

Agency Name:	Housing Finance & Development Authority		
Agency Code:	L320	Section:	42



**Fiscal Year FY 2022-2023
Agency Budget Plan**

FORM A - BUDGET PLAN SUMMARY

OPERATING REQUESTS <i>(FORM B1)</i>	For FY 2022-2023, my agency is (mark "X"):	
	<input type="checkbox"/>	Requesting General Fund Appropriations.
	<input checked="" type="checkbox"/>	Requesting Federal/Other Authorization.
	<input type="checkbox"/>	Not requesting any changes.

NON-RECURRING REQUESTS <i>(FORM B2)</i>	For FY 2022-2023, my agency is (mark "X"):	
	<input type="checkbox"/>	Requesting Non-Recurring Appropriations.
	<input checked="" type="checkbox"/>	Requesting Non-Recurring Federal/Other Authorization.
	<input type="checkbox"/>	Not requesting any changes.

CAPITAL REQUESTS <i>(FORM C)</i>	For FY 2022-2023, my agency is (mark "X"):	
	<input type="checkbox"/>	Requesting funding for Capital Projects.
	<input checked="" type="checkbox"/>	Not requesting any changes.

PROVISOS <i>(FORM D)</i>	For FY 2022-2023, my agency is (mark "X"):	
	<input type="checkbox"/>	Requesting a new proviso and/or substantive changes to existing provisos.
	<input type="checkbox"/>	Only requesting technical proviso changes (such as date references).
	<input checked="" type="checkbox"/>	Not requesting any proviso changes.

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

	<i>Name</i>	<i>Phone</i>	<i>Email</i>
PRIMARY CONTACT:	John Morrison	(803) 896-9041	john.morrison@SCHousing.com
SECONDARY CONTACT:	Flora Wingard	(803) 896-4210	flora.wingard@SCHousing.com

I have reviewed and approved the enclosed FY 2022-2023 Agency Budget Plan, which is complete and accurate to the extent of my knowledge.

SIGN/DATE:	<i>Agency Director</i>	<i>Board or Commission Chair</i>
	<i>Bonita Shropshire</i>	<i>Robert D. Mickle, Jr.</i>
TYPE/PRINT NAME:	<i>Bonita Shropshire</i>	<i>Robert D. Mickle, Jr.</i>

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

Agency Name:	Housing Finance & Development Authority
Agency Code:	L320
Section:	42

BUDGET REQUESTS			FUNDING					FTES				
Priority	Request Type	Request Title	State	Federal	Earmarked	Restricted	Total	State	Federal	Earmarked	Restricted	Total
1	B1 - Recurring	Housing Initiatives	0	-372,407	53,100	0	-319,307	0.00	0.00	0.00	0.00	0.00
2	B1 - Recurring	Executive Administration and Special Projects	0	0	1,134,003	0	1,134,003	0.00	0.00	0.00	0.00	0.00
3	B1 - Recurring	Support Services	0	0	944,000	0	944,000	0.00	0.00	0.00	0.00	0.00
4	B1 - Recurring	Contract Administration and Compliance	0	12,091,860	0	0	12,091,860	0.00	4.00	0.00	0.00	4.00
5	B1 - Recurring	Rental Assistance	0	451,000	0	0	451,000	0.00	0.00	0.00	0.00	0.00
6	B1 - Recurring	Mortgage Servicing	0	0	102,983	0	102,983	0.00	0.00	0.00	0.00	0.00
7	B1 - Recurring	Mortgage Production	0	0	43,000	0	43,000	0.00	0.00	0.00	0.00	0.00
8	B1 - Recurring	Finance	0	0	195,000	0	195,000	0.00	0.00	0.00	0.00	0.00
9	B1 - Recurring	Housing Tax Credits	0	0	222,000	0	222,000	0.00	0.00	0.00	0.00	0.00
10	B1 - Recurring	Employee Benefits	0	27,000	219,841	0	246,841	0.00	0.00	0.00	0.00	0.00
TOTALS			0	12,197,453	2,913,927	0	15,111,380	0.00	4.00	0.00	0.00	4.00

Agency Name:	Housing Finance & Development Authority		
Agency Code:	L320	Section:	42

FORM B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY	1
------------------------	----------

Provide the Agency Priority Ranking from the Executive Summary.

