

Agency Name:	Procurement Review Panel		
Agency Code:	S600	Section:	111



Fiscal Year FY 2026-2027

Agency Budget Plan

FORM A - BUDGET PLAN SUMMARY

OPERATING REQUESTS (FORM B1)	For FY 2026-2027, my agency is (mark "X"):	
	☒	Requesting General Fund Appropriations.
	☐	Requesting Federal/Other Authorization.
	☐	Not requesting any changes.
NON-RECURRING REQUESTS (FORM B2)	For FY 2026-2027, my agency is (mark "X"):	
	☐	Requesting Non-Recurring Appropriations.
	☐	Requesting Non-Recurring Federal/Other Authorization.
	☒	Not requesting any changes.
CAPITAL REQUESTS (FORM C)	For FY 2026-2027, my agency is (mark "X"):	
	☐	Requesting funding for Capital Projects.
	☒	Not requesting any changes.
PROVISOS (FORM D)	For FY 2026-2027, my agency is (mark "X"):	
	☐	Requesting a new proviso and/or substantive changes to existing provisos.
	☐	Only requesting technical proviso changes (such as date references).
	☒	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: SECONDARY CONTACT:	Pamela Gillins	(803) 734-0660	pamela.gillins@prp.sc.gov
	Cherlyn Borjes	(803) 734-0661	cherlyn.borjes@prp.sc.gov

I have reviewed and approved the enclosed FY 2026-2027 Agency Budget Plan, which is complete and accurate to the extent of my knowledge.

	<u>Agency Director</u>	<u>Board or Commission Chair</u>
SIGN/DATE:		<i>Willie D. Franks</i> 09/19/2025
TYPE/PRINT NAME:		Willie D. Franks

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

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BUDGET REQUESTS			FUNDING					FTES				
Priority	Request Type	Request Title	State	Federal	Earmarked	Restricted	Total	State	Federal	Earmarked	Restricted	Total
1	B1 - Recurring	Department of Administration Price Increase for Shared Services	12,000	0	0	0	12,000	0.00	0.00	0.00	0.00	0.00
2	B1 - Recurring	Salaries Increase	23,252	0	0	0	23,252	0.00	0.00	0.00	0.00	0.00
TOTALS			35,252	0	0	0	35,252	0.00	0.00	0.00	0.00	0.00

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FORM B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY	1
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Provide the Agency Priority Ranking from the Executive Summary.

TITLE	Department of Administration Price Increase for Shared Services
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Provide a brief, descriptive title for this request.

AMOUNT	General: \$12,000 Federal: \$0 Other: \$0 Total: \$12,000
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What is the net change in requested appropriations for FY 2026-2027? This amount should correspond to the total for all funding sources on the Executive Summary.

NEW POSITIONS	0.00
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Please provide the total number of new positions needed for this request.

FACTORS ASSOCIATED WITH THE REQUEST	Mark “X” for all that apply: <table style="width: 100%;"> <tr><td>☐</td><td>Change in cost of providing current services to existing program audience</td></tr> <tr><td>☐</td><td>Change in case load/enrollment under existing program guidelines</td></tr> <tr><td>☐</td><td>Non-mandated change in eligibility/enrollment for existing program</td></tr> <tr><td>☐</td><td>Non-mandated program change in service levels or areas</td></tr> <tr><td>☐</td><td>Proposed establishment of a new program or initiative</td></tr> <tr><td>☐</td><td>Loss of federal or other external financial support for existing program</td></tr> <tr><td>☐</td><td>Exhaustion of fund balances previously used to support program</td></tr> <tr><td>☒</td><td>IT Technology/Security related</td></tr> <tr><td>☐</td><td>HR/Personnel Related</td></tr> <tr><td>☐</td><td>Consulted DTO during development</td></tr> <tr><td>☐</td><td>Related to a Non-Recurring request – If so, Priority #</td></tr> </table>	☐	Change in cost of providing current services to existing program audience	☐	Change in case load/enrollment under existing program guidelines	☐	Non-mandated change in eligibility/enrollment for existing program	☐	Non-mandated program change in service levels or areas	☐	Proposed establishment of a new program or initiative	☐	Loss of federal or other external financial support for existing program	☐	Exhaustion of fund balances previously used to support program	☒	IT Technology/Security related	☐	HR/Personnel Related	☐	Consulted DTO during development	☐	Related to a Non-Recurring request – If so, Priority #
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☐	Related to a Non-Recurring request – If so, Priority #																						

