

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



## Fiscal Year 2017-18 Agency Budget Plan

### FORM A – SUMMARY

<b>RECURRING FUNDS (FORM B DECISION PACKAGES)</b>	<p>My agency is submitting the following recurring decision packages listed in <u>priority order</u> (Form B): 10395, 10381, 9664</p> <p>For FY 2017-18, my agency is (mark "X"):</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>My agency is submitting the following one-time decision packages listed in <u>priority order</u> (Form C):</p> <p>For FY 2017-18, my agency is (mark "X"):</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 (FORM D)</b>	<p>For FY 2017-18, my agency is (mark "X"):</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 2017-18 Agency Budget Plan, which is complete and accurate to the extent of my knowledge.

	<u>Agency Director</u>	<u>Board or Commission Chair</u>
<b>SIGN/DATE:</b>	 9/28/16	 9/28/2016
<b>TYPE/PRINT NAME:</b>	Raymond Buxton II, Comm.	John A. OAKLAND, CHAIR

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

09/30/2016

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**FORM B – PROGRAM REVISION REQUEST**

<b>DECISION PACKAGE</b>	<b>10395</b>
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*Provide the decision package number issued by the PBF system (“Governor’s Request”).*

<b>TITLE</b>	<b>Additional Operating Expenses for Consultative Services</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>\$75,000</b>
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*What is the net change in requested appropriations for FY 2017-18? This amount should correspond to the decision package’s total in PBF across all funding sources.*

<b>ENABLING AUTHORITY</b>	SC Human Affairs Law: 1-13-10
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*What specific 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? Please avoid citing general provisions of law where possible, and instead cite to the most specific legal authority supporting the request.*

<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 checked="" 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"/> IT Technology/Security related
	<input checked="" type="checkbox"/> Consulted DTO during development
	<input type="checkbox"/> Related to a Non-Recurring request – If so, Decision Package # _____
	<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: This Division includes the Technical Services Department and Community Relations Department (CRC).
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*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?*

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<b>ACCOUNTABILITY OF FUNDS</b>	<p>The specific agency objectives that this funding request supports are:</p> <ul style="list-style-type: none"> <li>4.1.1 Increase the number of counties with Community Relations Councils</li> <li>4.1.2 Sustain the current leadership in existing Community Relations Councils</li> <li>4.3.1 Conduct Quality of Life Initiative Meetings with 5 Community Relations Councils</li> <li>5.1.1 Conduct a computer analysis of each State Agency’s hiring and promotion practices</li> <li>5.1.2 Review all State Agency Affirmative Action Reports and provide recommendations</li> <li>5.2.1 Conduct one state-wide training program for State Agency EEO Officers</li> <li>5.2.3 Provide one state-wide Affirmative Action Forum for State Agencies</li> </ul> <p>In regard to Community Relations, the request would advance the objective by providing funding for updated printed materials for training, travel costs associated with developing and sustaining Councils around the State, purchasing necessary equipment and maintaining consulting services with present contractor for professional expertise as it relates to the general operating model for Community Relations Councils’ development.</p> <p>In regard to Technical Services, the request would advance the objectives to provide maintenance and upgrades to the Computerized Affirmative Action Management System (CAAMS) used to determine Affirmative Action Compliance by each State Agency.</p>
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*What specific agency objective, as outlined in the agency’s accountability report, does this funding request support? How would this request advance that objective?*

<b>POTENTIAL OFFSETS</b>	<p>There is no potential offset within an existing lower priority or ineffective program.</p>
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*For decision packages that request non-mandatory funding increases to programs or initiatives, please identify a potential offset within an existing lower priority or ineffective program(s).*

<b>MATCHING FUNDS</b>	<p>There are no other matching funds by federal, institutional, philanthropic, or other resources.</p>
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*Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source, amount, and terms of the match requirement.*

