

<b>AGENCY NAME:</b>	<b>LEGISLATIVE AUDIT COUNCIL</b>		
<b>AGENCY CODE:</b>	<b>A200</b>	<b>SECTION:</b>	<b>91E</b>



## Fiscal Year 2020-21 Agency Budget Plan

### FORM A - BUDGET PLAN SUMMARY

<b>OPERATING REQUESTS (FORM B1)</b>	<b>For FY 2020-21, my agency is (mark "X"):</b>		
	<input type="checkbox"/>	Requesting General Fund Appropriations.	
	<input type="checkbox"/>	Requesting Federal/Other Authorization.	
	<input checked="" type="checkbox"/>	Not requesting any changes.	

<b>NON-RECURRING REQUESTS (FORM B2)</b>	<b>For FY 2020-21, my agency is (mark "X"):</b>		
	<input type="checkbox"/>	Requesting Non-Recurring Appropriations.	
	<input type="checkbox"/>	Requesting Non-Recurring Federal/Other Authorization.	
	<input checked="" type="checkbox"/>	Not requesting any changes.	

<b>CAPITAL REQUESTS (FORM C)</b>	<b>For FY 2020-21, my agency is (mark "X"):</b>		
	<input type="checkbox"/>	Requesting funding for Capital Projects.	
	<input checked="" type="checkbox"/>	Not requesting any changes.	

<b>PROVISOS (FORM D)</b>	<b>For FY 2020-21, my agency is (mark "X"):</b>		
	<input type="checkbox"/>	Requesting a new proviso and/or substantive changes to existing provisos.	
	<input type="checkbox"/>	Only requesting technical proviso changes (such as date references).	
	<input checked="" type="checkbox"/>	Not requesting any proviso changes.	

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

	<u>Name</u>	<u>Phone</u>	<u>Email</u>
<b>PRIMARY CONTACT:</b>	K. Earle Powell Director	253-7612	epowell@lac.sc.gov
<b>SECONDARY CONTACT:</b>	Marcia A. Lindsay Deputy Director	253-7612	mlindsay@lac.sc.gov

I have reviewed and approved the enclosed FY 2020-21 Agency Budget Plan, which is complete and accurate to the extent of my knowledge.

<b>SIGN/DATE:</b>	<u>Agency Director</u>	<u>Board or Commission Chair</u>
	 9.20.19	
<b>TYPE/PRINT NAME:</b>	K. Earle Powell	Phillip F. Laughridge, CPA

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



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**SUMMARY**

**Cuts in Personal Services could hinder performance pay initiatives and staff retention.**

*Please provide a detailed summary of service delivery impact caused by a reduction in General Fund Appropriations and provide the method of calculation for anticipated reductions. Agencies should prioritize reduction in expenditures that have the least significant impact on service delivery.*

**AGENCY COST SAVINGS PLANS**

*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?*