

Agency Name:  
Agency Code:

County Transportation Funds  
U200

Section:

86



Fiscal Year FY 2022-2023

Agency Budget Plan

**FORM A - BUDGET PLAN SUMMARY**

**OPERATING  
REQUESTS**  
*(FORM B1)*

For FY 2022-2023, 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**  
*(FORM B2)*

For FY 2022-2023, 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**  
*(FORM C)*

For FY 2022-2023, my agency is (mark "X"):	
<input type="checkbox"/>	Requesting funding for Capital Projects.
<input checked="" type="checkbox"/>	Not requesting any changes.

**PROVISOS**  
*(FORM D)*

For FY 2022-2023, 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.

**PRIMARY  
CONTACT:**  
**SECONDARY  
CONTACT:**

<i>Name</i>	<i>Phone</i>	<i>Email</i>
Justin Powell	(803) 737-1240	powelljp@scdot.org
Kevin Baker	(803) 737-7119	bakerjk@scdot.org

I have reviewed and approved the enclosed FY 2022-2023 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>
<i>Christy A. Hall 10/21/21</i>	<i>John B. Fishburne 10/21/21</i>
Christy A. Hall	JOHN B. FISHBURNE

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	Fund 49369000 CTC	0	0	0	6,574,976	6,574,976	0.00	0.00	0.00	0.00	0.00
TOTALS			0	0	0	6,574,976	6,574,976	0.00	0.00	0.00	0.00	0.00

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## FORM B1 – RECURRING OPERATING REQUEST

<b>AGENCY PRIORITY</b>	1
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*Provide the Agency Priority Ranking from the Executive Summary.*

<b>TITLE</b>	Fund 49369000 CTC
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>General: \$0</b> <b>Federal: \$0</b> <b>Other: \$6,574,976</b> <b>Total: \$6,574,976</b>
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*What is the net change in requested appropriations for FY 2022-2023? This amount should correspond to the total for all funding sources on the Executive Summary.*

<b>NEW POSITIONS</b>	0.00
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*Please provide the total number of new positions needed for this request.*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark "X" for all that apply:</b>	
	<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 #	

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

<b>ACCOUNTABILITY OF FUNDS</b>	N/A
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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?*

<b>RECIPIENTS OF</b>	Counties participating in the CTC program
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**FUNDS**

*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**

Increase in spending patterns and reduction of COVID-19 restrictions

*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 D – PROVISO REVISION REQUEST**

<b>NUMBER</b>	New
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*Cite the proviso according to the renumbered list (or mark "NEW").*

<b>TITLE</b>	CTC: Expenditure Authority Limitation
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*Provide the title from the renumbered list or suggest a short title for any new request.*

<b>BUDGET PROGRAM</b>	County Transportation Committee
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*Identify the associated budget program(s) by name and budget section.*

<b>RELATED BUDGET REQUEST</b>	N/A
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*Is this request associated with a budget request you have submitted for FY 2022-2023? If so, cite it here.*

<b>REQUESTED ACTION</b>	Add
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*Choose from: Add, Delete, Amend, or Codify.*

<b>OTHER AGENCIES AFFECTED</b>	N/A
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*Which other agencies would be affected by the recommended action? How?*

<b>SUMMARY &amp; EXPLANATION</b>	<p>Add the proviso to clarify existing language on carryforward abilities.</p> <p><u>County Transportation Funds are hereby authorized to expend all cash balances brought forward from the previous year. A listing of cash balances shall be provided to the Executive Budget Office which shall establish the expenditure authorization upon review of the listing provided.</u></p>
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*Summarize the existing proviso. If requesting a new proviso, describe the current state of affairs without it. Explain the need for your requested action. For deletion requests due to recent codification, please identify SC Code section where language now appears.*

**FISCAL IMPACT**

This is a clarification of existing authorities. There is no fiscal impact.

*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**

86.2 (CTC: Expenditure Authority Limitation): County Transportation Funds are hereby authorized to expend all cash balances brought forward from the previous year. A listing of cash balances shall be provided to the Executive Budget Office which shall establish the expenditure authorization upon review of the listing provided.

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