

<b>AGENCY NAME:</b>	SC Human Affairs Commission		
<b>AGENCY CODE:</b>	L360	<b>SECTION:</b>	70



## Fiscal Year 2016-17 Agency Budget Plan

### FORM A – SUMMARY

<b>RECURRING FUNDS (FORM B DECISION PACKAGES)</b>	<p><b>My agency is submitting the following recurring decision packages (Form B):</b> 5878, 6567, 6558, 6585, 6588, 6721, 6907 <b>(Total request of \$747,967)</b></p> <p><b>For FY 2016-17, my agency is (mark "X"):</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30px; text-align: center;"><input checked="" type="checkbox"/></td> <td>Requesting a net increase in recurring General Fund appropriations.</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Not requesting a net increase in recurring General Fund Appropriations.</td> </tr> </table>	<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.		
<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.						
<b>CAPITAL &amp; NON-RECURRING FUNDS (FORM C DECISION PACKAGES)</b>	<p><b>My agency is submitting the following one-time decision packages (Form C):</b></p> <p><b>For FY 2016-17, my agency is (mark "X"):</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30px; text-align: center;"><input type="checkbox"/></td> <td>Requesting capital and/or non-recurring funds.</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Not requesting capital and/or non-recurring funds.</td> </tr> </table>	<input type="checkbox"/>	Requesting capital and/or non-recurring funds.	<input checked="" type="checkbox"/>	Not requesting capital and/or non-recurring funds.		
<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>	<p><b>For FY 2016-17, my agency is (mark "X"):</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30px; text-align: center;"><input type="checkbox"/></td> <td>Requesting a new proviso and/or substantive changes to existing provisos.</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Only requesting technical proviso changes (such as date references).</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Not requesting any proviso changes.</td> </tr> </table>	<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.
<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>	Raymond Buxton, II	803-737-7826	rbuxton@schac.sc.gov
<b>SECONDARY CONTACT:</b>	Lori Dean	803-737-7804	lgdean@schac.sc.gov

I have reviewed and approved the enclosed FY 2016-17 Agency Budget Plan, which is complete and accurate to the extent of my knowledge.

*Agency Director*

*Board or Commission Chair*

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

SIGN/DATE:

TYPE PRINT NAME:

Raymond Buxton, II	JOHN A. OAKLAND

<b>AGENCY NAME:</b>	SC Human Affairs Commission		
<b>AGENCY CODE:</b>	L36	<b>SECTION:</b>	70

**FORM B – PROGRAM REVISION REQUEST**

<b>DECISION PACKAGE</b>	<b>5878</b>
-------------------------	-------------

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

<b>TITLE</b>	<b>Health Insurance Allocations</b>
--------------	-------------------------------------

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

<b>AMOUNT</b>	<b>\$7,012</b>
---------------	----------------

*What is the net change in requested appropriations for FY 2016-17? This amount should correspond to the decision package's total in PBF across all funding sources.*

<b>ENABLING AUTHORITY</b>	Department of Administration, Executive Budget Office
---------------------------	---

*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 checked="" type="checkbox"/> (Base Adjustment) Allocation of statewide employee benefits.
	<input type="checkbox"/> (Base Adjustment) Realignment within existing programs and lines.
	<input type="checkbox"/> (Base Adjustment) Restructuring of agency programs – <i>requires pre-approval.</i>
	<input type="checkbox"/> Change in cost of providing current services to existing program audience.
	<input type="checkbox"/> Change in case load / enrollment under existing program guidelines.
	<input type="checkbox"/> Non-mandated change in eligibility / enrollment for existing program.
	<input type="checkbox"/> Non-mandated program change in service levels or areas.
	<input type="checkbox"/> Proposed establishment of a new program or initiative.
	<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.	

