

AGENCY NAME:	CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65



Fiscal Year 2014-15 Agency Budget Plan

FORM A – SUMMARY (AMENDED FOR FORM B #2157)

RECURRING FUNDS (FORM B DECISION PACKAGES)	My agency is submitting the following recurring decision packages (Form B): 812, 1533, 1536, 1552, 1558, 1571, 1577, 1580, 1583, and 2157	
	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): 1589, 1593, 1599, 1602, 1605, 1611, 1617, 1629, 1635, and 1638	
	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.

PROVISOS	For FY 2014-15, my agency is (mark "X"):	
	<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>
PRIMARY CONTACT:	Martha L. Roof	803 896-1744	Roof.Martha@doc.sc.gov
SECONDARY CONTACT:	Robert E. Ward	803 896-3911	Ward.Robert@doc.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.

AGENCY DIRECTOR (SIGN/DATE):		
AGENCY DIRECTOR (TYPE/PRINT NAME):	Bryan P. Stirling	November 7, 2013

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

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FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	1571
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Information Security Officer and Information Technology Auditor
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Provide a brief, descriptive title for this request.

AMOUNT	State General Fund (\$153,360) I. Internal Admin & Support Classified Positions Expenditures – 108,000 State Employer Contributions - \$45,360
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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.

ENABLING AUTHORITY	This request is to fund a new initiative directed by the Governor's Office in efforts to provide more State-wide security over information technology systems and processes due to the security breach last year at DOR.
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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?

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 checked="" type="checkbox"/> Proposed establishment of a new program or initiative.	

RECIPIENTS OF FUNDS	The request is for two positions to be hired, one Information Security Officer and one Information Technology Auditor. We intend to hire professionally trained people to fill these positions as they will be reporting to the Agency Director.
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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)	\$45,360 is requested for the related fringe benefits that will be increased in correlation to the salary incentive increases. Please see Decision Package B for Fringe Increase.
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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?

MATCHING FUNDS	There are no matching funds associated with this request.
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Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source and amount.

FUNDING ALTERNATIVES	There are no other funding alternatives to implement this initiative. We are requesting under the directives of the Governor.
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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.

SUMMARY	This request is to fund a new initiative directed by the Governor’s Office in efforts to provide more State-wide security over information technology systems and processes due to the security breach last year at DOR. We intend to hire two positions, one Information Security Officer and one Information Technology Auditor. We intend to hire professionally trained people to fill these positions as they will be reporting directly to the Agency Director.
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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	Salary requirements were estimated based on current State position classification for these types of skilled positions.
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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?

FUTURE IMPACT	The future impact of hiring these two professionals would be the reduction in risk of our current controls over the Information Technology processes being compromised and the implementation of additional controls as mandated by the Governor’s Office and as a result of their monitoring our processes.
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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?

PRIORITIZATION	Since this was directed by the Governor’s Office, we would like to comply.
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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>The intended impact would be the strengthening of the Agency controls over the Information Technology process and reduce the risk of compromise to the data.</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?

PROGRAM EVALUATION	<p>The two positions would be organizationally structured as to report directly to the Agency Director. Based on directives from the Governor’s Office, the reporting results of the two positions, and Agency management continual monitoring , we should be able to have data to analyze positive and negative results.</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

DECISION PACKAGE	1577 <i>Provide the decision package number issued by the PBF system (“Governor’s Request”).</i>
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TITLE	Pay Incentive Increase for Level II Correctional Officers <i>Provide a brief, descriptive title for this request.</i>
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AMOUNT	State General Fund (\$1,645,509) II. A. Programs and Services – Housing, Care, and Security Classified Positions Expenditures - \$1,142,883 State Employer Contributions-\$502,626 <i>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.</i>
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ENABLING AUTHORITY	Enabling authority is the Agency’s Mission statement “The mission of the South Carolina Department of Corrections is: Safety--we will protect the public, our employees, and our inmates. Service--we will provide rehabilitation and self-improvement opportunities for inmates. Stewardship--we will promote professional excellence, fiscal responsibility, and self-sufficiency.” <i>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?</i>
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FACTORS ASSOCIATED WITH THE REQUEST	Mark “X” for all that apply:
	<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 checked="" type="checkbox"/> Proposed establishment of a new program or initiative.	

RECIPIENTS OF FUNDS	The incentive would be open to all correctional officers working in our Level II medium security institutions. No administrative, maintenance, or support services employees would be eligible for the proposed incentive. <i>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?</i>
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RELATED REQUEST(S)	<p>During FY12-13, we requested a 3% incentive pay increase for all correctional officers working in our Level III Maximum Security institutions, which were supported by the Governor and both Legislative bodies.</p> <p>\$502,626 is requested for the related fringe benefits that will be increased in correlation to the salary incentive increases. Please see Decision Package B for Fringe Increase.</p>
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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?

MATCHING FUNDS	<p>There are no matching funds associated with this request.</p>
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Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source and amount.

FUNDING ALTERNATIVES	<p>There are no funding alternatives at present since the request is for personal services.</p>
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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.

SUMMARY	<p>We are requesting additional pay in the form of an incentive for the correctional security staff working in our Level II institutions. The amount of the pay incentive reflects a 2% increase in salaries for a total of \$1,142,883 and fringe of \$502,626.</p> <p>The pay incentive is targeted to only Level II security staff to help increase staff and reduce overtime and the need to “lockdown” the institutions due to staff shortages.</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>The method of calculation considered our average salaries for cadet positions through the rank of Major receiving the 2% incentive increase. Approximately eighty-seven (87%) percent of the positions are basic correctional officers through Sergeant ranks which form the base of the “dorm” security personnel.</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?

FUTURE IMPACT	<p>The future impact projected would be increased security personnel present during the institutional-mandated shifts via anticipated reductions in turnover and unfilled vacancies. The more security officers present on each shift would likely reduce “incidents” created by inmates while providing a safer work environment for both officers and inmates.</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?

PRIORITIZATION	<p>If the funds were not available, the Agency would continue to support the safety for existing officers through “lock-down” of the dorms, which restricts the inmate flow to the cafeteria and other offered programs. Also, the Agency would continue to incur overtime costs during shift manpower shortages.</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>Currently, the Agency monitors correctional officer vacancies, terminations, absences, and overtime among other critical statistics. The pay incentive should impact these statistics to more positive indicators and hopefully reduce hiring, termination, and overtime costs while providing a safer environment for the officers and inmates.</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?

PROGRAM EVALUATION	<p>As discussed above, the Agency continually monitors correctional officer positions as these are the most critical of our front line activities. The Agency should be able to determine whether the incentive program is working via continual calculation of statistics provided by the correctional officer position analysis that is an ongoing study.</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

DECISION PACKAGE	1580
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Lee Security Perimeter Towers Staffing
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Provide a brief, descriptive title for this request.

AMOUNT	State General Fund (\$518,400) II. A. Programs and Services – Housing, Care, and Security Classified Positions Expenditures - \$357,517 State Employer Contributions - \$160,883
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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.

ENABLING AUTHORITY	Enabling authority is the Agency's Mission statement "The mission of the South Carolina Department of Corrections is: Safety--we will protect the public, our employees, and our inmates. Service--we will provide rehabilitation and self-improvement opportunities for inmates. Stewardship--we will promote professional excellence, fiscal responsibility, and self-sufficiency."
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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?

FACTORS ASSOCIATED WITH THE REQUEST	Mark "X" for all that apply:
	<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 checked="" type="checkbox"/> Proposed establishment of a new program or initiative.	

RECIPIENTS OF FUNDS	Correctional Officers will be staffing these positions.
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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) \$160,883 is requested for the related fringe benefits that will be increased in correlation to the salary incentive increases. Please see Decision Package B for Fringe Increase.

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 There are no matching funds associated with this request.

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

FUNDING ALTERNATIVES There are no funding alternatives at present since the request is for personal services.

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.

SUMMARY Funds are being requested for staffing of the Lee Perimeter Towers that will be constructed during FY13-14. The towers will be ready to be staffed by correctional officers during FY 14-15 for the deterrent of contraband being introduced into the institutions via fence throw over by individuals outside of our fencing complex. We anticipate major reductions of contraband introduction once these towers completed and staffed.

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>Calculation is based on twelve (12) correctional officer positions that will staff the towers 24/7.</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?

FUTURE IMPACT	<p>We anticipate that the full functional use of these towers will significantly reduce the introduction of contraband into our institution and provide a more safe and secure environment for the officers and inmates.</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?

PRIORITIZATION	<p>If the funds were not available, the Agency would continue to deter the introduction of contraband through current measures, however, officer and inmate safety would continue to be compromised as contraband continues to be thrown over the fencing complex.</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>The impact of this project would reduce the amounts of contraband being introduced into our institution via fence throw overs.</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?

PROGRAM EVALUATION	<p>The Agency continues to report statistics of contraband introduction within our institutions. We should be able to see reductions at the institutions that have these towers in place.</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

DECISION PACKAGE	1583
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Security Staffing of Broad River Complex Entrance Gate
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Provide a brief, descriptive title for this request.

AMOUNT	State General Fund (\$569,440) II. A. Programs and Services – Housing, Care, and Security Classified Positions Expenditures - \$400,960 State Employer Contributions - \$168,480
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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.

ENABLING AUTHORITY	<p>Enabling authority is the Agency's Mission statement "The mission of the South Carolina Department of Corrections is: Safety--we will protect the public, our employees, and our inmates. Service--we will provide rehabilitation and self-improvement opportunities for inmates. Stewardship--we will promote professional excellence, fiscal responsibility, and self-sufficiency."</p>
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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?

