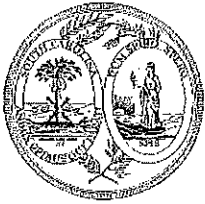


<b>AGENCY NAME:</b>	<b>SOUTH CAROLINA DEPARTMENT OF CORRECTIONS</b>		
<b>AGENCY CODE:</b>	<b>N040</b>	<b>SECTION:</b>	<b>65</b>



**Fiscal Year 2020-21  
Agency Budget Plan**

**FORM A - BUDGET PLAN SUMMARY**

**OPERATING  
REQUESTS  
(FORM B1)**

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

**NON-RECURRING  
REQUESTS  
(FORM B2)**

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

**CAPITAL  
REQUESTS  
(FORM C)**

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

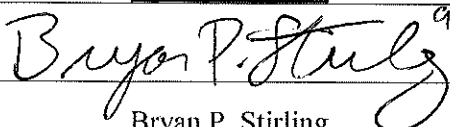
**PROVISOS  
(FORM D)**

<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.

	<i>Name</i>	<i>Phone</i>	<i>Email</i>
<b>PRIMARY CONTACT:</b>	John Morgan	(803) 896-2250	Morgan.john@doc.sc.gov
<b>SECONDARY CONTACT:</b>	Tom Osmer	(803) 896-1742	Osmer.tom@doc.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>	<i>Agency Director</i>  9/20/19	<i>Board or Commission Chair</i>
<b>TYPE/PRINT NAME:</b>	Bryan P. Stirling	Cabinet Agency

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

Fiscal Year 2020-21 Budget Request Executive Summary

Agency Code: N040  
 Agency Name: Department Of Corrections  
 Section: 65

BUDGET REQUESTS			FUNDING					FTES				
Priority	Request Type	Request Title	State	Federal	Earmarked	Restricted	Total	State	Federal	Earmarked	Restricted	Total
1	B1 - Recurring	Retention Increases for Health Services, Institutional CO, FS and LEO	26,149,524				26,149,524	0.00				0.00
2	B1 - Recurring	New Health Services Postions - Hep C, Addiction, Medical, MH	21,599,066				21,599,066	162.50				162.50
3	B1 - Recurring	Medical and Hepatitis C Supplies and Equipment	18,134,321				18,134,321	0.00				0.00
4	B1 - Recurring	Expansion of Gang Enforcement Security Team	4,587,019				4,587,019	43.00				43.00
5	B1 - Recurring	Long Term Programming and Reentry Needs	3,950,740				3,950,740	38.00				38.00
6	B1 - Recurring	Additional Personnel for Division of Compliance, Standards and Inspections	1,398,450				1,398,450	15.00				15.00
7	B1 - Recurring	Implementaion of Kronos Timekeeping/Scheduling Electronic Process and Personnel	1,093,468				1,093,468	9.00				9.00
8	B1 - Recurring	Preventive Health Screenings for Inmate Population	2,744,825				2,744,825	0.00				0.00
9	B1 - Recurring	Mandated Administration Requests	4,950,469				4,950,469	0.00				0.00
10	B2 - Non-Recurring	Critical Health Services Equipment	2,055,168				2,055,168	0.00				0.00
11	B2 - Non-Recurring	Long Term Planning and Reentry Programming Equipment	1,030,000				1,030,000	0.00				0.00
12	B2 - Non-Recurring	Food Services Kitchen Equipment	353,000				353,000	0.00				0.00
13	B2 - Non-Recurring	Institutional and Security Equipment	27,156,430				27,156,430	0.00				0.00
14	B2 - Non-Recurring	Agency Wide Transportation Equipment	6,354,000				6,354,000	0.00				0.00
15	B2 - Non-Recurring	Maintenance Heavy Equipment Needs	1,070,000				1,070,000	0.00				0.00
16	C - Capital	Critical Fire Alarm Replacement - Phase I of III	15,000,000				15,000,000	0.00				0.00
17	C - Capital	Correctional Institution Upgrades for Safety of the Public, Officers and Inmates	119,739,031				119,739,031	0.00				0.00
18	C - Capital	Detention Services and Equipment Upgrades	2,250,000				2,250,000	0.00				0.00
19	C - Capital	Roofing Renovations	2,500,000				2,500,000	0.00				0.00
20	C - Capital	Food Storage Warehouse	15,900,000				15,900,000	0.00				0.00
21	C - Capital	SCDC Training Academy Building Needs	2,877,500				2,877,500	0.00				0.00
22							0					0.00
23							0					0.00
24							0					0.00
25							0					0.00
26							0					0.00
27							0					0.00
28							0					0.00
29							0					0.00
30							0					0.00
TOTAL BUDGET REQUESTS			280,893,011	0	0	0	280,893,011	267.50	0.00	0.00	0.00	267.50

<b>AGENCY NAME:</b>	<b>SOUTH CAROLINA DEPARTMENT OF CORRECTIONS</b>		
<b>AGENCY CODE:</b>	<b>N040</b>	<b>SECTION:</b>	<b>65</b>

**FORM B1 – RECURRING OPERATING REQUEST**

<b>AGENCY PRIORITY</b>	<b>ONE</b> <i>Provide the Agency Priority Ranking from the Executive Summary.</i>
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<b>TITLE</b>	<b>RETENTION INCREASES FOR HEALTH SERVICES, INSTITUTIONAL CORRECTIONAL OFFICERS &amp; FOOD SERVICES AND LEO POLICE SERVICES OFFICERS</b> <i>Provide a brief, descriptive title for this request.</i>
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<b>AMOUNT</b>	<b>General: \$26,149,524</b> <b>Federal: 0</b> <b>Other: 0</b> <b>Total: \$26,149,524</b> <i>What is the net change in requested appropriations for FY 2020-21? This amount should correspond to the total for all funding sources on the Executive Summary.</i>
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<b>NEW POSITIONS</b>	<b>NONE</b> <i>Please provide the total number of new positions needed for this request.</i>
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<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 # NONE	

<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 checked="" type="checkbox"/> Maintaining Safety, Integrity, and Security
	<input type="checkbox"/> Public Infrastructure and Economic Development
<input type="checkbox"/> Government and Citizens	

<b>ACCOUNTABILITY OF FUNDS</b>	Goal 1 – Provide custody and care for inmates in a safe environment.  Objectives – (1.1) Create a safe environment for staff, inmates and the public and (1.2) provide inmates with quality physical and mental health services.  <i>What specific strategy, as outlined in the FY 2019-20 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?</i>
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<b>AGENCY NAME:</b>	<b>SOUTH CAROLINA DEPARTMENT OF CORRECTIONS</b>		
<b>AGENCY CODE:</b>	<b>N040</b>	<b>SECTION:</b>	<b>65</b>

<b>RECIPIENTS OF FUNDS</b>	Current Positions as listed below.
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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?*

<b>JUSTIFICATION OF REQUEST</b>	<p>Request is for base salary increases:</p> <ul style="list-style-type: none"> <li>• Administrative Salaries (\$213,096) increase of approximately 10.0% individually.</li> <li>• Increase Physician salaries (\$951,520) to across the board \$200,000 individually.</li> <li>• Increase current Registered Nurse staff (\$4,531,395) to annual salary of \$71,000 individually.</li> <li>• Increase current Licensed Practical Nurse staff (\$1,623,600) to annual salary of \$46,000 individually.</li> <li>• Increase current Pharmacy staff (\$109,902) to increase of approximately 10.0% individually.</li> <li>• Increase current Certified Nurse Assistants (\$281,358) to annual salary of \$31,000 individually.</li> <li>• Increase current Substance Abuse Disorder Counselors (\$706,560) to annual salary of \$52,000 individually.</li> <li>• Increase current Medical Technologists (\$66,240) to annual salary of \$50,000 individually.</li> <li>• Increase current Laboratory Processor (\$6,973) to increase of approximately 10.0% individually.</li> <li>• Increase current Dentists (\$435,199) to increase of approximately 30.0% individually.</li> <li>• Increase current Dental Assistants (\$61,094) to increase of approximately 10.0% individually.</li> <li>• QIRM Division Director (\$87,720 to \$98,000) increase of 11.72%.</li> <li>• QIRM Program Manager (\$61,200 to \$76,000) increase of 24.18%.</li> <li>• QIRM Analysts I (6 positions) (\$48,960 to \$60,000 each) increase of 22.55% each.</li> <li>• QIRM Analyst II (\$48,960 to \$65,000) increase of 32.76%.</li> <li>• Information Security Officer (\$89,760 to \$95,145) increase of 5.99%.</li> <li>• Internal Audit Director (\$71,816 to \$85,000) increase of 15.5%.</li> <li>• Increase (\$530,200, 15% individually) for the entire Police Services' staff, LEO and Administrative, to compensate for the prior Law Enforcement increases granted to LEO which did not include the SCDC staff.</li> <li>• Hiring range increases (\$750 each position) (Total \$4,506,458) for retention and competitive salaries compared to the counties. Includes the Food Service Personnel (part of the institutional security environment).</li> <li>• Increase in personnel services budget (\$12,000,000) to be able to pay correctional officers overtime which is incurred within the Level II and III institutions from the officer staffing shortages that the Agency is experiencing.</li> </ul>
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*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.*

