

<b>AGENCY NAME:</b>	SC Department of Insurance		
<b>AGENCY CODE:</b>	R200	<b>SECTION:</b>	78



## Fiscal Year 2014-15 Agency Budget Plan

### FORM A – SUMMARY

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

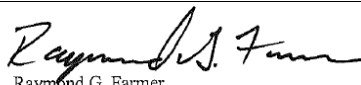
<b>CAPITAL &amp; NON-RECURRING FUNDS (FORM C DECISION PACKAGES)</b>	<b>My agency is submitting the following one-time decision packages (Form C):</b>	
	<b>For FY 2014-15, my agency is (mark "X"):</b>	
	<input type="checkbox"/>	Requesting capital and/or non-recurring funds.
	<input checked="" type="checkbox"/>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

<b>PROVISOS</b>	<b>For FY 2014-15, my agency is (mark "X"):</b>	
	<input type="checkbox"/>	Requesting a new proviso and/or substantive changes to existing provisos.
	<input type="checkbox"/>	Only requesting technical proviso changes (such as date references).
	<input checked="" type="checkbox"/>	Not requesting any proviso changes.

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

	<u>Name</u>	<u>Phone</u>	<u>Email</u>
<b>PRIMARY CONTACT:</b>	John T. Watson	(803) 737-6141	<a href="mailto:twatson@doi.sc.gov">twatson@doi.sc.gov</a>
<b>SECONDARY CONTACT:</b>	Ben Duncan	(803) 737-6343	<a href="mailto:bduncan@doi.sc.gov">bduncan@doi.sc.gov</a>

I have reviewed and approved the enclosed FY 2014-15 Agency Budget Plan, which is complete and accurate to the extent of my knowledge.

<b>AGENCY DIRECTOR (SIGN/DATE):</b>	 Raymond G. Farmer
<b>AGENCY DIRECTOR (TYPE/PRINT NAME):</b>	Raymond G. Farmer

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

<b>AGENCY NAME:</b>	SC Department of Insurance		
<b>AGENCY CODE:</b>	R200	<b>SECTION:</b>	78

**FORM B – PROGRAM REVISION REQUEST**

<b>DECISION PACKAGE</b>	N/A – No decision packages submitted
-------------------------	--------------------------------------

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

<b>TITLE</b>	
--------------	--

*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	
---------------	--

*What is the net change in requested appropriations for FY 2014-15? This amount should correspond to the decision package’s total in PBF across all funding sources.*

<b>ENABLING AUTHORITY</b>	
---------------------------	--

*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?*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark “X” for all that apply:</b>
	<input type="checkbox"/> Change in cost of providing current services to existing program audience.
	<input type="checkbox"/> Non-mandated change in eligibility / enrollment for existing program.
	<input type="checkbox"/> Change in case load / enrollment under existing program guidelines.
	<input type="checkbox"/> Non-mandated program change in service levels or areas.
	<input type="checkbox"/> Loss of federal or other external financial support for existing program.
	<input type="checkbox"/> Exhaustion of fund balances previously used to support program.
<input type="checkbox"/> Proposed establishment of a new program or initiative.	

<b>RECIPIENTS OF FUNDS</b>	
----------------------------	--

*What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?*

<b>AGENCY NAME:</b>	SC Department of Insurance		
<b>AGENCY CODE:</b>	R200	<b>SECTION:</b>	78

<b>RELATED REQUEST(S)</b>	
---------------------------	--

*Is this decision package associated with other decision packages requested by your agency or other agencies this year? Is it associated with a specific capital or non-recurring request?*

<b>MATCHING FUNDS</b>	
-----------------------	--

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

<b>FUNDING ALTERNATIVES</b>	
-----------------------------	--

*What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.*

<b>SUMMARY</b>	
----------------	--

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

<b>AGENCY NAME:</b>	SC Department of Insurance		
<b>AGENCY CODE:</b>	R200	<b>SECTION:</b>	78

<b>METHOD OF CALCULATION</b>	
------------------------------	--

*How was the amount of the request calculated? What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?*

<b>FUTURE IMPACT</b>	
----------------------	--

*Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?*

<b>PRIORITIZATION</b>	
-----------------------	--

*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?*

<b>AGENCY NAME:</b>	SC Department of Insurance		
<b>AGENCY CODE:</b>	R200	<b>SECTION:</b>	78

<b>INTENDED IMPACT</b>	
------------------------	--

*What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?*

<b>PROGRAM EVALUATION</b>	
---------------------------	--

*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?*

<b>AGENCY NAME:</b>	SC Department of Insurance		
<b>AGENCY CODE:</b>	R200	<b>SECTION:</b>	78

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

**DECISION PACKAGE**    N/A – No decision packages submitted

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

**TITLE**

*Provide a brief, descriptive title for this request.*

**AMOUNT**

*How much is requested for this project in FY 2014-15?*

**BUDGET PROGRAM**

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

**SUMMARY**

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

<b>AGENCY NAME:</b>	SC Department of Insurance		
<b>AGENCY CODE:</b>	R200	<b>SECTION:</b>	78

<b>RELATED REQUEST(S)</b>	
---------------------------	--

*Is this decision package associated with other decision packages requested by your agency or other agencies this year? Is it associated with a specific capital or non-recurring request?*

<b>MATCHING FUNDS</b>	
-----------------------	--

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

<b>FUNDING ALTERNATIVES</b>	
-----------------------------	--

*What other possible funding sources were considered?*

<b>LONG-TERM PLANNING AND SUSTAINABILITY</b>	
--	--

*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?*

<b>OTHER APPROVALS</b>	
------------------------	--

*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.)*

<b>AGENCY NAME:</b>	SC Department of Insurance		
<b>AGENCY CODE:</b>	R200	<b>SECTION:</b>	78

**FORM D – PROVISO REVISION REQUEST**

<b>NUMBER</b>	N/A – No changes proposed
---------------	---------------------------

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

<b>TITLE</b>	
--------------	--

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

<b>BUDGET PROGRAM</b>	
-----------------------	--

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

<b>DECISION PACKAGE</b>	
-------------------------	--

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

<b>REQUESTED ACTION</b>	
-------------------------	--

*Choose from: Add, Delete, Amend, or Codify.*

<b>OTHER AGENCIES AFFECTED</b>	
--------------------------------	--

*Which other agencies would be affected by the recommended action? How?*

<b>SUMMARY</b>	
----------------	--

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



<b>AGENCY NAME:</b>	<b>SC Department of Insurance</b>		
<b>AGENCY CODE:</b>	<b>R200</b>	<b>SECTION:</b>	<b>78</b>

<b>EXPLANATION</b>	
--------------------	--

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

<b>FISCAL IMPACT</b>	
----------------------	--

*Provide estimates of any fiscal impacts associated with this proviso, whether for state, federal, or other funds. Explain the method of calculation.*

<b>AGENCY NAME:</b>	<b>SC Department of Insurance</b>		
<b>AGENCY CODE:</b>	<b>R200</b>	<b>SECTION:</b>	<b>78</b>

**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.*