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 checked="" type="checkbox"/> Proposed establishment of a new program or initiative.	

RECIPIENTS OF FUNDS	<p>The recipients of this funding would be our own security staff employees that are assigned to man the Broad River Complex front gate positions on a 24/7 basis. Their responsibilities would be to provide security to the Broad River complex for incoming vehicle traffic.</p>
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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)	\$168,480 is requested for the related fringe benefits that will be increased in correlation to the above salary requests. Please see Decision Package B for Fringe Increase.
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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?

MATCHING FUNDS	There are no matching funds associated with this request.
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Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source and amount.

FUNDING ALTERNATIVES	There are no funding alternatives at this point in time. If we were to reassign correctional officers for front gate duty, our institutions would be short-staffed and exposed to additional security threats.
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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.

SUMMARY	The Broad River Headquarters Entrance Gate has not been staffed for a number of years. The vast increase of contraband introduction, throw-overs, and drop offs at our facilities (institutions as well as central office locations within the Headquarters complex) necessitate staffing the Headquarters gate twenty four (24) hours a day seven (7) days a week. The presence of security personnel at the drive through entrance of the Headquarters complex will deter trespassers from entering the property. The end result would be to minimize the amount of contraband introduced into the institutions.
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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>We have determined that it would require a staff of sixteen (16) correctional officers to properly man the gate over a twenty-four (24), seven (7) day a week schedule.</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?

FUTURE IMPACT	<p>The future impact for this request would reduce trespassing for contraband introduction onto our complex especially during times when traffic is not heavy such as at night. It would also provide a security presence during visitation hours and on Holidays.</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?

PRIORITIZATION	<p>Over the years that the Broad River Road entrance gate has been vacant, incidents involving inmate possession of contraband have increased. If this request is denied, contraband introduction will increase and correctional officers' safety will continue to be at risk.</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>Currently, the Agency conducts searches within all of our institutions for contraband items. Recordkeeping is maintained by our correctional staff and continually reviewed by Agency management. Using these tools, Agency management should see decreases in the numbers of contraband originating at our Headquarters Complex.</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?

PROGRAM EVALUATION	<p>As discussed above, recordkeeping is maintained by our correctional staff and continually reviewed by Agency management. Using these tools, Agency management should see decreases in the numbers of contraband originating at our Headquarters Complex.</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

DECISION PACKAGE	1558
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Cell Phone Interdiction (Proviso 65.26)
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Provide a brief, descriptive title for this request.

AMOUNT	Earmarked (3000) (\$2,122,000) II. A. Programs and Services – Housing, Care, and Security Other Operating Expenditures
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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.

ENABLING AUTHORITY	65.26. (CORR: Cell Phone Interdiction) The Director of the Department of Corrections is granted the right to add a surcharge to all inmate pay phone calls to offset the cost of equipment and operations of cell phone interdiction measures. The surcharge will be added to the cost per call, collected by chosen telephone vendor and paid to the department on a monthly basis. The department is authorized to retain the funds to pay, either directly or through the State lease program, for equipment required to enact cell phone interdiction. When the equipment has been paid in full, the surcharge amount will be reviewed and adjusted to cover the cost of ongoing operational expenses of the interdiction equipment. Any unexpended balance may be carried forward from the prior fiscal year into the current fiscal year and be used for the same purpose.
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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?

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 checked="" type="checkbox"/> Proposed establishment of a new program or initiative.
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RECIPIENTS OF FUNDS	Funds would be expended to provide electronic equipment (cameras, NVR, and monitors) and outside vendors providing equipment and services.
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What individuals or entities would receive these funds (contractors, vendors, grantees,

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individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

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?

MATCHING FUNDS	There are no matching funds associated with this request.
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Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source and amount.

FUNDING ALTERNATIVES	We are requesting budget to implement this program as we have been receiving collections during the prior two fiscal years, however, we have not requested budget to spend the cash collected. We have averaged approximately \$1,575,000 in collections for both 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.

SUMMARY	<p>As discussed, Proviso 65.26 allows the Agency to collect surcharges from inmate pay phone calls and use the funds directly to offset the cost and operations of cell phone interdiction measures. Cell phones are considered to be contraband within our institutions thus they are an actively desired item among inmates. Though controls are in place for stopping cell phone introduction into the institutions, additional preventive methods need to be implemented to minimize the ones that are getting through and provide counter measures for inmate ingenuity.</p> <p>The budget requested will support the cash that is being collected from our inmate telephone surcharge program and will not support General Fund activity.</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>We used an average of collections received over the past two fiscal years (\$1,283,577 & \$1,866,514). The budget is dependent upon the amount of cash collected from inmate telephone surcharges. As long as the Agency is allowed to continue to collect the surcharges, the program will continue as a self-supported function.</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?

FUTURE IMPACT	<p>As long as the cash is being collected from the Inmate Telephone Surcharge program, the function should be self-supported and not require any additional funds from other sources. We do not anticipate utilizing other sources as this function is supported by Proviso and non-General Fund cash collections.</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?

PRIORITIZATION	<p>This request is high priority as the methods of introduction of cell phones into our institutions are becoming more complex and interdiction must become more proactive in counteracting inmate ingenuity.</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?

AGENCY NAME:	DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

INTENDED IMPACT	<p>The Cell Phone Interdiction program is a safety issue and not a service delivery function to the public. The program has been designed to eliminate illegal activity within and outside of our institutions via unauthorized communication using cell phones.</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?

PROGRAM EVALUATION	<p>The program will be continually evaluated by Agency management through incident and other security reports discussing the numbers of cell phones found during inmate, cell, and grounds searches. There should be a significant decrease of inmate cell phone activity over time as the program increases safety controls as provided by the requested budget.</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?

AGENCY NAME:	DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	1536
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Increase in Restricted Dollars for the Adult Basic Education Program
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Provide a brief, descriptive title for this request.

AMOUNT	\$113,000
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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.

ENABLING AUTHORITY	Education Improvement Act of 1984
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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?

FACTORS ASSOCIATED WITH THE REQUEST	Mark "X" for all that apply:
	<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.	

RECIPIENTS OF FUNDS	Adult Basic Education teachers within the agency at the Palmetto Unified School District.
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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?

AGENCY NAME:	DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

RELATED REQUEST(S) Yes –Federal Increase for Adult Basic Education

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 State Appropriations considered but not an alternative.

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.

SUMMARY The South Carolina State Department of Education awarded additional dollars to support the Adult Basic Education Program at the agency. The dollars are funded by the Education Improvement Act of 1984 per the award documentation. The funds will be used for salary and fringe benefits for Adult Basic Education teachers within the Palmetto Unified School District.

Provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used?

AGENCY NAME:	DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

METHOD OF CALCULATION	<p>Amount of request is projected need and estimated award for 2015. The award amount could cause deviation from request.</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?

FUTURE IMPACT	<p>No maintenance of effort or other obligations should be incurred by adopting this decision package.</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?

PRIORITIZATION	<p>We have been awarded the dollars for this program by the State Department of Education, we would like the authority to be able to spend the dollars as intended.</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?

AGENCY NAME:	DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

INTENDED IMPACT	Provide Adult Education to inmates.
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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?

PROGRAM EVALUATION	Number of classes offered and General Educational Development (GEDs) or Work Key certificates awarded.
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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?

AGENCY NAME:	DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	812
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Increase in Federal Dollars –USDA
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Provide a brief, descriptive title for this request.

AMOUNT	\$200,000
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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.

ENABLING AUTHORITY	Child Nutrition Act of 1966 School Breakfast Program and Lunch Programs
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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?

FACTORS ASSOCIATED WITH THE REQUEST	Mark "X" for all that apply:	
	<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.

RECIPIENTS OF FUNDS	Vendors for School Breakfast and Lunch Program
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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?

AGENCY NAME:	DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

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?

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.

FUNDING ALTERNATIVES	No
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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.

SUMMARY	Increase in authority needed to fund projected revenue received for the USDA Breakfast and Lunch programs. Funds will be used to procure goods and services to be used in the program's operations.
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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?

AGENCY NAME:	DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

METHOD OF CALCULATION	Amount requested is based on anticipated award.
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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?

FUTURE IMPACT	No maintenance of effort or other obligations should be incurred by adopting this decision package.
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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?

PRIORITIZATION	Our spending plan has been approved per SC Department of Education requesting authorization to spend the dollars awarded.
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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?

AGENCY NAME:	DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

INTENDED IMPACT	Upgrade food service equipment/supplies.
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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?

PROGRAM EVALUATION	SC Department of Education provides audit service of items approved in spending plan.
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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?

AGENCY NAME:	DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	1552
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Increase Earmarked Authorization-EFA
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Provide a brief, descriptive title for this request.

AMOUNT	\$200,000
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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.

ENABLING AUTHORITY	Education Finance Act –cash carry forward balance
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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?

FACTORS ASSOCIATED WITH THE REQUEST	Mark "X" for all that apply:
	<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.	

RECIPIENTS OF FUNDS	Temporary teachers for the Palmetto Unified School District and vendors for operating dollars
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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?

AGENCY NAME:	DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

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?

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.

FUNDING ALTERNATIVES	State Appropriations considered but not an alternative.
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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.

