

AGENCY NAME:
AGENCY CODE:

SC Department of Commerce

P320

SECTION:

50



Fiscal Year 2020-21 Agency Budget Plan

FORM A - BUDGET PLAN SUMMARY

**OPERATING
REQUESTS
(FORM B1)**

For FY 2020-21, my agency is (mark "X"):

- | | |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | Requesting General Fund Appropriations. |
| <input checked="" type="checkbox"/> | Requesting Federal/Other Authorization. |
| <input type="checkbox"/> | Not requesting any changes. |

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

For FY 2020-21, my agency is (mark "X"):

- | | |
|-------------------------------------|---|
| <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)**

For FY 2020-21, my agency is (mark "X"):

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> | Requesting funding for Capital Projects. |
| <input checked="" type="checkbox"/> | Not requesting any changes. |

**PROVISOS
(FORM D)**

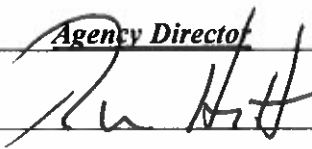
For FY 2020-21, my agency is (mark "X"):

- | | |
|-------------------------------------|---|
| <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>
PRIMARY CONTACT:	Chris Huffman	803-737-0462	chuffman@scommerce.com
SECONDARY CONTACT:	Michael McInerney	803-737-3949	mmcinerney@scommerce.com

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

SIGN/DATE:	 <i>Agency Director</i>	<i>Board or Commission Chair</i>
TYPE/PRINT NAME:	Robert M. Hitt III	

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

Fiscal Year 2020-21 Budget Request Executive Summary

Agency Code: P320
 Agency Name: Department Of Commerce
 Section: 50

BUDGET REQUESTS			FUNDING					FTES				
Priority	Request Type	Request Title	State	Federal	Earmarked	Restricted	Total	State	Federal	Earmarked	Restricted	Total
1	B1 - Recurring	Closing Fund	3,700,000				3,700,000					0.00
2	B2 - Non-Recurring	LocateSC	4,000,000				4,000,000					0.00
3	B1 - Recurring	Rural Initiative	250,000				250,000	2.00				2.00
4	B1 - Recurring	Procurement Technical Assistance Program	170,000	255,000			425,000	1.80	0.20			2.00
5	B2 - Non-Recurring	PGA Championship 2021	360,000				360,000					0.00
6	B1 - Recurring	Personnel and Employer Contribution Increases		40,000	35,000	15,000	90,000					0.00
7							0					0.00
8							0					0.00
9							0					0.00
10							0					0.00
11							0					0.00
12							0					0.00
13							0					0.00
14							0					0.00
15							0					0.00
16							0					0.00
17							0					0.00
18							0					0.00
19							0					0.00
20							0					0.00
21							0					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			8,480,000	295,000	35,000	15,000	8,825,000	3.80	0.20	0.00	0.00	4.00

AGENCY NAME:	SC Department of Commerce		
AGENCY CODE:	P320	SECTION:	50

FORM B1 – RECURRING OPERATING REQUEST

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

TITLE	Closing Fund
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Provide a brief, descriptive title for this request.

AMOUNT	General: \$3,700,000 Federal: Other: Total: \$3,700,000
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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.

NEW POSITIONS	0
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Please provide the total number of new positions needed for this request.

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

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

AGENCY NAME:	SC Department of Commerce		
AGENCY CODE:	P320	SECTION:	50

ACCOUNTABILITY OF FUNDS	<p>1.1, 1.2. Increase the number of new/retained jobs and capital investment recruited into South Carolina.</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?

RECIPIENTS OF FUNDS	<p>The purpose of the Closing Fund is to assist companies in locating or expanding in South Carolina. This program provides funding necessary to encourage competitive projects to locate or expand in South Carolina.</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?

JUSTIFICATION OF REQUEST	<p>The SC Department of Commerce is requesting \$3,700,000 in funding for the closing fund. These funds will be used to recruit new jobs and new investments to South Carolina. The Closing Fund offers greater flexibility than other incentive resources.</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.

AGENCY NAME:	SC Department of Commerce		
AGENCY CODE:	P320	SECTION:	50

FORM B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY	3 <i>Provide the Agency Priority Ranking from the Executive Summary.</i>
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TITLE	Rural Initiative <i>Provide a brief, descriptive title for this request.</i>
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AMOUNT	General: \$250,000 Federal: Other: Total: \$250,000 <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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NEW POSITIONS	2 <i>Please provide the total number of new positions needed for this request.</i>
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FACTORS ASSOCIATED WITH THE REQUEST	Mark "X" for all that apply:
	<input type="checkbox"/> Change in cost of providing current services to existing program audience
	<input type="checkbox"/> Change in case load/enrollment under existing program guidelines
	<input type="checkbox"/> Non-mandated change in eligibility/enrollment for existing program
	<input type="checkbox"/> Non-mandated program change in service levels or areas
	<input 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 #	

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

ACCOUNTABILITY OF FUNDS	All
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AGENCY NAME:	SC Department of Commerce		
AGENCY CODE:	P320	SECTION:	50

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?