TITLE	Housing Initiatives
--------------	----------------------------

Provide a brief, descriptive title for this request.

AMOUNT	General: \$0 Federal: (\$372,407) Other: \$53,100 Total: (\$319,307)
---------------	---

What is the net change in requested appropriations for FY 2022-2023? This amount should correspond to the total for all funding sources on the Executive Summary.

NEW POSITIONS	0.00
----------------------	-------------

Please provide the total number of new positions needed for this request.

FACTORS ASSOCIATED WITH THE REQUEST	Mark "X" for all that apply:	
	<input checked="" type="checkbox"/>	Change in cost of providing current services to existing program audience
	<input 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
	<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, Priority #	

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES	Mark "X" for primary applicable Statewide Enterprise Strategic Objective:	
	<input type="checkbox"/>	Education, Training, and Human Development
	<input type="checkbox"/>	Healthy and Safe Families
	<input type="checkbox"/>	Maintaining Safety, Integrity, and Security
	<input type="checkbox"/>	Public Infrastructure and Economic Development
	<input checked="" type="checkbox"/>	Government and Citizens

ACCOUNTABILITY OF FUNDS	<p>2 Provide resources to support the cost-effective development of affordable rental housing that addresses the needs of South Carolina.</p> <p>2.1 Finance the construction and preservation of affordable housing with the combined resources of all Development Division programs.</p> <p>2.2 Increase the use of leveraged funds in affordable housing development.</p> <p>2.3 Develop affordable housing for high demand communities and populations.</p>
--------------------------------	---

What specific strategy, as outlined in the most recent Strategic Planning and Performance Measurement template of agency's accountability report, does this funding request support? How would this request advance that strategy? How would the use of these funds be evaluated?

RECIPIENTS OF	Housing Initiatives Programs provide housing services for low to very low income families and individuals.
----------------------	--

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?

JUSTIFICATION OF REQUEST

The Authority has experienced a loss of federal funding and program income on housing programs for low income families. The earmarked funds increase will allow the Authority to increase in the additional costs of administering the Housing Trust Fund. The funds are used to promote the development of affordable multifamily housing, special needs housing and to allow low income homeowners to remain in their homes by making needed repairs.

Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. If new positions have been requested, explain why existing vacancies are not sufficient.

Agency Name:	Housing Finance & Development Authority		
Agency Code:	L320	Section:	42

FORM B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY	2
------------------------	---

Provide the Agency Priority Ranking from the Executive Summary.

TITLE	Executive Administration and Special Projects
--------------	--

Provide a brief, descriptive title for this request.

AMOUNT	General: \$0 Federal: \$0 Other: \$1,134,003 Total: \$1,134,003
---------------	--

What is the net change in requested appropriations for FY 2022-2023? This amount should correspond to the total for all funding sources on the Executive Summary.

NEW POSITIONS	0.00
----------------------	------

Please provide the total number of new positions needed for this request.

FACTORS ASSOCIATED WITH THE REQUEST	Mark "X" for all that apply:	
	<input checked="" type="checkbox"/>	Change in cost of providing current services to existing program audience
	<input 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
	<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, Priority #	

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES	Mark "X" for primary applicable Statewide Enterprise Strategic Objective:	
	<input type="checkbox"/>	Education, Training, and Human Development
	<input type="checkbox"/>	Healthy and Safe Families
	<input type="checkbox"/>	Maintaining Safety, Integrity, and Security
	<input type="checkbox"/>	Public Infrastructure and Economic Development
<input checked="" type="checkbox"/>	Government and Citizens	

ACCOUNTABILITY OF FUNDS	<p>1 Assist low and moderate income South Carolinians by financing affordable and sustainable homeownership opportunities.</p> <p>2 Provide resources to support the cost effective development of affordable rental housing that addresses the needs of South Carolina.</p> <p>3 Support the physical and financial condition of existing affordable rental housing through our Rental Assistance & Compliance activities.</p> <p>4 Serve as a responsible steward of public funds and maintain the Authority's financial condition.</p> <p>5 Continue development of a secure, comprehensive technology infrastructure that serves the needs of the Authority and its customers.</p> <p>6 Operate a professional public agency by hiring, developing, and retaining essential talent.</p> <p>7 Establish the Authority as the foremost resource in South Carolina on housing issues and foster new and existing relationships with public and private entities.</p>
--------------------------------	---

What specific strategy, as outlined in the most recent Strategic Planning and Performance Measurement template of agency's accountability report, does this funding request support? How would this request advance that

RECIPIENTS OF FUNDS

Loan purchases, grants and other Special Projects will benefit very low to moderate income families and help them achieve safe and affordable housing.