SUMMARY	The agency is requesting additional budget authority for the Education Finance Act cash balance carried forward. Additional authorization is needed for the Palmetto Unified School District to create additional temporary teacher positions, and allow the school district to purchase updated textbooks and supplies.
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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?

AGENCY NAME:	DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

METHOD OF CALCULATION	Cash balance projected to remain at the end of the fiscal year.
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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?

FUTURE IMPACT	No maintenance of effort or other obligations should be incurred by adopting this decision package.
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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?

PRIORITIZATION	The agency is requesting additional budget authority for the Education Finance Act cash balance carried forward. Additional authorization is needed for the Palmetto Unified School District to create additional temporary teacher positions, and allow the school district to purchase updated textbooks and supplies.
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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?

AGENCY NAME:	DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

INTENDED IMPACT	Provide better quality of education for inmates and offer more classes
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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?

PROGRAM EVALUATION	Number of classes offered and General Educational Development (GEDs) or Work Key certificates awarded.
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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?

AGENCY NAME:	DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	1533
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Increase in Federal Dollars –IDEA
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Provide a brief, descriptive title for this request.

AMOUNT	\$175,000
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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.

ENABLING AUTHORITY	Individuals with Disabilities Education Act (IDEA)
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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?

FACTORS ASSOCIATED WITH THE REQUEST	Mark "X" for all that apply:
	<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.	

RECIPIENTS OF FUNDS	Special Education Teachers for Palmetto Unified School District
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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?

AGENCY NAME:	DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

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?

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.

FUNDING ALTERNATIVES	State Appropriations considered but not an alternative.
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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.

SUMMARY	Additional authorization is needed for the Palmetto Unified School District to fill vacant Special Education Teacher positions, and allow the school district to purchase updated supplies and equipment for students with disabilities.
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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?

AGENCY NAME:	DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

METHOD OF CALCULATION	Amount of request is projected need and estimated award for 2015.
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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?

FUTURE IMPACT	No maintenance of effort or other obligations should be incurred by adopting this decision package.
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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?

PRIORITIZATION	Additional authorization is needed for the Palmetto Unified School District to fill vacant Special Education Teacher positions, and allow the school district to purchase updated supplies and equipment for students with disabilities.
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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?

AGENCY NAME:	DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

INTENDED IMPACT	Provide Special Education for inmates with disabilities.
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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?

PROGRAM EVALUATION	Number of classes offered and General Educational Development (GEDs) or Work Key certificates awarded.
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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?

AGENCY NAME:	DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	2157
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Provide the decision package number issued by the PBF system (“Governor’s Request”).

TITLE	Transfer of State Appropriated Base Budget for Medicaid State Matching Funds to SCDHHS (J020).
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Provide a brief, descriptive title for this request.

AMOUNT	\$850,000 reduction from II.A. N040 4001.050000.000 511000 Case Services to J020 State Base Budget
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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.

ENABLING AUTHORITY	DHHS 42 CFR Part 433 Subpart B (2012 as amended) and section 44-6-30 of the South Carolina State Code.
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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?

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 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	The Department of Corrections (DOC) will continue to receive reimbursements for medical services provided; however, the State Match required under the Medicaid Program will be managed and paid directly from the Department of Health and Human Services (DHHS).
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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?

AGENCY NAME:	DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

RELATED REQUEST(S)	This request is related to J020 DHHS FY15 Decision Package #2075.
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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?

MATCHING FUNDS	DOC will no longer be responsible for maintaining the Federal match for Medicaid-eligible beneficiaries: DHHS will manage the matching funds in their entirety.
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Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source and amount.

FUNDING ALTERNATIVES	Funding will transfer to DHHS and eliminate administrative tasks for the DOC.
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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.

SUMMARY	This decision package relates to the coordinated effort by DHHS to allow the transfer of state appropriations that are used for the Medicaid matching draw-down funds from seven other agencies, including DOC. This approach will reduce those agencies administrative burden and risk.
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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?

AGENCY NAME:	DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

METHOD OF CALCULATION	Based on historical data, both agencies agreed that \$850,000 should be transferred to the DHHS base budget from DOC.
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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?

FUTURE IMPACT	No future impact for additional budget obligations. This is a reduction from our agency to increase the base budget of DHHS.
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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?

PRIORITIZATION	None
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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?

AGENCY NAME:	DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

INTENDED IMPACT	The decision package is intended to reduce our administrative tasks while shifting the burden and risk to DHHS.
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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?

PROGRAM EVALUATION	Should provide DHHS with more efficiency in managing the funds for eligible beneficiaries.
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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?

AGENCY NAME:	DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

FORM C – CAPITAL OR NON-RECURRING APPROPRIATION REQUEST

DECISION PACKAGE	1589 <i>Provide the decision package number issued by the PBF system (“Governor’s Request”).</i>
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TITLE	Food Service Institutional Equipment – Phase II of IV <i>Provide a brief, descriptive title for this request.</i>
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AMOUNT	\$489,357 <i>How much is requested for this project in FY 2014-15?</i>
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BUDGET PROGRAM	IV. A. Nonrecurring Appropriations (98010000) <i>Identify the associated budget program(s) by name and budget section.</i>
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SUMMARY	<p>Due to the majority of the Agency’s food service equipment being obsolete and repair parts no longer available on the market, we are requesting funding to replace food service equipment throughout the twenty-three (23) institutions, Training Academy, and Food Service Warehouse. This is our second request for funding as part of a four-year (4) replacement plan.</p> <p>Some of the institutional kitchens have original equipment that dates back to the 80’s and we can no longer purchase parts to perform repairs. In an effort to be fiscally responsible, Food Service has cannibalized several pieces of old equipment to have one working unit. We are starting with the Lever II and Level III (highest security levels) institutional kitchens.</p>
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Provide a summary of the project and explain why it is necessary.

AGENCY NAME:	DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

RELATED REQUEST(S)	This request is not part of any other Decision Package for FY14-15.
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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?

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

FUNDING ALTERNATIVES	We do not have separate funds to replace the numerous pieces of kitchen equipment.
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What other possible funding sources were considered?

LONG-TERM PLANNING AND SUSTAINABILITY	We were provided the first part of the four-year equipment replacement plan during FY13-14. This request will fulfill the second phase of our equipment replacement plan. For Fiscal Year 15-16 and 16-17, we will be requesting the last two parts of the four – year replacement plan in the amount of \$978,714 (\$489,357 request for each of those years.)
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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	Other than approvals obtained through this request, we will be required to obtain approval from the State Budget Office via a completed Budget and Control Form A-1 signed by our Agency Director.
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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.)

AGENCY NAME:	DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

DECISION PACKAGE	1593
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Lieber Perimeter Security Towers
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Provide a brief, descriptive title for this request.

AMOUNT	\$450,000
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How much is requested for this project in FY 2014-15?

BUDGET PROGRAM	IV. A. Nonrecurring Appropriations (98010000)
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Identify the associated budget program(s) by name and budget section.

SUMMARY	<p>This project will be considered a capital project and is to fund the materials needed to construct three (3) perimeter security towers located at the Lieber Correctional Institution. The project funding will be used to prepare the three sites to construct the towers and the applicable materials including concrete, framing, doors, hardware, plumbing, mechanical, and electrical.</p> <p>Lieber is a Level III Maximum security facility that houses our death row inmates. The physical count on September 27, 2013 was 1,410 inmates. The towers will provide the needed observation platforms to control and eliminate contraband introduction within the institution via "throw-over" by individuals outside the perimeter fence.</p>
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Provide a summary of the project and explain why it is necessary.

AGENCY NAME:	DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

RELATED REQUEST(S) This request is not part of any other Decision Package for FY14-15.

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 matching sources are available.

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

FUNDING ALTERNATIVES We do not have separate funds to continually construct security towers, however, these are needed to control “throw-over” contraband being introduced into our institutions by individuals outside the perimeter fencing complex.

What other possible funding sources were considered?

LONG-TERM PLANNING AND SUSTAINABILITY This is a one-time project that we are requesting funding for. Once the towers are built, they will fall under our periodic maintenance program.

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 Other than approvals obtained through this request, we will be required to obtain approval from the State Budget Office via a completed Budget and Control Form A-1 signed by our Agency Director.

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.)

AGENCY NAME:	DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

DECISION PACKAGE **1599**
Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE **Lee CI Camera Equipment & Network System**
Provide a brief, descriptive title for this request.

AMOUNT **\$2,262,000**
How much is requested for this project in FY 2014-15?

BUDGET PROGRAM **IV. A. Nonrecurring Appropriations (98010000)**
Identify the associated budget program(s) by name and budget section.

SUMMARY

Funds will be used for installation of infrastructure, to include duct banks and fiber optic cable, switches and network racks, to connect the camera systems (193 cameras) for constant surveillance of the inmate dorms for contraband (to include cell phones) to enhance Safety and Security. This installation work will be accomplished utilizing in-house construction and inmate labor where possible. Funds will be used for A& E services for upgrades and installation for interior Equipment for Housing Units: F Dorm, 256 Dorm, Lockup Dorm, Lockup C Building, and Lockup Dorm Small Wing.

Provide a summary of the project and explain why it is necessary.

AGENCY NAME:	DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

RELATED REQUEST(S) This request is not part of any other Decision Package for FY14-15.

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 matching sources are available.

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

FUNDING ALTERNATIVES We do not have separate funds to install a system as complex as this one will be for surveillance of inmates within the dorm structure.

What other possible funding sources were considered?

