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



Fiscal Year 2014-15 Agency Budget Plan

FORM A – SUMMARY

| | | |
|---|---|---|
| RECURRING FUNDS (FORM B DECISION PACKAGES) | My agency is submitting the following recurring decision packages (Form B): 361,1277,1283,351 | |
| | For FY 2014-15, my agency is (mark "X"): | |
| | <input checked="" type="checkbox"/> | Requesting a net increase in recurring General Fund appropriations. |
| | <input type="checkbox"/> | Not requesting a net increase in recurring General Fund Appropriations. |

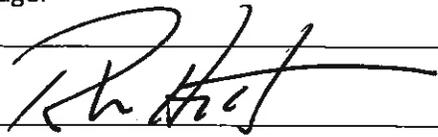
| | | |
|---|---|--|
| CAPITAL & NON-RECURRING FUNDS (FORM C DECISION PACKAGES) | My agency is submitting the following one-time decision packages (Form C): | |
| | For FY 2014-15, my agency is (mark "X"): | |
| | <input type="checkbox"/> | Requesting capital and/or non-recurring funds. |
| | <input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

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| PROVISOS | For FY 2014-15, my agency is (mark "X"): | |
| | <input type="checkbox"/> | Requesting a new proviso and/or substantive changes to existing provisos. |
| | <input checked="" 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> |
|---------------------------|-------------------|--------------|---------------------------|
| PRIMARY CONTACT: | Chris Huffman | 803-737-0462 | chuffman@sccommerce.com |
| SECONDARY CONTACT: | Michael McInerney | 803-737-3949 | mmcinerney@sccommerce.com |

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): | Bobby Hitt |

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

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FORM B – PROGRAM REVISION REQUEST

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|-------------------------|------------|
| DECISION PACKAGE | 361 |
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Provide the decision package number issued by the PBF system ("Governor's Request").

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

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| AMOUNT | 17,000,000 |
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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.

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| ENABLING AUTHORITY | Title 13 – Chapter 1 |
|---------------------------|----------------------|

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?

| | |
|---|---|
| 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"/> 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. | |

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| RECIPIENTS OF FUNDS | 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. |
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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?

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| RELATED REQUEST(S) | No |
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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?

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| MATCHING FUNDS | No |
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Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source and amount.

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| FUNDING ALTERNATIVES | The Closing Fund has been funded through a variety of accounts over the last several fiscal years. Of the funds on hand, less than \$300,000 was uncommitted at year end. |
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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.

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| SUMMARY | The SC Department of Commerce is requesting seventeen million in funding for the closing fund which when combined with recurring funds would equal the amount requested in the prior fiscal year and funded by the General Assembly in FY2012-13. These funds will be used to recruit new jobs and new investment to South Carolina. The Closing Fund offers greater flexibility than other incentive resources. |
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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?

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| METHOD OF CALCULATION | <p>The amount was calculated based off of discussions with the Secretary of Commerce, Director of Global Business Development and the Executive Director of the Coordinating Council for Economic Development.</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?

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| FUTURE IMPACT | <p>No</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?

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| PRIORITIZATION | <p>Commerce would have less funds on hand to assist companies in locating or expanding in South Carolina.</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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| INTENDED IMPACT | <p>Increase the number of new/retained jobs and capital investment recruited into South Carolina.</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?

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| PROGRAM EVALUATION | <p>Number of new/retained jobs and capital investment recruited into South Carolina.</p> |
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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 B – PROGRAM REVISION REQUEST

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|-------------------------|-------------|
| DECISION PACKAGE | 1277 |
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Provide the decision package number issued by the PBF system ("Governor's Request").

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| TITLE | Increase Existing Business Efforts |
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Provide a brief, descriptive title for this request.

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| AMOUNT | \$400,000 |
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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.

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|---------------------------|----------------------|
| ENABLING AUTHORITY | Title 13 – Chapter 1 |
|---------------------------|----------------------|

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?

| | |
|---|---|
| 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"/> Non-mandated change in eligibility / enrollment for existing program. |
| | <input type="checkbox"/> Change in case load / enrollment under existing program guidelines. |
| | <input checked="" type="checkbox"/> Non-mandated program change in service levels or areas. |
| | <input checked="" 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. | |

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| RECIPIENTS OF FUNDS | <i>These funds would be used to pay contractors, vendors, grantees, and employees. The grants to companies would be allocated on predetermined eligibility criteria.</i> |
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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?

