

# Agency Certification and Transmittal Sheet

Code:

**U15**

Name:

**Infrastructure Bank Board**

Mission Statement: The SCTIB's sole purpose is to provide financial assistance to major transportation projects.

RECEIVED

OCT 13 2011

Budget Director Board  
OFFICE OF STATE BUDGET

To the Office of State Budget

This, and accompanying statements, schedules, and explanatory sheets consisting of 9 pages constitute the operating budget estimates of this agency for all proposed expenditures for the 2012-2013 fiscal year.

All statements and explanations contained in the estimates submitted herewith are true and correct to the best of my knowledge.

  
Debra Rountree, Director  
(Agency Head)

Signed:

Date:

9/30/2011

## FISCAL YEAR 2012-13 BUDGET PLAN

### I. EXECUTIVE SUMMARY

A. **Agency Section/Code/Name:**

68B/U15/Infrastructure Bank Board

B. **Summary Description of Strategic or Long-Term Goals:**

The SCTIB's sole purpose is to provide financial assistance to major transportation projects. Since its creation in 1997, the SCTIB has approved funding for over \$4.7 billion in projects for the state.

C. **2011-2012 Agency Recurring Base Appropriation:**

State \$0

Federal \$0

Other \$0

D. **Number of Budget Categories:**

1

E. **Agency-wide Vacant FTEs**

Vacant FTEs as of July 31, 2011: 0

% Vacant 0%

F. **Efficiency Measures:**

N/A

G. **Number of Provisos:**

N/A

**IIA. OPERATING BUDGET PROGRAMS**

Agency Section/Code/Name: 68B/U15/Infrastructure Bank Board

**SUMMARY OF OPERATING BUDGET PROGRAMS FOR FY 2012-13**

OPERATING BUDGET PROGRAMS			FUNDING					FTEs			
Title	Activity Name	Activity No.	Non-Recurring State	Recurring State	Federal	Other	Total	State	Federal	Other	Total
I. Other Operating Expenditures	Administration	1454				357,400	357,400				0.00
II. Transportation Infrastructure	Transportation Assistance	1453				50,000,000	50,000,000				0.00
							0				0.00
							0				0.00
							0				0.00
							0				0.00
For additional rows, place cursor in this gray box and press "Ctrl" + "b". (You need to start in this gray box for each row needed or the formulas will not copy properly.)											
<b>TOTAL OF ALL OPERATING BUDGET PROGRAMS</b>			<b>0</b>	<b>0</b>	<b>0</b>	<b>50,357,400</b>	<b>50,357,400</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>

IIB. CAPITAL BUDGET/NON-RECURRING REQUESTS FOR FY 2012-13

Agency Section/Code/Name: 68B/U15/Infrastructure Bank Board

SUMMARY OF CAPITAL BUDGET/NON-RECURRING REQUESTS FOR FY 2012-13

CAPITAL BUDGET/NON-RECURRING REQUESTS				Additional State Funds	Previously Authorized State Funds	Total Other Fund Sources	Project Total
Project No.*	Project Name	Activity Name	Activity No.				
N/A							0
							0
							0
							0
							0
For additional rows, place cursor in this gray box and press "Ctrl" + "c". (You need to start in this gray box for each row needed or the formulas will not copy properly.)							
<b>TOTAL OF ALL CAPITAL BUDGET/NON-RECURRING REQUESTS</b>				<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

\*if applicable

**A. Summary description of programs and how they relate to the mission of the agency:**

Provide financial, legal and other administrative support to maximize funding availability, ensure expenditures are within commitments on approved projects and make all payments on outstanding bonds.

**B. Budget Program Number and Name:**

I. Other Operating Expenditures

**C. Agency Activity Number and Name:**

Note: If more than one activity maps to this program; provide all activity numbers, names, and approximate funding amounts.

Activity Number	Activity Name	State Non-Recurring	State Recurring	Federal	Other	Total
1454	Administration				357,400	357,400

**D. Performance Measures:**

Accurate detailed reporting of all revenues and expenditures from cash and bond funds. Independent audits are performed yearly to verify financial statements. Development of dependable financial plan. Compliance with all bond documents and project commitment agreements.

**E. Program Interaction:**

**F. Change Management:**

**G. Detailed Funding Information:**

FY 2012-13 Cost Estimates:	State Non-Recurring	State Recurring	Federal	Other	Total
Number of FTEs*		0.00	0.00	0.00	0.00
Personal Service	\$0	\$0	\$0	\$0	\$ 0
Employer Contributions	\$0	\$0	\$0	\$0	\$ 0
Program/Case Services	\$0	\$0	\$0	\$0	\$ 0
Pass-Through Funds	\$0	\$0	\$0	\$0	\$ 0
Other Operating Expenses	\$0	\$0	\$0	357,400	357,400

<b>Total</b>	\$ 0	\$ 0	\$ 0	357,400	357,400
* If new FTEs are needed, please complete Section G (Detailed Justification for FTEs) below.					

Is this budget category or program associated with a Capital Budget Priority?

If yes, state Capital Budget Priority Number and Project Name:.