LONG-TERM PLANNING AND SUSTAINABILITY This is a one-time project that we are requesting funding for. If we are successful, we will be planning more projects such as this one for the other Institutions that we are having contraband introduction within.

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 Other than approvals obtained through this request, we will be required to obtain approval from the State Budget Office via a completed Budget and Control Form A-1 signed by our Agency Director.

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.)

AGENCY NAME:	DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

DECISION PACKAGE **1602**
Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE **Weapons Replacement – Phase III of III**
Provide a brief, descriptive title for this request.

AMOUNT **\$40,000**
How much is requested for this project in FY 2014-15?

BUDGET PROGRAM **IV. Training Academy Weapons Replacement (98260000)**
Identify the associated budget program(s) by name and budget section.

SUMMARY

Funds will be used to replace the final seventy (70) of the two hundred and six (206) weapons that are used at the Training Academy for officer training. Officers are required to be recertified in weapons on an annual basis. This is the final phase of the three (3) phase project. The weapons that we are replacing will not need replacing for many, many decades.

Provide a summary of the project and explain why it is necessary.

AGENCY NAME:	DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

RELATED REQUEST(S)	This request is not part of any other Decision Package for FY14-15.
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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?

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

FUNDING ALTERNATIVES	We do not have separate funds to replace the numerous weapons at one time. This is the last of a three (3) phase project.
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What other possible funding sources were considered?

LONG-TERM PLANNING AND SUSTAINABILITY	This is the last phase request for our weapons replacement. Phase I and II were provided during the past two fiscal years.
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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	Other than approvals obtained through this request, no other approvals will be necessary until the Purchasing process within our Agency.
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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.)

AGENCY NAME:	DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

FORM C – CAPITAL OR NON-RECURRING APPROPRIATION REQUEST

DECISION PACKAGE	1605
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Deferred Maintenance and Renovations
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Provide a brief, descriptive title for this request.

AMOUNT	\$3,500,000
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How much is requested for this project in FY 2014-15?

BUDGET PROGRAM	IV. State-wide Major Maintenance Projects (98200000)
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Identify the associated budget program(s) by name and budget section.

SUMMARY	<p>This request is to fund the most critical maintenance repairs, renovations, and system equipment replacement for the Agency's twenty-six (26) institutions and support services buildings located statewide which is more than 6.5 million square feet of building space (eleven (11) institutions are more than forty (40) years old and ten (10) institutions were built before 1990). The Division of Facilities management performed a detailed assessment report of the Agency's facilities to determine physical defects that must be corrected to maintain the buildings operationally. None of the building deficiencies noted are due to the failure to maintain systems, equipment, or structures or just to meet current standards that have changed since the building was constructed (i.e. fire/life safety codes, accessibility, energy conservation, and environmental health, including indoor air quality and asbestos removal).</p>
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Provide a summary of the project and explain why it is necessary.

AGENCY NAME:	DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

RELATED REQUEST(S)	This request is not part of any other Decision Package for FY14-15.
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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?

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

FUNDING ALTERNATIVES	We do not have separate funds to administer all of the necessary on-going repairs to keep the facilities operational.
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What other possible funding sources were considered?

LONG-TERM PLANNING AND SUSTAINABILITY	Proper maintaining and renovating our institutions and support services buildings are an on-going cycle each fiscal year. Due to age, weather conditions, inmate destruction, and other uncontrolled factors, our buildings are constantly being repaired.
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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	Other than approvals obtained through this request, we will be required to obtain approval from the State Budget Office via a completed Budget and Control Form A-1 signed by our Agency Director.
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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.)

AGENCY NAME:	DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

DECISION PACKAGE	1611
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Manning Boiler and Infrastructure Upgrades
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Provide a brief, descriptive title for this request.

AMOUNT	\$2,600,000
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How much is requested for this project in FY 2014-15?

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

SUMMARY	<p>This request is to fund a multiple faceted project at Manning Correctional Institution, which was built in 1963. The scope of the work will include construction of a new loading dock, renovations at the kitchen, dining, and commissary areas, a new central boiler, and the renovation of the existing boiler (45 years old) for use in the laundry and maintenance shop.</p> <p>Manning Pre-Release has transitioned into a statewide pre-release program for male inmates who are within six months of being released from SCDC. This move essentially triples the number of inmates who will have the opportunity to participate in pre-release programming, allocating 600 beds for this function. Program activity will include GED preparation/testing, vocational trades, specific job skill credentialing as well as re-entry skills training, life skills programming and religious/character building programming. The length of time in the pre-release program has expanded from sixty (60) days to one hundred eighty (180) days. Also, the criteria for placement into the program were broadened to allow long-term offenders the opportunity to participate in this comprehensive process to better prepare them for release back into the community.</p>
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Provide a summary of the project and explain why it is necessary.

AGENCY NAME:	DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

RELATED REQUEST(S)	This request is not part of any other Decision Package for FY14-15.
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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?

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

FUNDING ALTERNATIVES	We do not have separate funds to make these replacement and repairs.
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What other possible funding sources were considered?

LONG-TERM PLANNING AND SUSTAINABILITY	For this request, all funding will be requested through supplemental funding. Our Agency Base Budget would not permit us to properly fund projects of this magnitude.
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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	Other than approvals obtained through this request, we will be required to obtain approval from the State Budget Office via a completed Budget and Control Form A-1 signed by our Agency Director.
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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.)

AGENCY NAME:	DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

DECISION PACKAGE **1617**
Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE **Statewide Roofing**
Provide a brief, descriptive title for this request.

AMOUNT **\$2,500,000**
How much is requested for this project in FY 2014-15?

BUDGET PROGRAM **IV. Statewide Roof Replacement (98190000)**
Identify the associated budget program(s) by name and budget section.

SUMMARY

This request is to fund the most critical roofing renovations projects that replace assemblies (bitumen and membrane), asphalt shingles and underlayment, standing seam metal systems, insulation, vapor barriers, gutter, and associated flashing materials at various correctional institutions and administrative/support services buildings statewide. The Agency has numerous institutions statewide with original roofing systems 20 to 30 years old in need of replacement. This request will allow SCDC to repair the roofs at Six(6) of the most critical institutions (Allendale, Manning, Lieber, Tyger River, Evans and Walden)

Provide a summary of the project and explain why it is necessary.

AGENCY NAME:	DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

RELATED REQUEST(S)	This request is not part of any other Decision Package for FY14-15.
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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?

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

FUNDING ALTERNATIVES	We do not have separate funds to replace the numerous weapons at one time.
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What other possible funding sources were considered?

LONG-TERM PLANNING AND SUSTAINABILITY	This project is part of an alternating cycle for the upkeep of our building and pavement infrastructure. For FY14-15, we are requesting the roofing project funding and FY15-16 we will be requesting funds for state-wide paving projects.
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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	Other than approvals obtained through this request, we will be required to obtain approval from the State Budget Office via a completed Budget and Control Form A-1 signed by our Agency Director.
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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.)

AGENCY NAME:	DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

DECISION PACKAGE	1629
	<i>Provide the decision package number issued by the PBF system ("Governor's Request").</i>

TITLE	Inmate Security & Support Vehicles Phase II of IV
	<i>Provide a brief, descriptive title for this request.</i>

AMOUNT	\$1,000,000
	<i>How much is requested for this project in FY 2014-15?</i>

BUDGET PROGRAM	IV. D. Vehicle, Radio, and Security Equipment (98040000)
	<i>Identify the associated budget program(s) by name and budget section.</i>

SUMMARY	<p>This request is a continuation of our program to replace our aging fleet of vehicles. At present, 603 (72%) of the Agency's vehicle fleet unsafely exceeds over \$100,000 miles with over 407 (48%) vehicles exceeding 150,000 miles. Our vehicles are primarily used to transport inmates, supplies, and officers. They are also used during institutional perimeter security checks. Vehicles with high mileage are no longer reliable, determined safe to be on the road and require excessive maintenance costs.</p> <p>These funds would be used for a number of 15 passenger Vans, several buses, and 2 straight/box trucks for Support Services – Food Services to deliver food throughout the state.</p>
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Provide a summary of the project and explain why it is necessary.

AGENCY NAME:	DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

RELATED REQUEST(S)	This request is not part of any other Decision Package for FY14-15.
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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?

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

FUNDING ALTERNATIVES	We do not have separate funds to continually replace our aging vehicle fleet.
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What other possible funding sources were considered?

LONG-TERM PLANNING AND SUSTAINABILITY	For this request, all funding will be requested through supplemental funding. Our Agency Base Budget would not permit us to properly fund projects of this magnitude.
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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	Other than approvals obtained through this request, no other approvals will be necessary until the Purchasing process within our Agency.
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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.)

AGENCY NAME:	DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

DECISION PACKAGE	1635
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	IT Infrastructure Update, Phase I of V
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Provide a brief, descriptive title for this request.

AMOUNT	\$537,500
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How much is requested for this project in FY 2014-15?

BUDGET PROGRAM	IV. A. Nonrecurring Appropriations (98010000)
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Identify the associated budget program(s) by name and budget section.

