

<b>AGENCY NAME:</b>	Office of Inspector General		
<b>AGENCY CODE:</b>	D25	<b>SECTION:</b>	93



## Fiscal Year 2014-15 Agency Budget Plan

### FORM A – SUMMARY

<b>RECURRING FUNDS (FORM B DECISION PACKAGES)</b>	<p>My agency is submitting the following recurring decision packages (Form B):</p> <p>For FY 2014-15, my agency is (mark "X"):</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 30px; border: 1px solid black;"><input type="checkbox"/></td> <td style="border: none;">Requesting a net increase in recurring General Fund appropriations.</td> </tr> <tr> <td style="border: 1px solid black;"><input checked="" type="checkbox"/></td> <td style="border: none;">Not requesting a net increase in recurring General Fund Appropriations.</td> </tr> </table>	<input type="checkbox"/>	Requesting a net increase in recurring General Fund appropriations.	<input checked="" type="checkbox"/>	Not requesting a net increase in recurring General Fund Appropriations.		
<input type="checkbox"/>	Requesting a net increase in recurring General Fund appropriations.						
<input checked="" type="checkbox"/>	Not requesting a net increase in recurring General Fund Appropriations.						
<b>CAPITAL &amp; NON-RECURRING FUNDS (FORM C DECISION PACKAGES)</b>	<p>My agency is submitting the following one-time decision packages (Form C):</p> <p>For FY 2014-15, my agency is (mark "X"):</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 30px; border: 1px solid black;"><input type="checkbox"/></td> <td style="border: none;">Requesting capital and/or non-recurring funds.</td> </tr> <tr> <td style="border: 1px solid black;"><input checked="" type="checkbox"/></td> <td style="border: none;">Not requesting capital and/or non-recurring funds.</td> </tr> </table>	<input type="checkbox"/>	Requesting capital and/or non-recurring funds.	<input checked="" type="checkbox"/>	Not requesting capital and/or non-recurring funds.		
<input type="checkbox"/>	Requesting capital and/or non-recurring funds.						
<input checked="" type="checkbox"/>	Not requesting capital and/or non-recurring funds.						
<b>PROVISOS</b>	<p>For FY 2014-15, my agency is (mark "X"):</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 30px; border: 1px solid black;"><input checked="" type="checkbox"/></td> <td style="border: none;">Requesting a new proviso and/or substantive changes to existing provisos.</td> </tr> <tr> <td style="border: 1px solid black;"><input type="checkbox"/></td> <td style="border: none;">Only requesting technical proviso changes (such as date references).</td> </tr> <tr> <td style="border: 1px solid black;"><input type="checkbox"/></td> <td style="border: none;">Not requesting any proviso changes.</td> </tr> </table>	<input checked="" type="checkbox"/>	Requesting a new proviso and/or substantive changes to existing provisos.	<input type="checkbox"/>	Only requesting technical proviso changes (such as date references).	<input type="checkbox"/>	Not requesting any proviso changes.
<input checked="" type="checkbox"/>	Requesting a new proviso and/or substantive changes to existing provisos.						
<input type="checkbox"/>	Only requesting technical proviso changes (such as date references).						
<input type="checkbox"/>	Not requesting any proviso changes.						

Please identify your agency's preferred contacts for this year's budget process.

	<u>Name</u>	<u>Phone</u>	<u>Email</u>
<b>PRIMARY CONTACT:</b>	Rhonda Walker	803.734.0433	rwalker@oepp.sc.gov
<b>SECONDARY CONTACT:</b>	George Davis	803.896.4732	georgedavis@oig.sc.gov

I have reviewed and approved the enclosed FY 2014-15 Agency Budget Plan, which is complete and accurate to the extent of my knowledge.

<b>AGENCY DIRECTOR (SIGN/DATE):</b>	9-23-13
<b>AGENCY DIRECTOR (TYPE/PRINT NAME):</b>	Patrick J. Malcy

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

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**FORM D – PROVISO REVISION REQUEST**

<b>NUMBER</b>	<b>NEW</b>
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*Cite the proviso according to the State Budget Division’s renumbered list for FY 2014-15 (or mark “NEW”).*

<b>TITLE</b>	<b>Fiduciary Audit - PEBA</b>
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*Provide the title from the FY 2013-14 Appropriations Act or suggest a short title for any new request.*

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

<b>DECISION PACKAGE</b>	No
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*Is this request associated with a decision package you have submitted for FY 2014-15? If so, cite it here.*

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

<b>OTHER AGENCIES AFFECTED</b>	South Carolina Public Employees Benefit Authority (PEBA) – Funding may be impacted.
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*Which other agencies would be affected by the recommended action? How?*

<b>SUMMARY</b>	To provide funding for a fiduciary audit of the South Carolina Public Employees Benefit Authority (PEBA) as required by Section 9-4-40 of the 1976 Code, as amended.
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*Summarize the existing proviso. If requesting a new proviso, describe the current state of affairs without it.*

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<b>EXPLANATION</b>	<p>To provide funding to carry out a requirement for a fiduciary audit of the South Carolina Public Employees Benefit Authority (PEBA) as required by Section 9-4-40 of the 1976 Code, as amended.</p>
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*Explain the need for your requested action. For deletion requests due to recent codification, please identify SC Code section where language now appears.*

<b>FISCAL IMPACT</b>	<p>The audit is expected to cost \$500,000 and may be comprised of state funds, other funds, or some combination of the two, as determined by the Legislature. The amount is based upon cost estimates of a fiduciary audit of the Retirement System Investment Commission.</p>
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*Provide estimates of any fiscal impacts associated with this proviso, whether for state, federal, or other funds. Explain the method of calculation.*

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Of the funds authorized for the South Carolina Public Benefit Authority (PEBA), PEBA shall transfer \$500,000 to the Office of the Inspector General. The funds transferred shall be utilized by the Inspector General to employ a private audit firm to perform the fiduciary audit of the PEBA as required by Section 9-4-40 of the 1976 Code, as amended.

**PROPOSED  
PROVISO TEXT**

*Paste FY 2013-14 text above, then bold and underline insertions and strikethrough deletions. For new proviso requests, enter requested text above.*