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<b>FUNDING ALTERNATIVES</b>	<p>The Technical Services Department and the Community Relations Department fall under the Commission’s Consultative Services Division with a combined budget of \$51,051. The Technical Services Department is comprised of 3 full-time employees and the Community Relations Department is comprised of 2 full-time employees. Without this additional funding request there would be no reoccurring funds within the budget that would allow the agency to effectively secure the professional standards to maintain Community Relations Councils in 46 counties in South Carolina nor would there be reoccurring funds to adequately upgrade and maintain the Computerized Affirmative Action Management System.</p>
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*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 racial discrimination in many communities across South Carolina.</p> <p>The year of 2015 proved to be tragic for SC in terms of the shooting of an African American male by a police officer in North Charleston and the killing of 9 African Americans in a Charleston church. 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.</p> <p>In conjunction with this mission, the Commission, for the past three years has been working to create and sustain existing Community Relations Councils in all 46 counties of our State.</p> <p>In order to accomplish this task, the funds requested would be used for cost-related necessities 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 educating the public about the benefits of participating in honest dialogue that promote civil conversation 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.</p> <p>The request for funds is related to information technology for the Community Relations Department in the sense that training components will be available to citizens through the use of technology where education and outreach will benefit Community Relations Councils through the agency web page and social media.</p> <p>In addition the request for funds is related to information technology in the Technical Services Department through the need to have sufficient funds to pay the SC Department of Technology to host the CAAMS server and to pay the contract provider the cost of upgrading and maintaining the CAAMS.</p> <p>Thus, the agency is seeking additional annual funding of \$75,000.</p>
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*Using as much detail as necessary to make an informed decision regarding this request, 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*

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*related to information security or information technology, explain its relationship to the agency's security or technology plan.*

<b>METHOD OF CALCULATION</b>	<p>The amount of request calculated would be based on expenses for:</p> <p>Educational Material - \$7,500  Travel Expenses - \$9,750  Staff Professional Development - \$5,000  Technological Enhancement and Equipment for Outreach and Education - \$5,000  Upgrade and maintenance for CAAMS - \$15,750  Hosting the server for CAAMS &amp; other DTO charges - \$20,000  Fixed Charges &amp; Supplies - \$12,000 (mobile device, state car usage, office supplies)</p> <p>Deviations between the request and the amount that could ultimately be required in order to perform the underlying work would result if there are changes in the Technical Services and Community Relations Staff. The process of establishing and maintaining Councils would be delayed. If essential travel expenses, educational material and essential technology, as well as upgrades and maintenance to technology are not available, Community Relations Councils will be prevented from formation and the proper monitoring of each State Agency's Affirmative Action plan would not take place.</p>
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*How was the amount of the request calculated? List the per unit or per FTE costs of implementation. 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>This request will become a small part of the annual budget. There is no other source of funds that has been identified to assist the agency with the annual operations that will aid the Commission in successfully implementing the mission of Technical Services and the creation and sustainability of Community Relations Councils in South Carolina.</p>
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*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 in order to meet this need, the Agency would prefer to defer action on this request until FY 2018-19.</p>
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*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 2017-18? Please be specific.*

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<b>INTENDED IMPACT</b>	<p>The impact of the funds requested as it relates to service delivery and program outcomes will have a positive effect on developing better Community Relations in all of South Carolina’s 46 counties for all future generations. The Quality of Life Initiative is designed to help all people communicate in a constructive manner thereby helping to eliminate discrimination and promote harmony and goodwill among all citizens of this State. With effective Councils in place, South Carolina is likely to prevent civil unrest such as those incidents that have occurred in various communities across the United States in the past several years.</p> <p>In addition, the impact of the funds requested as it relates to Technical Services will ensure that the State of South Carolina is properly and adequately following the laws mandated by the General Assembly to prevent and eliminate employment discrimination within all state governmental agencies. This will be an ongoing initiative.</p>
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*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 annual measurements of the existing and newly created Councils in SC with a goal of having a functional Council in each of the 46 counties.</p> <p>Funds would also be evaluated by determining the number of Community Relations Councils that choose to use the Quality of Life Initiative that was developed to enhance civil conversation regarding complex issues affecting community life, particularly as it relates to perceived unfair treatment.</p> <p>The Technical Services funding for CAAMS would be evaluated through the successful monitoring of employee data regarding the hiring and promotion of employees in State government as it relates to each State Agency’s Affirmative Action plan. This program is evaluated through the successful submission of the Annual Report to the General Assembly regarding The Status of Equal Employment Opportunity in South Carolina State Government.</p>
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*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?*

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### FORM B – PROGRAM REVISION REQUEST

<b>DECISION PACKAGE</b>	<b>10381</b>
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*Provide the decision package number issued by the PBF system (“Governor’s Request”).*

<b>TITLE</b>	<b>Additional Authorization – Earmarked Funds</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>\$109,400</b>
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*What is the net change in requested appropriations for FY 2017-18? This amount should correspond to the decision package’s total in PBF across all funding sources.*