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?

JUSTIFICATION OF REQUEST

The requested increase will provide budget authority for consulting and legal services related to the agency's Homeownership and Rental Development programs. Changing regulations and tightening economy require greater cash management and financial consulting related to the bond programs and other sources of funds to provide mortgages and down payment assistance and subsidize Multifamily development for low to moderate income South Carolinians.

Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. If new positions have been requested, explain why existing vacancies are not sufficient.

Agency Name:	Housing Finance & Development Authority		
Agency Code:	L320	Section:	42

FORM B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY	3
------------------------	----------

Provide the Agency Priority Ranking from the Executive Summary.

TITLE	Support Services
--------------	-------------------------

Provide a brief, descriptive title for this request.

AMOUNT	General: \$0 Federal: \$0 Other: \$944,000 Total: \$944,000
---------------	--

What is the net change in requested appropriations for FY 2022-2023? This amount should correspond to the total for all funding sources on the Executive Summary.

NEW POSITIONS	0.00
----------------------	-------------

Please provide the total number of new positions needed for this request.

FACTORS ASSOCIATED WITH THE REQUEST	Mark "X" for all that apply:	
	<input type="checkbox"/>	Change in cost of providing current services to existing program audience
	<input type="checkbox"/>	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
	<input checked="" 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, Priority #	

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES	Mark "X" for primary applicable Statewide Enterprise Strategic Objective:	
	<input type="checkbox"/>	Education, Training, and Human Development
	<input type="checkbox"/>	Healthy and Safe Families
	<input checked="" type="checkbox"/>	Maintaining Safety, Integrity, and Security
	<input type="checkbox"/>	Public Infrastructure and Economic Development
<input type="checkbox"/>	Government and Citizens	

ACCOUNTABILITY OF FUNDS	<p>5 Continue development of a secure, comprehensive technology infrastructure that serves the needs of the Authority and its customers.</p> <p>5.1 Deploy new enterprise software solutions to improve programmatic efficiency.</p> <p>5.2 Serve the needs of internal stakeholders in an effective and timely manner.</p>
--------------------------------	---

What specific strategy, as outlined in the most recent Strategic Planning and Performance Measurement template of agency's accountability report, does this funding request support? How would this request advance that strategy? How would the use of these funds be evaluated?

RECIPIENTS OF	Administrative Costs and purchases of software and hardware to enhance the Authority's Information Technology (IT) system and IT security.
----------------------	--

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?

JUSTIFICATION OF REQUEST

The increase in this request is due to the servers needing to be upgraded to provide better security and functionality for the operations of the Authority.

Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. If new positions have been requested, explain why existing vacancies are not sufficient.

Agency Name:	Housing Finance & Development Authority		
Agency Code:	L320	Section:	42

FORM B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY	4
------------------------	---

Provide the Agency Priority Ranking from the Executive Summary.

TITLE	Contract Administration and Compliance
--------------	---

Provide a brief, descriptive title for this request.

AMOUNT	General: \$0 Federal: \$12,091,860 Other: \$0 Total: \$12,091,860
---------------	--

What is the net change in requested appropriations for FY 2022-2023? This amount should correspond to the total for all funding sources on the Executive Summary.

NEW POSITIONS	4.00
----------------------	------

Please provide the total number of new positions needed for this request.