<b>AGENCY NAME:</b>	<b>SOUTH CAROLINA DEPARTMENT OF CORRECTIONS</b>		
<b>AGENCY CODE:</b>	<b>N040</b>	<b>SECTION:</b>	<b>65</b>

**FORM B1 – RECURRING OPERATING REQUEST**

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

<b>TITLE</b>	<b>NEW HEALTH SERVICES POSITIONS NEEDED FOR THE CONTINUING HEPATITIS “C” AND ADDICTION RECOVERY SERVICES, MEDICAL AND MENTAL HEALTH SERVICES, PHASE I OF III</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>General: \$21,599,066</b> <b>Total: \$21,599,066</b>
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*What is the net change in requested appropriations for FY 2020-21? This amount should correspond to the total for all funding sources on the Executive Summary.*

<b>NEW POSITIONS</b>	<b>162.5</b>
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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 checked="" type="checkbox"/> Related to a Non-Recurring request – If so, Priority # <u>TEN</u>	

<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 checked="" type="checkbox"/> Maintaining Safety, Integrity, and Security
	<input type="checkbox"/> Public Infrastructure and Economic Development
<input type="checkbox"/> Government and Citizens	

<b>ACCOUNTABILITY OF FUNDS</b>	Goal 1 – Provide custody and care for inmates in a safe environment. Objectives – (1.2) Provide inmates with quality physical and mental health services.
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*What specific strategy, as outlined in the FY 2019-20 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 FUNDS</b>	Current Positions as listed below.
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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?*

<b>AGENCY NAME:</b>	<b>SOUTH CAROLINA DEPARTMENT OF CORRECTIONS</b>		
<b>AGENCY CODE:</b>	<b>N040</b>	<b>SECTION:</b>	<b>65</b>

<b>JUSTIFICATION OF REQUEST</b>	<ul style="list-style-type: none"> <li>• Three Physicians (\$200,000 each) to provide delivery of services to our inmate population. (5 for Hep C treatment, 5 for general Medical services)</li> <li>• Fifty two Registered Nurses (\$71,000 each) to provide delivery of services to our inmate population. (34 for Hep C needs, 145 for Medical services delivery, 25 for Addiction Recovery)</li> <li>• Eleven Licensed Practical Nurses (\$45,000 each) to provide delivery of Hep "C" services to our inmate population.</li> <li>• Thirty Medical Assistants (\$31,000 each) to provide delivery of Hep "C" services and Medical services to our inmate population.</li> <li>• Fifteen Registered Nurse Supervisors (\$79,000 each) to provide continued delivery of addiction recovery services to our inmate population.</li> <li>• One and half Psychiatrist positions (\$250,000 each) to provide continued delivery of mental health services to our inmate population.</li> <li>• Two Psychologist positions (\$120,000 each) to provide continued delivery of mental health services to our inmate population.</li> <li>• Six Qualified Mental Health Professionals (\$52,000 each) to provide continued delivery of mental health services to our inmate population.</li> <li>• Thirteen Mental Health Officers (\$39,000 each) to provide continued delivery of mental health services.</li> <li>• One Activity Therapist (\$31,315) to support the additional work created with the expansion of the Mental Health program.</li> <li>• Two administrative positions (\$38,000 each) responsible for the enrollment, discharge and planning for inmates under the care of the Mental Health program.</li> <li>• Two new Dentist Hygienist positions (\$48,821 each) to provide continued delivery of dental services to our inmate population.</li> <li>• Four new Dentist positions (\$130,000 each) to provide continued delivery of dental services to our inmate population. Eliminate contract dentists and staff R&amp;E unit.</li> <li>• One Dental Assistant (39,000) to staff R&amp;E unit.</li> <li>• One Medical Laboratory Technologist (\$49,000) to support the additional work created with the expansion of the Hep "C" program.</li> <li>• Ten Addiction Recovery Specialists (\$52,000 each) to support the additional work created with the expansion of the Hep "C" program.</li> <li>• Five Program Coordinators I (\$60,000 each) to allow QIRM staff to effectively audit and monitor the institutions on a consistent basis.</li> <li>• QIRM Quality Improvement Advisor (\$70,000) to provide consultation and support for improvement initiatives to accomplish measurable quality outcomes.</li> <li>• To continue to seek assistance from outside contract nursing agencies (\$6,000,000) until fully staffed. (if the aforementioned nursing positions are funded in FY 20/21, this request can be reduced by half to \$3,000,000)</li> <li>• One Medical Director (\$250,000) to provide comprehensive services to the DD Health Services.</li> <li>• One Infectious Disease Coordinator (\$125,000) to provide consultation and support for infectious disease control throughout our institutions.</li> </ul>
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*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.*

<b>AGENCY NAME:</b>	<b>SOUTH CAROLINA DEPARTMENT OF CORRECTIONS</b>		
<b>AGENCY CODE:</b>	<b>N040</b>	<b>SECTION:</b>	<b>65</b>

**FORM B1 – RECURRING OPERATING REQUEST**

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

<b>TITLE</b>	<b>CRITICAL MEDICAL AND HEPATITIS “C” TREATMENT, SUPPLES AND EQUIPMENT</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>General: \$18,134,321</b> <b>Federal: 0</b> <b>Other: 0</b> <b>Total: \$18,134,321</b>
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*What is the net change in requested appropriations for FY 2020-21? This amount should correspond to the total for all funding sources on the Executive Summary.*

<b>NEW POSITIONS</b>	<b>NONE</b>
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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 checked="" type="checkbox"/>	Related to a Non-Recurring request – If so, Priority # <u>TEN</u>	

<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 checked="" type="checkbox"/>	Maintaining Safety, Integrity, and Security
	<input type="checkbox"/>	Public Infrastructure and Economic Development
<input type="checkbox"/>	Government and Citizens	

<b>AGENCY NAME:</b>	<b>SOUTH CAROLINA DEPARTMENT OF CORRECTIONS</b>		
<b>AGENCY CODE:</b>	<b>N040</b>	<b>SECTION:</b>	<b>65</b>

<b>ACCOUNTABILITY OF FUNDS</b>	<p>Goal 1 – Provide custody and care for inmates in a safe environment.</p> <p>Objectives – (1.2) Provide inmates with quality physical and mental health services.</p>
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*What specific strategy, as outlined in the FY 2019-20 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 FUNDS</b>	<p>Agency Health Services and Food Services personnel.</p>
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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?*

<b>JUSTIFICATION OF REQUEST</b>	<p>Funding is requested that will be matched to the positions requested in B.1 Priority Two and the current staff requested for the FY19/20 Budget Year:</p> <ul style="list-style-type: none"> <li>• Funding for tests and treatment of our current inmate population (\$4,414,959).</li> <li>• To treat 12% of our non-identified inmates (\$8,958,322).</li> <li>• Annual costs to test incoming sentenced inmates (\$4,195,440).</li> <li>• Annual costs of ultrasounds (\$165,600) for the detection of liver damage due to Hep C.</li> <li>• Agency-wide Institutional Meal Delivery - To transfer food to inmates in dorms that are segregated for mental health, behavioral problems and other medical incidents – (\$400,000).</li> </ul>
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*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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<b>AGENCY NAME:</b>	<b>SOUTH CAROLINA DEPARTMENT OF CORRECTIONS</b>		
<b>AGENCY CODE:</b>	<b>N040</b>	<b>SECTION:</b>	<b>65</b>

**FORM B1 – RECURRING OPERATING REQUEST**

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

<b>TITLE</b>	<b>EXPANSION OF GANG ENFORCEMENT SECURITY TEAM</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>General: \$4,587,019</b> <b>Federal: 0</b> <b>Other: 0</b> <b>Total: \$4,587,019</b>
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*What is the net change in requested appropriations for FY 2020-21? This amount should correspond to the total for all funding sources on the Executive Summary.*

<b>NEW POSITIONS</b>	<b>FORTY THREE</b>
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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 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 # NONE	

<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 checked="" type="checkbox"/>	Maintaining Safety, Integrity, and Security
	<input type="checkbox"/>	Public Infrastructure and Economic Development
<input type="checkbox"/>	Government and Citizens	

<b>AGENCY NAME:</b>	<b>SOUTH CAROLINA DEPARTMENT OF CORRECTIONS</b>		
<b>AGENCY CODE:</b>	<b>N040</b>	<b>SECTION:</b>	<b>65</b>

<b>ACCOUNTABILITY OF FUNDS</b>	<p>Goal 1 – Provide custody and care for inmates in a safe environment.</p> <p>Objectives – (1.1) Create safe environment for staff, inmates and public.</p>
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*What specific strategy, as outlined in the FY 2019-20 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 FUNDS</b>	<p>New positions below.</p>
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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?*