SUMMARY	<p>Over the years the Agency has installed new information technology as needed without planning for the "life cycle" of the equipment platform. As a result, when equipment becomes obsolete or breaks, the Agency faces unanticipated costs to urgently replace the equipment.</p> <p>Older personal computers can also be a security issue when trying to install security updates that are no longer available for operating applications. Additionally, our mainframe line printers are over 25 years old and are obsolete when trying to replace ink ribbons and parts to maintain them. In addition, they are not capable of printing general office correspondence such as memos and spreadsheets from our web applications.</p> <p>With this in mind, we are requesting budget to replace all of our mainframe terminals (650), existing personal computers (1850), and all mainframe line printers (125) with leased equipment. Leased equipment will allow us to eliminate the one-time costs for breakage/replacement and transfer the expense into recurring operational costs that can be budgeted each fiscal year. We will phase in the lease over a period of five years, adding 500 personal computers each year until we reach the total of 2,500 personal computers. By staggering the 5 year lease, it will make the installation process much easier to manage.</p>
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Provide a summary of the project and explain why it is necessary.

AGENCY NAME:	DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

RELATED REQUEST(S)	This request is not part of any other Decision Package for FY14-15.
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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?

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

FUNDING ALTERNATIVES	We do not have separate funds to continually replace our aging IT equipment. It is more advantageous to lease the equipment as a result of continually changing technology.
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What other possible funding sources were considered?

LONG-TERM PLANNING AND SUSTAINABILITY	For this request, all funding will be requested through supplemental funding. Our Agency Base Budget would not permit us to properly fund all of our IT needs. This project will take considerable time to complete so we need to request that this project be funded in phases over the next five fiscal years. The amounts needed amount to \$537,500 in Year I, \$200,000 in Year II, \$300,000 in Year III, \$400,000 in Year IV, and \$500,000 in Year V.
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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	Other than approvals obtained through this request, approvals will be obtained from DSIT as part of their IT Strategic Plans and the necessary approvals from our Purchasing process within our Agency.
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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.)

AGENCY NAME:	DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

DECISION PACKAGE	1638
	<i>Provide the decision package number issued by the PBF system ("Governor's Request").</i>

TITLE	Center Pivot Irrigation System, Phase III of V
	<i>Provide a brief, descriptive title for this request.</i>

AMOUNT	\$100,000
	<i>How much is requested for this project in FY 2014-15?</i>

BUDGET PROGRAM	IV. Farm Irrigation - Wateree (98250000)
	<i>Identify the associated budget program(s) by name and budget section.</i>

SUMMARY	<p>We are requesting Phase III of a five phase request to continue to install pivot irrigation systems at our Wateree Farm location. The system will provide necessary water for crops used in feeding farm animals and the agency-wide inmate population. During the hot/dry months and drought conditions, the water is necessary to ensure pollination between crops.</p> <p>We now have will have a total of 641 milking cows in November 2013.</p>
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Provide a summary of the project and explain why it is necessary.

AGENCY NAME:	DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

RELATED REQUEST(S) This request is not part of any other Decision Package for FY14-15.

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 matching sources are available

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

FUNDING ALTERNATIVES We do not have separate funds to fund this project.

What other possible funding sources were considered?

LONG-TERM PLANNING AND SUSTAINABILITY For this request, all funding will be requested through supplemental funding. Our Agency Base Budget would not permit us to properly fund a complex irrigation system such as this one. This is the third phase out of a five phase 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 Other than approvals obtained through this request, no other approvals will be necessary until the Purchasing process within our Agency.

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.)

AGENCY NAME:	DEPARTMENT OF CORECTIONS		
AGENCY CODE:	N040	SECTION:	65

FORM D – PROVISO REVISION REQUEST

NUMBER	65.01
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Cite the proviso according to the State Budget Division’s renumbered list for FY 2014-15 (or mark “NEW”).

TITLE	CORR: Canteen Operations
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Provide the title from the FY 2013-14 Appropriations Act or suggest a short title for any new request.

BUDGET PROGRAM	II.A.32. - Support Services
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Identify the associated budget program(s) by name and budget section.

DECISION PACKAGE	N/A
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Is this request associated with a decision package you have submitted for FY 2014-15? If so, cite it here.

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

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

SUMMARY	<p>Revenue derived wholly from the canteen operations within the Department of Corrections on behalf of the inmate population, may be retained and expended by the department for the continuation of the operation of said canteens and the welfare of the inmate population or, at the discretion of the Director, used to supplement costs of operations. The canteen operation is to be treated as an enterprise fund within the Department of Corrections and is not to be subsidized by state appropriated funds.</p>
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Summarize the existing proviso. If requesting a new proviso, describe the current state of affairs without it.

AGENCY NAME:	DEPARTMENT OF CORECTIONS		
AGENCY CODE:	N040	SECTION:	65

EXPLANATION	<p>Codify at Section 24-1-300</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.

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.

AGENCY NAME:	DEPARTMENT OF CORECTIONS		
AGENCY CODE:	N040	SECTION:	65

~~(CORR: Canteen Operations) Revenue derived wholly from the canteen operations within the Department of Corrections on behalf of the inmate population, may be retained and expended by the department for the continuation of the operation of said canteens and the welfare of the inmate population or, at the discretion of the Director, used to supplement costs of operations. The canteen operation is to be treated as an enterprise fund within the Department of Corrections and is not to be subsidized by state appropriated funds.~~

**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.

AGENCY NAME:	DEPARTMENT OF CORECTIONS		
AGENCY CODE:	N040	SECTION:	65

FORM D – PROVISO REVISION REQUEST

NUMBER	65.2
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Cite the proviso according to the State Budget Division’s renumbered list for FY 2014-15 (or mark “NEW”).

TITLE	CORR: E.H. Cooper Trust Fund
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Provide the title from the FY 2013-14 Appropriations Act or suggest a short title for any new request.

BUDGET PROGRAM	I.- Internal Admin & Support
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Identify the associated budget program(s) by name and budget section.

DECISION PACKAGE	N/A
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Is this request associated with a decision package you have submitted for FY 2014-15? If so, cite it here.

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

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

SUMMARY	<p>Any unclaimed funds remaining in any inmate account, after appropriate and necessary steps are taken to determine and contact a rightful owner of such funds, shall be deposited into the Inmate Welfare Fund.</p>
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Summarize the existing proviso. If requesting a new proviso, describe the current state of affairs without it.

AGENCY NAME:	DEPARTMENT OF CORECTIONS		
AGENCY CODE:	N040	SECTION:	65

EXPLANATION	<p>Codify at Section 24-13-80</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.

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.

AGENCY NAME:	DEPARTMENT OF CORECTIONS		
AGENCY CODE:	N040	SECTION:	65

~~(CORR: E.H. Cooper Trust Fund) — Any unclaimed funds remaining in any inmate account, after appropriate and necessary steps are taken to determine and contact a rightful owner of such funds, shall be deposited into the Inmate Welfare Fund.~~

**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.

AGENCY NAME:	DEPARTMENT OF CORECTIONS		
AGENCY CODE:	N040	SECTION:	65

FORM D – PROVISO REVISION REQUEST

NUMBER	65.4
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Cite the proviso according to the State Budget Division’s renumbered list for FY 2014-15 (or mark “NEW”).

TITLE	CORR: Funding Through State Criminal Assistance Program
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Provide the title from the FY 2013-14 Appropriations Act or suggest a short title for any new request.

BUDGET PROGRAM	II.A. – Housing, Care, Security & Supervision
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Identify the associated budget program(s) by name and budget section.

DECISION PACKAGE	N/A
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Is this request associated with a decision package you have submitted for FY 2014-15? If so, cite it here.

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

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

OTHER AGENCIES AFFECTED	<p>All funds received by the State from the United States Department of Justice, State Criminal Alien Assistance Program, for care and custody of illegal aliens housed in the state correctional facilities shall be retained by the South Carolina Department of Corrections to offset incurred expenses.</p>
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Summarize the existing proviso. If requesting a new proviso, describe the current state of affairs without it.

AGENCY NAME:	DEPARTMENT OF CORECTIONS		
AGENCY CODE:	N040	SECTION:	65

EXPLANATION	<p>Codify at Section 24-1-240</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.

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.

AGENCY NAME:	DEPARTMENT OF CORECTIONS		
AGENCY CODE:	N040	SECTION:	65

(CORR: Funding Through State Criminal Assistance Program) ~~All funds received by the State from the United States Department of Justice, Stat Criminal Alien Assistance Program, for care and custody of illegal aliens housed in the state correctional facilities shall be retained by the South Carolina Department of Corrections to offset incurred expenses.~~

**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.

AGENCY NAME:	DEPARTMENT OF CORECTIONS		
AGENCY CODE:	N040	SECTION:	65

FORM D – PROVISO REVISION REQUEST

NUMBER	65.5
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Cite the proviso according to the State Budget Division’s renumbered list for FY 2014-15 (or mark “NEW”).

TITLE	CORR: Remedial Education Funding
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Provide the title from the FY 2013-14 Appropriations Act or suggest a short title for any new request.

BUDGET PROGRAM	II.D. – Palmetto Unified School District #1
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Identify the associated budget program(s) by name and budget section.

DECISION PACKAGE	N/A
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Is this request associated with a decision package you have submitted for FY 2014-15? If so, cite it here.

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

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

SUMMARY	(CORR: Remedial Education Funding) A criminal offender committed to the custody of the Department of Corrections, who has been evaluated to function at less than an eighth grade educational level, or less than the equivalent of an eighth grade educational level, may be required by department officials to enroll and actively participate in academic education programs. Funds appropriated to the Department of Corrections for educational programs shall be prioritized to assure such remedial services are provided.
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Summarize the existing proviso. If requesting a new proviso, describe the current state of affairs without it.

AGENCY NAME:	DEPARTMENT OF CORECTIONS		
AGENCY CODE:	N040	SECTION:	65

EXPLANATION	<p>Codify At Section 24-13-180</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.