FACTORS ASSOCIATED WITH THE REQUEST	Mark "X" for all that apply:	
	<input checked="" type="checkbox"/>	Change in cost of providing current services to existing program audience
	<input type="checkbox"/>	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
	<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, Priority #	

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES	Mark "X" for primary applicable Statewide Enterprise Strategic Objective:	
	<input type="checkbox"/>	Education, Training, and Human Development
	<input checked="" type="checkbox"/>	Healthy and Safe Families
	<input type="checkbox"/>	Maintaining Safety, Integrity, and Security
	<input type="checkbox"/>	Public Infrastructure and Economic Development
	<input type="checkbox"/>	Government and Citizens

ACCOUNTABILITY OF FUNDS	<p>3 Support the physical and financial condition of existing affordable rental housing through our Rental Assistance & Compliance activities.</p> <p>3.1 Perform mandated rental assistance activities in an efficient, effective manner as administrator of HUD's Housing Choice Voucher and Project Based Rental Assistance programs.</p> <p>3.2 Ensure that properties financed by the Authority are habitable and sustainable.</p>
--------------------------------	---

What specific strategy, as outlined in the most recent Strategic Planning and Performance Measurement template of agency's accountability report, does this funding request support? How would this request advance that strategy? How would the use of these funds be evaluated?

RECIPIENTS OF	The federal funds pay rent and utilities for very low income families.
----------------------	--

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?

JUSTIFICATION OF REQUEST

The federal funds increase is for program payments mandated and paid for by the Department of Housing and Urban Development (HUD). The federal funds are paid as rent to apartment complexes under contract with HUD. These complexes house very low income families and individuals. Four additional FTE's are being requested based on an IRS ruling that would require significant additional compliance verifications.

Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. If new positions have been requested, explain why existing vacancies are not sufficient.

Agency Name:	Housing Finance & Development Authority		
Agency Code:	L320	Section:	42

FORM B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY	5
------------------------	---

Provide the Agency Priority Ranking from the Executive Summary.

TITLE	Rental Assistance
--------------	-------------------

Provide a brief, descriptive title for this request.

AMOUNT	<p>General: \$0</p> <p>Federal: \$451,000</p> <p>Other: \$0</p> <p>Total: \$451,000</p>
---------------	---

What is the net change in requested appropriations for FY 2022-2023? This amount should correspond to the total for all funding sources on the Executive Summary.

NEW POSITIONS	0.00
----------------------	------

Please provide the total number of new positions needed for this request.

FACTORS ASSOCIATED WITH THE REQUEST	Mark "X" for all that apply:	
	<input checked="" type="checkbox"/>	Change in cost of providing current services to existing program audience
	<input type="checkbox"/>	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
	<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, Priority #	

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES	Mark "X" for primary applicable Statewide Enterprise Strategic Objective:	
	<input type="checkbox"/>	Education, Training, and Human Development
	<input checked="" type="checkbox"/>	Healthy and Safe Families
	<input type="checkbox"/>	Maintaining Safety, Integrity, and Security
	<input type="checkbox"/>	Public Infrastructure and Economic Development
<input type="checkbox"/>	Government and Citizens	

ACCOUNTABILITY OF FUNDS	<p>3 Support the physical and financial condition of existing affordable rental housing through our Rental Assistance & Compliance activities.</p> <p>3.1 Perform mandated rental assistance activities in an efficient, effective manner as administrator of HUD's Housing Choice Voucher and Project Based Rental Assistance programs.</p>
--------------------------------	--

What specific strategy, as outlined in the most recent Strategic Planning and Performance Measurement template of agency's accountability report, does this funding request support? How would this request advance that strategy? How would the use of these funds be evaluated?

RECIPIENTS OF	The federal funds pay rent and utilities for very low income families and operating expenses under the HUD Housing Choice Voucher program.
----------------------	--

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?

JUSTIFICATION OF REQUEST

The federal funds increase is for assistance payments and operating expenses paid by HUD. The Housing Choice Voucher program pays rent and utilities on behalf of very low income families in seven counties. This increase is needed to keep up with rent inflation and the rising administrative costs associated with increasing program complexity.

Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. If new positions have been requested, explain why existing vacancies are not sufficient.

Agency Name:	Housing Finance & Development Authority		
Agency Code:	L320	Section:	42

FORM B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY	6
------------------------	----------

Provide the Agency Priority Ranking from the Executive Summary.

TITLE	Mortgage Servicing
--------------	---------------------------

Provide a brief, descriptive title for this request.

AMOUNT	<p>General: \$0</p> <p>Federal: \$0</p> <p>Other: \$102,983</p> <p>Total: \$102,983</p>
---------------	---

What is the net change in requested appropriations for FY 2022-2023? This amount should correspond to the total for all funding sources on the Executive Summary.