<b>JUSTIFICATION OF REQUEST</b>	<p>Request is to expand the gathering of intelligence about Security Threat Groups (Gangs) within our correctional institutions. Important as the inmate population changes into a more violent, gang founded population.</p> <ul style="list-style-type: none"> <li>• One Administrative Manager II (\$80,000) to provide liaison duties between the STG groups and the SCDC Police Services.</li> <li>• Two Lieutenant Officers (\$41,568 each) to provide daily monitoring and information gathering for the identification of STG inmates in our Level III institutions.</li> <li>• Thirty six Level III Correctional Officers (\$37,831 each) for the gathering, collecting and assessing intelligence related to the Security Threat, Disruptive and Watch designated inmate groups at their assigned institutions.</li> <li>• Three Intelligence Unit Analysts (\$30,015 each) to plan, conduct and complete criminal and administrative investigations in conjunction with the Division of Security and Police Services.</li> <li>• Deputy Director of Operations is in need of an Assistant Deputy Director (\$112,000) that will be responsible for an overall direction of the correctional institutions. Currently, as Operations is exploring new inmate classification systems, working with the Mental Health Implementation Panel and developing a more valid inmate disciplinary system, this position will be key in focusing attention directly to the operations of all twenty one correctional facilities.</li> <li>• Request is for the technology (Cellbrite \$2,000,000) to interdict and analyze criminal activity via inmate contraband cell phones, I-Pads an any other form of electronic means of inmate communication.</li> </ul>
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*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.*

<b>AGENCY NAME:</b>	<b>SOUTH CAROLINA DEPARTMENT OF CORRECTIONS</b>		
<b>AGENCY CODE:</b>	<b>N040</b>	<b>SECTION:</b>	<b>65</b>

**FORM B1 – RECURRING OPERATING REQUEST**

<b>AGENCY PRIORITY</b>	<b>FIVE</b> <i>Provide the Agency Priority Ranking from the Executive Summary.</i>
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<b>TITLE</b>	<b>LONG-TERM PROGRAMMING AND REENTRY NEEDS – NEW POSITIONS AND CONTINUED DEVELOPMENT</b> <i>Provide a brief, descriptive title for this request.</i>
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<b>AMOUNT</b>	<b>General: \$3,950,740</b> <b>Federal: 0</b> <b>Other: 0</b> <b>Total: \$3,950,740</b> <i>What is the net change in requested appropriations for FY 2020-21? This amount should correspond to the total for all funding sources on the Executive Summary.</i>
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<b>NEW POSITIONS</b>	<b>THIRTY EIGHT</b> <i>Please provide the total number of new positions needed for this request.</i>
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<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark “X” for all that apply:</b>
	<input 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 checked="" type="checkbox"/> Consulted DTO during development
<input checked="" type="checkbox"/> Related to a Non-Recurring request – If so, Priority # <b>ELEVEN</b>	

<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 checked="" type="checkbox"/> Maintaining Safety, Integrity, and Security
	<input type="checkbox"/> Public Infrastructure and Economic Development
<input type="checkbox"/> Government and Citizens	

<b>ACCOUNTABILITY OF FUNDS</b>	Goal 2 – Prevent Recidivism by preparing inmates for reentry into their communities. Objectives – (2.3.3) Employability skills curricula.
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*What specific strategy, as outlined in the FY 2019-20 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>AGENCY NAME:</b>	<b>SOUTH CAROLINA DEPARTMENT OF CORRECTIONS</b>		
<b>AGENCY CODE:</b>	<b>N040</b>	<b>SECTION:</b>	<b>65</b>

<b>RECIPIENTS OF FUNDS</b>	New positions below.
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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?*

<b>JUSTIFICATION OF REQUEST</b>	<p>Request is to expand reentry and long-term programming to the Level II and III institutions where rehabilitation is needed most. Staff will also provide programs for the mentally ill inmates as well as those with behavioral problems housed in Restrictive Housing.</p> <ul style="list-style-type: none"> <li>• Eight Program Coordinators II (\$48,000 each) to provide delivery of institutional programs and reentry services to our inmate population.</li> <li>• Twenty-six Program Assistants (\$37,000 each) to provide delivery of institutional programs and reentry services to our inmate population.</li> <li>• New curricula for all inmates (\$256,000) for an evidence based program which can provide meaningful, sustained and measurable reentry outcomes as well as mental illness and opioid addictions.</li> <li>• Inmate job/life skills training (\$330,000) through SC Thrive and other community providers to ensure that the inmates are prepared for reentry into the community and provided with social security cards, SNAP, TANF and Veterans benefits, and applicable SSI disability applications.</li> <li>• Associated staff development training (\$60,000) for the instructional platforms with the new curricula as well as training in "Thinking For a Change", "Seven Habits on the Inside", "Changing Offender Behavior" and SC Thrive Benefits Bank staff training.</li> <li>• One Program Manager II (\$81,000) to provide state-wide training and development of all reentry and institutional specific programs as well as policy development.</li> <li>• One State-wide Coordinator (Administrative Manager II) (\$96,000) to provide delivery of a comprehensive state-wide inmate workforce reentry/reintegration initiative.</li> <li>• One Public Awareness Officer (\$35,000) for a continued crime prevention program for at-risk youth in the community. Currently, we have a team of two officers dedicated to this program, however, the program is so successful, we need one additional position.</li> <li>• One Grants Coordinator (\$47,470) to research and apply for important grants that would benefit the Agency and the inmate population.</li> <li>• Continue the Academy of Hope at the Lee Correctional Institution which is an outside organization that provides a violence intervention series of programming and education mediation and inmate manipulation.</li> </ul>
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*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.*

<b>AGENCY NAME:</b>	<b>SOUTH CAROLINA DEPARTMENT OF CORRECTIONS</b>		
<b>AGENCY CODE:</b>	<b>N040</b>	<b>SECTION:</b>	<b>65</b>

**FORM B1 – RECURRING OPERATING REQUEST**

<b>AGENCY PRIORITY</b>	<b>SIX</b> <i>Provide the Agency Priority Ranking from the Executive Summary.</i>
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<b>TITLE</b>	<b>ADDITIONAL PERSONNEL FOR THE DIVISION OF COMPLIANCE, STANDARDS AND INSPECTIONS</b> <i>Provide a brief, descriptive title for this request.</i>
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<b>AMOUNT</b>	<b>General: \$1,398,450</b> <b>Federal: 0</b> <b>Other: 0</b> <b>Total: \$1,398,450</b> <i>What is the net change in requested appropriations for FY 2020-21? This amount should correspond to the total for all funding sources on the Executive Summary.</i>
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<b>NEW POSITIONS</b>	<b>FIFTEEN</b> <i>Please provide the total number of new positions needed for this request.</i>
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<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark “X” for all that apply:</b>
	<input 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 # NONE	

<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 checked="" type="checkbox"/> Maintaining Safety, Integrity, and Security
	<input type="checkbox"/> Public Infrastructure and Economic Development
<input type="checkbox"/> Government and Citizens	

<b>ACCOUNTABILITY OF FUNDS</b>	Goal 1 – Provide custody and care for inmates in a safe environment. Objectives – (1.1) Create a safe environment for staff, inmates and the public.
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*What specific strategy, as outlined in the FY 2019-20 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>AGENCY NAME:</b>	<b>SOUTH CAROLINA DEPARTMENT OF CORRECTIONS</b>		
<b>AGENCY CODE:</b>	<b>N040</b>	<b>SECTION:</b>	<b>65</b>

<b>RECIPIENTS OF FUNDS</b>	New positions below.
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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?*

<b>JUSTIFICATION OF REQUEST</b>	<p>SC Code of Laws, Title 24, Chapter 9 establishes a Jail and Prison Inspection Division under SCDC jurisdiction. With the impending retirement of the long-time Director coupled with the current staff shortage and the numerous policy provisions which need to be revised on-going and the accountability functions demanded by the LAC report and the Federal PREA guidelines, we are requesting the following:</p> <ul style="list-style-type: none"> <li>• Four Jail Inspectors (OSHA Officers) (\$60,000 each)</li> <li>• One Division Director (\$90,000), to replace retiring long-term employee.</li> <li>• Two Branch Chiefs (\$65,000 each) and one Management Review Coordinator (\$65,000) that are responsible for field management reviews and field jail inspections.</li> <li>• Request is to hire one Biostatistician (\$81,600) that is qualified as a biostatistician to analyze statistical information derived from the QIRM testing procedures for the health and disease conditions within the institutions.</li> <li>• Two Program Coordinators I (\$31,000 each) to maintain the process for the increased demands of policy administration and the new requirements placed on the PREA program.</li> <li>• ADA Coordinator (\$70,000) to establish and monitor Agency compliance.</li> <li>• Three PREA Regional Managers (\$50,000 each) to provide management and consultation for the increasing demands of the PREA Federal regulations and audit findings.</li> <li>• Request is to hire one Auditor III (\$45,000) position to increase the current staff to two auditors and one Director. The demands for audits remains twofold and this position will help produce more timely and thorough audits.</li> </ul>
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*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.*

<b>AGENCY NAME:</b>	<b>SOUTH CAROLINA DEPARTMENT OF CORRECTIONS</b>		
<b>AGENCY CODE:</b>	<b>N040</b>	<b>SECTION:</b>	<b>65</b>

**FORM B1 – RECURRING OPERATING REQUEST**

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

<b>TITLE</b>	<b>IMPLEMENTATION OF KRONOS TIMEKEEPING/SCHEDULING ELECTRONIC PROCESS AND CRITICAL PERSONNEL</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>General: \$1,093,468</b> <b>Federal: 0</b> <b>Other: 0</b> <b>Total: \$1,093,468</b>
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*What is the net change in requested appropriations for FY 2020-21? This amount should correspond to the total for all funding sources on the Executive Summary.*

