

Agency Name:	Housing Finance & Development Authority		
Agency Code:	L320	Section:	42



**Fiscal Year FY 2021-2022
Agency Budget Plan**

FORM A - BUDGET PLAN SUMMARY

OPERATING REQUESTS <i>(FORM B1)</i>	For FY 2021-2022, my agency is (mark "X"):	
	<input type="checkbox"/>	Requesting General Fund Appropriations.
	<input checked="" type="checkbox"/>	Requesting Federal/Other Authorization.
	<input type="checkbox"/>	Not requesting any changes.

NON-RECURRING REQUESTS <i>(FORM B2)</i>	For FY 2021-2022, my agency is (mark "X"):	
	<input type="checkbox"/>	Requesting Non-Recurring Appropriations.
	<input type="checkbox"/>	Requesting Non-Recurring Federal/Other Authorization.
	<input checked="" type="checkbox"/>	Not requesting any changes.

CAPITAL REQUESTS <i>(FORM C)</i>	For FY 2021-2022, my agency is (mark "X"):	
	<input type="checkbox"/>	Requesting funding for Capital Projects.
	<input checked="" type="checkbox"/>	Not requesting any changes.

PROVISOS <i>(FORM D)</i>	For FY 2021-2022, my agency is (mark "X"):	
	<input type="checkbox"/>	Requesting a new proviso and/or substantive changes to existing provisos.
	<input checked="" 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.

	<i>Name</i>	<i>Phone</i>	<i>Email</i>
PRIMARY CONTACT:	John Morrison	(803) 896-9041	john.morrison@schousing.com
SECONDARY CONTACT:	Flora Wingard	(803) 896-4210	flora.wingard@schousing.com

I have reviewed and approved the enclosed FY 2021-2022 Agency Budget Plan, which is complete and accurate to the extent of my knowledge.

SIGN/DATE: TYPE/PRINT NAME:	<i>Agency Director</i>	<i>Board or Commission Chair</i>
	Bonita Shropshire 9/24/2020 Bonita Shropshire	Robert Mickle 9/24/2020 Robert Mickle

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

Agency Name:	Housing Finance & Development Authority
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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	Housing Initiatives	0	2,032,876	23,589	0	2,056,465	0.00	3.00	0.00	0.00	3.00
2	B1 - Recurring	Executive Administration and Special Projects	0	0	272,130	0	272,130	0.00	0.00	3.00	0.00	3.00
3	B1 - Recurring	Support Services	0	0	-190,248	0	-190,248	0.00	0.00	0.00	0.00	0.00
4	B1 - Recurring	Contract Administration and Compliance	0	6,234,859	0	0	6,234,859	0.00	4.00	0.00	0.00	4.00
5	B1 - Recurring	Rental Assistance	0	398,439	0	0	398,439	0.00	0.00	0.00	0.00	0.00
6	B1 - Recurring	Mortgage Servicing	0	0	-271,927	0	-271,927	0.00	0.00	0.00	0.00	0.00
7	B1 - Recurring	Mortgage Production	0	0	-20,341	0	-20,341	0.00	0.00	1.00	0.00	1.00
8	B1 - Recurring	Finance	0	0	-202,358	0	-202,358	0.00	0.00	0.00	0.00	0.00
9	B1 - Recurring	Housing Tax Credits	0	169,697	0	0	169,697	0.00	0.00	0.00	0.00	0.00
10	B1 - Recurring	Employee Benefits	0	224,224	248,374	0	472,598	0.00	0.00	0.00	0.00	0.00
TOTALS			0	9,060,095	-140,781	0	8,919,314	0.00	7.00	4.00	0.00	11.00

Agency Name:	Housing Finance & Development Authority		
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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	Housing Initiatives
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Provide a brief, descriptive title for this request.

AMOUNT	General: \$0 Federal: \$2,032,876 Other: \$23,589
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Total: \$2,056,465

What is the net change in requested appropriations for FY 2021-2022? This amount should correspond to the total for all funding sources on the Executive Summary.