<b>RECIPIENTS OF FUNDS</b>	SC Human Affairs Commission
----------------------------	-----------------------------

*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>	<b>SC Human Affairs Commission</b>		
<b>AGENCY CODE:</b>	<b>L36</b>	<b>SECTION:</b>	<b>70</b>

<b>RELATED REQUEST(S)</b>	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?*

<b>MATCHING FUNDS</b>	N/A
-----------------------	-----

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

<b>FUNDING ALTERNATIVES</b>	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.*

<b>SUMMARY</b>	State funding allocations related to the employer's share of the State Health Plan increased as determined by the Executive Budget Office.	
	Information Technology /Security	Y/N NO
	Consulted DTO during development	Y/N NO

*Provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.*

<b>AGENCY NAME:</b>	<b>SC Human Affairs Commission</b>		
<b>AGENCY CODE:</b>	<b>L36</b>	<b>SECTION:</b>	<b>70</b>

<b>METHOD OF CALCULATION</b>	<p>Amount is calculated by the Executive Budget Office for each agency.</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?*

<b>FUTURE IMPACT</b>	<p>2015 Health Plan rate increase (for the period of July 2015 – December 2015)  2016 Health Plan rate increase (for the period of January 2016 – June 2016)  2015-2016 anticipated growth in the number of retirees.</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?*

<b>PRIORITIZATION</b>	<p>N/A</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 2016-17?*

<b>AGENCY NAME:</b>	<b>SC Human Affairs Commission</b>		
<b>AGENCY CODE:</b>	<b>L36</b>	<b>SECTION:</b>	<b>70</b>

<b>INTENDED IMPACT</b>	N/A
------------------------	-----

*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>	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?*

<b>AGENCY NAME:</b>	<b>SC Human Affairs Commission</b>		
<b>AGENCY CODE:</b>	<b>L36</b>	<b>SECTION:</b>	<b>70</b>

**FORM B – PROGRAM REVISION REQUEST**

<b>DECISION PACKAGE</b>	<b>6567</b>
-------------------------	-------------

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

<b>TITLE</b>	<b>Attorney II - Administration</b>
--------------	-------------------------------------

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

<b>AMOUNT</b>	<b>\$69,000 (Salary &amp; Fringe)</b>
---------------	---------------------------------------

*What is the net change in requested appropriations for FY 2016-17? This amount should correspond to the decision package’s total in PBF across all funding sources.*

<b>ENABLING AUTHORITY</b>	The SC Human Affairs Law, as mandated by the General Assembly found at S.C. Code Ann. § 1-13-10 et. seq.
---------------------------	--

*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 checked="" type="checkbox"/> (Base Adjustment) Allocation of statewide employee benefits.
	<input type="checkbox"/> (Base Adjustment) Realignment within existing programs and lines.
	<input type="checkbox"/> (Base Adjustment) Restructuring of agency programs – <i>requires pre-approval.</i>
	<input checked="" type="checkbox"/> Change in cost of providing current services to existing program audience.
	<input checked="" type="checkbox"/> Change in case load / enrollment under existing program guidelines.
	<input type="checkbox"/> Non-mandated change in eligibility / enrollment for existing program.
	<input type="checkbox"/> Non-mandated program change in service levels or areas.
	<input type="checkbox"/> Proposed establishment of a new program or initiative.
	<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.	

<b>RECIPIENTS OF FUNDS</b>	The Administration Division of the SC Human Affairs Commission would be the recipient 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?*

<b>AGENCY NAME:</b>	<b>SC Human Affairs Commission</b>		
<b>AGENCY CODE:</b>	<b>L36</b>	<b>SECTION:</b>	<b>70</b>

<b>RELATED REQUEST(S)</b>	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?*

<b>MATCHING FUNDS</b>	There are no matching funds.
-----------------------	------------------------------

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

<b>FUNDING ALTERNATIVES</b>	To the extent there is an increase in Housing Litigation cases; HUD may be able to reimburse the Agency for litigation expenses, to include all expenses, a portion of which may cover a small percentage of this position's salary.
-----------------------------	--

*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>	<p>The General Assembly has authorized The Human Affairs Commission to litigate employment and housing discrimination matters in which an investigation has been completed, and for which 'probable cause' of discrimination is found. Currently, only housing discrimination cases are litigated because HUD provides the Agency with funds to proceed in litigation. However, EEOC does not provide the Agency with funds to proceed with litigation for employment cases. Our Agency requests funding for a new attorney position, so that litigation (either in an administrative hearing or in Circuit Court) may be undertaken in employment 'probable cause' cases, as is authorized by the Human Affairs Law of South Carolina.</p>	
Information Technology /Security	Y/N	NO
Consulted DTO during development	Y/N	NO

*Provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.*

<b>AGENCY NAME:</b>	<b>SC Human Affairs Commission</b>		
<b>AGENCY CODE:</b>	<b>L36</b>	<b>SECTION:</b>	<b>70</b>