<b>NEW POSITIONS</b>	<b>NINE</b>
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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 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 checked="" 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 # NONE	

<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 checked="" type="checkbox"/>	Maintaining Safety, Integrity, and Security
	<input type="checkbox"/>	Public Infrastructure and Economic Development
	<input type="checkbox"/>	Government and Citizens

<b>AGENCY NAME:</b>	<b>SOUTH CAROLINA DEPARTMENT OF CORRECTIONS</b>		
<b>AGENCY CODE:</b>	<b>N040</b>	<b>SECTION:</b>	<b>65</b>

<b>ACCOUNTABILITY OF FUNDS</b>	<p>Goal 3 – Provide cost-effective services and promote operational efficiency.</p> <p>Objectives – (3.1.1) Provide effective services while adhering to budgetary constraints.</p>
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*What specific strategy, as outlined in the FY 2019-20 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 FUNDS</b>	<p>New positions below.</p>
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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?*

<b>JUSTIFICATION OF REQUEST</b>	<p>Request is for an electronic standardized timekeeping and scheduling tool (\$500,000) for the management of the Agency's employee population. In order to meet the demands of the implementation, we need additional staff:</p> <ul style="list-style-type: none"> <li>• Five (5) Human Resources Specialist II (\$32,640 each) to expedite the processing to fill Agency vacancies.</li> <li>• One (1) Registered Nurse (\$71,000) to expedite the processing to fill Agency vacancies.</li> <li>• One (1) Project Manager I (\$62,000) that will be responsible for critical accounting, budget and finance data processing and management report production.</li> <li>• Two (2) Procurement Manager I positions (\$50,000 each) that will perform additional procurement (solicitations, research) duties.</li> </ul>
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*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.*



<b>AGENCY NAME:</b>	<b>SOUTH CAROLINA DEPARTMENT OF CORRECTIONS</b>		
<b>AGENCY CODE:</b>	<b>N040</b>	<b>SECTION:</b>	<b>65</b>

**FORM B1 – RECURRING OPERATING REQUEST**

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

<b>TITLE</b>	<b>PREVENTIVE HEALTH SCREENINGS FOR INMATE POPULATION</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>General: \$2,744,825</b> <b>Federal: 0</b> <b>Other: 0</b> <b>Total: \$2,744,825</b>
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*What is the net change in requested appropriations for FY 2020-21? This amount should correspond to the total for all funding sources on the Executive Summary.*

<b>NEW POSITIONS</b>	<b>NONE</b>
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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 # NONE	

<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 checked="" type="checkbox"/>	Maintaining Safety, Integrity, and Security
	<input type="checkbox"/>	Public Infrastructure and Economic Development
<input type="checkbox"/>	Government and Citizens	

<b>AGENCY NAME:</b>	<b>SOUTH CAROLINA DEPARTMENT OF CORRECTIONS</b>		
<b>AGENCY CODE:</b>	<b>N040</b>	<b>SECTION:</b>	<b>65</b>

<b>ACCOUNTABILITY OF FUNDS</b>	<p>Goal 1 – Provide custody and care for inmates in a safe environment.</p> <p>Objectives – (1.2) Provide inmates with quality physical and mental health services.</p>
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*What specific strategy, as outlined in the FY 2019-20 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 FUNDS</b>	<p>Agency Health Services.</p>
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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?*

<b>JUSTIFICATION OF REQUEST</b>	<p>To provide community standard of care and long term cost efficiency, perform health screenings on inmate population.</p> <ul style="list-style-type: none"> <li>• Screening colonoscopies on all men age 50 or over. (\$1,513,000)</li> <li>• Mammography on women age 40 or greater. (\$136,000)</li> <li>• Chronic disease testing to monitor health of patients with chronic conditions such as diabetes, hypertension, cardio and pulmonary issues (\$95,825).</li> <li>• Thirty Day medication supply upon inmate discharge (\$1,000,000) needed to reduce recidivism by enabling inmates departing the SCDC system to stay on mental and other critical medications until they can obtain services in the community.</li> </ul>
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*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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<b>AGENCY NAME:</b>	<b>SOUTH CAROLINA DEPARTMENT OF CORRECTIONS</b>		
<b>AGENCY CODE:</b>	<b>N040</b>	<b>SECTION:</b>	<b>65</b>

**FORM B1 – RECURRING OPERATING REQUEST**

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

<b>TITLE</b>	<b>MANDATED ADMINISTRATIVE BUDGET REQUESTS</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>General: \$4,950,469</b> <b>Federal: 0</b> <b>Other: 0</b> <b>Total: \$4,950,469</b>
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*What is the net change in requested appropriations for FY 2020-21? This amount should correspond to the total for all funding sources on the Executive Summary.*

<b>NEW POSITIONS</b>	<b>EIGHT</b>
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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 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 # NONE	

<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 checked="" type="checkbox"/>	Maintaining Safety, Integrity, and Security
	<input type="checkbox"/>	Public Infrastructure and Economic Development
	<input type="checkbox"/>	Government and Citizens

<b>AGENCY NAME:</b>	<b>SOUTH CAROLINA DEPARTMENT OF CORRECTIONS</b>		
<b>AGENCY CODE:</b>	<b>N040</b>	<b>SECTION:</b>	<b>65</b>

<b>ACCOUNTABILITY OF FUNDS</b>	<p>Goal 3 – Provide cost-effective services and promote operational efficiency.</p> <p>Objectives – (3.1.1) Provide effective services while adhering to budgetary constraints.</p>
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*What specific strategy, as outlined in the FY 2019-20 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 FUNDS</b>	<p>Administrative control.</p>
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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?*

<b>JUSTIFICATION OF REQUEST</b>	<p>Request is to fund additional property and tort insurance premiums as mandated and administered by the IRF (\$336,094 Prior Years + 2,814,375 FY21) AND fund the implementation of the Microsoft 365 IT platform to match the technology conversion mandated from the State ITO (\$1,800,000).</p>
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*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.*

<b>AGENCY NAME:</b>	<b>SOUTH CAROLINA DEPARTMENT OF CORRECTIONS</b>		
<b>AGENCY CODE:</b>	<b>N040</b>	<b>SECTION:</b>	<b>65</b>

**FORM B2 – NON-RECURRING OPERATING REQUEST**

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

<b>TITLE</b>	<b>CRITICAL HEALTH SERVICES EQUIPMENT</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>\$2,055,168</b>
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*What is the net change in requested appropriations for FY 2020-21? This amount should correspond to the total for all funding sources on the Executive Summary.*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark "X" for all that apply:</b>
	<input 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 checked="" type="checkbox"/> Request for Non-Recurring Appropriations
	<input type="checkbox"/> Request for Federal/Other Authorization to spend existing funding
<input checked="" type="checkbox"/> Related to a Recurring request – If so, Priority # <b>TWO &amp; THREE</b>	

<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 checked="" type="checkbox"/> Maintaining Safety, Integrity, and Security
	<input type="checkbox"/> Public Infrastructure and Economic Development
<input type="checkbox"/> Government and Citizens	

<b>ACCOUNTABILITY OF FUNDS</b>	Goal 1 – Provide custody and care for inmates in a safe environment.
	Objectives – (1.2) Provide inmates with quality physical and mental health services.

*What specific strategy, as outlined in the FY 2019-20 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>AGENCY NAME:</b>	<b>SOUTH CAROLINA DEPARTMENT OF CORRECTIONS</b>		
<b>AGENCY CODE:</b>	<b>N040</b>	<b>SECTION:</b>	<b>65</b>

<b>RECIPIENTS OF FUNDS</b>	Health Services
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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?*

<b>JUSTIFICATION OF REQUEST</b>	<ul style="list-style-type: none"> <li>• Funding for the supplies needed (\$208,500) for Mental Health services program to comply with current Implementation Panel mandates, (Testing materials, suicide smocks, blankets, radios, headphones).</li> <li>• Equipment needed for R&amp;E Dental Unit (\$97,739).</li> <li>• Eyecon Pill Scanner (\$10,000) to improve pharmacy efficiency.</li> <li>• Portable digital x-ray unit (\$24,000) needed to provide x-ray services at multiple sites to reduce movement of inmates.</li> <li>• Funding for increase in supply costs for medical services (\$265,000) replacement/update to include medical gurneys, vital signs monitors, additional AED units, scales and diagnostic sets.</li> <li>• Additional copier for Health Services office plus smart board, computers needed for HS Admin offices (\$53,000).</li> <li>• Parata Medication Pharmacy System (\$867,500) for the increased efficiency of pill distribution and reduction of nursing labor associated with the distribution of meds to the inmates.</li> <li>• Additional Telehealth carts (\$250,000) to enable telehealth visits at remote SCDC sites for specialty care physician services, thereby reducing the movement of inmates to the community for care.</li> <li>• Purchase of "Up-to-Date" clinical software system (\$124,429) which is the most accepted evidence-based set of clinical guidelines to support cost effective clinical decision making by providers.</li> <li>• Update obsolete X-Ray PACS system to enable images to reside in the EHR. (\$80,000)</li> <li>• Lab computer interface (\$75,000) needed for lab system to communicate with EHR. Current system no longer supported by company.</li> </ul>
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*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. Does this non-recurring appropriation request create an annualization or need for recurring funds?*