NEW POSITIONS

3.00

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

FACTORS ASSOCIATED WITH THE REQUEST

Mark "X" for all that apply:

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

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES

Mark "X" for primary applicable Statewide Enterprise Strategic Objective:

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> | Education, Training, and Human Development |
| <input type="checkbox"/> | Healthy and Safe Families |
| <input type="checkbox"/> | Maintaining Safety, Integrity, and Security |
| <input type="checkbox"/> | Public Infrastructure and Economic Development |
| <input checked="" type="checkbox"/> | Government and Citizens |

ACCOUNTABILITY OF FUNDS

- 2 Provide resources to support the cost-effective development of affordable rental housing that addresses the needs of South Carolina.
- 2.1 Finance the construction and preservation of affordable housing with the combined resources of all Development Division programs.
- 2.2 Increase the use of leveraged funds in affordable housing development.
- 2.3 Develop affordable housing for high-demand communities and populations.

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?

RECIPIENTS OF FUNDS

Housing Initiatives Programs provide housing services for low-to-very-low income families and individuals.

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

JUSTIFICATION OF REQUEST

The federal funds increase request will allow the Authority to expend increased federal and program-income on housing programs for low-income families. The funds are used to promote the development of affordable multi-family housing, special needs housing and to allow low income homeowners to remain in their homes by making needed repairs.

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	Executive Administration and Special Projects
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Provide a brief, descriptive title for this request.

AMOUNT	General: \$0 Federal: \$0 Other: \$272,130 Total: \$272,130
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What is the net change in requested appropriations for FY 2021-2022? This amount should correspond to the total for all funding sources on the Executive Summary.

NEW POSITIONS	3.00
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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:	
	<input checked="" type="checkbox"/>	Change in cost of providing current services to existing program audience
	<input checked="" type="checkbox"/>	Change in case load/enrollment under existing program guidelines
	<input type="checkbox"/>	Non-mandated change in eligibility/enrollment for existing program
	<input type="checkbox"/>	Non-mandated program change in service levels or areas
	<input type="checkbox"/>	Proposed establishment of a new program or initiative
	<input type="checkbox"/>	Loss of federal or other external financial support for existing program
	<input type="checkbox"/>	Exhaustion of fund balances previously used to support program
	<input type="checkbox"/>	IT Technology/Security related
	<input type="checkbox"/>	Consulted DTO during development
<input type="checkbox"/>	Related to a Non-Recurring request – If so, Priority #	

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES	Mark "X" for primary applicable Statewide Enterprise Strategic Objective:	
	<input type="checkbox"/>	Education, Training, and Human Development
	<input type="checkbox"/>	Healthy and Safe Families
	<input type="checkbox"/>	Maintaining Safety, Integrity, and Security
	<input type="checkbox"/>	Public Infrastructure and Economic Development
<input checked="" type="checkbox"/>	Government and Citizens	

ACCOUNTABILITY OF FUNDS	<p>1 Assist low- and moderate-income South Carolinians by financing affordable and sustainable homeownership opportunities.</p> <p>2 Provide resources to support the cost-effective development of affordable rental housing that addresses the needs of South Carolina.</p> <p>3 Support the physical and financial condition of existing affordable rental housing through our Rental Assistance & Compliance activities.</p> <p>4 Serve as a responsible steward of public funds and maintain the Authority's financial condition.</p> <p>5 Continue development of a secure, comprehensive technology infrastructure that serves the needs of the Authority and its customers.</p> <p>6 Operate a professional public agency by hiring, developing, and retaining essential talent.</p> <p>7 Establish the Authority as the foremost resource in South Carolina on housing issues and foster new and existing relationships with public and private entities.</p>
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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?

RECIPIENTS OF FUNDS

Loan purchases, grants and other Special Projects will benefit very-low to moderate income families and help them achieve safe and affordable housing.

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

JUSTIFICATION OF REQUEST

The requested increase will provide budget authority for consulting and legal services related to the agency's Homeownership and Rental Development programs. Changing regulations and tightening economy require greater cash management and financial consulting related to the bond programs and other sources of funds to provide mortgages and down payment assistance and subsidize Multi-family development for low-to-moderate income South Carolinians.

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	3
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Provide the Agency Priority Ranking from the Executive Summary.

TITLE	Support Services
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Provide a brief, descriptive title for this request.