<b>ENABLING AUTHORITY</b>	SC Human Affairs Law: 1-13-10
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*What specific 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? Please avoid citing general provisions of law where possible, and instead cite to the most specific legal authority supporting the request.*

<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 checked="" 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"/> IT Technology/Security related
	<input type="checkbox"/> Consulted DTO during development
	<input type="checkbox"/> Related to a Non-Recurring request – If so, Decision Package # _____
	<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 Compliance Division would be the recipient of these funds.
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*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>		
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<b>ACCOUNTABILITY OF FUNDS</b>	<p>The specific agency objectives that this funding request supports are:</p> <p>1.1.1 Monthly training sessions related to employment law for employment investigators</p> <p>1.1.2 Institute a workplace mentoring program for Investigator I's during 2016-2017</p> <p>1.2.1 Decrease average case processing time of 263 days by 20% by June 30, 2017</p>
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*What specific agency objective, as outlined in the agency's accountability report, does this funding request support? How would this request advance that objective?*

<b>POTENTIAL OFFSETS</b>	<p>There is no potential offset within an existing lower priority or ineffective program.</p>
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*For decision packages that request non-mandatory funding increases to programs or initiatives, please identify a potential offset within an existing lower priority or ineffective program(s).*

<b>MATCHING FUNDS</b>	<p>There are no other matching funds by state or federal funds.</p>
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*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>	<p>There are no other funding alternatives. This request could be used with the Agency's fund balance by requesting additional authorization from the Other Funds Committee on a yearly basis. The sustainability of such an approach would depend on receipt and processing of employment discrimination cases.</p>
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*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>AGENCY NAME:</b>	<b>SC Human Affairs Commission</b>		
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<b>SUMMARY</b>	<p>During the past fiscal year, the Commission was authorized \$640,600 in the budget for this particular line item of earmarked funds. The earmarked funds in this line item are earned by the Commission through a contract with the Equal Employment Opportunity Commission. In the past several years the money earned through the contract has been in excess of \$640,600. Fund excess is in part due to additional investigators being added to effectively and efficiently investigate complaints of employment discrimination in a timely manner. Due to the fact that the Commission can investigate more employment discrimination complaints filed in South Carolina as opposed to the Federal Government having jurisdiction to investigate those complaints, the Commission is receiving additional funds for each employment discrimination complaint investigated. As a result of the earmarked funds increasing through the contract with the EEOC, the Commission is seeking an additional \$109,400 in earmarked funds to pay for salaries, fringe benefits and operating costs for Compliance Programs.</p>
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*Using as much detail as necessary to make an informed decision regarding this request, 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>The amount requested was calculated by year to year comparison of EEOC cases the agency completes. Total revenue collected: in FY 2012-\$459,450, FY 2013-\$555,350, FY 2014-\$650,250 and FY 2015-\$715,400. Data shows that revenue from the contracts with the EEOC has steadily risen. With additional investigators being added who are becoming more experienced in the investigation of complaints, evidence shows that contract numbers with the EEOC for case production will increase. In addition, with the transfer of an additional FTE from another agency, our agency has incurred additional salary, fringe and operating costs.</p>
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*How was the amount of the request calculated? List the per unit or per FTE costs of implementation. 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>By adopting the decision package, the State would not incur any maintenance-of-effort or other obligations. If this request is not honored, the Agency would need to request additional authorization by way of the Other Funds Committee on a yearly basis. The Agency does intend to request additional authorization during FY16/17 due to an employee transfer from Consumer Affairs and the 3.25% cost of living increase for State employees. Salary and fringe for the transferred employee from the Department of Consumer Affairs were not included in the authorized amount for the Agency.</p>
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*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?*

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<b>PRIORITIZATION</b>	<p>If no or insufficient new funds are available in order to meet this need, the Agency would use the remaining fund balance by requesting additional authorization from the Other Funds Committee.</p>
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*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 2017-18? Please be specific.*

<b>INTENDED IMPACT</b>	<p>The impact of this decision package will provide efficient service delivery for citizens and for businesses across South Carolina. By investigating cases under the jurisdiction of the South Carolina Human Affairs Commission as opposed to the Federal Government, complaints of employment discrimination are investigated in a timely and efficient manner thereby allowing citizens and businesses to have matters resolved more quickly within the services of the state. This is an ongoing initiative.</p>
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*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 is evaluated by the number of employment discrimination complaints received and closed, through the successful completion of the Contract with the EEOC and through annual evaluations of employees held accountable for the efficient and effective timely service to citizens and businesses in South Carolina.</p>
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*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?*