NEW POSITIONS	0.00
----------------------	-------------

Please provide the total number of new positions needed for this request.

FACTORS ASSOCIATED WITH THE REQUEST	Mark "X" for all that apply:	
	<input checked="" type="checkbox"/>	Change in cost of providing current services to existing program audience
	<input type="checkbox"/>	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
	<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, Priority #	

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES	Mark "X" for primary applicable Statewide Enterprise Strategic Objective:	
	<input type="checkbox"/>	Education, Training, and Human Development
	<input type="checkbox"/>	Healthy and Safe Families
	<input type="checkbox"/>	Maintaining Safety, Integrity, and Security
	<input type="checkbox"/>	Public Infrastructure and Economic Development
	<input checked="" type="checkbox"/>	Government and Citizens

ACCOUNTABILITY OF FUNDS	<p>1.2 Operate an effective servicing division that ensures Authority assets are preserved and minimizes default among our customers and costs associated with providing services.</p>
--------------------------------	--

What specific strategy, as outlined in the most recent Strategic Planning and Performance Measurement template of agency's accountability report, does this funding request support? How would this request advance that strategy? How would the use of these funds be evaluated?

RECIPIENTS OF	<p>The Servicing Department handles the servicing of all the Authority's single-family and multi-family loans.</p>
----------------------	--

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?

JUSTIFICATION OF REQUEST

The earmarked increase is for changes both in salaries and fringe benefits paid to employees of the Authority and equipment to complete tasks more efficiently.

Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. If new positions have been requested, explain why existing vacancies are not sufficient.

Agency Name:	Housing Finance & Development Authority		
Agency Code:	L320	Section:	42

FORM B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY	7
------------------------	---

Provide the Agency Priority Ranking from the Executive Summary.

TITLE	Mortgage Production
--------------	----------------------------

Provide a brief, descriptive title for this request.

AMOUNT	General: \$0 Federal: \$0 Other: \$43,000 Total: \$43,000
---------------	--

What is the net change in requested appropriations for FY 2022-2023? This amount should correspond to the total for all funding sources on the Executive Summary.

NEW POSITIONS	0.00
----------------------	------

Please provide the total number of new positions needed for this request.

FACTORS ASSOCIATED WITH THE REQUEST	Mark "X" for all that apply:	
	<input checked="" type="checkbox"/>	Change in cost of providing current services to existing program audience
	<input type="checkbox"/>	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
	<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, Priority #	

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES	Mark "X" for primary applicable Statewide Enterprise Strategic Objective:	
	<input type="checkbox"/>	Education, Training, and Human Development
	<input type="checkbox"/>	Healthy and Safe Families
	<input type="checkbox"/>	Maintaining Safety, Integrity, and Security
	<input type="checkbox"/>	Public Infrastructure and Economic Development
<input checked="" type="checkbox"/>	Government and Citizens	

ACCOUNTABILITY OF FUNDS	Operate an efficient Mortgage Production division that ensures the Authority sets rates, manages the mortgage pipeline and reviews and purchases eligible mortgage loans.
--------------------------------	---

What specific strategy, as outlined in the most recent Strategic Planning and Performance Measurement template of agency's accountability report, does this funding request support? How would this request advance that strategy? How would the use of these funds be evaluated?

RECIPIENTS OF	The Mortgage Production group provides mortgage financing and down payment assistance for low-to-moderate income citizens of South Carolina to purchase their first homes.
----------------------	--

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?

JUSTIFICATION OF REQUEST

The earmarked increase is for changes in salaries and fringe benefits paid to employees of the Authority.

Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. If new positions have been requested, explain why existing vacancies are not sufficient.

Agency Name:	Housing Finance & Development Authority		
Agency Code:	L320	Section:	42

FORM B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY	8
------------------------	---

Provide the Agency Priority Ranking from the Executive Summary.

TITLE	Finance
--------------	---------

Provide a brief, descriptive title for this request.

AMOUNT	<p>General: \$0</p> <p>Federal: \$0</p> <p>Other: \$195,000</p> <p>Total: \$195,000</p>
---------------	---

What is the net change in requested appropriations for FY 2022-2023? This amount should correspond to the total for all funding sources on the Executive Summary.

NEW POSITIONS	0.00
----------------------	------

Please provide the total number of new positions needed for this request.