AMOUNT	General: \$0 Federal: \$0 Other: (\$190,248) Total: (\$190,248)
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What is the net change in requested appropriations for FY 2021-2022? 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:	
	<input type="checkbox"/>	Change in cost of providing current services to existing program audience
	<input type="checkbox"/>	Change in case load/enrollment under existing program guidelines
	<input type="checkbox"/>	Non-mandated change in eligibility/enrollment for existing program
	<input type="checkbox"/>	Non-mandated program change in service levels or areas
	<input type="checkbox"/>	Proposed establishment of a new program or initiative
	<input type="checkbox"/>	Loss of federal or other external financial support for existing program
	<input type="checkbox"/>	Exhaustion of fund balances previously used to support program
	<input checked="" type="checkbox"/>	IT Technology/Security related
<input checked="" type="checkbox"/>	Consulted DTO during development	
<input type="checkbox"/>	Related to a Non-Recurring request – If so, Priority #	

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES	Mark "X" for primary applicable Statewide Enterprise Strategic Objective:	
	<input type="checkbox"/>	Education, Training, and Human Development
	<input type="checkbox"/>	Healthy and Safe Families
	<input checked="" type="checkbox"/>	Maintaining Safety, Integrity, and Security
	<input type="checkbox"/>	Public Infrastructure and Economic Development
<input type="checkbox"/>	Government and Citizens	

ACCOUNTABILITY OF FUNDS	<p>5 Continue development of a secure, comprehensive technology infrastructure that serves the needs of the Authority and its customers.</p> <p>5.1 Deploy new enterprise software solutions to improve programmatic efficiency.</p> <p>5.2 Serve the needs of internal stakeholders in an effective and timely manner.</p>
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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?

RECIPIENTS OF FUNDS	Administrative Costs and purchases of software and hardware to enhance the Authority's Information Technology (IT) system and IT security.
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What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

The decrease in the request is due to savings from previous purchases of hardware and software that enhance IT operations and increase IT security.

**JUSTIFICATION OF
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 B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY	4
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Provide the Agency Priority Ranking from the Executive Summary.

TITLE	Contract Administration and Compliance
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Provide a brief, descriptive title for this request.

AMOUNT	General: \$0 Federal: \$6,234,859 Other: \$0 Total: \$6,234,859
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What is the net change in requested appropriations for FY 2021-2022? This amount should correspond to the total for all funding sources on the Executive Summary.

NEW POSITIONS	4.00
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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:	
	<input checked="" type="checkbox"/>	Change in cost of providing current services to existing program audience
	<input type="checkbox"/>	Change in case load/enrollment under existing program guidelines
	<input type="checkbox"/>	Non-mandated change in eligibility/enrollment for existing program
	<input type="checkbox"/>	Non-mandated program change in service levels or areas
	<input type="checkbox"/>	Proposed establishment of a new program or initiative
	<input type="checkbox"/>	Loss of federal or other external financial support for existing program
	<input type="checkbox"/>	Exhaustion of fund balances previously used to support program
	<input type="checkbox"/>	IT Technology/Security related
<input type="checkbox"/>	Consulted DTO during development	
<input type="checkbox"/>	Related to a Non-Recurring request – If so, Priority #	

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES	Mark "X" for primary applicable Statewide Enterprise Strategic Objective:	
	<input type="checkbox"/>	Education, Training, and Human Development
	<input checked="" type="checkbox"/>	Healthy and Safe Families
	<input type="checkbox"/>	Maintaining Safety, Integrity, and Security
	<input type="checkbox"/>	Public Infrastructure and Economic Development
<input type="checkbox"/>	Government and Citizens	

ACCOUNTABILITY OF FUNDS	<p>3 Support the physical and financial condition of existing affordable rental housing through our Rental Assistance & Compliance activities.</p> <p>3.1 Perform mandated rental assistance activities in an efficient, effective manner as administrator of HUD's Housing Choice Voucher and Project- Based Rental Assistance programs.</p> <p>3.2 Ensure that properties financed by the Authority are habitable and sustainable.</p>
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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?

RECIPIENTS OF FUNDS	The federal funds pay rent and utilities for very-low income families.
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What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

**JUSTIFICATION OF
REQUEST**

The federal funds increase is for program payments mandated and paid for by the Department of Housing and Urban Development (HUD). The federal funds are paid as rent to apartment complexes under contract with HUD. These complexes house very-low income families and individuals.

