Department of Transportation		
AGENCY CODE:	U120	SECTION:	84

EXPLANATION	<p>Codification is requested because of the recurring need for SCDOT to carry forward cash balances, and is expected to continue indefinitely.</p>
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Explain the need for your requested action. For deletion requests due to recent codification, please identify SC Code section where language now appears.

FISCAL IMPACT	<p>No Fiscal Impact.</p>
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Provide estimates of any fiscal impacts associated with this proviso, whether for state, federal, or other funds. Explain the method of calculation.

AGENCY NAME:	South Carolina Department of Transportation		
AGENCY CODE:	U120	SECTION:	84

<p>PROPOSED PROVISO TEXT</p>	<p>N/A</p>
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Paste FY 2016-17 text above, then bold and underline insertions and strikethrough deletions. For new proviso requests, enter requested text above.

AGENCY NAME:	South Carolina Department of Transportation		
AGENCY CODE:	U120	SECTION:	84

FORM D – PROVISO REVISION REQUEST

NUMBER	84.2
---------------	-------------

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

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

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

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

REQUESTED ACTION	Codify
-------------------------	---------------

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	<p>The Department of Transportation with the approval of the State Treasurer is hereby authorized to set up with the State Treasurer such special funds out of the Department of Transportation funds as may be deemed advisable for proper accounting purposes.</p>
----------------	--

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

AGENCY NAME:	South Carolina Department of Transportation		
AGENCY CODE:	U120	SECTION:	84

EXPLANATION	<p>Special fund authorization is a recurring need for SCDOT. We need flexibility to establish special funds to maintain funding sources in a segregated manner.</p>
--------------------	---

Explain the need for your requested action. For deletion requests due to recent codification, please identify SC Code section where language now appears.

FISCAL IMPACT	<p>No fiscal impact.</p>
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Provide estimates of any fiscal impacts associated with this proviso, whether for state, federal, or other funds. Explain the method of calculation.

AGENCY NAME:	South Carolina Department of Transportation		
AGENCY CODE:	U120	SECTION:	84

<p>PROPOSED PROVISO TEXT</p>	<p>N/A</p>
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Paste FY 2016-17 text above, then bold and underline insertions and strikethrough deletions. For new proviso requests, enter requested text above.

AGENCY NAME:	South Carolina Department of Transportation		
AGENCY CODE:	U120	SECTION:	84

FORM D – PROVISO REVISION REQUEST

NUMBER	84.3
---------------	-------------

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

TITLE	Secure Bonds & Insurance
--------------	-------------------------------------

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

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

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

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

REQUESTED ACTION	Codify
-------------------------	---------------

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

OTHER AGENCIES AFFECTED	None
--------------------------------	------

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

SUMMARY	<p>The Department of Transportation is hereby authorized to secure bonds and insurance covering such activities of the department as may be deemed proper and advisable, due consideration being given to the security offered and the service of claims.</p>
----------------	---

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

AGENCY NAME:	South Carolina Department of Transportation		
AGENCY CODE:	U120	SECTION:	84

EXPLANATION	<p>SCDOT expects the recurring need to secure bonds and insurance as necessary to support approved construction programs.</p>
--------------------	---

Explain the need for your requested action. For deletion requests due to recent codification, please identify SC Code section where language now appears.

FISCAL IMPACT	<p>No fiscal impact.</p>
----------------------	--------------------------

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

AGENCY NAME:	South Carolina Department of Transportation		
AGENCY CODE:	U120	SECTION:	84

PROPOSED PROVISO TEXT	N/A
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Paste FY 2016-17 text above, then bold and underline insertions and strikethrough deletions. For new proviso requests, enter requested text above.

AGENCY NAME:	South Carolina Department of Transportation		
AGENCY CODE:	U120	SECTION:	84

FORM D – PROVISO REVISION REQUEST

NUMBER	84.4
---------------	-------------

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

TITLE	Benefits
--------------	-----------------

Provide the title from the FY 2016-17 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.

