FORM A – SUMMARY

RECURRING FUNDS
(FORM B DECISION PACKAGES)

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

For FY 2014-15, my agency is (mark “X”):
- Requesting a net increase in recurring General Fund appropriations.
- 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):
N/A

For FY 2014-15, my agency is (mark “X”):
- Requesting capital and/or non-recurring funds.
- 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).
- Not requesting any proviso changes.

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

<table>
<thead>
<tr>
<th>PRIMARY CONTACT:</th>
<th>Phone</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sherry Copeland</td>
<td>734-0660</td>
<td><a href="mailto:Sherry.Copeland@prp.sc.gov">Sherry.Copeland@prp.sc.gov</a></td>
</tr>
<tr>
<td>Christie Emanuel</td>
<td>734-0661</td>
<td><a href="mailto:Christie.Emanuel@prp.sc.gov">Christie.Emanuel@prp.sc.gov</a></td>
</tr>
</tbody>
</table>

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):
Sherry Copeland 10/1/2013

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

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