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### FORM B – PROGRAM REVISION REQUEST

<b>DECISION PACKAGE</b>	9664
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*Provide the decision package number issued by the PBF system (“Governor’s Request”).*

<b>TITLE</b>	FY17 Allocations to Human Affairs
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	\$57,138
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*What is the net change in requested appropriations for FY 2017-18? 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
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*What specific 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? Please avoid citing general provisions of law where possible, and instead cite to the most specific legal authority supporting the request.*

<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"/> IT Technology/Security related
	<input type="checkbox"/> Consulted DTO during development
	<input type="checkbox"/> Related to a Non-Recurring request – If so, Decision Package # _____
	<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
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*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?*

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<b>ACCOUNTABILITY OF FUNDS</b>	N/A
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*What specific agency objective, as outlined in the agency's accountability report, does this funding request support? How would this request advance that objective?*

<b>POTENTIAL OFFSETS</b>	N/A
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*For decision packages that request non-mandatory funding increases to programs or initiatives, please identify a potential offset within an existing lower priority or ineffective program(s).*

<b>MATCHING FUNDS</b>	N/A
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*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
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*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.*

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<b>SUMMARY</b>	<p>State funding allocations related to the employer’s share of the State Health Plan, cost of living increase and associated fringe benefits as determined by the Executive Budget Office.</p>
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*Using as much detail as necessary to make an informed decision regarding this request, 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>Amount was calculated by the Executive Budget Office for each agency.</p>
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*How was the amount of the request calculated? List the per unit or per FTE costs of implementation. 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>Pay Plan Allocation (Including Fringe) – Cost of Living Increase  SCRS &amp; PORS .50 Rate Increase  Health &amp; Dental Insurance Allocation</p>
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*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>AGENCY NAME:</b>	<b>SC Human Affairs Commission</b>		
<b>AGENCY CODE:</b>	<b>L360</b>	<b>SECTION:</b>	<b>70</b>

<b>PRIORITIZATION</b>	N/A
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*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 2017-18? Please be specific.*

<b>INTENDED IMPACT</b>	N/A
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*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
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*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>L360</b>	<b>SECTION:</b>	<b>70</b>

### **FORM E – 3% GENERAL FUND REDUCTION**

<b>DECISION PACKAGE</b>	<b>9667</b>
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*Provide the decision package number issued by the PBF system (“Governor’s Request”).*

<b>TITLE</b>	<b>Agency General Fund Reduction Analysis</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>-\$65,690</b>
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*What is the General Fund reduction amount (minimum based on the FY 2016-17 recurring appropriations)? This amount should correspond to the decision package’s total in PBF.*

<b>METHOD OF CALCULATION</b>	Amount calculated was determined by the Governor and Executive Budget Office and released to agencies.
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*Describe the method of calculation for determining the reduction in General Funds.*

<b>ASSOCIATED FTE REDUCTIONS</b>	Human Affairs Commission is planning to reduce 2 FTEs (State FTEs) in association with this General Fund reduction.
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*How many FTEs would be reduced in association with this General Fund reduction?*

<b>PROGRAM/ACTIVITY IMPACT</b>	The Compliance Division would be impacted by the General funds identified.
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*What programs or activities are supported by the General Funds identified?*

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

<b>SUMMARY</b>	<p>The service delivery impact caused by a reduction in General Fund Appropriations will increase the agency's average processing time and decrease the number of cases that it can reasonably process. The agency's Compliance Division contracts with the Equal Employment Opportunity Commission (EEOC) and the US Housing and Urban Development (HUD) to process employment and housing cases. The agency's goal is to investigate its employment cases within 180 days and HUD cases within 100 days.</p> <p>This increase in average case processing time will adversely impact citizens and businesses that depend upon a quick resolution to resolve matters that can be highly sensitive in nature. In addition, less investigators processing complaints will negatively impact the number of discriminatory allegations being investigated by the State of South Carolina and will allow the Federal Government to have exclusive jurisdiction to resolve charges.</p>
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*Please provide a detailed summary of service delivery impact caused by a reduction in General Fund Appropriations.*