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

JUSTIFICATION OF REQUEST	<p>The SC Department of Commerce is requesting \$250,000 in funding to provide the operating funds for the Rural School District and Economic Development Closing Fund. In Fiscal Year 2019-20, the General Assembly appropriated \$65 million in funding for this program. Commerce is requesting recurring funds to manage this program. It is expected that this program will take several years to fully implement and longer if additional resources are devoted to the program.</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.

AGENCY NAME:	SC Department of Commerce		
AGENCY CODE:	P320	SECTION:	50

FORM B1 – RECURRING OPERATING REQUEST

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

TITLE	Procurement Technical Assistance Program (PTAP)
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Provide a brief, descriptive title for this request.

AMOUNT	General: \$170,000 Federal: \$255,000 Other: Total: \$425,000
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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.

NEW POSITIONS	2
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Please provide the total number of new positions needed for this request.

FACTORS ASSOCIATED WITH THE REQUEST	Mark “X” for all that apply:	
	<input type="checkbox"/>	Change in cost of providing current services to existing program audience
	<input type="checkbox"/>	Change in case load/enrollment under existing program guidelines
	<input type="checkbox"/>	Non-mandated change in eligibility/enrollment for existing program
	<input type="checkbox"/>	Non-mandated program change in service levels or areas
	<input 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 # _____	

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

AGENCY NAME:	SC Department of Commerce		
AGENCY CODE:	P320	SECTION:	50

ACCOUNTABILITY OF FUNDS	2
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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?

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

JUSTIFICATION OF REQUEST	<p>The Procurement Technical Assistance Program is a program that provides dedicated procurement professionals working to help local businesses compete successfully in the government marketplace. Currently, South Carolina does not have a service provider that provides statewide assistance under this program. The Department is expecting to receive the award for this program and must have sustained resources to support this program in future years. Two dollars of state match will provide for three dollars of federal match.</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.

AGENCY NAME:	SC Department of Commerce		
AGENCY CODE:	P320	SECTION:	50

FORM B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY	6
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Provide the Agency Priority Ranking from the Executive Summary.

TITLE	Personnel and Employer Contribution increases
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Provide a brief, descriptive title for this request.

AMOUNT	General: Federal: \$40,000 Other: \$50,000 Total: \$90,000
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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.

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

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

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

AGENCY NAME:	SC Department of Commerce		
AGENCY CODE:	P320	SECTION:	50

ACCOUNTABILITY OF FUNDS	Various
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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?

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

JUSTIFICATION OF REQUEST	Commerce has seen an increase in other and federal funded personnel services and employer contributions. This increase in authority is to cover the costs of those increases to other and federal funded positions.
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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.

AGENCY NAME:	SC Department of Commerce		
AGENCY CODE:	P320	SECTION:	50

FORM B2 – NON-RECURRING OPERATING REQUEST

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

TITLE	Locate-SC
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Provide a brief, descriptive title for this request.

AMOUNT	\$4,000,000
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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.

FACTORS ASSOCIATED WITH THE REQUEST	Mark "X" for all that apply:
	<input type="checkbox"/> Change in cost of providing current services to existing program audience
	<input type="checkbox"/> Change in case load/enrollment under existing program guidelines
	<input type="checkbox"/> Non-mandated change in eligibility/enrollment for existing program
	<input type="checkbox"/> Non-mandated program change in service levels or areas
	<input type="checkbox"/> Proposed establishment of a new program or initiative
	<input type="checkbox"/> Loss of federal or other external financial support for existing program
	<input type="checkbox"/> Exhaustion of fund balances previously used to support program
	<input 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 #	

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

ACCOUNTABILITY OF FUNDS	3.1.1. Assist with the improvements of available inventory of sites and building.
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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?

AGENCY NAME:	SC Department of Commerce		
AGENCY CODE:	P320	SECTION:	50

RECIPIENTS OF FUNDS	<p>These funds will be awarded as grants to local governments or ally groups.</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?

JUSTIFICATION OF REQUEST	<p>Locate SC Site Inventory - funding that will allow the state to be proactive in preparing sites into suitable inventory for potential prospects.</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. Does this non-recurring appropriation request create an annualization or need for recurring funds?

