Fiscal Year 2014-15
Agency Budget Plan

FORM A – SUMMARY

RECURRING FUNDS
(Form B
Decision Packages)

My agency is submitting the following recurring decision packages (Form B):

For FY 2014-15, my agency is (mark “X”):

☐ Requesting a net increase in recurring General Fund appropriations.
X Not requesting a net increase in recurring General Fund Appropriations.

CAPITAL &
NON-RECURRING
FUNDS
(Form C
Decision Packages)

My agency is submitting the following one-time decision packages (Form C):

For FY 2014-15, my agency is (mark “X”):

☐ Requesting capital and/or non-recurring funds.
X Not requesting capital and/or non-recurring funds.

PROVISOS

For FY 2014-15, my agency is (mark “X”):

☐ Requesting a new proviso and/or substantive changes to existing provisos.
☐ Only requesting technical proviso changes (such as date references).
X Not requesting any proviso changes.

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

Name

Terry Coston 803-896-5291 terry.coston@pcf.sc.gov

Email

PRIMARY CONTACT:
SECONDARY CONTACT:

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):

Terry A. Coston, SCLA, GPM

AGENCY DIRECTOR
(TYPE/PRINT NAME):

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

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