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| RELATED REQUEST(S) | 351 |
|---------------------------|-----|

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?

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|-----------------------|------|
| MATCHING FUNDS | None |
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Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source and amount.

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| FUNDING ALTERNATIVES | Commerce has little operating funds beyond state appropriations. The agency could use nonrecurring funds to establish the programs but would not have the resources to continue them constructively into future years. |
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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.

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| SUMMARY | <p>Commerce is seeking to increase its presence with the existing business community. Over the last year, Commerce has initiated an existing industry visitation program. The purpose of the visitation program is to maintain and grow the relationship between Commerce and the company by a one-on-one visit between the plant manager and a Commerce representative. It is our belief that these visits will bring about a closer and on-going relationship with the industrial base of South Carolina. Through this effort we hope that our existing companies will be encouraged to grow in South Carolina, rather than in another state.</p> <p>Also for the last two years, Commerce has been fortunate to have received a federal grant related to small businesses and trade. Commerce is seeking to continue this program with state resources since the federal program has ended. We have two years of experience with this program and will be using lessons learned to implement the state program.</p> |
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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?

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| METHOD OF CALCULATION | <p>Commerce’s experience in operating similar programs gives the agency an accurate picture of its potential cost.</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?

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|----------------------|-------------|
| FUTURE IMPACT | <p>None</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?

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| PRIORITIZATION | <p>Commerce may continue to utilize nonrecurring funds, but the robustness of the program these resources could fund would be extremely limited.</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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| INTENDED IMPACT | <p>Identify barriers or issues with the existing business that may be preventing efficient operation and possible growth.</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?

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| PROGRAM EVALUATION | <p>Number of new/retained jobs and capital investment recruited in our existing business community. Level of increase in exports for small businesses in the trade program.</p> |
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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 B – PROGRAM REVISION REQUEST

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|-------------------------|------|
| DECISION PACKAGE | 1283 |
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Provide the decision package number issued by the PBF system ("Governor's Request").

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|--------------|---------------------------|
| TITLE | Rural Infrastructure Fund |
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Provide a brief, descriptive title for this request.

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|---------------|-------------|
| AMOUNT | \$2,000,000 |
|---------------|-------------|

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.

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| ENABLING AUTHORITY | 12-10-85 |
|---------------------------|----------|

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?

| | |
|---|---|
| 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"/> 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. | |

| | |
|----------------------------|--|
| RECIPIENTS OF FUNDS | Employees, Contractors, Grantees and vendors |
|----------------------------|--|

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?

| | | | |
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| RELATED REQUEST(S) | None |
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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?

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|-----------------------|------|
| MATCHING FUNDS | None |
|-----------------------|------|

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

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| FUNDING ALTERNATIVES | The Rural Infrastructure Fund has increased significantly over the past several years. This increase will allow Commerce to perform additional services and grant more funds to improve the rural communities of South Carolina. |
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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.

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| SUMMARY | One of the biggest hindrances for South Carolina is that we are quickly exhausting the inventory we have of available sites and buildings. Most of the companies that seeking to investment in our State want buildings. These funds will be used to assist in the planning and implementation of solutions to correct these shortcomings in conjunction with our local communities and their private sector partners to increase the available “product” in their areas. |
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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?

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|---------------------|---------------------------|-----------------|----|
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| METHOD OF CALCULATION | <p>Commerce is increasing the level of authority for the program to the amount that is collected by the program</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?

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|----------------------|-------------|
| FUTURE IMPACT | <p>None</p> |
|----------------------|-------------|

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?

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|-----------------------|--|
| PRIORITIZATION | <p>Request is due to an increase in existing revenue stream.</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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| INTENDED IMPACT | <p>Increase the number of new/retained jobs and capital investment recruited in rural South Carolina by increasing “product” in those areas.</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?

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|---------------------------|---|
| PROGRAM EVALUATION | <p>Number of new/retained jobs and capital investment recruited in rural South Carolina. Number of new “product” added to inventory.</p> |
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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 B – PROGRAM REVISION REQUEST

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|-------------------------|-----|
| DECISION PACKAGE | 351 |
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Provide the decision package number issued by the PBF system ("Governor's Request").