Please List proviso numbers that relate to this budget category or programs funded by this category.

N/A

**H. Changes to the Appropriation:**

Please explain any changes, to include re-alignments and funding or FTE increases requested in this year’s appropriation, as detailed below:

Funding:

Year	State Non-Recurring	State Recurring	Federal	Other (Earmarked or Restricted)
2011-2012 Act				307,400
2012-2013 Act				357,400
Difference				50,000
% Difference				16%

Explanation of Changes: Increase in general operating expenditures based on actual expenditures for FY10-11.

**I. Revenue Estimates:**

Please detail Sources of revenue for this program, identified by SAP fund number if a live SCEIS agency or the STARS number if a STARS agency. If several sources remit to a single subfund that cannot be split by source and appropriation or program, provide an estimate of the revenue dedicated to this program.

SAP Fund Number	Source Name	General Fund	Other State	Earmarked	Restricted	Federal
46339000					357,400	

If expenditures for this program are greater than known or estimated revenues and the intent is to bridge part of this shortfall by drawing down balances in agency accounts or reserves, indicate the accounts and amount of the current reserve or balance that will likely be used below.

Please detail the long-term sustainability of this program if cash reserves are needed to operate.

If there is federal fund or other fund spending authority requested above the revenue streams detailed above, please indicate the amount and explanation for each.

**J. FTE Positions:**

Please detail the number of FTE’s filled (F) by the program as of June 30 of each fiscal year, and the number authorized (A) by the Appropriations Act.

Fiscal Year	State	Other-Earmarked or Restricted	Federal	Total	Temporary, Temporary Grant, Time -limited
2012-2013 (A)					
2011-2012 (A)					
2010-2011 (F)					
2010-2011 (A)					

<b>2009-2010 (F)</b>					
<b>2009-2010 (A)</b>					
<b>2008-2009 (F)</b>					
<b>2008-2009 (A)</b>					
<b>2007-2008 (F)</b>					
<b>2007-2008 (A)</b>					

**K. Detailed Justification for FTEs:**

(1) Justification for New FTEs

(a) Justification:

(b) Future Impact on Operating Expenses or Facility Requirements:

(2) **Position Details:**

	State	Federal	Earmarked	Restricted	Total
Position Title:					
Number of FTEs	0.00	0.00	0.00	0.00	0.00
Personal Service	\$0	\$0	\$0	\$0	\$ 0
Employer Contributions	\$0	\$0	\$0	\$0	\$ 0

	State	Federal	Earmarked	Restricted	Total
Position Title:					
Number of FTEs	0.00	0.00	0.00	0.00	0.00
Personal Service	\$0	\$0	\$0	\$0	\$ 0
Employer Contributions	\$0	\$0	\$0	\$0	\$ 0

	State	Federal	Earmarked	Restricted	Total
Position Title:					
Number of FTEs	0.00	0.00	0.00	0.00	0.00
Personal Service	\$0	\$0	\$0	\$0	\$ 0
Employer Contributions	\$0	\$0	\$0	\$0	\$ 0

**A. Summary description of programs and how they relate to the mission of the agency:**

Provide financial assistance for construction of major transportation projects in the state.

**B. Budget Program Number and Name:**

II. Transportation Assistance

**C. Agency Activity Number and Name:**

Note: If more than one activity maps to this program; provide all activity numbers, names, and approximate funding amounts.

Activity Number	Activity Name	State Non-Recurring	State Recurring	Federal	Other	Total
1453	Transportation Assistance				25,500,000	25,500,000

**D. Performance Measures:**

Provide financial assistance for major transportation projects.

**E. Program Interaction:**

**F. Change Management:**

**G. Detailed Funding Information:**

FY 2012-13 Cost Estimates:	State Non-Recurring	State Recurring	Federal	Other	Total
Number of FTEs*		0.00	0.00	0.00	0.00
Personal Service	\$0	\$0	\$0	\$0	\$ 0
Employer Contributions	\$0	\$0	\$0	\$0	\$ 0
Program/Case Services	\$0	\$0	\$0	\$0	\$ 0
Pass-Through Funds	\$0	\$0	\$0	\$0	\$ 0
Other Operating Expenses	\$0	\$0	\$0	25,500,000	25,500,000
<b>Total</b>	\$ 0	\$ 0	\$ 0	25,500,000	25,500,000

\* If new FTEs are needed, please complete Section G (Detailed Justification for FTEs) below.

Is this budget category or program associated with a Capital Budget Priority?

If yes, state Capital Budget Priority Number and Project Name:.

Please List proviso numbers that relate to this budget category or programs funded by this category.

N/A

**H. Changes to the Appropriation:**

Please explain any changes, to include re-alignments and funding or FTE increases requested in this year’s appropriation, as detailed below:

Funding:

Year	State Non-Recurring	State Recurring	Federal	Other (Earmarked or Restricted)
2011-2012 Act				50,000,000
2012-2013 Act				25,500,000
Difference				24,500,000
% Difference				-49%

Explanation of Changes: Bond proceeds will replace funding for project expenditures during FY12-13.