<b>AGENCY NAME:</b>	<b>SOUTH CAROLINA DEPARTMENT OF CORRECTIONS</b>		
<b>AGENCY CODE:</b>	<b>N040</b>	<b>SECTION:</b>	<b>65</b>

**FORM B2 – NON-RECURRING OPERATING REQUEST**

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

<b>TITLE</b>	<b>CRITICAL LONG TERM AND REENTRY PROGRAMMING EQUIPMENT</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>\$1,030,000</b>
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*What is the net change in requested appropriations for FY 2020-21? This amount should correspond to the total for all funding sources on the Executive Summary.*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark "X" for all that apply:</b>
	<input 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 checked="" type="checkbox"/> Consulted DTO during development
	<input checked="" type="checkbox"/> Request for Non-Recurring Appropriations
	<input type="checkbox"/> Request for Federal/Other Authorization to spend existing funding
<input checked="" type="checkbox"/> Related to a Recurring request – If so, Priority # <b>FIVE</b>	

<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 checked="" type="checkbox"/> Maintaining Safety, Integrity, and Security
	<input type="checkbox"/> Public Infrastructure and Economic Development
<input type="checkbox"/> Government and Citizens	

<b>ACCOUNTABILITY OF FUNDS</b>	Goal 2 – Prevent Recidivism by preparing inmates for reentry into their communities.
	Objectives – (2.3.3) Employability skills curricula.

*What specific strategy, as outlined in the FY 2019-20 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>AGENCY NAME:</b>	<b>SOUTH CAROLINA DEPARTMENT OF CORRECTIONS</b>		
<b>AGENCY CODE:</b>	<b>N040</b>	<b>SECTION:</b>	<b>65</b>

<b>RECIPIENTS OF FUNDS</b>	Long Term Planning and Reentry Services
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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?*

<b>JUSTIFICATION OF REQUEST</b>	<p>Request is to provide reentry and long-term programming Program Coordinators and staff assistants the equipment to manage the Level II and III institution reentry programs where rehabilitation is needed most.</p> <ul style="list-style-type: none"> <li>• Request is for a validated, integrated "Risk/Needs Assessment" electronic tool (750,000) that will track and evaluate inmate program participation.</li> <li>• Equipment (\$70,000) to support the new curricula. The equipment includes laptops, smartboards, projectors, screens to display the curricula to the inmates.</li> <li>• Camille Griffin Graham needs two (2) additional classrooms (\$92,000 each) and Wateree needs critical repairs to their four (4) portables (\$26,000 total).</li> </ul>
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*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. Does this non-recurring appropriation request create an annualization or need for recurring funds?*



<b>AGENCY NAME:</b>	<b>SOUTH CAROLINA DEPARTMENT OF CORRECTIONS</b>		
<b>AGENCY CODE:</b>	<b>N040</b>	<b>SECTION:</b>	<b>65</b>

## FORM B2 – NON-RECURRING OPERATING REQUEST

<b>AGENCY PRIORITY</b>	<b>TWELVE</b> <i>Provide the Agency Priority Ranking from the Executive Summary.</i>
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<b>TITLE</b>	<b>FOOD SERVICES KITCHEN EQUIPMENT</b> <i>Provide a brief, descriptive title for this request.</i>
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<b>AMOUNT</b>	<b>\$353,000</b> <i>What is the net change in requested appropriations for FY 2020-21? This amount should correspond to the total for all funding sources on the Executive Summary.</i>
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<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 checked="" type="checkbox"/> Request for Non-Recurring Appropriations
<input type="checkbox"/> Request for Federal/Other Authorization to spend existing funding	
<input type="checkbox"/> Related to a 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 checked="" type="checkbox"/> Maintaining Safety, Integrity, and Security
	<input type="checkbox"/> Public Infrastructure and Economic Development
<input type="checkbox"/> Government and Citizens	

<b>ACCOUNTABILITY OF FUNDS</b>	<p>Goal 1 – Provide custody and care for inmates in a safe environment.</p> <p>Objectives – (1.1) Create safe environment for staff, inmates and public.</p>
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*What specific strategy, as outlined in the FY 2019-20 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>AGENCY NAME:</b>	<b>SOUTH CAROLINA DEPARTMENT OF CORRECTIONS</b>		
<b>AGENCY CODE:</b>	<b>N040</b>	<b>SECTION:</b>	<b>65</b>

<b>RECIPIENTS OF FUNDS</b>	Food Services
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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?*

<b>JUSTIFICATION OF REQUEST</b>	<p>Request to continue the replacement of old worn out kitchen equipment for institutional cafeterias.</p> <ul style="list-style-type: none"> <li>• Kitchen Equipment - Ten ice machines (\$7,000 each), Three dish machines (\$50,000 each), Eight heating storage cabinets for daily food storage (\$8,750 each), Two cold holding cabinets for daily food storage (\$5,000 each).</li> <li>• 5000 Lb. Forklifts (2) (\$26,500 each) - To properly move products throughout the Food Warehouse and for the loading of trucks for delivery purposes.</li> </ul>
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*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. Does this non-recurring appropriation request create an annualization or need for recurring funds?*

<b>AGENCY NAME:</b>	<b>SOUTH CAROLINA DEPARTMENT OF CORRECTIONS</b>		
<b>AGENCY CODE:</b>	<b>N040</b>	<b>SECTION:</b>	<b>65</b>

**FORM B2 – NON-RECURRING OPERATING REQUEST**

<b>AGENCY PRIORITY</b>	<b>THIRTEEN</b> <i>Provide the Agency Priority Ranking from the Executive Summary.</i>
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<b>TITLE</b>	<b>CRITICAL INSTITUTIONAL AND SECURITY PERSONNEL EQUIPMENT</b> <i>Provide a brief, descriptive title for this request.</i>
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<b>AMOUNT</b>	<b>\$27,156,430</b> <i>What is the net change in requested appropriations for FY 2020-21? This amount should correspond to the total for all funding sources on the Executive Summary.</i>
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<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 checked="" type="checkbox"/> Request for Non-Recurring Appropriations
<input type="checkbox"/> Request for Federal/Other Authorization to spend existing funding	
<input type="checkbox"/> Related to a 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 checked="" type="checkbox"/> Maintaining Safety, Integrity, and Security
	<input type="checkbox"/> Public Infrastructure and Economic Development
<input type="checkbox"/> Government and Citizens	

<b>ACCOUNTABILITY OF FUNDS</b>	Goal 1 – Provide custody and care for inmates in a safe environment.
	Objectives – (1.1) Create safe environment for staff, inmates and public.

*What specific strategy, as outlined in the FY 2019-20 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>AGENCY NAME:</b>	<b>SOUTH CAROLINA DEPARTMENT OF CORRECTIONS</b>		
<b>AGENCY CODE:</b>	<b>N040</b>	<b>SECTION:</b>	<b>65</b>

<b>RECIPIENTS OF FUNDS</b>	<p>Division of Security and Correctional Institutions.</p>
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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?*

<b>JUSTIFICATION OF REQUEST</b>	<p>Request is for institutional equipment to provide security and safety for our staff:</p> <ul style="list-style-type: none"> <li>• Mandown Electronic System (\$21,600,000) for Level II and III Institutions for the protection of our correctional officers and institutional staff.</li> <li>• Convert the primitive analog radio systems in our Level II and III institutions to digital. The cost is (\$3,000,000) to equip each of the seventeen (17) institutions that need to be converted. Digital has features that provide more safety and security for individual officers and the institutions.</li> <li>• Security Camera Equipment (\$1,000,000) for Level II and III Institutions for the protection of our correctional officers and institutional staff.</li> <li>• Three hundred stab/ballistic vests (\$275,000) for our emergency response teams and Five hundred Pointblank multi threat vests (\$375,000) for our correctional officers.</li> <li>• Heartbeat Detection System (\$216,000)</li> <li>• Cell Phone Sense Poles (\$259,920)</li> <li>• Special Teams Equipment (\$430,510)</li> </ul>
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*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. Does this non-recurring appropriation request create an annualization or need for recurring funds?*

<b>AGENCY NAME:</b>	<b>SOUTH CAROLINA DEPARTMENT OF CORRECTIONS</b>		
<b>AGENCY CODE:</b>	<b>N040</b>	<b>SECTION:</b>	<b>65</b>

## FORM B2 – NON-RECURRING OPERATING REQUEST

<b>AGENCY PRIORITY</b>	<b>FOURTEEN</b> <i>Provide the Agency Priority Ranking from the Executive Summary.</i>
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<b>TITLE</b>	<b>CRITICAL AGENCY-WIDE TRANSPORTATION EQUIPMENT</b> <i>Provide a brief, descriptive title for this request.</i>
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<b>AMOUNT</b>	<b>\$6,354,000</b> <i>What is the net change in requested appropriations for FY 2020-21? This amount should correspond to the total for all funding sources on the Executive Summary.</i>
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<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 checked="" type="checkbox"/>	Request for Non-Recurring Appropriations
<input type="checkbox"/>	Request for Federal/Other Authorization to spend existing funding	
<input type="checkbox"/>	Related to a 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 checked="" type="checkbox"/>	Maintaining Safety, Integrity, and Security
	<input type="checkbox"/>	Public Infrastructure and Economic Development
<input type="checkbox"/>	Government and Citizens	