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|--------------|--------------------------|
| TITLE | Expiration of STEP Grant |
|--------------|--------------------------|

Provide a brief, descriptive title for this request.

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|---------------|-------------|
| AMOUNT | (\$277,000) |
|---------------|-------------|

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.

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| ENABLING AUTHORITY | 12-10-85 |
|---------------------------|----------|

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?

| | |
|---|---|
| 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"/> 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 checked="" 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. | |

| | |
|----------------------------|--|
| RECIPIENTS OF FUNDS | Employees, Grantees, Contractors and vendors |
|----------------------------|--|

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?

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| RELATED REQUEST(S) | None |
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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?

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| MATCHING FUNDS | None |
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Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source and amount.

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| FUNDING ALTERNATIVES | N/A. |
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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.

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| SUMMARY | The STEP federal grant has expired and agency is reducing federal authority. |
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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?

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| METHOD OF CALCULATION | Reducing federal authority related to grant. |
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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?

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| FUTURE IMPACT | None |
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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?

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| PRIORITIZATION | N/A |
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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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| INTENDED IMPACT | N/A |
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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?

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| PROGRAM EVALUATION | N/A |
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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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| AGENCY NAME: | South Carolina Department of Commerce | | |
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FORM D – PROVISIO REVISION REQUEST

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| NUMBER | 50.13 |
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Cite the proviso according to the State Budget Division’s renumbered list for FY 2014-15 (or mark “NEW”).

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| TITLE | Regional Economic Development Organizations |
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Provide the title from the FY 2013-14 Appropriations Act or suggest a short title for any new request.

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| BUDGET PROGRAM | II. Programs and Services A. Global Business Development – Local Economic Development Alliances |
|-----------------------|--|

Identify the associated budget program(s) by name and budget section.

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| DECISION PACKAGE | 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.

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| REQUESTED ACTION | Amend |
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Choose from: Add, Delete, Amend, or Codify.

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| OTHER AGENCIES AFFECTED | None |
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Which other agencies would be affected by the recommended action? How?

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| SUMMARY | <p>This proviso establishes the different regional economic development organizations that will receive funds for the current year.</p> |
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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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| EXPLANATION | <p>Change year referenced in proviso.</p> |
|--------------------|---|

Explain the need for your requested action. For deletion requests due to recent codification, please identify SC Code section where language now appears.

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| FISCAL IMPACT | <p>None</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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| PROPOSED PROVISO TEXT | <p>50.13. (CMRC: Regional Economic Development Organizations) The Department of Commerce shall utilize the \$5,000,000 appropriated in the current year for Regional Economic Development Organizations to provide funds to the following economic development organizations. Of the \$5,000,000 appropriated for this purpose, \$4,350,000 must be disbursed as follows:</p> <ul style="list-style-type: none"> (1) Upstate Alliance, \$750,000; (2) Central SC Economic Development Alliance, \$750,000; (3) North Eastern Strategic Alliance (NESA), \$650,000; (4) Charleston Regional Development Alliance, \$650,000; (5) I-77 Alliance, \$575,000; (6) Economic Development Partnership, \$500,000; and (7) Southern Carolina Alliance, \$475,000. <p>Each dollar of state funds must be matched with one dollar of private funds. The organization receiving state funds must certify that the private funds are new dollars specifically designated for the purpose of matching state funds and have not been previously allocated or designated for economic development.</p> <p>The remaining \$650,000 shall be provided to counties as follows, provided they meet the requirements established above:</p> <ul style="list-style-type: none"> (1) Beaufort County, \$250,000; (2) Sumter County, \$250,000; (3) Lancaster County, \$75,000; and (4) Saluda County, \$75,000. <p>Upon receipt of the request for the funds and certification of the matching funds, the Department of Commerce shall disburse the funds to the requesting organization. Funds recipients shall provide an annual report by November first, to the Chairmen of the Senate Finance Committee and the House Ways and Means Committee and the Secretary of Commerce on the expenditure of the funds and on the outcome measures. Any unexpended or undistributed funds appropriated in prior fiscal years for Regional Economic Development Organizations shall be transferred to the Rural Infrastructure Fund at the Department of Commerce.</p> |
|----------------------------------|--|

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