<b>METHOD OF CALCULATION</b>	<p>The amount requested was calculated by reviewing the state job classification detail and the statewide job class code reports to determine the average salary of an Attorney II (AE20). Once determined, the salary amount was then multiplied by 38% to determine the fringe costs associated with this position.</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?*

<b>FUTURE IMPACT</b>	<p>The Agency will not be able to administer its legislative mandate in an efficient and prudent manner. The state would incur maintenance-of-effort by funding the fulltime employee if this package is adopted.</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?*

<b>PRIORITIZATION</b>	<p>If no or insufficient funds are available to carry out this mandate, the Agency would have to defer action on this request in FY 2016-2017.</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 2016-17?*



<b>AGENCY NAME:</b>	<b>SC Human Affairs Commission</b>		
<b>AGENCY CODE:</b>	<b>L36</b>	<b>SECTION:</b>	<b>70</b>

<b>INTENDED IMPACT</b>	<p>This package and position will allow our Agency to meet its statutory requirements of holding administrative hearings and providing litigation services to customers who have been the victims of unlawful discrimination in their employment.</p>
------------------------	---

*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>	<p>The position will be evaluated on the individual’s ability to maintain a caseload of litigation matters, as well as in the success of the outcome of those matters.</p>
---------------------------	--

*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>	<b>SC Human Affairs Commission</b>		
<b>AGENCY CODE:</b>	<b>L36</b>	<b>SECTION:</b>	<b>70</b>

**FORM B – PROGRAM REVISION REQUEST**

<b>DECISION PACKAGE</b>	<b>6558</b>
-------------------------	-------------

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

<b>TITLE</b>	<b>Administrative Specialist II – Compliance Division</b>
--------------	---

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

<b>AMOUNT</b>	<b>\$42,254 (Salary &amp; Fringe)</b>
---------------	---------------------------------------

*What is the net change in requested appropriations for FY 2016-17? This amount should correspond to the decision package’s total in PBF across all funding sources.*

<b>ENABLING AUTHORITY</b>	The SC Human Affairs Law, as mandated by the General Assembly found at S.C. Code Ann. § 1-13-10 et. seq.
---------------------------	--

*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 checked="" type="checkbox"/> (Base Adjustment) Allocation of statewide employee benefits.
	<input type="checkbox"/> (Base Adjustment) Realignment within existing programs and lines.
	<input type="checkbox"/> (Base Adjustment) Restructuring of agency programs – <i>requires pre-approval.</i>
	<input checked="" type="checkbox"/> Change in cost of providing current services to existing program audience.
	<input checked="" type="checkbox"/> Change in case load / enrollment under existing program guidelines.
	<input type="checkbox"/> Non-mandated change in eligibility / enrollment for existing program.
	<input type="checkbox"/> Non-mandated program change in service levels or areas.
	<input type="checkbox"/> Proposed establishment of a new program or initiative.
	<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.	

<b>RECIPIENTS OF FUNDS</b>	The Compliance Division would be the recipient of these 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?*

<b>AGENCY NAME:</b>	<b>SC Human Affairs Commission</b>		
<b>AGENCY CODE:</b>	<b>L36</b>	<b>SECTION:</b>	<b>70</b>

<b>RELATED REQUEST(S)</b>	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?*

<b>MATCHING FUNDS</b>	There would be no matching funds.
-----------------------	-----------------------------------

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

<b>FUNDING ALTERNATIVES</b>	There are no funding alternatives for this request.
-----------------------------	---

*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>	<p>The Human Affairs Commission is seeking an Administrative Specialist II Position to be a permanent job classification due to the fact that the Agency needs a person who is consistently on the job and is knowledgeable and trained in the functions of Agency procedures and operations as well as knowledgeable of the functions of other state, federal and local agencies. This will enable the Commission to better assist citizens and the private business sector who are seeking help with a variety of problems and issues. In addition, the Administrative Specialist will be processing confidential material from private citizens, businesses, local and state agencies to which a permanent State employee needs to be held accountable and not a temporary service employee. This person holding the position will be the first contact person to the public and will be processing confidential information in an administrative function in the Intake process where the public files complaints and businesses are notified of complaints. This job function will help the Agency conduct business in the most efficient manner.</p>	
Information Technology /Security	Y/N	NO
Consulted DTO during development	Y/N	NO

*Provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.*

<b>AGENCY NAME:</b>	<b>SC Human Affairs Commission</b>		
<b>AGENCY CODE:</b>	<b>L36</b>	<b>SECTION:</b>	<b>70</b>

<b>METHOD OF CALCULATION</b>	<p>The amount requested was calculated by reviewing the state job classification detail and the statewide job class code reports to determine the average salary of an Administrative Specialist II (AA50). Due to most applicants applying from other state agencies, the mid-point of this salary range was used for flexibility. Once determined, the salary amount was then multiplied by 38% to determine the fringe costs associated with this position.</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?*

<b>FUTURE IMPACT</b>	<p>Securing an employee in this Administrative Specialist II position will have a positive future impact on the Agency. Having a knowledgeable individual performing this function will allow the Agency to provide efficient services to the citizens and businesses of the state and assist the Agency to obtain discrimination complaints that meet the standards of investigating. The Administrative Specialist II position will impact the budget in a positive financial light as it will help to secure additional charges of discrimination that in turn will allow the Agency to secure additional federal funding in employment and housing discrimination complaints.</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?*

<b>PRIORITIZATION</b>	<p>If no or insufficient funds are available, the Agency would have to defer action on this request in FY 2016-2017.</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 2016-17?*

<b>AGENCY NAME:</b>	<b>SC Human Affairs Commission</b>		
<b>AGENCY CODE:</b>	<b>L36</b>	<b>SECTION:</b>	<b>70</b>

<b>INTENDED IMPACT</b>	<p>Securing an employee in this Administrative Specialist II position will have a positive impact on service delivery and program outcomes. It is essential to have a person consistently on the job in this position who is being held accountable for the processing of confidential information and who is knowledgeable of the services delivery of this Agency and other local, state and federal agencies. The successful result and intended impact will allow the Agency to conduct business efficiently.</p>
------------------------	---

*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>	<p>The evaluation of the use of these funds will be measured by the annual Employee Performance Review. In addition, the measurement of the number of contacts coming into the Agency and the processing of complaints as it relates to completing the EEOC contract will be another mechanism to measure and evaluate.</p>
---------------------------	---

*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 Human Affairs Commission		
<b>AGENCY CODE:</b>	L36	<b>SECTION:</b>	70

**FORM B – PROGRAM REVISION REQUEST**

<b>DECISION PACKAGE</b>	6585
-------------------------	------

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

<b>TITLE</b>	Creating and Sustaining Community Relations Councils
--------------	--

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

<b>AMOUNT</b>	\$75,000
---------------	----------

*What is the net change in requested appropriations for FY 2016-17? This amount should correspond to the decision package’s total in PBF across all funding sources.*

<b>ENABLING AUTHORITY</b>	The SC Human Affairs Law, as mandated by the General Assembly found at S.C. Code Ann. § 1-13-10 et. seq.
---------------------------	--

*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"/> (Base Adjustment) Allocation of statewide employee benefits.
	<input type="checkbox"/> (Base Adjustment) Realignment within existing programs and lines.
	<input type="checkbox"/> (Base Adjustment) Restructuring of agency programs – <i>requires pre-approval.</i>
	<input checked="" type="checkbox"/> Change in cost of providing current services to existing program audience.
	<input type="checkbox"/> Change in case load / enrollment under existing program guidelines.
	<input type="checkbox"/> Non-mandated change in eligibility / enrollment for existing program.
	<input type="checkbox"/> Non-mandated program change in service levels or areas.
	<input type="checkbox"/> Proposed establishment of a new program or initiative.
	<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.	

<b>RECIPIENTS OF FUNDS</b>	The Consultative Services Division (Technical Services and Community Relations) would be the recipient of these 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?*

<b>AGENCY NAME:</b>	<b>SC Human Affairs Commission</b>		
<b>AGENCY CODE:</b>	<b>L36</b>	<b>SECTION:</b>	<b>70</b>

<b>RELATED REQUEST(S)</b>	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?*

<b>MATCHING FUNDS</b>	There are no matching funds.
-----------------------	------------------------------

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

<b>FUNDING ALTERNATIVES</b>	There are no other funding sources.
-----------------------------	-------------------------------------