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	5
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Provide the Agency Priority Ranking from the Executive Summary.

TITLE	Rental Assistance
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Provide a brief, descriptive title for this request.

AMOUNT	General: \$0 Federal: \$398,439 Other: \$0 Total: \$398,439
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What is the net change in requested appropriations for FY 2021-2022? 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:	
	<input checked="" type="checkbox"/>	Change in cost of providing current services to existing program audience
	<input type="checkbox"/>	Change in case load/enrollment under existing program guidelines
	<input type="checkbox"/>	Non-mandated change in eligibility/enrollment for existing program
	<input type="checkbox"/>	Non-mandated program change in service levels or areas
	<input type="checkbox"/>	Proposed establishment of a new program or initiative
	<input type="checkbox"/>	Loss of federal or other external financial support for existing program
	<input type="checkbox"/>	Exhaustion of fund balances previously used to support program
	<input type="checkbox"/>	IT Technology/Security related
	<input type="checkbox"/>	Consulted DTO during development
<input type="checkbox"/>	Related to a Non-Recurring request – If so, Priority #	

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES	Mark "X" for primary applicable Statewide Enterprise Strategic Objective:	
	<input type="checkbox"/>	Education, Training, and Human Development
	<input checked="" type="checkbox"/>	Healthy and Safe Families
	<input type="checkbox"/>	Maintaining Safety, Integrity, and Security
	<input type="checkbox"/>	Public Infrastructure and Economic Development
<input type="checkbox"/>	Government and Citizens	

ACCOUNTABILITY OF FUNDS	<p>3 Support the physical and financial condition of existing affordable rental housing through our Rental Assistance & Compliance activities.</p> <p>3.1 Perform mandated rental assistance activities in an efficient, effective manner as administrator of HUD's Housing Choice Voucher and Project-Based Rental Assistance programs.</p>
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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?

RECIPIENTS OF FUNDS	The federal funds pay rent and utilities for very-low income families and operating expenses under the HUD Housing Choice Voucher program.
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What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

**JUSTIFICATION OF
REQUEST**

The federal funds increase is for assistance payments and operating expenses paid by HUD. The Housing Choice Voucher program pays rent and utilities on behalf of very-low income families in seven counties. This increase is needed to keep up with rent inflation and the rising administrative costs associated with increasing program complexity.

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	6
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Provide the Agency Priority Ranking from the Executive Summary.

TITLE	Mortgage Servicing
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Provide a brief, descriptive title for this request.

AMOUNT	General: \$0 Federal: \$0 Other: (\$271,927) Total: (\$271,927)
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What is the net change in requested appropriations for FY 2021-2022? 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:	
	<input checked="" type="checkbox"/>	Change in cost of providing current services to existing program audience
	<input type="checkbox"/>	Change in case load/enrollment under existing program guidelines
	<input type="checkbox"/>	Non-mandated change in eligibility/enrollment for existing program
	<input type="checkbox"/>	Non-mandated program change in service levels or areas
	<input type="checkbox"/>	Proposed establishment of a new program or initiative
	<input type="checkbox"/>	Loss of federal or other external financial support for existing program
	<input type="checkbox"/>	Exhaustion of fund balances previously used to support program
	<input type="checkbox"/>	IT Technology/Security related
	<input type="checkbox"/>	Consulted DTO during development
<input type="checkbox"/>	Related to a Non-Recurring request – If so, Priority #	

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES	Mark "X" for primary applicable Statewide Enterprise Strategic Objective:	
	<input type="checkbox"/>	Education, Training, and Human Development
	<input type="checkbox"/>	Healthy and Safe Families
	<input type="checkbox"/>	Maintaining Safety, Integrity, and Security
	<input type="checkbox"/>	Public Infrastructure and Economic Development
<input checked="" type="checkbox"/>	Government and Citizens	

ACCOUNTABILITY OF FUNDS	1.2 Operate an effective servicing division that ensures Authority assets are preserved and minimizes default among our customers and costs associated with providing services.
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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?

RECIPIENTS OF FUNDS	The Servicing Department handles the servicing of all the Authority's single-family and multi-family loans.
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What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

The Authority continues to look for opportunities to cut costs in this area while maintaining quality services to the individuals and families we serve.

