

<b>AGENCY NAME:</b>	South Carolina Procurement Review Panel		
<b>AGENCY CODE:</b>	S60	<b>SECTION:</b>	108 111



## Fiscal Year 2015-16 Agency Budget Plan

### FORM A – SUMMARY

**RECURRING FUNDS  
(FORM B  
DECISION PACKAGES)**

My agency is submitting the following recurring decision packages (Form B): Anticipated Rental Costs for FY 15-16 and Per Diem For Panel Members # 3266 # 4723	
For FY 2015-16, my agency is (mark "X"):	
<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.

**CAPITAL &  
NON-RECURRING  
FUNDS  
(FORM C  
DECISION PACKAGES)**

My agency is submitting the following one-time decision packages (Form C):	
For FY 2015-16, my agency is (mark "X"):	
<input type="checkbox"/>	Requesting capital and/or non-recurring funds.
<input checked="" type="checkbox"/>	Not requesting capital and/or non-recurring funds.

**PROVISOS**

For FY 2015-16, my agency is (mark "X"):	
<input type="checkbox"/>	Requesting a new proviso and/or substantive changes to existing provisos.
<input type="checkbox"/>	Only requesting technical proviso changes (such as date references).
<input checked="" type="checkbox"/>	Not requesting any proviso changes.

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

	<u>Name</u>	<u>Phone</u>	<u>Email</u>
<b>PRIMARY CONTACT:</b>	Pamela Gillins	803-734-0660	Pamela.gillins@prp.sc.gov
<b>SECONDARY CONTACT:</b>	Christie Emanuel	803-734-0661	Christie.emmanuel@prp.sc.gov

I have reviewed and approved the enclosed FY 2015-16 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>	Pamela M. Gillins 10/1/14	C. Brian McLane, Sr. 9/29/14
<b>TYPE/PRINT NAME:</b>	Pamela Gillins	C. Brian McLane, Sr.

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

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**FORM B – PROGRAM REVISION REQUEST**

<b>DECISION PACKAGE</b>	<b>4723</b>
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*Provide the decision package number issued by the PBF system (“Governor’s Request”).*

<b>TITLE</b>	<b>Per Diem for Panel Members</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>\$1,651 Pay \$899 Health</b>
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*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 main objective of the Panel is established by Subarticle 3, section 11-35-4410 of the Consolidated Procurement Code. This decision package is not prompted by a revision to that authority.
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*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>	These funds would be paid to Panel Members for per diem.
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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>RELATED REQUEST(S)</b>	No
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*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>	No
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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>	No
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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>Subarticle 3, section 11-35-4410 of the Consolidated Procurement Code indicates that “At-large members of the panel must be paid per diem, mileage, and subsistence as provided by law for members of boards, commissions, and committees”. Presently, the Panel’s budget consists of \$469 for per diem. The Panel has five at-large members, and generally holds between eight to eleven hearings per year. Therefore, we are requesting \$1,651 to cover this per diem expense.</p>
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*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.*

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<b>METHOD OF CALCULATION</b>	<p>Presently, the Panel’s budget consists of \$469 for per diem. The Panel has five at-large members, and generally holds between eight to eleven hearings per year. Therefore, we are requesting \$1,651 to cover this per diem expense.</p>
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*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 only impact on this operating budget will be the increase of this line item.</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 new funds are available, the Panel would use Carry Forward and Revenue Funds to accommodate this need.</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 2015-16?*

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<b>INTENDED IMPACT</b>	<p>This decision package will allow the Procurement Review Panel to continue to conduct timely hearings to assure both vendors and the State that State contracts are solicited, awarded, and performed in the most effective and fair manner.</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 will not change the program in any way. The outcomes will be measured the same; the conducting of timely hearings and providing unbiased decisions according to the letter of the law as set forth in the Consolidated Procurement Code.</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>3266</b>
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*Provide the decision package number issued by the PBF system (“Governor’s Request”).*

<b>TITLE</b>	<b>Anticipated Rental Costs for FY 15-16</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>\$24,000</b>
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*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 main objective of the Panel is established by Subarticle 3, section 11-35-4410 of the Consolidated Procurement Code. This decision package is not prompted by a revision to that authority.
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*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>	These funds would be paid to the State of South Carolina at a determined monthly rate for the cost of renting office space.
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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>RELATED REQUEST(S)</b>	No
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*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>	No
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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>	No
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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>The House of Representatives currently controls the office space occupied by the Panel in the Blatt Building. We have been informed by the Building Manager that this space may not be available to us this time next year. The Building Manager has indicated that when/if a move is necessary; he will be responsible for finding a suitable location for our offices. Although we are unsure of the particulars, we felt it prudent to be proactive in securing funding for rental expenses in advance.</p>
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*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.*

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<b>METHOD OF CALCULATION</b>	<p>This is strictly an estimate of approximately 1,600 square feet (the approximate size of the space currently occupied by the Panel) @ \$14 per square foot per year (rate based on a google search of the average rental cost for office space in Columbia).</p>
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*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 only impact on this operating budget will be the addition of this line item.</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 it is determined that no funds are available to meet this need, the panel will find itself in a position of having no office space from which to operate. This agency operates on a small budget, so it would be hard-pressed to find an alternative source of funding.</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 2015-16?*

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<b>INTENDED IMPACT</b>	<p>This decision package will allow the Procurement Review Panel to continue to conduct timely hearings to assure both vendors and the State that State contracts are solicited, awarded, and performed in the most effective and fair manner.</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 will not change the program in any way. The outcomes will be measured the same; the conducting of timely hearings and providing unbiased decisions according to the letter of the law as set forth in the Consolidated Procurement Code.</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?*