

C. DUKES SCOTT
EXECUTIVE DIRECTOR

1401 Main Street, Suite 900
Columbia, SC 29201



Phone: (803) 737-0800
Fax: (803) 737-0801

DAN E. ARNETT
CHIEF OF STAFF

September 30, 2013

Les Boles
Office of State Budget
1205 Pendleton Street, Suite 529
Columbia, South Carolina 29201

Dear Mr. Boles:

The Office of Regulatory Staff ("ORS") is an "Other" funded agency and is not requesting additional FTEs or any capital budget monies for FY 2015. The ORS is requesting additional budget authorization to cover the increase of Employer Contributions based on the Employer Contributions Rate Table provided by your office.

No changes or additions are being requested to the current provisos.

If you have any questions, please do not hesitate to call.

Sincerely,

C. Dukes Scott
Executive Director

cc: Stephen Gardner

AGENCY NAME:	Office of Regulatory Staff		
AGENCY CODE:	R06	SECTION:	73



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): 104, 110
	For FY 2014-15, my agency is (mark "X"):
	<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.

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

PROVISOS	For FY 2014-15, my agency is (mark "X"):
	<input type="checkbox"/> Requesting a new proviso and/or substantive changes to existing provisos.
	<input 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>
PRIMARY CONTACT:	Marty Rawls	803-737-0837	mdrawls@regstaff.sc.gov
SECONDARY CONTACT:	Pam Spire	803-737-1108	spirep@regstaff.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):	90-1-13
AGENCY DIRECTOR (TYPE/PRINT NAME):	C. Dukes Scott

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

AGENCY NAME:	Office of Regulatory Staff		
AGENCY CODE:	R06	SECTION:	73

FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	110
-------------------------	------------

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

TITLE	Employer Contributions Increase
--------------	--

Provide a brief, descriptive title for this request.

AMOUNT	\$29,521.00
---------------	--------------------

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 being made pursuant to increases in Employer Contributions that are passed by the B&CB and the General Assembly.
---------------------------	--

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	PEBA will receive these funds on behalf of our employees.
----------------------------	---

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:	Office of Regulatory Staff		
AGENCY CODE:	R06	SECTION:	73

RELATED REQUEST(S)	No
---------------------------	----

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	This increase will be funded with fund balances carried over from prior years.
-----------------------------	--

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 increase is being requested due to the cost increase of Employer Contributions, specifically the retirement programs and health insurance. We are an Other Funded Agency and do not get the additional budget authority when these cost increases are passed.
----------------	--

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:	Office of Regulatory Staff		
AGENCY CODE:	R06	SECTION:	73

METHOD OF CALCULATION	<p>This amount was calculated based on the Employer Contributions Rate Table provided by the Budget Office.</p>
------------------------------	---

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 state will not incur any obligations by adopting this decision package.</p> <p>If this request is not honored, we will not have the Budget Authority to fully fund our Employer Contributions for our employees.</p>
----------------------	---

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

PRIORITIZATION	<p>We will be using fund balances carried over from previous years to fund this increased cost to our Agency as approved Public Utilities Review Committee.</p>
-----------------------	---

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:	Office of Regulatory Staff		
AGENCY CODE:	R06	SECTION:	73

INTENDED IMPACT	N/A
------------------------	-----

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

PROGRAM EVALUATION	N/A
---------------------------	-----

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:	Office of Regulatory Staff		
AGENCY CODE:	R06	SECTION:	73

FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	104
-------------------------	------------

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

TITLE	Executive Director’s Salary Increase approved by the Public Utilities Review Committee (12/2012) – Our director does not fall under the Agency Head Salary Commission.
--------------	---

Provide a brief, descriptive title for this request.

AMOUNT	Net zero change due to moving budget authority from our Unclassified Personnel line.
---------------	---

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 increase was approved by the Public Utilities Review Committee in December 2012. Due to the fact that we are an Other Funded Agency, we absorbed this change and are now requesting to realign the budget.
---------------------------	---

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	N/A
----------------------------	-----

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:	Office of Regulatory Staff		
AGENCY CODE:	R06	SECTION:	73

RELATED REQUEST(S)	N/A
---------------------------	-----

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	N/A
-----------------------	-----

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

FUNDING ALTERNATIVES	N/A
-----------------------------	-----

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	We are requesting this adjustment to realign our Budget Authorization.
----------------	--

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:	Office of Regulatory Staff		
AGENCY CODE:	R06	SECTION:	73

METHOD OF CALCULATION	N/A
------------------------------	-----

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	N/A
----------------------	-----

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	N/A
-----------------------	-----

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:	Office of Regulatory Staff		
AGENCY CODE:	R06	SECTION:	73

INTENDED IMPACT	N/A
------------------------	-----

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

PROGRAM EVALUATION	N/A
---------------------------	-----

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:	Office of Regulatory Staff		
AGENCY CODE:	R06	SECTION:	73

FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	
-------------------------	--

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

TITLE	
--------------	--

Provide a brief, descriptive title for this request.

AMOUNT	
---------------	--

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	
---------------------------	--

What state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority?

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

RECIPIENTS OF FUNDS	
----------------------------	--

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:	Office of Regulatory Staff		
AGENCY CODE:	R06	SECTION:	73

RELATED REQUEST(S)	
---------------------------	--

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	
-----------------------	--

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

FUNDING ALTERNATIVES	
-----------------------------	--

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	
----------------	--

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:	Office of Regulatory Staff		
AGENCY CODE:	R06	SECTION:	73

METHOD OF CALCULATION	
------------------------------	--

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	
----------------------	--

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	
-----------------------	--

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:	Office of Regulatory Staff		
AGENCY CODE:	R06	SECTION:	73

INTENDED IMPACT	
------------------------	--

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

PROGRAM EVALUATION	
---------------------------	--

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?