**JUSTIFICATION OF
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 B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY	7
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Provide the Agency Priority Ranking from the Executive Summary.

TITLE	Mortgage Production
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Provide a brief, descriptive title for this request.

AMOUNT	General: \$0 Federal: \$0 Other: (\$20,341) Total: (\$20,341)
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What is the net change in requested appropriations for FY 2021-2022? This amount should correspond to the total for all funding sources on the Executive Summary.

NEW POSITIONS	1.00
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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:	
	<input checked="" type="checkbox"/>	Change in cost of providing current services to existing program audience
	<input type="checkbox"/>	Change in case load/enrollment under existing program guidelines
	<input type="checkbox"/>	Non-mandated change in eligibility/enrollment for existing program
	<input type="checkbox"/>	Non-mandated program change in service levels or areas
	<input type="checkbox"/>	Proposed establishment of a new program or initiative
	<input type="checkbox"/>	Loss of federal or other external financial support for existing program
	<input type="checkbox"/>	Exhaustion of fund balances previously used to support program
	<input type="checkbox"/>	IT Technology/Security related
	<input type="checkbox"/>	Consulted DTO during development
<input type="checkbox"/>	Related to a Non-Recurring request – If so, Priority #	

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES	Mark "X" for primary applicable Statewide Enterprise Strategic Objective:	
	<input type="checkbox"/>	Education, Training, and Human Development
	<input type="checkbox"/>	Healthy and Safe Families
	<input type="checkbox"/>	Maintaining Safety, Integrity, and Security
	<input type="checkbox"/>	Public Infrastructure and Economic Development
<input checked="" type="checkbox"/>	Government and Citizens	

ACCOUNTABILITY OF FUNDS	Operate an efficient Mortgage Production division that ensures the Authority sets rates, manages the mortgage pipeline and reviews and purchases eligible mortgage loans.
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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?

RECIPIENTS OF FUNDS	The Mortgage Production group provides mortgage financing and down payment assistance for low-to-moderate income citizens of South Carolina to purchase their first homes.
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What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

The Authority continues to look for opportunities to cut costs in this area while maintaining quality services to the individuals and families we serve.

**JUSTIFICATION OF
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 B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY	8
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Provide the Agency Priority Ranking from the Executive Summary.

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

AMOUNT	<p>General: \$0</p> <p>Federal: \$0</p> <p>Other: (\$202,358)</p> <p>Total: (\$202,358)</p>
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What is the net change in requested appropriations for FY 2021-2022? 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:	
	<input checked="" type="checkbox"/>	Change in cost of providing current services to existing program audience
	<input type="checkbox"/>	Change in case load/enrollment under existing program guidelines
	<input type="checkbox"/>	Non-mandated change in eligibility/enrollment for existing program
	<input type="checkbox"/>	Non-mandated program change in service levels or areas
	<input type="checkbox"/>	Proposed establishment of a new program or initiative
	<input type="checkbox"/>	Loss of federal or other external financial support for existing program
	<input type="checkbox"/>	Exhaustion of fund balances previously used to support program
	<input type="checkbox"/>	IT Technology/Security related
	<input checked="" type="checkbox"/>	Consulted DTO during development
<input type="checkbox"/>	Related to a Non-Recurring request – If so, Priority #	

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES	Mark "X" for primary applicable Statewide Enterprise Strategic Objective:	
	<input type="checkbox"/>	Education, Training, and Human Development
	<input type="checkbox"/>	Healthy and Safe Families
	<input type="checkbox"/>	Maintaining Safety, Integrity, and Security
	<input type="checkbox"/>	Public Infrastructure and Economic Development
	<input checked="" type="checkbox"/>	Government and Citizens

ACCOUNTABILITY OF FUNDS	<p>4 Serve as a responsible steward of public funds and maintain the Authority's financial condition.</p> <p>4.1 Ensure that the Authority's finances are viewed as stable by stakeholders.</p>
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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?

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

The Finance Division is reducing the requested budget based on software that would have been purchased and additional cost savings.

**JUSTIFICATION OF
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.

Agency Name:	Housing Finance & Development Authority		
Agency Code:	L320	Section:	42

FORM B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY	9
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Provide the Agency Priority Ranking from the Executive Summary.