*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>	<p>Up until the 1970s the State of South Carolina historically sanctioned discrimination in a State where approximately 28% of the current population is African American. The lingering effects of this sanctioned discrimination continue to affect today's society in terms of economic and social progress. Unfortunately, due to these circumstances, there is an underlying overtone of race discrimination in many communities across South Carolina.</p> <p>The first half of 2015 has proven to be a tragic year in SC in terms of the shooting of an African American male by a police officer in North Charleston and the killing of 9 African American church members in Charleston. As a result of these terrible incidents that received national and world wide attention, there has been much discussion about race relations in our State. The mission of the SC Human Affairs Commission is to prevent and eliminate discrimination and to promote harmony among all of its citizens. In conjunction with this mission, the Commission, for the past two years has been working to create and sustain existing Community Relations Councils (CRC) in all 46 counties of our State. However, in order to accomplish this task, cost related issues evolve such as overnight travel, providing adequate and relevant educational material, enhanced training for Agency staff, providing professional facilitators to deal with sensitive and delicate issues and marketing to the public the benefits of participating in honest dialogue that promote truth and reconciliation among our citizens. The structure of a Community Relations Council within each of the State's 46 counties and the promotion of dialogue among all citizens will play a critical role in helping our State to prevent circumstances of racial unrest from occurring. Thus, the Agency is seeking additional annual funding of \$75,000.</p>	
Information Technology /Security	Y/N	NO
Consulted DTO during development	Y/N	NO

<b>AGENCY NAME:</b>	<b>SC Human Affairs Commission</b>		
<b>AGENCY CODE:</b>	<b>L36</b>	<b>SECTION:</b>	<b>70</b>

*Provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.*

<b>METHOD OF CALCULATION</b>	<p>This method was calculated by determining the costs of travel to include state car usage, supplies and training.</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?*

<b>FUTURE IMPACT</b>	<p>Creating and sustaining existing Community Relations Councils and providing a mechanism of open and honest dialogue to those seeking reconciliation among the races will provide a positive impact on the future of our State. Preventing social unrest and creating understanding of goodwill among all citizens will create less cost to the State in terms of law enforcement hours, personnel and equipment. It will also help create an environment conducive to positive economic and social development in South Carolina.</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?*

<b>PRIORITIZATION</b>	<p>If insufficient funds or no funds are available, the Agency would have to defer action on this request in FY 2016-2017.</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 2016-17?*



<b>AGENCY NAME:</b>	<b>SC Human Affairs Commission</b>		
<b>AGENCY CODE:</b>	<b>L36</b>	<b>SECTION:</b>	<b>70</b>

<b>INTENDED IMPACT</b>	<p>The intended impact on service delivery and program outcomes is to provide a positive impact to all people of this State and enhance every citizen’s quality of life. The proper service delivery will improve the image of the State as it relates to race relations resulting in positive economic and social growth in all of South Carolina.</p>
------------------------	---

*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>	<p>The evaluation of the use of these funds will be measured by the annual Performance Review of employees assigned to this task. In addition, the measurement of the number of councils created and maintained as functional existing councils will be another mechanism to measure and evaluate.</p>
---------------------------	--

*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>	<b>SC Human Affairs Commission</b>		
<b>AGENCY CODE:</b>	<b>L36</b>	<b>SECTION:</b>	<b>70</b>

**FORM B – PROGRAM REVISION REQUEST**

<b>DECISION PACKAGE</b>	<b>6588</b>
-------------------------	-------------

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

<b>TITLE</b>	<b>Additional Operating Costs</b>
--------------	-----------------------------------

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

<b>AMOUNT</b>	<b>\$100,000 (\$50,000 – Administration &amp; \$50,000 – Compliance)</b>
---------------	--

*What is the net change in requested appropriations for FY 2016-17? This amount should correspond to the decision package’s total in PBF across all funding sources.*

<b>ENABLING AUTHORITY</b>	The SC Human Affairs Law, as mandated by the General Assembly found at S.C. Code Ann. § 1-13-10 et. seq.
---------------------------	--

*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"/> (Base Adjustment) Allocation of statewide employee benefits.
	<input type="checkbox"/> (Base Adjustment) Realignment within existing programs and lines.
	<input type="checkbox"/> (Base Adjustment) Restructuring of agency programs – <i>requires pre-approval.</i>
	<input checked="" type="checkbox"/> Change in cost of providing current services to existing program audience.
	<input checked="" type="checkbox"/> Change in case load / enrollment under existing program guidelines.
	<input type="checkbox"/> Non-mandated change in eligibility / enrollment for existing program.
	<input type="checkbox"/> Non-mandated program change in service levels or areas.
	<input type="checkbox"/> Proposed establishment of a new program or initiative.
	<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.	