**I. Revenue Estimates:**

Please detail Sources of revenue for this program, identified by SAP fund number if a live SCEIS agency or the STARS number if a STARS agency. If several sources remit to a single subfund that cannot be split by source and appropriation or program, provide an estimate of the revenue dedicated to this program.

SAP Fund Number	Source Name	General Fund	Other State	Earmarked	Restricted	Federal
46339000					25,500,000	

If expenditures for this program are greater than known or estimated revenues and the intent is to bridge part of this shortfall by drawing down balances in agency accounts or reserves, indicate the accounts and amount of the current reserve or balance that will likely be used below.

Please detail the long-term sustainability of this program if cash reserves are needed to operate.

If there is federal fund or other fund spending authority requested above the revenue streams detailed above, please indicate the amount and explanation for each.

**J. FTE Positions:**

Please detail the number of FTE’s filled (F) by the program as of June 30 of each fiscal year, and the number authorized (A) by the Appropriations Act.

Fiscal Year	State	Other-Earmarked or Restricted	Federal	Total	Temporary, Temporary Grant, Time -limited
2012-2013 (A)					
2011-2012 (A)					
2010-2011 (F)					
2010-2011 (A)					
2009-2010 (F)					
2009-2010 (A)					
2008-2009 (F)					
2008-2009 (A)					
2007-2008 (F)					

2007-2008 (A)					
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**K. Detailed Justification for FTEs:**

(1) Justification for New FTEs

(a) Justification:

(b) Future Impact on Operating Expenses or Facility Requirements:

(2) **Position Details:**

	State	Federal	Earmarked	Restricted	Total
Position Title:					
Number of FTEs	0.00	0.00	0.00	0.00	0.00
Personal Service	\$0	\$0	\$0	\$0	\$ 0
Employer Contributions	\$0	\$0	\$0	\$0	\$ 0

	State	Federal	Earmarked	Restricted	Total
Position Title:					
Number of FTEs	0.00	0.00	0.00	0.00	0.00
Personal Service	\$0	\$0	\$0	\$0	\$ 0
Employer Contributions	\$0	\$0	\$0	\$0	\$ 0

	State	Federal	Earmarked	Restricted	Total
Position Title:					
Number of FTEs	0.00	0.00	0.00	0.00	0.00
Personal Service	\$0	\$0	\$0	\$0	\$ 0
Employer Contributions	\$0	\$0	\$0	\$0	\$ 0



**A. Proviso Number**

Using the renumbered 2012-13 proviso base provided on the OSB website indicate the proviso number (*If new indicate "New #1", "New #2", etc.*):

N/A

**B. Appropriation**

Related budget category, program, or non-recurring request (*Leave blank if not associated with funding priority*):

**C. Agency Interest**

Is this proviso agency-specific, a general proviso that affects the agency, or a proviso from another agency's section that has had consequences?

**D. Action**

(Indicate Keep, Amend, Delete, or Add):

**E. Title**

Descriptive Proviso Title:

**F. Summary**

Summary of Existing or New Proviso:

**G. Explanation of Amendment to/or Deletion of Existing Proviso**

(If request to delete proviso is due to codification, note the section of the Code of Laws where the language has been codified):

**H. Explanation of how this proviso directs the expenditure or appropriation of funds, and why this direction is necessary****I. Justification**

Refer to the instructions for the correct question to answer in this space, based on the action you selected

**J. Fiscal Impact (Include impact on each source of funds – state, federal, and other)****K. Text of New Proviso with Underline or Entire Existing Proviso Text with Strikeover and Underline**

(INSERT PROVISO FROM FY 2012-13 RENUMBERED PROVISO BASE HERE)

Federal Aid Justification

0

**Summary**

Award Title	<input type="text" value="N/A"/>				
CFDA Number/Title	<input type="text"/>	→	If "Other", identify:	<input type="text"/>	
Award Number (Federal)	<input type="text"/>	Start Date	<input type="text"/>	Federal Agency	<input type="text"/>
Award Number (State)	<input type="text"/>	End Date	<input type="text"/>	Federal Subagency	<input type="text"/>
Award Period	<input type="text"/>	→			If "Other", explain: <input type="text"/>

**Financial**

Total Award Amount	<input type="text"/>	Amount Available in FY 2012-13	<input type="text"/>
State Match Required?	<input type="text"/>	If "Yes", describe, and provide SAP Fund Number(s) of funding sources	<input type="text"/>
Local Match Required?	<input type="text"/>	If "Yes", describe	<input type="text"/>
Assistance Type	<input type="text"/>	If "Other", explain	<input type="text"/>

Is administrative and/or indirect cost recovery permitted? If so, explain:

Will funds be passed-through to other entities? If so, what types of entities, and how will funds be distributed?

Federal Aid Justification

0

**Questions**

How is the use of these funds essential to your agency's mission?

Text.

What budgetary, compliance, and programmatic obligations will the state incur (now or in the future) through the receipt of these funds?

Text.

What outcome and/or performance measures will you track and/or report on in association with this award?

Text.

What is the name and title of the individual in your agency who is responsible for the success of this program?

Text.