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

REQUESTED ACTION	Codify
-------------------------	---------------

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	<p>Employees of the Department of Transportation shall receive equal compensation increases, health insurance benefits and employee bonuses provided in this act for employees of the State generally. The amount will be funded from Department of Transportation funding sources.</p>
----------------	---

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

AGENCY NAME:	South Carolina Department of Transportation		
AGENCY CODE:	U120	SECTION:	84

EXPLANATION	<p>SCDOT expects to continue to provide equal compensation increases, health insurance, and employee bonuses as given by the State of South Carolina funded by State General Funds at the statewide level.</p>
--------------------	--

Explain the need for your requested action. For deletion requests due to recent codification, please identify SC Code section where language now appears.

FISCAL IMPACT	<p>Fiscal impact would be the amount of additional employee compensation as given to all State employees at the statewide level.</p>
----------------------	--

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

AGENCY NAME:	South Carolina Department of Transportation		
AGENCY CODE:	U120	SECTION:	84

<p>PROPOSED PROVISO TEXT</p>	<p>N/A</p>
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Paste FY 2016-17 text above, then bold and underline insertions and strikethrough deletions. For new proviso requests, enter requested text above.

AGENCY NAME:	South Carolina Department of Transportation		
AGENCY CODE:	U120	SECTION:	84

FORM D – PROVISO REVISION REQUEST

NUMBER	84.5
---------------	-------------

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

TITLE	Document Fees
--------------	----------------------

Provide the title from the FY 2016-17 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.

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

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

REQUESTED ACTION	Codify
-------------------------	---------------

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	<p>The Department of Transportation is hereby authorized to establish an appropriate schedule of fees to be charged for copies of records, lists, bidder's proposals, plans, maps, etc. based upon approximate actual costs and handling costs of producing such copies, lists, bidder's proposals, plans, maps, etc.</p>
----------------	---

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

AGENCY NAME:	South Carolina Department of Transportation		
AGENCY CODE:	U120	SECTION:	84

EXPLANATION	<p>The SC Department of Transportation expects to continue to receive requests for copies of records, lists, bidder’s proposals, plans, and maps and expects to continue to charge an appropriate fee for providing the materials.</p>
--------------------	--

Explain the need for your requested action. For deletion requests due to recent codification, please identify SC Code section where language now appears.

FISCAL IMPACT	<p>No fiscal impact.</p>
----------------------	--------------------------

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

AGENCY NAME:	South Carolina Department of Transportation		
AGENCY CODE:	U120	SECTION:	84

<p>PROPOSED PROVISO TEXT</p>	<p>N/A</p>
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Paste FY 2016-17 text above, then bold and underline insertions and strikethrough deletions. For new proviso requests, enter requested text above.

AGENCY NAME:	South Carolina Department of Transportation		
AGENCY CODE:	U120	SECTION:	84

FORM D – PROVISO REVISION REQUEST

NUMBER	84.6
---------------	-------------

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

TITLE	Meals in Emergency Operations
--------------	--------------------------------------

Provide the title from the FY 2016-17 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.

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

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

REQUESTED ACTION	Codify
-------------------------	---------------

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	<p>The Department of Transportation may provide meals to employees of the department who are not permitted to leave assigned duty stations and are required to work during deployment, emergency simulation exercises, and when the Governor declares a state of emergency.</p>
----------------	---

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

AGENCY NAME:	South Carolina Department of Transportation		
AGENCY CODE:	U120	SECTION:	84

EXPLANATION	<p>The SC Department of Transportation expects to continue to provide meals to employees of the department, when employees are not permitted to leave assigned work stations during deployment, emergency simulation exercises or states of emergency as declared by the Governor.</p>
--------------------	--

Explain the need for your requested action. For deletion requests due to recent codification, please identify SC Code section where language now appears.

FISCAL IMPACT	<p>Fiscal impact would depend on the exercises or emergency situations. The department would absorb the fiscal impact.</p>
----------------------	--

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

AGENCY NAME:	South Carolina Department of Transportation		
AGENCY CODE:	U120	SECTION:	84

<p>PROPOSED PROVISO TEXT</p>	<p>N/A</p>
---	------------

Paste FY 2016-17 text above, then bold and underline insertions and strikethrough deletions. For new proviso requests, enter requested text above.