<b>RECIPIENTS OF FUNDS</b>	The Administration and Compliance Divisions would be the recipients of these 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?*

<b>AGENCY NAME:</b>	<b>SC Human Affairs Commission</b>		
<b>AGENCY CODE:</b>	<b>L36</b>	<b>SECTION:</b>	<b>70</b>

<b>RELATED REQUEST(S)</b>	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?*

<b>MATCHING FUNDS</b>	There are no matching funds.
-----------------------	------------------------------

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

<b>FUNDING ALTERNATIVES</b>	There are no other funding sources.
-----------------------------	-------------------------------------

*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>	<p>In August of 2013, the SC Human Affairs Commission moved to a State-owned building. After two years, the agency has been notified that the current rental payment of \$105,742 will increase in FY 17 to \$130,918.84 per year which is paid from the agency's other operating fund. Additionally, the agency has received 9 new FTE positions. This is because of the increased workload at the agency. Because of this increase in personnel and workload, additional expenses have arisen, such as office equipment and supplies, technology related purchases, and transportation. Currently, the Administration Division's operating funds are \$90,002 per year which is not enough to cover the current and future rental payments and the increased needs of the agency.</p> <p>The Compliance Division's state-contributed operating funds are \$104,008 per year. However, a much larger amount of funding for Compliance comes from federal agencies (approximately \$900,000). These funds pay SCHAC for investigating matters of discrimination. One of the federal agencies that contributes to SCHAC is HUD. HUD mandates that 20% of Compliance operating funds must come from a source other than the federal government. Therefore, SCHAC needs an additional \$50,000 to meet the 20% requirement.</p>	
Information Technology /Security	Y/N	NO
Consulted DTO during development	Y/N	NO

*Provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.*

<b>AGENCY NAME:</b>	<b>SC Human Affairs Commission</b>		
<b>AGENCY CODE:</b>	<b>L36</b>	<b>SECTION:</b>	<b>70</b>

<b>METHOD OF CALCULATION</b>	<p>The funds necessary for the rental increase are apparent.</p> <p>The funds needed for increased workload and personnel are a conservative estimate of the additional expenses our Agency will have in light of the new hires.</p> <p>The 20% requirement of HUD is a projection of next year’s HUD funding, and a calculation of 20% of the total based on HUD’s contributions.</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?*

<b>FUTURE IMPACT</b>	<p>Agency rental payments will allow the Agency to stay in a centrally located, state-owned building, which has been SCHAC’s location since 2013. Not moving saves the Agency from having to disrupt staff, expenses related to moving, and advertising the new location.</p> <p>Personnel will be more likely to stay at the Agency if staff are properly equipped with items needed in the office for organization and efficiency.</p> <p>HUD will continue to provide the Agency with 80% of Housing Compliance funds.</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?*

<b>PRIORITIZATION</b>	<p>If no or insufficient new funds are available for this request, the Agency would have to closely monitor spending of operating funds and reallocate significant amounts of money to Housing Compliance. The Fair Housing Law - which our Agency administers – would become nearly impossible to manage if HUD ceased from providing funds to the Agency for failure to meet its requirements. The Agency may need to relocate if rent cannot be paid.</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 2016-17?*

<b>AGENCY NAME:</b>	<b>SC Human Affairs Commission</b>		
<b>AGENCY CODE:</b>	<b>L36</b>	<b>SECTION:</b>	<b>70</b>

<b>INTENDED IMPACT</b>	<p>The funding would allow the Agency to stay in its current location, and would provide existing staff and new hires with the tools they need to perform their jobs. Furthermore, the funds for Compliance would allow the Agency to continue to investigate complaints of housing discrimination, and would enable the Agency to receive 80% of the overall funding for this purpose from HUD.</p>
------------------------	--

*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>	<p>These funds would be evaluated by the agency's Chief Financial Officer performing weekly and monthly analysis of each Division's spending. The Chief Financial Officer would notify division's when funds are low and make necessary recommendations not to run Agency deficit. The outcome or performance effectiveness would be measured by the services given to the Agency's clients.</p>
---------------------------	--