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.

AGENCY NAME:	DEPARTMENT OF CORECTIONS		
AGENCY CODE:	N040	SECTION:	65

~~(CORR: Remedial Education Funding) A criminal offender committed to the custody of the Department of Corrections, who has been evaluated to function at less than an eighth grade educational level, or less than the equivalent of an eighth grade educational level, may be required by department officials to enroll and actively participate in academic education programs. Funds appropriated to the Department of Corrections for educational programs shall be prioritized to assure such remedial services are provided.~~

**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.

AGENCY NAME:	DEPARTMENT OF CORECTIONS		
AGENCY CODE:	N040	SECTION:	65

FORM D – PROVISO REVISION REQUEST

NUMBER	65.7
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Cite the proviso according to the State Budget Division’s renumbered list for FY 2014-15 (or mark “NEW”).

TITLE	CORR: Social Security Administration Funding
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Provide the title from the FY 2013-14 Appropriations Act or suggest a short title for any new request.

BUDGET PROGRAM	II.A.- Housing , Care, Security & Supervision
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Identify the associated budget program(s) by name and budget section.

DECISION PACKAGE	N/A
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Is this request associated with a decision package you have submitted for FY 2014-15? If so, cite it here.

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

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

SUMMARY	<p>All funds received by the S.C. Department of Corrections from the Social Security Administration under Section 1611 (e)(1)(I) of the Social Security Act, which provides payment for information regarding incarcerated Social Security Insurance recipients, shall be retained by the S.C. Department of Corrections and credited to a fund entitled "Special Social Security" for the care and custody of inmates housed in the state correctional facilities.</p>
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Summarize the existing proviso. If requesting a new proviso, describe the current state of affairs without it.

AGENCY NAME:	DEPARTMENT OF CORECTIONS		
AGENCY CODE:	N040	SECTION:	65

EXPLANATION	<p>Codify At Section 24-1-245</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.

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.

AGENCY NAME:	DEPARTMENT OF CORECTIONS		
AGENCY CODE:	N040	SECTION:	65

(CORR: Social Security Administration Funding) All funds received by the South Carolina Department of Corrections from the Social Security Administration under Section 1611 (e)(1)(I) of the Social Security Act, which provides payment for information regarding incarcerated Social Security Insurance recipients, shall be retained by the South Carolina Department of Corrections and credited to a fund entitled "Special Social Security" for the care and custody of inmates housed in the state correctional facilities.

**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.

AGENCY NAME:	DEPARTMENT OF CORECTIONS		
AGENCY CODE:	N040	SECTION:	65

FORM D – PROVISO REVISION REQUEST

NUMBER	65.8
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Cite the proviso according to the State Budget Division’s renumbered list for FY 2014-15 (or mark “NEW”).

TITLE	CORR: Medical Expenses
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Provide the title from the FY 2013-14 Appropriations Act or suggest a short title for any new request.

BUDGET PROGRAM	II.A.- Housing, Care, Security & Supervision
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Identify the associated budget program(s) by name and budget section.

DECISION PACKAGE	N/A
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Is this request associated with a decision package you have submitted for FY 2014-15? If so, cite it here.

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

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

SUMMARY	<p>The Department of Corrections shall be authorized to charge inmates a nominal fee for any medical treatment or consultation provided at the request of or initiated by the inmate. A nominal co-pay shall be charged for prescribed medications. Inmates shall not be charged for psychological or mental health visits.</p>
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Summarize the existing proviso. If requesting a new proviso, describe the current state of affairs without it.

AGENCY NAME:	DEPARTMENT OF CORECTIONS		
AGENCY CODE:	N040	SECTION:	65

EXPLANATION	<p>Codify at Section 24-13-80</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.

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.

AGENCY NAME:	DEPARTMENT OF CORECTIONS		
AGENCY CODE:	N040	SECTION:	65

CORR: Medical Expenses) ~~The Department of Corrections shall be authorized to charge inmates a nominal fee for any medical treatment or consultation provided at the request of or initiated by the inmate. A nominal co-pay shall be charged for prescribed medications. Inmates shall not be charged for psychological or mental health visits.~~

**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.

AGENCY NAME:	DEPARTMENT OF CORECTIONS		
AGENCY CODE:	N040	SECTION:	65

FORM D – PROVISO REVISION REQUEST

NUMBER	65.9
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Cite the proviso according to the State Budget Division’s renumbered list for FY 2014-15 (or mark “NEW”).

TITLE	CORR: Prison Industry Funds
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Provide the title from the FY 2013-14 Appropriations Act or suggest a short title for any new request.

BUDGET PROGRAM	II.C. – Work and Vocational Activities
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Identify the associated budget program(s) by name and budget section.

DECISION PACKAGE	N/A
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Is this request associated with a decision package you have submitted for FY 2014-15? If so, cite it here.

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

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

SUMMARY	<p>The Director of the Department of Corrections, at his discretion, is hereby authorized to utilize prison industry funds for projects or services benefiting the general welfare of the inmate population or to supplement costs of operations.</p>
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Summarize the existing proviso. If requesting a new proviso, describe the current state of affairs without it.

AGENCY NAME:	DEPARTMENT OF CORECTIONS		
AGENCY CODE:	N040	SECTION:	65

EXPLANATION	<p>Codify at Section 24-1-310</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.

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.

AGENCY NAME:	DEPARTMENT OF CORECTIONS		
AGENCY CODE:	N040	SECTION:	65

(CORR: Prison Industry Funds) ~~The Director of the Department of Corrections, at his discretion, is hereby authorized to utilize prison industry funds for projects or services benefiting the general welfare of the inmate population or to supplement costs of operations.~~

**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.

AGENCY NAME:	DEPARTMENT OF CORECTIONS		
AGENCY CODE:	N040	SECTION:	65

FORM D – PROVISO REVISION REQUEST

NUMBER	65.13
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Cite the proviso according to the State Budget Division’s renumbered list for FY 2014-15 (or mark “NEW”).

TITLE	CORR: Funds From Vehicle Cleaning
--------------	--

Provide the title from the FY 2013-14 Appropriations Act or suggest a short title for any new request.

BUDGET PROGRAM	II.A. – Housing, Care, Security & Supervision
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Identify the associated budget program(s) by name and budget section.

DECISION PACKAGE	N/A
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Is this request associated with a decision package you have submitted for FY 2014-15? If so, cite it here.

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

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

SUMMARY	<p>Monies generated by inmates engaged in the cleaning and waxing of private vehicles, or any other adult work activity center, shall be placed in a special account and utilized for the welfare of the inmate population.</p>
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Summarize the existing proviso. If requesting a new proviso, describe the current state of affairs without it.

AGENCY NAME:	DEPARTMENT OF CORECTIONS		
AGENCY CODE:	N040	SECTION:	65

EXPLANATION	<p>Codify at Section 24-1-255</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.

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.

AGENCY NAME:	DEPARTMENT OF CORECTIONS		
AGENCY CODE:	N040	SECTION:	65

(CORR: Funds From Vehicle Cleaning) ~~Monies generated by inmates engaged in the cleaning and waxing of private vehicles, or any other adult work activity center, shall be placed in a special account and utilized for the welfare of the inmate population.~~

**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.

AGENCY NAME:	DEPARTMENT OF CORECTIONS		
AGENCY CODE:	N040	SECTION:	65

FORM D – PROVISO REVISION REQUEST

NUMBER	65.14
	<i>Cite the proviso according to the State Budget Division’s renumbered list for FY 2014-15 (or mark “NEW”).</i>
TITLE	CORR: Release of Inmates
	<i>Provide the title from the FY 2013-14 Appropriations Act or suggest a short title for any new request.</i>
BUDGET PROGRAM	II.A – Housing, Care, Security & Supervision
	<i>Identify the associated budget program(s) by name and budget section.</i>
DECISION PACKAGE	N/A
	<i>Is this request associated with a decision package you have submitted for FY 2014-15? If so, cite it here.</i>
REQUESTED ACTION	Codify
	<i>Choose from: Add, Delete, Amend, or Codify.</i>
OTHER AGENCIES AFFECTED	None
	<i>Which other agencies would be affected by the recommended action? How?</i>
SUMMARY	<p>The Director of the Department of Corrections and other persons having charge of prisoners who are required to serve a period of six months or more, may release such prisoners, including prisoners to who Section 24-13-150, Subsection (A) of the 1976 Code applies, on the first day of the month in which their sentences expire, and if the first day of the month falls on a Saturday, Sunday, or a legal holiday, such prisoners may be released on the last weekday prior to the first of the month which is not a holiday.</p>

Summarize the existing proviso. If requesting a new proviso, describe the current state of affairs without it.

AGENCY NAME:	DEPARTMENT OF CORECTIONS		
AGENCY CODE:	N040	SECTION:	65

EXPLANATION	<p>Codify at Section 24-13-150</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.

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.

AGENCY NAME:	DEPARTMENT OF CORECTIONS		
AGENCY CODE:	N040	SECTION:	65

~~(CORR: Release of Inmates) The Director of the Department of Corrections and other persons having charge of prisoners who are required to serve a period of six months or more, may release such prisoners, including prisoners to who Section 24-13-150, Subsection (A) of the 1976 Code applies, on the first day of the month in which their sentences expire, and if the first day of the month falls on a Saturday, Sunday, or a legal holiday, such prisoners may be released on the last weekday prior to the first of the month which is not a holiday.~~

**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.

AGENCY NAME:	DEPARTMENT OF CORECTIONS		
AGENCY CODE:	N040	SECTION:	65

FORM D – PROVISO REVISION REQUEST

NUMBER	65.16
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Cite the proviso according to the State Budget Division’s renumbered list for FY 2014-15 (or mark “NEW”).