AGENCY NAME:	South Carolina Department of Transportation		
AGENCY CODE:	U120	SECTION:	84

FORM D – PROVISO REVISION REQUEST

NUMBER	84.7
---------------	-------------

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

TITLE	Rest Area Water Rates
--------------	------------------------------

Provide the title from the FY 2016-17 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.

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

REQUESTED ACTION	Codify
-------------------------	---------------

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

OTHER AGENCIES AFFECTED	None
--------------------------------	-------------

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

SUMMARY	<p>For the current fiscal year, rest areas of the Department of Transportation shall be charged in-district water rates by providers of water and sewer services, unless the rate currently charged by the provider is less than in-district rates.</p>
----------------	---

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

AGENCY NAME:	South Carolina Department of Transportation		
AGENCY CODE:	U120	SECTION:	84

EXPLANATION	<p>The South Carolina Department of Transportation expects to continue to be charged in-district water rates by providers of water and sewer for rest areas.</p>
--------------------	--

Explain the need for your requested action. For deletion requests due to recent codification, please identify SC Code section where language now appears.

FISCAL IMPACT	<p>No Fiscal Impact.</p>
----------------------	--------------------------

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

AGENCY NAME:	South Carolina Department of Transportation		
AGENCY CODE:	U120	SECTION:	84

<p>PROPOSED PROVISO TEXT</p>	<p>N/A</p>
---	------------

Paste FY 2016-17 text above, then bold and underline insertions and strikethrough deletions. For new proviso requests, enter requested text above.

AGENCY NAME:	South Carolina Department of Transportation		
AGENCY CODE:	U120	SECTION:	84

FORM D – PROVISO REVISION REQUEST

NUMBER	84.9
---------------	-------------

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

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

BUDGET PROGRAM	Tree Removal
-----------------------	---------------------

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

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

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

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

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

OTHER AGENCIES AFFECTED	None
--------------------------------	-------------

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

SUMMARY	<p>The Department of Transportation is prohibited from using funds authorized by this act for clear cutting, or other similar activities, in the median of Interstate 26 from approximately mile marker 170 to approximately mile marker 199 between Summerville and Interstate 95, except for the following mile marker locations: 170 to 171, 175 to 176, 182 to 183, 187 to 191, and 193 to 199.</p>
----------------	---

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

AGENCY NAME:	South Carolina Department of Transportation		
AGENCY CODE:	U120	SECTION:	84

EXPLANATION	The project is complete, and the proviso is no longer needed.
--------------------	---

Explain the need for your requested action. For deletion requests due to recent codification, please identify SC Code section where language now appears.

FISCAL IMPACT	N/A
----------------------	-----

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

AGENCY NAME:	South Carolina Department of Transportation		
AGENCY CODE:	U120	SECTION:	84

<p>PROPOSED PROVISO TEXT</p>	<p>N/A</p>
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Paste FY 2016-17 text above, then bold and underline insertions and strikethrough deletions. For new proviso requests, enter requested text above.

AGENCY NAME:	South Carolina Department of Transportation		
AGENCY CODE:	U120	SECTION:	84

FORM D – PROVISO REVISION REQUEST

NUMBER	84.12
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Cite the proviso according to the renumbered list for FY 2017-18 (or mark "NEW").

TITLE	CTC – Project Expansion
--------------	--------------------------------

Provide the title from the FY 2016-17 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.

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

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

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	<p>Of the funds distributed to County Transportation Committees (CTC), no more than twenty percent may be utilized for ancillary initiatives that improve the areas adjacent to roads under their jurisdiction for economic development or safety purposes. Ancillary initiatives may include, but are not limited to, drainage improvements, signage, lighting, sidewalks and other safety or economic-development related projects. If a CTC expends funds pursuant to this provision, the CTC must document the anticipated results on economic development or safety relative to the project.</p>
----------------	---

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

AGENCY NAME:	South Carolina Department of Transportation		
AGENCY CODE:	U120	SECTION:	84

EXPLANATION	<p>Funds have been distributed to the CTCs in state fiscal 2016 according to H.4230. The proviso is no longer needed.</p>
--------------------	---

Explain the need for your requested action. For deletion requests due to recent codification, please identify SC Code section where language now appears.