<b>ACCOUNTABILITY OF FUNDS</b>	<p>Goal 1 – Provide custody and care for inmates in a safe environment.</p> <p>Objectives – (1.1) Create safe environment for staff, inmates and public.</p>
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*What specific strategy, as outlined in the FY 2019-20 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>AGENCY NAME:</b>	<b>SOUTH CAROLINA DEPARTMENT OF CORRECTIONS</b>		
<b>AGENCY CODE:</b>	<b>N040</b>	<b>SECTION:</b>	<b>65</b>

<b>RECIPIENTS OF FUNDS</b>	Division of Transportation, Commissary, Security and Food Services.
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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?*

<b>JUSTIFICATION OF REQUEST</b>	<p>Request is to fund the purchase of new transport vehicles and sedans to replace our ageing fleet. Our vehicles are outdated for security and safety transport of the inmates and security staff.</p> <ul style="list-style-type: none"> <li>• Tractor Trailers (8) - To transfer food stuffs and Industries/Commissary/Canteen products around the State to our institutions and customers.</li> <li>• Box Trucks (10) - To transfer food stuffs and Industries/Commissary/Canteen products around the State to our institutions and customers.</li> <li>• Heavy Duty Buses (7) - To transfer inmates around the State to our institutions and various other medical/court appointments.</li> <li>• Vans/Pickup Trucks (51) - To transfer inmates and staff around the State to our institutions and various other medical/court appointments.</li> <li>• Sedans/SUV (97) - To provide Agency staff with safe, secure and reliable transportation to perform their jobs efficiently.</li> <li>• Trailers (8) - For product storage capabilities.</li> </ul>
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*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. Does this non-recurring appropriation request create an annualization or need for recurring funds?*

<b>AGENCY NAME:</b>	<b>SOUTH CAROLINA DEPARTMENT OF CORRECTIONS</b>		
<b>AGENCY CODE:</b>	<b>N040</b>	<b>SECTION:</b>	<b>65</b>

**FORM B2 – NON-RECURRING OPERATING REQUEST**

<b>AGENCY PRIORITY</b>	<b>FIFTEEN</b> <i>Provide the Agency Priority Ranking from the Executive Summary.</i>
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<b>TITLE</b>	<b>MAINTENANCE HEAVY EQUIPMENT NEEDS</b> <i>Provide a brief, descriptive title for this request.</i>
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<b>AMOUNT</b>	<b>\$1,070,000</b> <i>What is the net change in requested appropriations for FY 2020-21? This amount should correspond to the total for all funding sources on the Executive Summary.</i>
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<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 checked="" type="checkbox"/> Request for Non-Recurring Appropriations
<input type="checkbox"/> Request for Federal/Other Authorization to spend existing funding	
<input type="checkbox"/> Related to a 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 checked="" type="checkbox"/> Maintaining Safety, Integrity, and Security
	<input type="checkbox"/> Public Infrastructure and Economic Development
<input type="checkbox"/> Government and Citizens	

<b>ACCOUNTABILITY OF FUNDS</b>	Goal 1 – Provide custody and care for inmates in a safe environment.
	Objectives – (1.1) Create safe environment for staff, inmates and public.

*What specific strategy, as outlined in the FY 2019-20 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>AGENCY NAME:</b>	<b>SOUTH CAROLINA DEPARTMENT OF CORRECTIONS</b>		
<b>AGENCY CODE:</b>	<b>N040</b>	<b>SECTION:</b>	<b>65</b>

<b>RECIPIENTS OF FUNDS</b>	Division of Facilities and Maintenance.
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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?*

<b>JUSTIFICATION OF REQUEST</b>	<p>Request is to fund the purchase of new Facilities Equipment. Our equipment is outdated for security and safety while working on maintenance projects.</p> <ul style="list-style-type: none"> <li>• Tractor Trailers (2) (\$250,000 each) and Lowboy (1) (\$100,000) - To transport heavy equipment around the State to our institutions.</li> <li>• Boom Truck (1) (\$300,000) - To provide crane services around the State to our institutions.</li> <li>• Mini-Excavator (\$100,000) - To aid in excavating projects for pipe repairs and cable installation.</li> <li>• Other needed equipment (\$70,000) for day to day operations.</li> </ul>
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*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. Does this non-recurring appropriation request create an annualization or need for recurring funds?*



<b>AGENCY NAME:</b>	<b>SOUTH CAROLINA DEPARTMENT OF CORRECTIONS</b>		
<b>AGENCY CODE:</b>	<b>N040</b>	<b>SECTION:</b>	<b>65</b>

**FORM C – CAPITAL REQUEST**

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

<b>TITLE</b>	<b>CRITICAL FIRE ALARM REPLACEMENT – PHASE I OF III</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>\$15,000,000</b>
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*How much is requested for this project in FY 2020-21? This amount should correspond to the total for all funding sources on the Executive Summary.*

<b>CPIP PRIORITY</b>	FY2020, #2 FY2022, #3
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*Identify the project’s CPIP plan year and priority number, along with the first year in which the project was included in the agency’s CPIP. If not included in the agency’s CPIP, please provide an explanation. If the project involves a request for appropriated state funding, briefly describe the agency’s contingency plan in the event that state funding is not made available in the amount requested.*

<b>OTHER APPROVALS</b>	JBRC AND SFAA
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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, SFAA, etc.)*

<b>LONG-TERM PLANNING AND SUSTAINABILITY</b>	Continuous repairs to try and keep ahead of the system failures and instituted daily “fire watches” for institutional personnel and inmate safety.
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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? What is the agency’s expectation with regard to additional annual costs or savings associated with this capital improvement? What source of funds will be impacted by those costs or savings? What is the expected useful life of the capital improvement?*

<b>AGENCY NAME:</b>	<b>SOUTH CAROLINA DEPARTMENT OF CORRECTIONS</b>		
<b>AGENCY CODE:</b>	<b>N040</b>	<b>SECTION:</b>	<b>65</b>

<b>SUMMARY</b>	<p>Agency is facing a critical situation with our outdated fire alarm systems. Not only are we out of code with State Laws, the parts to repair and renovate the systems are no longer available. The main concern other than safety within our institutions, is that the LAC report for the Division of Fire and Life Safety recommended them to have more clarity in its authority for enforcement. Total cost is \$42,750,000.</p>
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*Provide a summary of the project and explain why it is necessary. Please refer to the budget guidelines for appropriate questions and thoroughly answer all related items.*

<b>AGENCY NAME:</b>	<b>SOUTH CAROLINA DEPARTMENT OF CORRECTIONS</b>		
<b>AGENCY CODE:</b>	<b>N040</b>	<b>SECTION:</b>	<b>65</b>

**FORM C – CAPITAL REQUEST**

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

<b>TITLE</b>	<b>CORRECTIONAL INSTITUTIONAL UPGRADES FOR SAFETY OF THE PUBLIC, OFFICERS AND INMATES</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>\$119,739,031</b>
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*How much is requested for this project in FY 2020-21? This amount should correspond to the total for all funding sources on the Executive Summary.*

<b>CPIP PRIORITY</b>	FY2021 #1
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*Identify the project's CPIP plan year and priority number, along with the first year in which the project was included in the agency's CPIP. If not included in the agency's CPIP, please provide an explanation. If the project involves a request for appropriated state funding, briefly describe the agency's contingency plan in the event that state funding is not made available in the amount requested.*

<b>OTHER APPROVALS</b>	JBRC AND SFAA
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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, SFAA, etc.)*

<b>LONG-TERM PLANNING AND SUSTAINABILITY</b>	Continuous repairs to try and keep ahead of the system failures.
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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? What is the agency's expectation with regard to additional annual costs or savings associated with this capital improvement? What source of funds will be impacted by those costs or savings? What is the expected useful life of the capital improvement?*

<b>AGENCY NAME:</b>	<b>SOUTH CAROLINA DEPARTMENT OF CORRECTIONS</b>		
<b>AGENCY CODE:</b>	<b>N040</b>	<b>SECTION:</b>	<b>65</b>

**SUMMARY**

To fund the most critical maintenance repairs, renovations, and system & equipment replacement for the Agency's 21 institutions and support service buildings located statewide which is more than 6.5 million square feet of building space.