TITLE	Housing Tax Credits
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Provide a brief, descriptive title for this request.

AMOUNT	General: \$0 Federal: \$169,697 Other: \$0 Total: \$169,697
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What is the net change in requested appropriations for FY 2021-2022? 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:	
	<input checked="" type="checkbox"/>	Change in cost of providing current services to existing program audience
	<input type="checkbox"/>	Change in case load/enrollment under existing program guidelines
	<input type="checkbox"/>	Non-mandated change in eligibility/enrollment for existing program
	<input type="checkbox"/>	Non-mandated program change in service levels or areas
	<input type="checkbox"/>	Proposed establishment of a new program or initiative
	<input type="checkbox"/>	Loss of federal or other external financial support for existing program
	<input type="checkbox"/>	Exhaustion of fund balances previously used to support program
	<input type="checkbox"/>	IT Technology/Security related
<input type="checkbox"/>	Consulted DTO during development	
<input type="checkbox"/>	Related to a Non-Recurring request – If so, Priority #	

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES	Mark "X" for primary applicable Statewide Enterprise Strategic Objective:	
	<input type="checkbox"/>	Education, Training, and Human Development
	<input type="checkbox"/>	Healthy and Safe Families
	<input type="checkbox"/>	Maintaining Safety, Integrity, and Security
	<input type="checkbox"/>	Public Infrastructure and Economic Development
<input checked="" type="checkbox"/>	Government and Citizens	

ACCOUNTABILITY OF FUNDS	<p>2 Provide resources to support the cost-effective development of affordable rental housing that addresses the needs of South Carolina.</p> <p>2.1 Finance the construction and preservation of affordable housing with the combined resources of all Development Division programs.</p> <p>2.2 Increase the use of leveraged funds in affordable housing development.</p> <p>2.3 Develop affordable housing for high-demand communities and populations.</p>
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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?

RECIPIENTS OF FUNDS	This increase will pay the increasing administrative costs of the Low-income Tax Credit program.
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What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

**JUSTIFICATION OF
REQUEST**

The Low-income Tax Credit program uses IRS Tax Credits to subsidize the development of new and rehabilitation of existing low-income rental units in the private rental market. This increase request is due to increasing complexity and regulatory requirements of the Tax Credit program.

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

Agency Name:	Housing Finance & Development Authority		
Agency Code:	L320	Section:	42

FORM B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY	10
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Provide the Agency Priority Ranking from the Executive Summary.

TITLE	Employee Benefits
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Provide a brief, descriptive title for this request.

AMOUNT	General: \$0 Federal: \$224,224 Other: \$248,374 Total: \$472,598
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What is the net change in requested appropriations for FY 2021-2022? 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:	
	<input checked="" type="checkbox"/>	Change in cost of providing current services to existing program audience
	<input type="checkbox"/>	Change in case load/enrollment under existing program guidelines
	<input type="checkbox"/>	Non-mandated change in eligibility/enrollment for existing program
	<input type="checkbox"/>	Non-mandated program change in service levels or areas
	<input type="checkbox"/>	Proposed establishment of a new program or initiative
	<input type="checkbox"/>	Loss of federal or other external financial support for existing program
	<input type="checkbox"/>	Exhaustion of fund balances previously used to support program
	<input type="checkbox"/>	IT Technology/Security related
	<input type="checkbox"/>	Consulted DTO during development
<input type="checkbox"/>	Related to a Non-Recurring request – If so, Priority #	

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES	Mark "X" for primary applicable Statewide Enterprise Strategic Objective:	
	<input type="checkbox"/>	Education, Training, and Human Development
	<input type="checkbox"/>	Healthy and Safe Families
	<input type="checkbox"/>	Maintaining Safety, Integrity, and Security
	<input type="checkbox"/>	Public Infrastructure and Economic Development
<input checked="" type="checkbox"/>	Government and Citizens	

ACCOUNTABILITY OF FUNDS	All Objectives – This decrease will better align the budget with actual anticipated expenditures.
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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?

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

The increase is for benefits for the additional FTE's identified from across the Authority's programs.

**JUSTIFICATION OF
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.

FORM D – PROVISO REVISION REQUEST

NUMBER

42.1

Cite the proviso according to the renumbered list (or mark "NEW").