FISCAL IMPACT	<p>No fiscal impact.</p>
----------------------	--------------------------

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

AGENCY NAME:	South Carolina Department of Transportation		
AGENCY CODE:	U120	SECTION:	84

<p>PROPOSED PROVISO TEXT</p>	<p>N/A</p>
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Paste FY 2016-17 text above, then bold and underline insertions and strikethrough deletions. For new proviso requests, enter requested text above.

AGENCY NAME:	South Carolina Department of Transportation		
AGENCY CODE:	U120	SECTION:	84

FORM D – PROVISO REVISION REQUEST

NUMBER	84.13
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Cite the proviso according to the renumbered list for FY 2017-18 (or mark "NEW").

TITLE	General Fund Balance Carry Forward
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Provide the title from the FY 2016-17 Appropriations Act or suggest a short title for any new request.

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

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

REQUESTED ACTION	Codify
-------------------------	---------------

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	<p>The Department of Transportation may carry forward any unexpended general fund balance from the prior fiscal year and expend those funds in the current fiscal year.</p>
----------------	---

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

AGENCY NAME:	South Carolina Department of Transportation		
AGENCY CODE:	U120	SECTION:	84

EXPLANATION	<p>SCDOT needs to carryforward state fund balances for completion of state approved projects.</p>
--------------------	---

Explain the need for your requested action. For deletion requests due to recent codification, please identify SC Code section where language now appears.

FISCAL IMPACT	<p>No Fiscal Impact.</p>
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Provide estimates of any fiscal impacts associated with this proviso, whether for state, federal, or other funds. Explain the method of calculation.

AGENCY NAME:	South Carolina Department of Transportation		
AGENCY CODE:	U120	SECTION:	84

<p>PROPOSED PROVISO TEXT</p>	<p>N/A</p>
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Paste FY 2016-17 text above, then bold and underline insertions and strikethrough deletions. For new proviso requests, enter requested text above.

AGENCY NAME:	South Carolina Department of Transportation		
AGENCY CODE:	U120	SECTION:	84

FORM D – PROVISO REVISION REQUEST

NUMBER	117.110
	<i>Cite the proviso according to the renumbered list for FY 2017-18 (or mark "NEW").</i>
TITLE	South Carolina Welcome Centers
	<i>Provide the title from the FY 2016-17 Appropriations Act or suggest a short title for any new request.</i>
BUDGET PROGRAM	N/A
	<i>Identify the associated budget program(s) by name and budget section.</i>
DECISION PACKAGE	N/A
	<i>Is this request associated with a decision package you have submitted for FY 2017-18? If so, cite it here.</i>
REQUESTED ACTION	Delete
	<i>Choose from: Add, Delete, Amend, or Codify.</i>
OTHER AGENCIES AFFECTED	None
	<i>Which other agencies would be affected by the recommended action? How?</i>
SUMMARY	<p>The Department of Parks, Recreation and Tourism and the Department of Transportation shall maintain a Memorandum of Understanding (MOU) that provides that the Department of Parks, Recreation and Tourism shall control operations of all South Carolina Welcome Centers. The MOU shall include replacement, renovation and maintenance of the facilities, daily operations, and grounds maintenance and upkeep and shall clearly define responsibility for additional portions of Welcome Centers to include paving and sidewalks. The Department of Transportation shall transfer to the Department of Parks, Recreation and Tourism the amount of \$3,313,560 less any state funds appropriated by the General Assembly for the same purpose. The Department of Parks, Recreation and Tourism assumes responsibility for this amount and the timing of the transfer of these funds shall be defined as part of the MOU. The funds transferred to the Department of Parks, Recreation and Tourism shall be placed in a separate and distinct fund and these funds shall be carried forward from the prior fiscal year into the current fiscal year and be expended for the same purposes.</p>

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

AGENCY NAME:	South Carolina Department of Transportation		
AGENCY CODE:	U120	SECTION:	84

EXPLANATION	<p>The SC Department of Transportation and the South Carolina Department of Parks, Recreation and Tourism entered into a Memorandum of Understanding (MOU) that meets all the requirements of the proviso.</p>
--------------------	--

Explain the need for your requested action. For deletion requests due to recent codification, please identify SC Code section where language now appears.