FACTORS ASSOCIATED WITH THE REQUEST	Mark "X" for all that apply:	
	<input checked="" type="checkbox"/>	Change in cost of providing current services to existing program audience
	<input type="checkbox"/>	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
	<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, Priority #	

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES	Mark "X" for primary applicable Statewide Enterprise Strategic Objective:	
	<input type="checkbox"/>	Education, Training, and Human Development
	<input type="checkbox"/>	Healthy and Safe Families
	<input type="checkbox"/>	Maintaining Safety, Integrity, and Security
	<input type="checkbox"/>	Public Infrastructure and Economic Development
	<input checked="" type="checkbox"/>	Government and Citizens

ACCOUNTABILITY OF FUNDS	<p>4 Serve as a responsible steward of public funds and maintain the Authority's financial condition.</p> <p>4.1 Ensure that the Authority's finances are viewed as stable by stakeholders.</p>
--------------------------------	---

What specific strategy, as outlined in the most recent Strategic Planning and Performance Measurement template of agency's accountability report, does this funding request support? How would this request advance that strategy? How would the use of these funds be evaluated?

RECIPIENTS OF	The increase of these funds would be bore by contractors and vendors.
----------------------	--

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?

JUSTIFICATION OF REQUEST

The Finance Division is increasing the requested earmarked budget for software to facilitate month end closing and additions to salaries and fringes.

Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. If new positions have been requested, explain why existing vacancies are not sufficient.

Agency Name:	Housing Finance & Development Authority		
Agency Code:	L320	Section:	42

FORM B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY	9
------------------------	---

Provide the Agency Priority Ranking from the Executive Summary.

TITLE	Housing Tax Credits
--------------	----------------------------

Provide a brief, descriptive title for this request.

AMOUNT	General: \$0 Federal: \$0 Other: \$222,000 Total: \$222,000
---------------	--

What is the net change in requested appropriations for FY 2022-2023? This amount should correspond to the total for all funding sources on the Executive Summary.

NEW POSITIONS	0.00
----------------------	------

Please provide the total number of new positions needed for this request.

FACTORS ASSOCIATED WITH THE REQUEST	Mark "X" for all that apply:	
	<input checked="" type="checkbox"/>	Change in cost of providing current services to existing program audience
	<input type="checkbox"/>	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
	<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, Priority #	

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES	Mark "X" for primary applicable Statewide Enterprise Strategic Objective:	
	<input type="checkbox"/>	Education, Training, and Human Development
	<input type="checkbox"/>	Healthy and Safe Families
	<input type="checkbox"/>	Maintaining Safety, Integrity, and Security
	<input type="checkbox"/>	Public Infrastructure and Economic Development
	<input checked="" type="checkbox"/>	Government and Citizens

ACCOUNTABILITY OF FUNDS	<p>2 Provide resources to support the cost-effective development of affordable rental housing that addresses the needs of South Carolina.</p> <p>2.1 Finance the construction and preservation of affordable housing with the combined resources of all Development Division programs.</p> <p>2.2 Increase the use of leveraged funds in affordable housing development.</p> <p>2.3 Develop affordable housing for high-demand communities and populations.</p>
--------------------------------	---

What specific strategy, as outlined in the most recent Strategic Planning and Performance Measurement template of agency's accountability report, does this funding request support? How would this request advance that strategy? How would the use of these funds be evaluated?

RECIPIENTS OF	This increase will pay the increasing administrative costs of the Low-income Tax Credit program.
----------------------	--

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?

JUSTIFICATION OF REQUEST

The Low-income Tax Credit program uses IRS Tax Credits to subsidize the development of new and rehabilitation of existing low-income rental units in the private rental market. This increase request is due to increasing complexity and regulatory requirements of the Tax Credit program.

Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. If new positions have been requested, explain why existing vacancies are not sufficient.

Agency Name:	Housing Finance & Development Authority		
Agency Code:	L320	Section:	42

FORM B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY	10
------------------------	-----------

Provide the Agency Priority Ranking from the Executive Summary.

TITLE	Employee Benefits
--------------	--------------------------

Provide a brief, descriptive title for this request.