*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 Human Affairs Commission		
<b>AGENCY CODE:</b>	L36	<b>SECTION:</b>	70

**FORM B – PROGRAM REVISION REQUEST**

<b>DECISION PACKAGE</b>	6721
-------------------------	------

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

<b>TITLE</b>	Increase of Federal Funds Authorization & FTEs
--------------	--

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

<b>AMOUNT</b>	\$336,225
---------------	-----------

*What is the net change in requested appropriations for FY 2015-16? This amount should correspond to the decision package's total in PBF across all funding sources.*

<b>ENABLING AUTHORITY</b>	SC Human Affairs Law, as mandated by the General Assembly found at 31-21-10 et seq.
---------------------------	---

*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 checked="" type="checkbox"/> (Base Adjustment) Allocation of statewide employee benefits.
	<input type="checkbox"/> (Base Adjustment) Realignment within existing programs and lines.
	<input type="checkbox"/> (Base Adjustment) Restructuring of agency programs – <i>requires pre-approval.</i>
	<input checked="" type="checkbox"/> Change in cost of providing current services to existing program audience.
	<input checked="" type="checkbox"/> Change in case load / enrollment under existing program guidelines.
	<input type="checkbox"/> Non-mandated change in eligibility / enrollment for existing program.
	<input type="checkbox"/> Non-mandated program change in service levels or areas.
	<input type="checkbox"/> Proposed establishment of a new program or initiative.
	<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.	

<b>RECIPIENTS OF FUNDS</b>	The Compliance Division (Fair Housing Department) would be the recipient of these 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?*

<b>AGENCY NAME:</b>	<b>SC Human Affairs Commission</b>		
<b>AGENCY CODE:</b>	<b>L36</b>	<b>SECTION:</b>	<b>70</b>

<b>RELATED REQUEST(S)</b>	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?*

<b>MATCHING FUNDS</b>	These funds are received from the Department of Housing and Urban Development.
-----------------------	--

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

<b>FUNDING ALTERNATIVES</b>	No other funding sources were considered.
-----------------------------	---

*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>	The Compliance Division, Fair Housing Department has received increased funding from the current HUD contract. We are requesting that the Agency's authorization be increased to \$336,225.	
	Currently, Human Affairs is authorized 3.5 federal positions. Human Affairs is requesting to increase the Federal FTEs to 4.5 adding one additional FTE. The increase in the HUD revenue would cover this salary and fringe benefits associated with this position. The additional FTE would allow the Fair Housing Division to investigate more cases and educate more citizens in order to achieve the mission of our Agency of eliminating and preventing discrimination throughout the State of SC.	
	Information Technology /Security	Y/N NO
	Consulted DTO during development	Y/N NO

*Provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.*

<b>AGENCY NAME:</b>	<b>SC Human Affairs Commission</b>		
<b>AGENCY CODE:</b>	<b>L36</b>	<b>SECTION:</b>	<b>70</b>

<b>METHOD OF CALCULATION</b>	Funds were calculated based on the amount of funds received from the current HUD Grant.
------------------------------	---

*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>	Agency will be able to pay the additional FTE with authorized funds and equip staff to perform their jobs.
----------------------	--

*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>	This is not applicable due to the fact that the funds are coming from another source.
-----------------------	---

*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 2016-2017?*



<b>AGENCY NAME:</b>	<b>SC Human Affairs Commission</b>		
<b>AGENCY CODE:</b>	<b>L36</b>	<b>SECTION:</b>	<b>70</b>

<b>INTENDED IMPACT</b>	<p>The ability to investigate more cases to serve the citizens of SC. Also, the ability to conduct additional outreach throughout the state informing citizens of their rights to fair housing.</p>
------------------------	---

*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>	<p>HUD funds are evaluated weekly and monthly by the Agency's Chief Financial Officer and HUD performs yearly performance reviews of cases and finances. The increase in staff would be measured by an increase in case intake, the ability to resolve cases in a timely manner, and an increase in outreach and education throughout the State.</p>
---------------------------	--

*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 Human Affairs Commission		
<b>AGENCY CODE:</b>	L36	<b>SECTION:</b>	70

