

|                     |                           |                 |    |
|---------------------|---------------------------|-----------------|----|
| <b>AGENCY NAME:</b> | Attorney General's Office |                 |    |
| <b>AGENCY CODE:</b> | E20                       | <b>SECTION:</b> | 59 |



## Fiscal Year 2017-18 Agency Budget Plan

### FORM A – SUMMARY

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

|   |   |
|---|---|
| My agency is submitting the following recurring decision packages listed in <u>priority order</u> (Form B): |   |
|   | 9962<br>9965  |
| For FY 2017-18, my agency is (mark "X"):  |   |
| <input type="checkbox"/>  | Requesting a net increase in recurring General Fund appropriations.     |
| <input checked="" type="checkbox"/>   | Not requesting a net increase in recurring General Fund Appropriations. |

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

|  |  |
|--|--|
| My agency is submitting the following one-time decision packages listed in <u>priority order</u> (Form C): |  |
|  |  |
| For FY 2017-18, 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  
(FORM D)**

|  |   |
|--|---|
| For FY 2017-18, my agency is (mark "X"): |   |
| <input checked="" 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 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>   | Adam Piper       | 803-734-3778 | apiper@scag.gov   |
| <b>SECONDARY CONTACT:</b> | Kimberly Buckley | 803-734-3771 | kbuckley@scag.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>       | <i>Alan Wilson</i>            | 9-30-16                          |
| <b>TYPE/PRINT NAME:</b> | Alan Wilson, Attorney General | <br>OCT 09 2016                  |

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

|                     |                                  |                 |           |
|---------------------|----------------------------------|-----------------|-----------|
| <b>AGENCY NAME:</b> | <b>Attorney General's Office</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>E20</b>                       | <b>SECTION:</b> | <b>59</b> |

**FORM B – PROGRAM REVISION REQUEST**

|                         |  |
|-------------------------|--|
| <b>DECISION PACKAGE</b> |  |
|-------------------------|--|

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

|              |  |
|--------------|--|
| <b>TITLE</b> | <b>ICAC Equipment, Training and Operations</b> |
|--------------|--|

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

|               |                |
|---------------|----------------|
| <b>AMOUNT</b> | <b>424,300</b> |
|---------------|----------------|

*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> | Section 1, Chapter 7 State of South Carolina Code of Law |
|---------------------------|--|

*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 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 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 checked="" type="checkbox"/> Loss of federal or other external financial support for existing program. |  |
| <input checked="" type="checkbox"/> Exhaustion of fund balances previously used to support program.           |  |

|                            |   |
|----------------------------|---|
| <b>RECIPIENTS OF FUNDS</b> | The Attorney General's Office is requesting \$424,300 in recurring funding to support the Internet Crimes Against Children Task Force. These funds will be utilized for equipment, training and other operations. |
|----------------------------|---|

*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>Attorney General's Office</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>E20</b>                       | <b>SECTION:</b> | <b>59</b> |

|                                |   |
|--------------------------------|---|
| <b>ACCOUNTABILITY OF FUNDS</b> | All objectives will be supported by this request. |
|--------------------------------|---|

*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 |
|--------------------------|-----|

*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> | 100% State Funds |
|-----------------------|------------------|

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

|                             |  |
|-----------------------------|--|
| <b>FUNDING ALTERNATIVES</b> | The Office of the Attorney General currently does not have the sustainable source of funds to support the rapid growing case load, leads received, and task force affiliates. Federal funding has decreased more than 50% over the past several years while the task force agencies have increased more than 250% over the past three years alone. A steady funding source is vital to help strengthen our battle against predators attacking our children in the State. |
|-----------------------------|--|

*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>Attorney General's Office</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>E20</b>                       | <b>SECTION:</b> | <b>59</b> |

|                |  |
|----------------|--|
| <b>SUMMARY</b> | <p>The South Carolina ICAC Task Force grant funding has decreased more than 50% over the past several years. The Task Force has grown from 40 to over 100 agencies in the past three years. Recurring funds would allow for additional agents to be trained, equipped, and provide a more cohesive and efficient statewide effort to combat predators attacking our children. The current resources are not sufficient to address the increase in the leads we receive. Additional funding is needed to strengthen our ability fight and protect the children of South Carolina.</p> |
|----------------|--|

*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 office calculated cost based on the ICAC Task Force current operational expenses, needed equipment and training annually for task force members.</p> |
|------------------------------|---|