TITLE

HFDA: Federal Rental Assistance Administrative Fee Carry Forward

Provide the title from the renumbered list or suggest a short title for any new request.

BUDGET PROGRAM

Rental Assistance

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

RELATED BUDGET REQUEST

Is this request associated with a budget request you have submitted for FY 2021-2022? 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 & EXPLANATION

Fees earned from HUD programs may be kept by the Authority

Summarize the existing proviso. If requesting a new proviso, describe the current state of affairs without it. Explain the need for your requested action. For deletion requests due to recent codification, please identify SC Code section where language now appears.

FISCAL IMPACT

None

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

**PROPOSED
PROVISO TEXT**

(HFDA: Federal Rental Assistance Administrative Fee Carry Forward) All federal rental assistance administrative fees shall be carried forward to the current fiscal year for use by the authority in the administration of the federal programs under contract with the authority.

Paste existing text above, then bold and underline insertions and strikethrough deletions. For new proviso requests, enter requested text above.

FORM D – PROVISO REVISION REQUEST

NUMBER

42.2

Cite the proviso according to the renumbered list (or mark "NEW").

TITLE

HFDA: Program Expenses Carry Forward

Provide the title from the renumbered list or suggest a short title for any new request.

BUDGET PROGRAM

Mortgage Servicing, Mortgage Production, Executive operations and Special Projects

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

RELATED BUDGET REQUEST

Is this request associated with a budget request you have submitted for FY 2021-2022? 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 & EXPLANATION

Income earned by Bond programs may be kept by the Authority

Summarize the existing proviso. If requesting a new proviso, describe the current state of affairs without it. Explain the need for your requested action. For deletion requests due to recent codification, please identify SC Code section where language now appears.

FISCAL IMPACT

None

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

**PROPOSED
PROVISO TEXT**

(HFDA: Program Expenses Carry Forward) For the prior fiscal year monies withdrawn from the authority's various bond-financed trust indentures and resolutions, which monies are deposited with the State Treasurer to pay program expenses, may be carried forward by the authority into the current fiscal year.

Paste existing text above, then bold and underline insertions and strikethrough deletions. For new proviso requests, enter requested text above.

FORM D – PROVISO REVISION REQUEST

NUMBER

42.3

Cite the proviso according to the renumbered list (or mark "NEW").

TITLE

HFDA: Advisory Committee Mileage Reimbursement

Provide the title from the renumbered list or suggest a short title for any new request.

BUDGET PROGRAM

Housing Initiatives

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

RELATED BUDGET REQUEST

Is this request associated with a budget request you have submitted for FY 2021-2022? 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 & EXPLANATION

SC Housing Trust Fund Advisory Committee members may be reimbursed for mileage expense

Summarize the existing proviso. If requesting a new proviso, describe the current state of affairs without it. Explain the need for your requested action. For deletion requests due to recent codification, please identify SC Code section where language now appears.

FISCAL IMPACT

None

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

**PROPOSED
PROVISO TEXT**

(HFDA: Advisory Committee Mileage Reimbursement) Members of the nine member South Carolina Housing Trust Fund Advisory Committee are eligible for mileage reimbursement at the rate allowed for state employees as established in Proviso 117.20(J) (Travel-Subsistence Expenses & Mileage) in this act.

Paste existing text above, then bold and underline insertions and strikethrough deletions. For new proviso requests, enter requested text above.

FORM D – PROVISO REVISION REQUEST

NUMBER

42.4

Cite the proviso according to the renumbered list (or mark "NEW").

TITLE

HFDA: Allocation of Indirect Cost Recoveries

Provide the title from the renumbered list or suggest a short title for any new request.

BUDGET PROGRAM

Executive Operations and Special Projects

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

RELATED BUDGET REQUEST

Is this request associated with a budget request you have submitted for FY 2021-2022? 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 & EXPLANATION

Indirect Cost recoveries in excess of SWCAP may be kept by the Authority

Summarize the existing proviso. If requesting a new proviso, describe the current state of affairs without it. Explain the need for your requested action. For deletion requests due to recent codification, please identify SC Code section where language now appears.