AMOUNT	General: \$0 Federal: \$27,000 Other: \$219,841 Total: \$246,841
---------------	---

What is the net change in requested appropriations for FY 2022-2023? This amount should correspond to the total for all funding sources on the Executive Summary.

NEW POSITIONS	0.00
----------------------	-------------

Please provide the total number of new positions needed for this request.

FACTORS ASSOCIATED WITH THE REQUEST	Mark "X" for all that apply:	
	<input checked="" type="checkbox"/>	Change in cost of providing current services to existing program audience
	<input type="checkbox"/>	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
	<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, Priority #	

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES	Mark "X" for primary applicable Statewide Enterprise Strategic Objective:	
	<input type="checkbox"/>	Education, Training, and Human Development
	<input type="checkbox"/>	Healthy and Safe Families
	<input type="checkbox"/>	Maintaining Safety, Integrity, and Security
	<input type="checkbox"/>	Public Infrastructure and Economic Development
	<input checked="" type="checkbox"/>	Government and Citizens

ACCOUNTABILITY OF FUNDS	All Objectives – This decrease will better align the budget with actual anticipated expenditures.
--------------------------------	---

What specific strategy, as outlined in the most recent Strategic Planning and Performance Measurement template of agency's accountability report, does this funding request support? How would this request advance that strategy? How would the use of these funds be evaluated?

RECIPIENTS OF	Administrative staff.
----------------------	-----------------------

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?

**JUSTIFICATION OF
REQUEST**

The increase is for benefits for the additional FTE's identified from across the Authority's programs.

Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. If new positions have been requested, explain why existing vacancies are not sufficient.

Agency Name:	Housing Finance & Development Authority		
Agency Code:	L320	Section:	42

FORM F – REDUCING COST AND BURDEN TO BUSINESSES AND CITIZENS

TITLE	Burden and Cost Reduction
--------------	---------------------------

Provide a brief, descriptive title for this request.

EXPECTED SAVINGS TO BUSINESSES AND CITIZENS	Unable to determine
--	---------------------

What is the expected savings to South Carolina's businesses and citizens that is generated by this proposal? The savings could be related to time or money.

FACTORS ASSOCIATED WITH THE REQUEST	<p>Mark "X" for all that apply:</p> <table border="1"> <tr> <td><input type="checkbox"/></td> <td>Repeal or revision of regulations.</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Reduction of agency fees or fines to businesses or citizens.</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Greater efficiency in agency services or reduction in compliance burden.</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Other</td> </tr> </table>	<input type="checkbox"/>	Repeal or revision of regulations.	<input type="checkbox"/>	Reduction of agency fees or fines to businesses or citizens.	<input type="checkbox"/>	Greater efficiency in agency services or reduction in compliance burden.	<input type="checkbox"/>	Other
<input type="checkbox"/>	Repeal or revision of regulations.								
<input type="checkbox"/>	Reduction of agency fees or fines to businesses or citizens.								
<input type="checkbox"/>	Greater efficiency in agency services or reduction in compliance burden.								
<input type="checkbox"/>	Other								

METHOD OF CALCULATION	Budgeting process
------------------------------	-------------------

Describe the method of calculation for determining the expected cost or time savings to businesses or citizens.


REDUCTION OF FEES OR FINES	None
-----------------------------------	------

Which fees or fines does the agency intend to reduce? What was the fine or fee revenue for the previous fiscal year? What was the associated program expenditure for the previous fiscal year? What is the enabling authority for the issuance of the fee or fine?

REDUCTION OF REGULATION	None. Regulations for the federal programs are mandated by the Department of Housing and Urban Development (HUD). Requirements for mortgages are mandated by both federal and state law.
--------------------------------	--

Which regulations does the agency intend to amend or delete? What is the enabling authority for the regulation?

SUMMARY	<p>The Housing Development and Finance Authority does not receive any appropriations from the State. The cost burden directly to South Carolina businesses and citizens is \$0. Federal programs operate as a pass-through payments for disbursing federal rental and subsidy payments. The funds generated through Mortgage Servicing and fees are used to fund the agency's operations from year to year. The Authority continues to search for improvements in it's operations to reduce operating expenses and to create quality affordable housing opportunities for the citizens of South Carolina.</p>
----------------	---



Provide an explanation of the proposal and its positive results on businesses or citizens. How will the request affect agency operations?