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| AGENCY NAME: | Secretary of State | | |
| AGENCY CODE: | E080 | SECTION: | 95 |



Fiscal Year 2014-15 Agency Budget Plan

FORM A – SUMMARY

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| RECURRING FUNDS (FORM B DECISION PACKAGES) | <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%;"> <tr> <td style="width: 30px; text-align: center;"><input type="checkbox"/></td> <td>Requesting a net increase in recurring General Fund appropriations.</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>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. | | | | | | |
| CAPITAL & NON-RECURRING FUNDS (FORM C DECISION PACKAGES) | <p>My agency is submitting the following one-time decision packages (Form C):</p> <p>1219</p> <p>For FY 2014-15, my agency is (mark "X"):</p> <table style="width: 100%;"> <tr> <td style="width: 30px; text-align: center;"><input checked="" type="checkbox"/></td> <td>Requesting capital and/or non-recurring funds.</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Not requesting capital and/or non-recurring funds.</td> </tr> </table> | <input checked="" type="checkbox"/> | Requesting capital and/or non-recurring funds. | <input type="checkbox"/> | Not requesting capital and/or non-recurring funds. | | |
| <input checked="" type="checkbox"/> | Requesting capital and/or non-recurring funds. | | | | | | |
| <input type="checkbox"/> | Not requesting capital and/or non-recurring funds. | | | | | | |
| PROVISOS | <p>For FY 2014-15, my agency is (mark "X"):</p> <table style="width: 100%;"> <tr> <td style="width: 30px; text-align: center;"><input type="checkbox"/></td> <td>Requesting a new proviso and/or substantive changes to existing provisos.</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Only requesting technical proviso changes (such as date references).</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Not requesting any proviso changes.</td> </tr> </table> | <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. |
| <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.

| | <u>Name</u> | <u>Phone</u> | <u>Email</u> |
|---------------------------|-------------------|--------------|--|
| PRIMARY CONTACT: | Melissa W. Dunlap | 734-2157 | mdunlap@sos.sc.gov |
| SECONDARY CONTACT: | LaToria Williams | 734-1723 | lwilliams@sos.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.

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| AGENCY DIRECTOR (SIGN/DATE): | |
| AGENCY DIRECTOR (TYPE/PRINT NAME): | Mark Hammond |

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

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FORM C – CAPITAL OR NON-RECURRING APPROPRIATION REQUEST

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| DECISION PACKAGE | 1219 |
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Provide the decision package number issued by the PBF system ("Governor's Request").

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| TITLE | Secretary of State Disaster Recovery Project Phase 2 |
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Provide a brief, descriptive title for this request.

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| AMOUNT | \$98,500 |
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How much is requested for this project in FY 2014-15?

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| BUDGET PROGRAM | Non-Recurring 98990000 |
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Identify the associated budget program(s) by name and budget section.

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| SUMMARY | <p>Disaster Recovery</p> <p>Equipment for off-site storage of permanent state records is phase two of our Disaster Recovery and Security Plan.</p> <p>Equipment (to include a storage area network or SAN) will be located at the Department of State Information Technology (DSIT). The Secretary of State's Office must provide its own SAN and related equipment that will be housed at DSIT in order to provide the necessary security for document storage and maintenance. Providing disaster recovery and security for these permanent state records is critical. These records include articles of incorporation, limited liability company articles of organization, and all other related business filing records that are statutorily mandated to be maintained by the Secretary of State's Office.</p> |
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Provide a summary of the project and explain why it is necessary.

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| RELATED REQUEST(S) | <p>No.</p> <p><i>Is this decision package associated with other decision packages requested by your agency or other agencies this year? Is it associated with a specific capital or non-recurring request?</i></p> |
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| MATCHING FUNDS | <p>No.</p> <p><i>Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source and amount.</i></p> |
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| FUNDING ALTERNATIVES | <p>There are no other funding sources.</p> <p><i>What other possible funding sources were considered?</i></p> |
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| LONG-TERM PLANNING AND SUSTAINABILITY | <p>Funding for Phase One of the Disaster Recovery Plan was requested and received in the previous budget. Digitizing and removing permanent state records from antiquated microfilm is now in process. In addition, paper records will be digitized as part of our disaster recovery and security plan. Our current request for Phase Two of Disaster Recovery will provide for secure, off-site storage with the purchase of a storage area network (SAN) that will be housed at the Department of State Information Technology (DSIT).</p> <p><i>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?</i></p> |
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| OTHER APPROVALS | <p>There are no additional approvals to obtain.</p> <p><i>What approvals have already been obtained? Are there additional approvals that must be secured in order for the project to succeed? (Institutional board, JBRC, BCB, etc.)</i></p> |
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