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES	Mark “X” for primary applicable Statewide Enterprise Strategic Objective: <table style="width: 100%;"> <tr><td>☐</td><td>Education, Training, and Human Development</td></tr> <tr><td>☐</td><td>Healthy and Safe Families</td></tr> <tr><td>☐</td><td>Maintaining Safety, Integrity, and Security</td></tr> <tr><td>☐</td><td>Public Infrastructure and Economic Development</td></tr> <tr><td>☒</td><td>Government and Citizens</td></tr> </table>	☐	Education, Training, and Human Development	☐	Healthy and Safe Families	☐	Maintaining Safety, Integrity, and Security	☐	Public Infrastructure and Economic Development	☒	Government and Citizens
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ACCOUNTABILITY OF FUNDS	This budget request allows us to conduct hearings and resolve cases in a timely manner as outlined in strategy 1.1. It also supports strategy 4.1 which allows us to continue to collaborate with the Division of Technology Operations to ensure the implementation of processes to provide optimal data security. The use of these funds will be evaluated through continued support from the Department of Administration Division of Technology Operations.
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What specific strategy, as outlined in the most recent Strategic Planning and Performance Measurement template of agency's accountability report, does this funding request support? How would this request advance that strategy? How would the use of these funds be evaluated?

	\$12,000 will cover the price increase for shared services provided by the Department of Administration as indicated below
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RECIPIENTS OF FUNDS

Current Rate Annual Charges \$14,160
New Rate Annual Charges \$26,020
Change \$11,861
Change % 83.8%

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

JUSTIFICATION OF REQUEST

As a small, two-person, agency, we rely heavily of the support of the Department of Administration to provide Information Technology support, therefore, it is necessary that we pay the required cost for shared services.

Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. If new positions have been requested, explain why existing vacancies are not sufficient.

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FORM B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY	2
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Provide the Agency Priority Ranking from the Executive Summary.

TITLE	Salaries Increase
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Provide a brief, descriptive title for this request.

AMOUNT	General: \$23,252 Federal: \$0 Other: \$0 Total: \$23,252
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What is the net change in requested appropriations for FY 2026-2027? This amount should correspond to the total for all funding sources on the Executive Summary.

NEW POSITIONS	0.00
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Please provide the total number of new positions needed for this request.

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

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES	Mark “X” for primary applicable Statewide Enterprise Strategic Objective:	
	☐	Education, Training, and Human Development
	☐	Healthy and Safe Families
	☐	Maintaining Safety, Integrity, and Security
	☐	Public Infrastructure and Economic Development
	☒	Government and Citizens

ACCOUNTABILITY OF FUNDS	This budget request allows the agency to employ qualified personnel whose sole responsibility is provide the support needed for the Panel to conduct hearings and resolve cases in a timely manner as outlined in strategy 1.1. The employee(s) receiving these funds will be subject to annual employment evaluations to ensure that exemplary performance is maintained.
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What specific strategy, as outlined in the most recent Strategic Planning and Performance Measurement template of agency’s accountability report, does this funding request support? How would this request advance that strategy? How would the use of these funds be evaluated?

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RECIPIENTS OF FUNDS

The agency is proposing AE30 Attorney III (Gen12): Salary Increase from \$48,298 to \$66,900 (midpoint of salary range)
\$18,602 Salary + \$4,650 Fringe (25%) = \$23,252

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

JUSTIFICATION OF REQUEST

This increase brings this position in line with the average market salary as indicated in the Mercer Study findings and adopted by State Human Resources. Having the flexibility to provide an increase to the current salary should go a long way in the agency being able to retain a highly qualified employee with the unique skill set required for this position. State Human Resources has been consulted and is supportive of this request.

Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. If new positions have been requested, explain why existing vacancies are not sufficient.

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

TITLE	Agency Cost Savings and General Fund Reduction Contingency Plan
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AMOUNT	\$6,034
	<i>What is the General Fund 3% reduction amount? This amount should correspond to the reduction spreadsheet prepared by EBO.</i>

ASSOCIATED FTE REDUCTIONS	N/A
	<i>How many FTEs would be reduced in association with this General Fund reduction?</i>

PROGRAM / ACTIVITY IMPACT	Administrative Programs - The Panel will reduce budget amounts allocated for supplies and services to cover this reduction.
	<i>What programs or activities are supported by the General Funds identified?</i>

SUMMARY	N/A
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AGENCY COST SAVINGS PLANS

N/A	
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What measures does the agency plan to implement to reduce its costs and operating expenses by more than \$50,000? Provide a summary of the measures taken and the estimated amount of savings. How does the agency plan to repurpose the savings?