Electrical/Electronics

- Manning CI Electrical - Upgrade switch gears, poles, transformers and pots for institutional power distribution system \$1,500,000
- Statewide CI Electrical - Upgrade switch gears, poles, transformers and pots for institutional power distribution system \$3,200,000

HVAC/Chiller/Boiler Equipment Replacement/Upgrade

- Leath CI - Two Chiller Replacements \$1,250,000
- Wateree CI - Replace Boiler \$900,000
- Perry CI - Replace HVAC for three dorms \$900,000
- Ridgeland CI - Replace Chiller (1 only) & Pumps \$900,000
- Tyger River CI - Replace Ten Roof Top HVAC Units \$2,100,000
- Perry CI - Replace Four each roof top units on Q Dorm \$8,000,000
- Kirkland CI - Replace Chiller \$15,600
- Evans CI - Replace HVAC Dorm F1-4 air handlers \$160,000
- McCormick CI - Replace HVAC Dorm F1-4 air handlers \$160,000
- Broad River CI - Replace HVAC Dorm F1-4 air handlers \$160,000
- Lee CI - Replace water heaters and heat exchangers for entire institution \$2,600,000
- Statewide Institutions - Replace Steam/Hot water Boilers \$16,794,000
- Statewide Institutions - Replace Chillers \$6,690,000

Epoxy Flooring for Kitchens

- Lieber CI – Replace Flooring & Drains \$350,000
- Kershaw CI - Replace Flooring & Drains \$400,000
- Statewide - Replace Flooring, Carpeting & Bathroom Floors \$250,000

Other Projects

- Cross Fencing - \$15,450,000
- Control Room Conversions for Prototypicals - \$4,500,000
- Lieber CI - RHU Unit - Replace cell slider doors to new Control System - \$650,000
- Level II and III- Replace cell slider door locks - \$36,784,800
- Headend Control Units - \$7,950,000
- Lee Rec Yard Tower - \$250,000
- Security Roof Stations, permanent secured ladders and ports - \$863,200
- Perimeter Razor Wire - \$4,181,760
- Non-Prototypical Level II and III- Elevated Control Rooms - \$2,429,671
- Broad River Complex Gate (\$350,000)

*Provide a summary of the project and explain why it is necessary. Please refer to the budget guidelines for appropriate questions and thoroughly answer all related items.*

<b>AGENCY NAME:</b>	<b>SOUTH CAROLINA DEPARTMENT OF CORRECTIONS</b>		
<b>AGENCY CODE:</b>	<b>N040</b>	<b>SECTION:</b>	<b>65</b>

## FORM C – CAPITAL REQUEST

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

<b>TITLE</b>	<b>DETENTION SERVICES AND EQUIPMENT UPGRADES</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>\$2,250,000</b>
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*How much is requested for this project in FY 2020-21? This amount should correspond to the total for all funding sources on the Executive Summary.*

<b>CPIP PRIORITY</b>	<b>FY2021 #2</b>
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*Identify the project's CPIP plan year and priority number, along with the first year in which the project was included in the agency's CPIP. If not included in the agency's CPIP, please provide an explanation. If the project involves a request for appropriated state funding, briefly describe the agency's contingency plan in the event that state funding is not made available in the amount requested.*

<b>OTHER APPROVALS</b>	<b>JBRC AND SFAA</b>
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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, SFAA, etc.)*

<b>LONG-TERM PLANNING AND SUSTAINABILITY</b>	Continuous repairs to try and keep ahead of the system failures.
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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? What is the agency's expectation with regard to additional annual costs or savings associated with this capital improvement? What source of funds will be impacted by those costs or savings? What is the expected useful life of the capital improvement?*

<b>SUMMARY</b>	<p>To fund detention upgrades at the Agency's 21 institutions and support service buildings. Given the age of our current maximum and medium security prisons, security upgrades are needed to increase the security and safety of our institutions.</p> <ul style="list-style-type: none"> <li>• Broad River CI - Saluda, Edisto and Congaree HU - Replace cell slider doors and control systems - \$1,950,000</li> <li>• Lee Recreation Yards - Control Systems - \$300,000</li> </ul>
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*Provide a summary of the project and explain why it is necessary. Please refer to the budget guidelines for appropriate questions and thoroughly answer all related items.*

<b>AGENCY NAME:</b>	<b>SOUTH CAROLINA DEPARTMENT OF CORRECTIONS</b>		
<b>AGENCY CODE:</b>	<b>N040</b>	<b>SECTION:</b>	<b>65</b>

**FORM C – CAPITAL REQUEST**

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

<b>TITLE</b>	<b>ROOFING RENOVATIONS</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>\$2,500,000</b>
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*How much is requested for this project in FY 2020-21? This amount should correspond to the total for all funding sources on the Executive Summary.*

<b>CPIP PRIORITY</b>	FY2021 #3
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*Identify the project's CPIP plan year and priority number, along with the first year in which the project was included in the agency's CPIP. If not included in the agency's CPIP, please provide an explanation. If the project involves a request for appropriated state funding, briefly describe the agency's contingency plan in the event that state funding is not made available in the amount requested.*

<b>OTHER APPROVALS</b>	JBRC AND SFAA
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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, SFAA, etc.)*

<b>LONG-TERM PLANNING AND SUSTAINABILITY</b>	Continuous repairs to try and keep ahead of the system failures.
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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? What is the agency's expectation with regard to additional annual costs or savings associated with this capital improvement? What source of funds will be impacted by those costs or savings? What is the expected useful life of the capital improvement?*

<b>AGENCY NAME:</b>	<b>SOUTH CAROLINA DEPARTMENT OF CORRECTIONS</b>		
<b>AGENCY CODE:</b>	<b>N040</b>	<b>SECTION:</b>	<b>65</b>

<b>SUMMARY</b>	<p>This is to fund the most critical roofing renovations projects that replace roof assemblies, asphalt, shingles, etc. for our various institutions and support buildings.</p> <ul style="list-style-type: none"> <li>• Broad River CI Institution-Wide - \$900,000</li> <li>• Tyger River Institution-Wide - \$600,000</li> <li>• Manning CI Central Laundry Building - \$150,000</li> <li>• Allendale CI Institution-Wide – \$850,000</li> </ul>
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*Provide a summary of the project and explain why it is necessary. Please refer to the budget guidelines for appropriate questions and thoroughly answer all related items.*

<b>AGENCY NAME:</b>	<b>SOUTH CAROLINA DEPARTMENT OF CORRECTIONS</b>		
<b>AGENCY CODE:</b>	<b>N040</b>	<b>SECTION:</b>	<b>65</b>

**FORM C – CAPITAL REQUEST**

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

<b>TITLE</b>	<b>FOOD SERVICE WAREHOUSE</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>\$15,900,000</b>
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*How much is requested for this project in FY 2020-21? This amount should correspond to the total for all funding sources on the Executive Summary.*

<b>CPIP PRIORITY</b>	FY2021 #5
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*Identify the project's CPIP plan year and priority number, along with the first year in which the project was included in the agency's CPIP. If not included in the agency's CPIP, please provide an explanation. If the project involves a request for appropriated state funding, briefly describe the agency's contingency plan in the event that state funding is not made available in the amount requested.*

<b>OTHER APPROVALS</b>	JBRC AND SFAA
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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, SFAA, etc.)*

<b>LONG-TERM PLANNING AND SUSTAINABILITY</b>	Current building was built when the Agency was housing less inmates than we are now. We are not able to take advantage of food bulk discounts through lack of suitable storage.
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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? What is the agency's expectation with regard to additional annual costs or savings associated with this capital improvement? What source of funds will be impacted by those costs or savings? What is the expected useful life of the capital improvement?*



<b>AGENCY NAME:</b>	<b>SOUTH CAROLINA DEPARTMENT OF CORRECTIONS</b>		
<b>AGENCY CODE:</b>	<b>N040</b>	<b>SECTION:</b>	<b>65</b>

**SUMMARY**

Design and construct a 62,200 sq. ft. warehouse that will consist of freezer space, dry space and office space. The warehouse will allow the Agency to be able to purchase goods in larger quantities at greater discount pricing than we can accommodate in the current warehouse. Also will provide a more secure environment being enclosed in one location which will deter inmates' contraband activity.

*Provide a summary of the project and explain why it is necessary. Please refer to the budget guidelines for appropriate questions and thoroughly answer all related items.*

<b>AGENCY NAME:</b>	<b>SOUTH CAROLINA DEPARTMENT OF CORRECTIONS</b>		
<b>AGENCY CODE:</b>	<b>N040</b>	<b>SECTION:</b>	<b>65</b>

**FORM C – CAPITAL REQUEST**

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

<b>TITLE</b>	<b>SCDC TRAINING ACADEMY BUILDING NEEDS</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>\$2,877,500</b>
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*How much is requested for this project in FY 2020-21? This amount should correspond to the total for all funding sources on the Executive Summary.*

<b>CPIP PRIORITY</b>	
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*Identify the project's CPIP plan year and priority number, along with the first year in which the project was included in the agency's CPIP. If not included in the agency's CPIP, please provide an explanation. If the project involves a request for appropriated state funding, briefly describe the agency's contingency plan in the event that state funding is not made available in the amount requested.*

<b>OTHER APPROVALS</b>	JBRC AND SFAA
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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, SFAA, etc.)*

<b>LONG-TERM PLANNING AND SUSTAINABILITY</b>	Current buildings are not adequate for the current direction of the Agency.
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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? What is the agency's expectation with regard to additional annual costs or savings associated with this capital improvement? What source of funds will be impacted by those costs or savings? What is the expected useful life of the capital improvement?*

<b>AGENCY NAME:</b>	<b>SOUTH CAROLINA DEPARTMENT OF CORRECTIONS</b>		
<b>AGENCY CODE:</b>	<b>N040</b>	<b>SECTION:</b>	<b>65</b>