TITLE	CORR: Monitoring Fees
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Provide the title from the FY 2013-14 Appropriations Act or suggest a short title for any new request.

BUDGET PROGRAM	II.A. - Housing, Care, Security & Supervision
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Identify the associated budget program(s) by name and budget section.

DECISION PACKAGE	N/A
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Is this request associated with a decision package you have submitted for FY 2014-15? If so, cite it here.

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

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

SUMMARY	<p>The Department of Corrections is authorized to charge an inmate who participates in community programs a reasonable fee for the cost of supplying electronic and telephonic monitoring. The fees charged may not exceed the actual cost of the monitoring.</p>
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Summarize the existing proviso. If requesting a new proviso, describe the current state of affairs without it.

AGENCY NAME:	DEPARTMENT OF CORECTIONS		
AGENCY CODE:	N040	SECTION:	65

EXPLANATION	<p>Codify at Section 24-1-320</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.

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.

AGENCY NAME:	DEPARTMENT OF CORECTIONS		
AGENCY CODE:	N040	SECTION:	65

(CORR: Monitoring Fees) ~~The Department of Corrections is authorized to charge an inmate who participates in community programs a reasonable fee for the cost of supplying electronic and telephonic monitoring. The fees charged may not exceed the actual cost of the monitoring.~~

**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.

AGENCY NAME:	DEPARTMENT OF CORECTIONS		
AGENCY CODE:	N040	SECTION:	65

FORM D – PROVISO REVISION REQUEST

NUMBER	65.17
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Cite the proviso according to the State Budget Division’s renumbered list for FY 2014-15 (or mark “NEW”).

TITLE	CORR: Inmate Insurance Policies
--------------	--

Provide the title from the FY 2013-14 Appropriations Act or suggest a short title for any new request.

BUDGET PROGRAM	II.A. – Housing, Care, Security & Supervision
-----------------------	--

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

DECISION PACKAGE	N/A
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Is this request associated with a decision package you have submitted for FY 2014-15? If so, cite it here.

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

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

SUMMARY	<p>The Department of Corrections may collect and record private health insurance information from incarcerated individuals. The department may file against any private insurance policy covering an inmate to recoup any health care expenditures covered by the policy. Health care will be provided in accordance with law and standards regardless of whether or not an inmate is covered by insurance.</p>
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Summarize the existing proviso. If requesting a new proviso, describe the current state of affairs without it.

AGENCY NAME:	DEPARTMENT OF CORECTIONS		
AGENCY CODE:	N040	SECTION:	65

EXPLANATION	Codify at Section 24-1-330
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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.

FISCAL IMPACT	None
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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.

AGENCY NAME:	DEPARTMENT OF CORECTIONS		
AGENCY CODE:	N040	SECTION:	65

~~(CORR: Inmate Insurance Policies) — The Department of Corrections may collect and record private health insurance information from incarcerated individuals. The department may file against any private insurance policy covering an inmate to recoup any health care expenditures covered by the policy. Health care will be provided in accordance with law and standards regardless of whether or not an inmate is covered by insurance.~~

**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.

AGENCY NAME:	DEPARTMENT OF CORECTIONS		
AGENCY CODE:	N040	SECTION:	65

FORM D – PROVISO REVISION REQUEST

NUMBER	65.18
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Cite the proviso according to the State Budget Division’s renumbered list for FY 2014-15 (or mark “NEW”).

TITLE	CORR: Work Release Transportation Fee
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Provide the title from the FY 2013-14 Appropriations Act or suggest a short title for any new request.

BUDGET PROGRAM	II. C. – Work and Vocational Activities
-----------------------	--

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

DECISION PACKAGE	N/A
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Is this request associated with a decision package you have submitted for FY 2014-15? If so, cite it here.

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

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

SUMMARY	<p>The South Carolina Department of Corrections is authorized to charge a four dollar per-day transportation fee to participants in the work release program only when such transportation is provided by the department. Monies collected shall be credited to the South Carolina Department of Corrections, and utilized solely to fund transportation of work release participants and vehicle replacement for the work release program.</p>
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Summarize the existing proviso. If requesting a new proviso, describe the current state of affairs without it.

AGENCY NAME:	DEPARTMENT OF CORECTIONS		
AGENCY CODE:	N040	SECTION:	65

EXPLANATION	Codify at Section 24-13-670
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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.

FISCAL IMPACT	None
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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.

AGENCY NAME:	DEPARTMENT OF CORECTIONS		
AGENCY CODE:	N040	SECTION:	65

(CORR: Work Release Transportation Fee) ~~The South Carolina Department of Corrections is authorized to charge a \$4.00 per day transportation fee to participants in the work release program only when such transportation is provided by the department. Monies collected shall be credited to the South Carolina Department of Corrections, and utilized solely to fund transportation of work release participants and vehicle replacement for the work release program.~~

**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.

AGENCY NAME:	DEPARTMENT OF CORECTIONS		
AGENCY CODE:	N040	SECTION:	65

FORM D – PROVISO REVISION REQUEST

NUMBER	65.22
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Cite the proviso according to the State Budget Division’s renumbered list for FY 2014-15 (or mark “NEW”).

TITLE	CORR: Inmate Barbering Program
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Provide the title from the FY 2013-14 Appropriations Act or suggest a short title for any new request.

BUDGET PROGRAM	II. C. – Work and Vocational Activities
-----------------------	--

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

DECISION PACKAGE	N/A
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Is this request associated with a decision package you have submitted for FY 2014-15? If so, cite it here.

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

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

SUMMARY	Inmate barbers in the Inmate Barbering Program at the Department of Corrections, shall not be subject to the licensing requirement of Section 40-7-390 of the 1976 Code.
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Summarize the existing proviso. If requesting a new proviso, describe the current state of affairs without it.

AGENCY NAME:	DEPARTMENT OF CORECTIONS		
AGENCY CODE:	N040	SECTION:	65

EXPLANATION	Codify at Section 24-1-340
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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.

FISCAL IMPACT	None
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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.

AGENCY NAME:	DEPARTMENT OF CORECTIONS		
AGENCY CODE:	N040	SECTION:	65

(CORR: Inmate Barbering Program) ~~Inmate barbers in the Inmate Barbering Program at the Department of Corrections, shall not be subject to the licensing requirement of Section 40-7-30 of the 1976 Code.~~

**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.

AGENCY NAME:	DEPARTMENT OF CORECTIONS		
AGENCY CODE:	N040	SECTION:	65

FORM D – PROVISO REVISION REQUEST

NUMBER	65.23
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Cite the proviso according to the State Budget Division’s renumbered list for FY 2014-15 (or mark “NEW”).

TITLE	CORR: Executed Inmate Autopsy
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Provide the title from the FY 2013-14 Appropriations Act or suggest a short title for any new request.

BUDGET PROGRAM	II. E. – Individual Growth & Motivation
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Identify the associated budget program(s) by name and budget section.

DECISION PACKAGE	N/A
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Is this request associated with a decision package you have submitted for FY 2014-15? If so, cite it here.

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

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

SUMMARY	<p>For the current fiscal year, the autopsy requirements of Section 17-7-10 of the 1976 Code are suspended when an inmate is executed by the Department of Corrections pursuant to a valid order of the Supreme Court of South Carolina.</p>
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Summarize the existing proviso. If requesting a new proviso, describe the current state of affairs without it.

AGENCY NAME:	DEPARTMENT OF CORECTIONS		
AGENCY CODE:	N040	SECTION:	65

EXPLANATION	<p>Codify at Section 17-7-10</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.

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.

AGENCY NAME:	DEPARTMENT OF CORECTIONS		
AGENCY CODE:	N040	SECTION:	65

(CORR: Executed Inmate Autopsy) For the current fiscal year, the autopsy requirements of Section 17-7-10 of the 1976 Code are suspended when an inmate is executed by the Department of Corrections pursuant to a valid order of the Supreme Court of South Carolina.

**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.

AGENCY NAME:	DEPARTMENT OF CORECTIONS		
AGENCY CODE:	N040	SECTION:	65

FORM D – PROVISO REVISION REQUEST

NUMBER	65.24
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Cite the proviso according to the State Budget Division’s renumbered list for FY 2014-15 (or mark “NEW”).

TITLE	CORR: Recoupment of Expenses Associated with Inmate Cremation
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Provide the title from the FY 2013-14 Appropriations Act or suggest a short title for any new request.

BUDGET PROGRAM	II. E. - Individual Growth & Motivation
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Identify the associated budget program(s) by name and budget section.

DECISION PACKAGE	N/A
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Is this request associated with a decision package you have submitted for FY 2014-15? If so, cite it here.

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

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

SUMMARY	<p>If the Department of Corrections incurs expenses for cremating and disposing of an unclaimed deceased inmate, the department may recoup all associated costs of cremation, including transportation, through the deceased inmate's E.H. Cooper account, providing funds are available.</p>
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Summarize the existing proviso. If requesting a new proviso, describe the current state of affairs without it.

AGENCY NAME:	DEPARTMENT OF CORECTIONS		
AGENCY CODE:	N040	SECTION:	65

EXPLANATION	Codify at Section 24-13-80
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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.