FISCAL IMPACT	<p>No Fiscal Impact.</p>
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Provide estimates of any fiscal impacts associated with this proviso, whether for state, federal, or other funds. Explain the method of calculation.

AGENCY NAME:	South Carolina Department of Transportation		
AGENCY CODE:	U120	SECTION:	84

<p>PROPOSED PROVISO TEXT</p>	<p>N/A</p>
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Paste FY 2016-17 text above, then bold and underline insertions and strikethrough deletions. For new proviso requests, enter requested text above.

AGENCY NAME:	South Carolina Department of Transportation		
AGENCY CODE:	U120	SECTION:	84

FORM D – PROVISO REVISION REQUEST

NUMBER	117.122
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Cite the proviso according to the renumbered list for FY 2017-18 (or mark "NEW").

TITLE	County Transportation Committee Road Program Supplement
--------------	--

Provide the title from the FY 2016-17 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.

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

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

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	<p>The South Carolina Transportation Infrastructure Bank shall transfer the \$50,000,000 appropriated by Act 92 of 2015 to the Department of Transportation. The department shall distribute these funds to the County Transportation Committee Road Program pursuant to Section 12-28-2740 of the 1976 Code. County Transportation Committees shall utilize the funds distributed pursuant to this proviso solely for use on the state-owned highway system for paving, rehabilitation, resurfacing, and/or reconstruction, and bridge repair, replacement, or reconstruction. No funds from this allocation shall be used for any road, bridge, or highway that is not part of the state owned system. Unexpended funds appropriated pursuant to this provision may be carried forward and expended for the same purposes.</p>
----------------	--

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

AGENCY NAME:	South Carolina Department of Transportation		
AGENCY CODE:	U120	SECTION:	84

EXPLANATION	<p>The SCTIB will transfer \$50m in non-recurring funding to SCDOT in FY 2017, and SCDOT will in turn transfer \$50m in non-recurring to the CTC. The transfer was completed in FY 2017.</p>
--------------------	--

Explain the need for your requested action. For deletion requests due to recent codification, please identify SC Code section where language now appears.

FISCAL IMPACT	<p>No Fiscal Impact.</p>
----------------------	--------------------------

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

AGENCY NAME:	South Carolina Department of Transportation		
AGENCY CODE:	U120	SECTION:	84

<p>PROPOSED PROVISO TEXT</p>	<p>N/A</p>
---	------------

Paste FY 2016-17 text above, then bold and underline insertions and strikethrough deletions. For new proviso requests, enter requested text above.

AGENCY NAME:	SC Department of Transportation		
AGENCY CODE:	U120	SECTION:	84

FORM E – 3% GENERAL FUND REDUCTION

DECISION PACKAGE	9396
-------------------------	-------------

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

TITLE	Agency General Fund Reduction Analysis – Mass Transit
--------------	--

Provide a brief, descriptive title for this request.

AMOUNT	(\$1,718)
---------------	------------------

What is the General Fund reduction amount (minimum based on the FY 2016-17 recurring appropriations)? This amount should correspond to the decision package's total in PBF.

METHOD OF CALCULATION	3% percent of budget allocation.
------------------------------	----------------------------------

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

ASSOCIATED FTE REDUCTIONS	None
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How many FTEs would be reduced in association with this General Fund reduction?

PROGRAM/ACTIVITY IMPACT	Funding is used to assist in funding statewide transit entities that provide mass transit opportunities, and for non-federally eligible programs that assist transit initiatives.
--------------------------------	---

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

AGENCY NAME:	SC Department of Transportation		
AGENCY CODE:	U120	SECTION:	84

SUMMARY

The 3% general fund reduction will result in a lower level of funding provided to statewide transit entities that currently provide mass transit opportunities.

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