### FORM B – PROGRAM REVISION REQUEST

<b>DECISION PACKAGE</b>	6907
-------------------------	------

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

<b>TITLE</b>	Salary & Fringe Increases Resulting From Agency Restructure February 2015
--------------	---

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

<b>AMOUNT</b>	\$118,476 (Salary & Fringe)
---------------	-----------------------------

*What is the net change in requested appropriations for FY 2015-16? This amount should correspond to the decision package’s total in PBF across all funding sources.*

<b>ENABLING AUTHORITY</b>	The SC Human Affairs Law, as mandated by the General Assembly found at S.C. Code Ann. § 1-13-10 et. seq.
---------------------------	--

*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 checked="" type="checkbox"/> (Base Adjustment) Allocation of statewide employee benefits.
	<input type="checkbox"/> (Base Adjustment) Realignment within existing programs and lines.
	<input type="checkbox"/> (Base Adjustment) Restructuring of agency programs – <i>requires pre-approval.</i>
	<input type="checkbox"/> Change in cost of providing current services to existing program audience.
	<input checked="" type="checkbox"/> Change in case load / enrollment under existing program guidelines.
	<input type="checkbox"/> Non-mandated change in eligibility / enrollment for existing program.
	<input type="checkbox"/> Non-mandated program change in service levels or areas.
	<input type="checkbox"/> Proposed establishment of a new program or initiative.
<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.	

<b>RECIPIENTS OF FUNDS</b>	The Administration, Consultative Services, and Compliance Divisions would be the recipients of these 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?*

<b>AGENCY NAME:</b>	<b>SC Human Affairs Commission</b>		
<b>AGENCY CODE:</b>	<b>L36</b>	<b>SECTION:</b>	<b>70</b>

<b>RELATED REQUEST(S)</b>	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?*

<b>MATCHING FUNDS</b>	There are no matching funds.
-----------------------	------------------------------

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

<b>FUNDING ALTERNATIVES</b>	There is no other funding alternative. The Agency's other funding sources are earmarked and federal funds.
-----------------------------	--

*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>	Effective February 2015, Commissioner Buxton restructured the Human Affairs Commission to efficiently and effectively carry out its mission. The major restructuring move came from the Agency losing 3 members of management in six months. Because of this loss, the workload of the management team increased heavily from managing staff members to meeting contracts and deadlines.	
	In addition to the management team's increased workload, several of the Agency's employees were also given additional duties during the EPMS performance review.	
	The staff is to be commended for their performance and dedication to the Agency's mission in wake of adversity. The staff has consistently and effectively taken on additional duties to serve the citizens of South Carolina.	
Information Technology /Security	Y/N <b>NO</b>	As a result of the increased demands and the lack of experienced staff, the Agency needed to undergo this major restructuring to manage its programmatic areas of responsibility.
Consulted DTO during development	Y/N <b>NO</b>	

*Provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.*

<b>AGENCY NAME:</b>	<b>SC Human Affairs Commission</b>		
<b>AGENCY CODE:</b>	<b>L36</b>	<b>SECTION:</b>	<b>70</b>

<b>METHOD OF CALCULATION</b>	<p>The method of calculation was determined by the percentage of increase given to staff members paid by State funds.</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?*

<b>FUTURE IMPACT</b>	<p>The State should not incur any maintenance-of-effort or other obligations by adopting this decision package.</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?*

<b>PRIORITIZATION</b>	<p>If no or insufficient new funds are available to meet this need, the Agency would have to cover this increase using fund balances and possibly cutting some services to cover these costs.</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 2016-2017?*

<b>AGENCY NAME:</b>	<b>SC Human Affairs Commission</b>		
<b>AGENCY CODE:</b>	<b>L36</b>	<b>SECTION:</b>	<b>70</b>

<b>INTENDED IMPACT</b>	<p>Due to the loss of three managers during the 2015 fiscal year, the increased workload of managers and staff were realigned to better serve the Agency and the citizens of SC.</p>
------------------------	--

*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>	<p>The use of these funds would be evaluated by the Agency’s Chief Financial Officer (CFO). Daily, weekly, and monthly analysis of the Agency’s budget is a must, not to run a deficit. The Agency’s CFO frequently consults with the Agency head on specific outcomes to ensure the Agency is in compliance with State and Federal regulations.</p>
---------------------------	--

*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?*