FISCAL IMPACT	None
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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.

AGENCY NAME:	DEPARTMENT OF CORECTIONS		
AGENCY CODE:	N040	SECTION:	65

(CORR: Recoupment of Expenses Associated with Inmate Cremation) ~~If the Department of Corrections incurs expenses for cremating and disposing of an unclaimed deceased inmate, the department may recoup all associated costs of cremation, including transportation, through the deceased inmate's E.H. Cooper account, providing funds are available.~~

**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.

AGENCY NAME:	DEPARTMENT OF CORECTIONS		
AGENCY CODE:	N040	SECTION:	65

FORM D – PROVISO REVISION REQUEST

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

TITLE	(CORR: Broad River Sewer System Upgrade)
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Provide the title from the FY 2013-14 Appropriations Act or suggest a short title for any new request.

BUDGET PROGRAM	98010000
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Identify the associated budget program(s) by name and budget section.

DECISION PACKAGE	N/A
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Is this request associated with a decision package you have submitted for FY 2014-15? If so, cite it here.

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

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

SUMMARY	<p>The Department of Corrections may utilize inmate labor to perform any portion of the work which will be performed on the Broad River Complex for the installation of the Broad River Sewer System Upgrade Project.</p>
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Summarize the existing proviso. If requesting a new proviso, describe the current state of affairs without it.

AGENCY NAME:	DEPARTMENT OF CORECTIONS		
AGENCY CODE:	N040	SECTION:	65

EXPLANATION	<p>The South Carolina Department of Corrections as a Public owner is limited by the Code of Laws, Section 40-11-360, in performing all or any portion of the construction work by their own in-house construction crews as outlined in the License Group 3 General Contractor (not to exceed \$350,000.00 per job) or a License Group 4 Mechanical Contractor (not to exceed \$125,000.00 per job), as adjusted by an inflation factor reflecting the Department of Labor's Consumer Price Index. The scope of project as set forth on the Broad River Sewer System Upgrade Project has been estimated at approx. \$700,000. This will provide the inmate construction crew a valuable vocational training opportunity.</p> <p>The requested exemption and utilization of in-house inmate construction forces at SCDC is not new and has been granted previously for other construction work.</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.

FISCAL IMPACT	<p>The utilization of the inmate in-house labor forces will lower construction cost an estimated 35%, saving tax dollars.</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.

AGENCY NAME:	DEPARTMENT OF CORECTIONS		
AGENCY CODE:	N040	SECTION:	65

(CORR: Broad River Sewer System Upgrade) The Department of Corrections may utilize inmate labor to perform any portion of the work which will be performed on the Broad River Complex for the installation of the Broad River Sewer System Upgrade Project.

**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.

AGENCY NAME:	DEPARTMENT OF CORECTIONS		
AGENCY CODE:	N040	SECTION:	65

FORM D – PROVISO REVISION REQUEST

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

TITLE	CORR: Statewide Paving Project
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Provide the title from the FY 2013-14 Appropriations Act or suggest a short title for any new request.

BUDGET PROGRAM	98010000
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Identify the associated budget program(s) by name and budget section.

DECISION PACKAGE	N/A
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Is this request associated with a decision package you have submitted for FY 2014-15? If so, cite it here.

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

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

SUMMARY	<p>The Department of Corrections may utilize inmate labor to perform any portion of the work which will be performed on any SCDC owned or operated property as part of the Statewide Paving Project.</p>
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Summarize the existing proviso. If requesting a new proviso, describe the current state of affairs without it.

AGENCY NAME:	DEPARTMENT OF CORECTIONS		
AGENCY CODE:	N040	SECTION:	65

EXPLANATION	<p>The South Carolina Department of Corrections as a Public owner is limited by the Code of Laws, Section 40-11-360, in performing all or any portion of the construction work by their own in-house construction crews as outlined in the License Group 3 General Contractor (not to exceed \$350,000.00 per job) or a License Group 4 Mechanical Contractor (not to exceed \$125,000.00 per job), as adjusted by an inflation factor reflecting the Department of Labor's Consumer Price Index. The scope of this project as set forth in the Statewide Paving Project has been estimated at approx. \$1,000,000. This will provide the inmate construction crew a valuable vocational training opportunity.</p> <p>The requested exemption and utilization of in-house inmate construction forces at SCDC is not new and has been granted previously for other construction work.</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.

FISCAL IMPACT	<p>The utilization of the inmate in-house labor forces will lower construction cost an estimated 35%, saving tax dollars.</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.

AGENCY NAME:	DEPARTMENT OF CORECTIONS		
AGENCY CODE:	N040	SECTION:	65

(CORR: Statewide Paving Project) The Department of Corrections may utilize inmate labor to perform any portion of the work which will be performed on any SCDC owned or operated property as part of the Statewide Paving Project.

**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.

AGENCY NAME:	DEPARTMENT OF CORECTIONS		
AGENCY CODE:	N040	SECTION:	65

FORM D – PROVISO REVISION REQUEST

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

TITLE	CORR: Lee CI Camera Equipment & Network Systems Project
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Provide the title from the FY 2013-14 Appropriations Act or suggest a short title for any new request.

BUDGET PROGRAM	IV. A. Nonrecurring Appropriations (98010000)
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Identify the associated budget program(s) by name and budget section.

DECISION PACKAGE	1599
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Is this request associated with a decision package you have submitted for FY 2014-15? If so, cite it here.

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

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

SUMMARY	The Department of Corrections may utilize inmate labor to perform any portion of the work which will be performed at the Lee Correctional Institutions for the installation of the electronic equipment (Cameras, NVR, and monitors) required to accomplish the Lee CI Camera Equipment & Network System Project.
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Summarize the existing proviso. If requesting a new proviso, describe the current state of affairs without it.

AGENCY NAME:	DEPARTMENT OF CORECTIONS		
AGENCY CODE:	N040	SECTION:	65

EXPLANATION	<p>The South Carolina Department of Corrections as a Public owner is limited by the Code of Laws, Section 40-11-360, in performing all or any portion of the construction work by their own in-house construction crews as outlined in the License Group 3 General Contractor (not to exceed \$350,000.00 per job) or a License Group 4 Mechanical Contractor (not to exceed \$125,000.00 per job), as adjusted by an inflation factor reflecting the Department of Labor's Consumer Price Index. The scope of this project as set forth in the Lee CI Camera Equipment & Network Systems Project has been estimated at approx. \$4,384,000. This will provide the inmate construction crew a valuable vocational training opportunity.</p> <p>The requested exemption and utilization of in-house inmate construction forces at SCDC is not new and has been granted previously for other construction work.</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.

FISCAL IMPACT	<p>The utilization of the inmate in-house labor forces will lower construction cost an estimated 35%, saving tax dollars.</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.

AGENCY NAME:	DEPARTMENT OF CORECTIONS		
AGENCY CODE:	N040	SECTION:	65

(CORR: Lee CI Camera Equipment & Network Systems Project) The Department of Corrections may utilize inmate labor to perform any portion of the work which will be performed at the Lee Correctional Institutions for the installation of the electronic equipment (Cameras, NVR, and monitors) required accomplish the Lee CI Camera Equipment & Network System Project.

**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.

AGENCY NAME:	DEPARTMENT OF CORECTIONS		
AGENCY CODE:	N040	SECTION:	65

FORM D – PROVISO REVISION REQUEST

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

TITLE	CORR: Lieber CI Security Perimeter Towers Project
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Provide the title from the FY 2013-14 Appropriations Act or suggest a short title for any new request.

BUDGET PROGRAM	IV. A Nonrecurring Appropriations (98010000)
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Identify the associated budget program(s) by name and budget section.

DECISION PACKAGE	1593
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Is this request associated with a decision package you have submitted for FY 2014-15? If so, cite it here.

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

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

SUMMARY	<p>The Department of Corrections may utilize inmate labor to perform any portion of the work which will be performed at Lieber Correctional Institution for the installation of the three (3) “Security Perimeter Towers Project”.</p>
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Summarize the existing proviso. If requesting a new proviso, describe the current state of affairs without it.

AGENCY NAME:	DEPARTMENT OF CORECTIONS		
AGENCY CODE:	N040	SECTION:	65

EXPLANATION	<p>The South Carolina Department of Corrections as a Public owner is limited by the Code of Laws, Section 40-11-360, in performing all or any portion of the construction work by their own in-house construction crews as outlined in the License Group 3 General Contractor (not to exceed \$350,000.00 per job) or a License Group 4 Mechanical Contractor (not to exceed \$125,000.00 per job), as adjusted by an inflation factor reflecting the Department of Labor's Consumer Price Index. The scope of this project as set forth in the Lieber CI Security Perimeter Towers Project has been estimated at approx. \$450,000. This will provide the inmate construction crew a valuable vocational training opportunity.</p> <p>The requested exemption and utilization of in-house inmate construction forces at SCDC is not new and has been granted previously for other construction work.</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.

FISCAL IMPACT	<p>The utilization of the inmate in-house labor forces will lower construction cost an estimated 35%, saving tax dollars.</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.

AGENCY NAME:	DEPARTMENT OF CORECTIONS		
AGENCY CODE:	N040	SECTION:	65

(CORR: Lieber CI Security Perimeter Towers Project) The Department of Corrections may utilize inmate labor to perform any portion of the work which will be performed at Lieber Correctional Institution for the installation of the three (3) "Security Perimeter Towers Project".

**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.