FISCAL IMPACT

None

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

**PROPOSED
PROVISO TEXT**

(HFDA: Allocation of Indirect Cost Recoveries) The authority shall deposit in the state general fund indirect cost recoveries for the authority's portion of the Statewide Central Services Cost Allocation Plan (SWCAP). The authority shall retain recoveries in excess of the SWCAP amount to be deposited in the state general fund.

Paste existing text above, then bold and underline insertions and strikethrough deletions. For new proviso requests, enter requested text above.

FORM D – PROVISO REVISION REQUEST

NUMBER

42.5

Cite the proviso according to the renumbered list (or mark "NEW").

TITLE

HFDA: Housing Trust Fund Disaster Initiative

Provide the title from the renumbered list or suggest a short title for any new request.

BUDGET PROGRAM

Housing Initiatives

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

RELATED BUDGET REQUEST

Is this request associated with a budget request you have submitted for FY 2021-2022? 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 & EXPLANATION

Funds allocated, granted, or awarded under the Housing Trust Fund's Disaster Initiative shall not be included when calculating the percentage of trust fund expenditures per county.

Summarize the existing proviso. If requesting a new proviso, describe the current state of affairs without it. Explain the need for your requested action. For deletion requests due to recent codification, please identify SC Code section where language now appears.

FISCAL IMPACT

None

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

**PROPOSED
PROVISO TEXT**

(HFDA: Housing Trust Fund Disaster Initiative) Funds allocated, granted, or awarded under the Housing Trust Fund's Disaster Initiative shall not be included when calculating the percentage of trust fund expenditures per county.

Paste existing text above, then bold and underline insertions and strikethrough deletions. For new proviso requests, enter requested text above.

Agency Name:	Housing Finance & Development Authority		
Agency Code:	L320	Section:	42

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

TITLE	Housing Finance & Development Authority
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AMOUNT	\$0
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What is the General Fund 3% reduction amount? This amount should correspond to the reduction spreadsheet prepared by EBO.

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

PROGRAM / ACTIVITY IMPACT	None
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What programs or activities are supported by the General Funds identified?

SUMMARY	None
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Please provide a detailed summary of service delivery impact caused by a reduction in General Fund Appropriations and provide the method of calculation for anticipated reductions. Agencies should prioritize reduction in expenditures that have the least significant impact on service delivery.

**AGENCY COST
SAVINGS PLANS**

None

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?

Agency Name:	Housing Finance & Development Authority		
Agency Code:	L320	Section:	42

FORM F – REDUCING COST AND BURDEN TO BUSINESSES AND CITIZENS

TITLE	Burden and Cost Reduction
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Provide a brief, descriptive title for this request.

EXPECTED SAVINGS TO BUSINESSES AND CITIZENS	Unable to determine
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What is the expected savings to South Carolina's businesses and citizens that is generated by this proposal? The savings could be related to time or money.

FACTORS ASSOCIATED WITH THE REQUEST	Mark "X" for all that apply:
	<input type="checkbox"/> Repeal or revision of regulations.
	<input type="checkbox"/> Reduction of agency fees or fines to businesses or citizens.
	<input type="checkbox"/> Greater efficiency in agency services or reduction in compliance burden.
<input type="checkbox"/> Other	

METHOD OF CALCULATION	Budgeting process
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Describe the method of calculation for determining the expected cost or time savings to businesses or citizens.

REDUCTION OF FEES OR FINES	None
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Which fees or fines does the agency intend to reduce? What was the fine or fee revenue for the previous fiscal year? What was the associated program expenditure for the previous fiscal year? What is the enabling authority for the issuance of the fee or fine?

REDUCTION OF REGULATION	None. Regulations for the federal programs are mandated by the Department of Housing and Urban Development (HUD). Requirements for mortgages are mandated by both federal and state law.
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Which regulations does the agency intend to amend or delete? What is the enabling authority for the regulation?

SUMMARY	<p>The Housing Development and Finance Authority does not receive any appropriations from the State. The cost burden directly to South Carolina businesses and citizens is \$0. Federal programs operate as a pass-through payments for disbursing federal rental and subsidy payments. The funds generated through Mortgage Servicing and fees are used to fund the agency's operations from year to year. The Authority continues to search for improvements in its operations to reduce operating expenses and to create quality affordable housing opportunities for the citizens of South Carolina.</p>
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Provide an explanation of the proposal and its positive results on businesses or citizens. How will the request affect agency operations?