AGENCY NAME:	SC Department of Commerce		
AGENCY CODE:	P320	SECTION:	50

FORM B2 – NON-RECURRING OPERATING REQUEST

AGENCY PRIORITY	5 <i>Provide the Agency Priority Ranking from the Executive Summary.</i>
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TITLE	PGA Championship 2021 <i>Provide a brief, descriptive title for this request.</i>
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AMOUNT	\$360,000 <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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FACTORS ASSOCIATED WITH THE REQUEST	Mark "X" for all that apply:
	<input type="checkbox"/> Change in cost of providing current services to existing program audience
	<input type="checkbox"/> Change in case load/enrollment under existing program guidelines
	<input type="checkbox"/> Non-mandated change in eligibility/enrollment for existing program
	<input type="checkbox"/> Non-mandated program change in service levels or areas
	<input type="checkbox"/> Proposed establishment of a new program or initiative
	<input type="checkbox"/> Loss of federal or other external financial support for existing program
	<input type="checkbox"/> Exhaustion of fund balances previously used to support program
	<input 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 #	

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

ACCOUNTABILITY OF FUNDS	
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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?

AGENCY NAME:	SC Department of Commerce		
AGENCY CODE:	P320	SECTION:	50

RECIPIENTS OF FUNDS	<p>These funds will be used with appropriations for SCPRT for the PGA Championship 2021.</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?

JUSTIFICATION OF REQUEST	<p>In 2021, the PGA Championship will be contested on The Ocean Course at Kiawah Island Golf Resort. This will be the 103rd playing of the Championship and second contested at The Ocean Course. In 2012, Rory McIlroy claimed the Wanamaker Trophy. More than 150,000 spectators will attend the Championship, of which, approximately 50% will come from outside of South Carolina.</p> <p>ESPN and CBS television will provide over 28 hours of live coverage throughout the week, with additional coverage by The Golf Channel. The Championship will be broadcast across 200+ countries reaching more than 500 million homes.</p> <p>The College of Charleston reported an estimated economic impact to the state of \$193M from the 2012 PGA Championship. They also reported that compared to 2011, an estimated 10,400 more room nights were sold in Charleston County during August 5 – 11, 2012, as a result of the 94th PGA Championship at Kiawah Island Golf Resort. Hotels saw a 12.3% increase in occupancy (86.4% occupancy for 2012) and 30.9% increase in the average daily rate (\$148.62 for 2012) compared to the same dates in 2011. Over the weekend, August 10 -12, 2012, hotel occupancy reached a high of 94.9% at an average daily rate of \$170.86. These results do not include the impact of vacation home and villa rentals, which anecdotal information indicates were also extremely strong for the week. A total of \$4,100,000 in estimated local accommodations, restaurant, sales and admissions tax was collected. The event attracted 50,000+ out-of-town visitors and had a \$26 million impact in labor income, which supported 832 jobs.</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. Does this non-recurring appropriation request create an annualization or need for recurring funds?

AGENCY NAME:	SC Department of Commerce		
AGENCY CODE:	P320	SECTION:	50

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

TITLE	Agency Cost Savings and General Fund Reduction Contingency Plan
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AMOUNT	\$1,597,487
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What is the General Fund 3% reduction amount (minimum based on the FY 2019-20 recurring appropriations)? This amount should correspond to the reduction spreadsheet prepared by EBO.

ASSOCIATED FTE REDUCTIONS	Unknown at this time.
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How many FTEs would be reduced in association with this General Fund reduction?

PROGRAM/ACTIVITY IMPACT	Closing Fund, Local Economic Development Organizations, LocateSC, SC Manufacturing Extension Partnership, Research (Applied Research Centers), Small Business Development Centers, Council on Competitiveness, State Export Grant Program, Marketing, Secretary’s Office, Administration, Innovation, Global Business Development, Workforce and Small and Existing Business.
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What programs or activities are supported by the General Funds identified?

AGENCY NAME:	SC Department of Commerce		
AGENCY CODE:	P320	SECTION:	50

SUMMARY	<p>A) Closing Fund- Commerce would have fewer funds on hand to assist companies in locating or expanding in South Carolina.</p> <p>b) Local Economic Development Organizations- LEDA would have fewer funds on hand to market the state, position their region competitively and to find and assist companies looking to locate and expand in South Carolina.</p> <p>c) LocateSC- Commerce would have fewer funds that will allow the state to be proactive in preparing sites into suitable inventory for potential prospects</p> <p>d)SC Manufacturing Extension Partnership- Fewer companies would benefit from the services SCMEP provide.</p> <p>e) Small Business Development Centers- Fewer small businesses would benefit from the services SCSBDC provide.</p> <p>f) Council on Competitiveness- Fewer funds available to continue our collaboration in aerospace and TDL.</p> <p>g) State Export Grant Program- Fewer small businesses would benefit from exporting assistance.</p> <p>h) Marketing Activities-Fewer funds available to make strategic investments into potential areas to market our state.</p> <p>i) Secretary’s Office, Administration, Global Business Development, Innovation, Research, Marketing, Workforce and Small and Existing Business – Commerce would need to re-evaluate future travel, hiring decisions, and other spending plans to determine if recurring resources are available.</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.

AGENCY COST SAVINGS PLANS	<p>Commerce would need to re-evaluate future travel, hiring decisions, and other spending plans to implement a cost saving plan. Any saving from implementation of a re-evaluation would be either utilized in an investment into a new strategic initiative or carried forward into the next year.</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?