

<b>AGENCY NAME:</b>	State Accident Fund		
<b>AGENCY CODE:</b>	R12	<b>SECTION:</b>	75



## Fiscal Year 2014-15 Agency Budget Plan

### FORM A – SUMMARY

<b>RECURRING FUNDS (FORM B DECISION PACKAGES)</b>	My agency is submitting the following recurring decision packages (Form B): 1289	
	For FY 2014-15, my agency is (mark "X"):	
	<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.

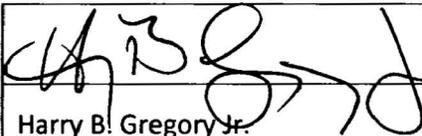
<b>CAPITAL &amp; NON-RECURRING FUNDS (FORM C DECISION PACKAGES)</b>	My agency is submitting the following one-time decision packages (Form C): 1445	
	For FY 2014-15, my agency is (mark "X"):	
	<input checked="" type="checkbox"/>	Requesting capital and/or non-recurring funds.
	<input type="checkbox"/>	Not requesting capital and/or non-recurring funds.

<b>PROVISOS</b>	For FY 2014-15, 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.

	<u>Name</u>	<u>Phone</u>	<u>Email</u>
<b>PRIMARY CONTACT:</b>	Harry B. Gregory Jr.	803-896-5409	hgregory@saf.sc.gov
<b>SECONDARY CONTACT:</b>	Gerald A. Murphy	803-896-5870	gmurphy@saf.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>		
<b>AGENCY DIRECTOR (TYPE/PRINT NAME):</b>	Harry B. Gregory Jr.	

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

<b>AGENCY NAME:</b>	<b>State Accident Fund</b>		
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**FORM B – PROGRAM REVISION REQUEST**

<b>DECISION PACKAGE</b>	<b>1289</b>
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*Provide the decision package number issued by the PBF system ("Governor's Request").*

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

<b>AMOUNT</b>	<b>\$75,061</b>
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*What is the net change in requested appropriations for FY 2014-15? This amount should correspond to the decision package's total in PBF across all funding sources.*

<b>ENABLING AUTHORITY</b>	<b>SECTION 42-7-10. Establishment of the State Accident Fund.</b>
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*What state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority? No*

<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"/> Non-mandated change in eligibility / enrollment for existing program.
	<input type="checkbox"/> Change in case load / enrollment under existing program guidelines.
	<input type="checkbox"/> Non-mandated program change in service levels or areas.
	<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"/> Proposed establishment of a new program or initiative.	

<b>RECIPIENTS OF FUNDS</b>	<b>These funds will be paid to Public Employee Benefit Authority, Social Security Administration, Unemployment Insurance, and Workers' Compensation Insurance.</b>
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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>State Accident Fund</b>		
<b>AGENCY CODE:</b>	<b>R12</b>	<b>SECTION:</b>	<b>75</b>

<b>RELATED REQUEST(S)</b>	Not relate to other decision packages.
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*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?*

<b>MATCHING FUNDS</b>	Not Applicable
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*Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source and amount.*

<b>FUNDING ALTERNATIVES</b>	The State Accident Fund does not receive General Fund appropriations. The agency is funded through “other” funds. These consist of premiums paid by our policyholders, recoveries, and interest income.
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*What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.*

<b>SUMMARY</b>	The requested funds are needed to comply with State and Federal Laws.
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*Provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used?*

<b>AGENCY NAME:</b>	<b>State Accident Fund</b>		
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<b>METHOD OF CALCULATION</b>	<p>Calculated fringe benefits using the State Budget Division’s “Employer Contributions Rate Table.”</p>
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*How was the amount of the request calculated? What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?*

<b>FUTURE IMPACT</b>	<p>This change will not form an additional obligation for the State.</p>
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*Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?*

<b>PRIORITIZATION</b>	<p>If not appropriated, the agency will not have sufficient funds to pay the mandated employer contributions. These contributions are automatically charged to the agency by the Comptroller General.</p>
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*If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2014-15?*

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<b>INTENDED IMPACT</b>	<p>Compliance with all State and Federal laws.</p>
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*What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?*

<b>PROGRAM EVALUATION</b>	
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*How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?*

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**FORM C – CAPITAL OR NON-RECURRING APPROPRIATION REQUEST**

<b>DECISION PACKAGE</b>	<b>1445</b>
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*Provide the decision package number issued by the PBF system ("Governor's Request").*

<b>TITLE</b>	<b>Nonrecurring Other Operating – Moving Expenses</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>\$236,494</b>
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*How much is requested for this project in FY 2014-15?*

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

<b>SUMMARY</b>	<p>The agency's lease is set to expire on June 30, 2014. If the agency is forced to relocate, these funds will be used to cover the cost of moving to a new location.</p>
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*Provide a summary of the project and explain why it is necessary.*

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<b>AGENCY CODE:</b>	<b>R12</b>	<b>SECTION:</b>	<b>75</b>

**RELATED REQUEST(S)** None

*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?*

**MATCHING FUNDS** No

*Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source and amount.*

**FUNDING ALTERNATIVES** The State Accident Fund does not receive General Fund appropriations. The agency is funded through "other" funds. These consist of premiums paid by our policyholders, recoveries, and interest income.

*What other possible funding sources were considered?*

**LONG-TERM PLANNING AND SUSTAINABILITY** If needed this will be a one-time expense. No funds have been expended or committed on this project.

*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?*

**OTHER APPROVALS** None

*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.)*