<b>SUMMARY</b>	<ul style="list-style-type: none"> <li>• Develop a range facility to enhance our training by providing additional classrooms that would be used by Basic Training, Special Teams, Institutional and outside agencies. The building will consist of five small offices, two classrooms, and two bathrooms and munitions vault. (\$1,000,000)</li> <li>• New Multi-Purpose facility would enable the Training Academy to more effectively implement the new Basic Certification Curriculum. Would be used to augment the current Multi-Purpose Building. (\$877,500)</li> <li>• Construction of an updated storage facility for our ammunition and security equipment. (\$1,000,000)</li> </ul>
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*Provide a summary of the project and explain why it is necessary. Please refer to the budget guidelines for appropriate questions and thoroughly answer all related items.*

<b>AGENCY NAME:</b>	<b>SOUTH CAROLINA DEPARTMENT OF CORRECTIONS</b>		
<b>AGENCY CODE:</b>	<b>N040</b>	<b>SECTION:</b>	<b>65</b>

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

<b>TITLE</b>	<b>Agency Cost Savings and General Fund Reduction Contingency Plan</b>
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<b>AMOUNT</b>	<b>\$ 13,669,422 General Fund Reduction</b> <i>What is the General Fund 3% reduction amount (minimum based on the FY 2017-18 recurring appropriations)? This amount should correspond to the reduction spreadsheet prepared by EBO.</i>
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<b>ASSOCIATED FTE REDUCTIONS</b>	<p>The FY20 adjusted Agency General Fund Budget amounts to \$455,647,384 which is made up of Personal Services \$333,665,446 (69%) and General Operating \$121,981,938 (31%). As determined by the Executive Budget Office, this Agency would be responsible for reducing State General Funds of \$13,669,422.</p> <p>Approximately two hundred (260) sixty non-uniformed positions would have to remain unfilled and temporary positons would be eliminated.</p> <p><i>How many FTEs would be reduced in association with this General Fund reduction?</i></p>
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<b>PROGRAM/ACTIVITY IMPACT</b>	<p>Security is our number one priority and we cannot eliminate nor can we tolerate a furlough for any uniformed positions. Currently, we have a tremendous burden filling uniformed security positions to fully staff our institutions thus we are operating under unsafe conditions. To remedy this, we are utilizing extensive overtime and facility lockdowns to control the inmate flow within our institutions for the protection of institutional staff and the public. The Agency is also pushing an aggressive recruiting campaign for uniformed positions by drawing attention to career opportunity via television/radio media, social networking, positive advocacy through word of mouth, advertising billboards, etc. It would be almost impossible for the Agency to reduce our security budget with all of the work that we are doing to support our institutional staff which represents approximately eight five (85%) of our State General Fund budget.</p>
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*What programs or activities are supported by the General Funds identified?*

<b>AGENCY NAME:</b>	<b>SOUTH CAROLINA DEPARTMENT OF CORRECTIONS</b>		
<b>AGENCY CODE:</b>	<b>N040</b>	<b>SECTION:</b>	<b>65</b>

<b>SUMMARY</b>	<p>In order to reduce our budget, we would be obligated to reduce expenditures in our administrative and support services function which represent the remaining fifteen (15%) of our budget, approximately \$68,347,108.</p> <p>We studied the Agency payroll and have determined that we would place a hiring freeze on mostly administrative, maintenance, teachers, vocational instructors, case workers, and supply warehouse worker positions in conjunction with not filling positions that become vacant from staff retirements/attrition, and continue to watch our costs of medical delivery and further reduce socialized programs to the inmates. We would also have to redefine non-uniformed positions as essential and non-essential and implement a furlough/reduction in force for those positions considered non-essential to direct security support. While this protects our security staffing, it does create support issues. The security staff cannot maintain a secure environment without the support of the positions listed above.</p>
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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.*

<b>AGENCY COST SAVINGS PLANS</b>	<p>With the increasing costs of providing a safe, secure and rehabilitative environment for our inmates and the high cost of providing medical and mental/behavioral health services, it is difficult to have agency-wide savings. The Agency savings (carryforward) that we do incur annually is generally derived from the excessive vacancies that the Agency is experiencing within our security ranks. We do examine what Agency needs can be best served using our carryforward which usually is spent on providing more security protection for our correctional officers and much needed maintenance/equipment replacement within our institutional and support buildings. We do not use the carryforward for recurring costs such as new administrative positions or frivolous spending: always on items that were previously requested through the annual budget preparation that the State could not afford at that time.</p>
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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?*

<b>AGENCY NAME:</b>	<b>SOUTH CAROLINA DEPARTMENT OF CORRECTIONS</b>		
<b>AGENCY CODE:</b>	<b>N040</b>	<b>SECTION:</b>	<b>65</b>

**FORM F – REDUCING COST AND BURDEN TO BUSINESSES AND CITIZENS**

<b>TITLE</b>	<b>SOUTH CAROLINA DEPARTMENT OF CORRECTIONS REPORT</b>
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*Provide a brief, descriptive title for this request.*

<b>EXPECTED SAVINGS TO BUSINESSES AND CITIZENS</b>	<p>The South Carolina Department of Corrections’ mission statement is to protect the public, our employees, and our inmates while providing rehabilitation and self-improvement opportunities for our inmates and promoting fiscal responsibility and self-sufficiency.</p> <p>In accordance with our mission, Agency Management continues to look for programs to assist inmates in their rehabilitation back to society, to reduce recidivism and ways to save operational costs.</p>
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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.*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<p><b>Mark “X” for all that apply:</b></p> <table border="0"> <tr> <td><input type="checkbox"/></td> <td>Repeal or revision of regulations.</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Reduction of agency fees or fines to businesses or citizens.</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Greater efficiency in agency services or reduction in compliance burden.</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Other</td> </tr> </table>	<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 checked="" type="checkbox"/>	Other
<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 checked="" type="checkbox"/>	Other								

<b>METHOD OF CALCULATION</b>	Actual results.
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*Describe the method of calculation for determining the expected cost or time savings to businesses or citizens.*

<b>REDUCTION OF FEES OR FINES</b>	The South Carolina Department of Corrections does not charge fees or fines to the general public. The Agency charges fees and fines to the inmate population when Agency/staff property is damaged, charges for authorized telephone usage, victims’ restitution, canteen purchases and other replacement fees.
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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?*

<b>REDUCTION OF REGULATION</b>	None at this time.
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*Which regulations does the agency intend to amend or delete? What is the enabling authority for the regulation?*

<b>AGENCY NAME:</b>	<b>SOUTH CAROLINA DEPARTMENT OF CORRECTIONS</b>		
<b>AGENCY CODE:</b>	<b>N040</b>	<b>SECTION:</b>	<b>65</b>

**SUMMARY**

The Agency continues to comply with the mission at hand. We strive to provide security, rehabilitation, self-sufficiency and fiscal responsibility. In addition to security, the Agency has achieved success with the following objectives in FY19:

- During FY19, approximately \$8.9 million of General Fund carryforward (savings) was dedicated to open major critical deferred maintenance to the institutions.
- The Agency executive and institutional staff completed FEMA sponsored “Incident Command System” courses for a correctional setting during the latter part of the fiscal year. Courses included introduction to the Incident Command System, Single/Internal Action Incidents and an introduction to the National Incident Management System. Agency Academy staff were trained to present the system to all employees as currently there is a 92% completion rate.
- SCDC continues to build a successful relationship with South Carolina Department of Employment and Workforce, not only in the provision of employability skills and pre-release services, but in the WIN Learning Ready to Work courseware. SCDC has seen a smooth transition from Work Keys to WIN and continues to test and release inmates with WIN certificates. During FY19, 1,457 WIN Certificates were awarded, exceeding our goal by 32%.
- The Agency partnered with the Vera Institute of Justice, “Restoring Promise Initiative,” to pilot two living units specifically designed to address agency culture and conditions of confinement for young adults, ages 18-25, sentenced to SCDC. The first pilot, C.O.R.E Village, opened at Turbeville Correctional Institution in October 2018. This living unit serves young adults sentenced under the Youthful Offender Act (YOA). The second pilot, Cadre of H.O.P.E., was opened at Lee Correctional Institution in March 2019. This living unit serves young adults, ages 18-25, sentenced with adult straight-time.
- In collaboration with the Training Academy and Department of Health and Environmental Control (DHEC), we have begun “Train the Trainer” (T4T) program (2 sessions so far) to train officers at SCDC sites in the use of NARCAN nasal spray to administer to overdosing inmates. NARCAN nasal units will be provided by DHEC/Department of Alcohol and Other Drug Abuses Services (DAODAS) through grant funding.
- The Agency has executed a contract with Medical College of USC (MUSC) for specialty, infirmary, and primary care services as needed. MUSC specialty telehealth will begin providing specialty clinics in mid-July 2019. Also, a contract has been executed with USC/Palmetto Health for support at Camille Griffin Graham Correctional Institution to begin telehealth care for female intakes in mid-July 2019 followed by chronic and specialty services.

*Provide an explanation of the proposal and its positive results on businesses or citizens. How will the request affect agency operations?*