*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>No other obligations will be required.</p> |
|----------------------|---|

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

|                     |                                  |                 |           |
|---------------------|----------------------------------|-----------------|-----------|
| <b>AGENCY NAME:</b> | <b>Attorney General's Office</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>E20</b>                       | <b>SECTION:</b> | <b>59</b> |

|                       |  |
|-----------------------|--|
| <b>PRIORITIZATION</b> | <p>The SCAG would defer action until FY 17-18. If a steady funding stream is not established, it could lead to a backlog in cases, lag in lead responses, insufficient equipment and lack of funds for essential training for ICAC Task Force members.</p> |
|-----------------------|--|

*If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2017-18? Please be specific.*

|                        |  |
|------------------------|--|
| <b>INTENDED IMPACT</b> | <p>The steady revenue stream would allow the Task Force to purchase much needed equipment, provide vital trainings to task force members, and fund other important operational expenses.</p> |
|------------------------|--|

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

|                           |  |
|---------------------------|--|
| <b>PROGRAM EVALUATION</b> | <p>The SCAG has a case management system that tracks the efficiencies of programs in the agency.</p> |
|---------------------------|--|

*How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?*

|                     |                                  |                 |           |
|---------------------|----------------------------------|-----------------|-----------|
| <b>AGENCY NAME:</b> | <b>Attorney General's Office</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>E20</b>                       | <b>SECTION:</b> | <b>59</b> |

**FORM B – PROGRAM REVISION REQUEST**

|                         |  |
|-------------------------|--|
| <b>DECISION PACKAGE</b> |  |
|-------------------------|--|

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

|              |  |
|--------------|--|
| <b>TITLE</b> | <b>ICAC New FTE Request: ICAC Paralegal, ICAC Attorney, ICAC Forensic Examiner</b> |
|--------------|--|

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

|               |                |
|---------------|----------------|
| <b>AMOUNT</b> | <b>194,560</b> |
|---------------|----------------|

*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> | Section 1, Chapter 7 State of South Carolina Code of Law |
|---------------------------|--|

*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 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 Attorney General's Office is requesting 3 FTE's and \$194,560 in recurring funding to support the Internet Crimes Against Children Task Force. The positions are as follows:<br><b>ICAC Paralegal-\$51,200, ICAC Attorney-\$74,240 and ICAC Forensic Examiner-\$69,120.</b> |
|----------------------------|---|

*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>Attorney General's Office</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>E20</b>                       | <b>SECTION:</b> | <b>59</b> |

|                                |   |
|--------------------------------|---|
| <b>ACCOUNTABILITY OF FUNDS</b> | All objectives will be supported by this request. |
|--------------------------------|---|

*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 |
|--------------------------|-----|

*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> | 100% State Funds |
|-----------------------|------------------|

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

|                             |   |
|-----------------------------|---|
| <b>FUNDING ALTERNATIVES</b> | The Attorney General's Office currently does not have a sustainable source of revenue to fund the needed FTE positions. |
|-----------------------------|---|

*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>Attorney General's Office</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>E20</b>                       | <b>SECTION:</b> | <b>59</b> |

|                |   |
|----------------|---|
| <b>SUMMARY</b> | <p><b>ICAC Paralegal \$51,200-</b> The ICAC Task Force currently does not have a Paralegal on staff to assist with the rapid growing case load. The task force attorneys are currently handling all aspects of the case management process and are in significant need of a paralegal to assist with trial prep.</p> <p><b>ICAC Attorney \$74,240-</b>The Attorney General's Office is requesting an additional ICAC Attorney due to the exponential growth in case load. The caseload has doubles in the last year per attorney and is expected to double again in 2017. The task force leads are growing by the thousands and arrest totals are escalating faster than the current attorney staff can review.</p> <p><b>ICAC Forensic Examiner \$69,120-</b>The Attorney General's Office is requesting a Forensic Examiner due to the increase in arrest and need for additional forensic review. The current backlog is over a year with the current level of examiners on the task force. The ICAC task force examiners are the only forensic experts in the state focused solely on ICAC forensics.</p> |
|----------------|---|

*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 office calculated cost based on the ICAC Task Force salary and fringe for the positions requested.</p> |
|------------------------------|---|

*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>No other obligations will be required.</p> |
|----------------------|---|

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



|                     |                                  |                 |           |
|---------------------|----------------------------------|-----------------|-----------|
| <b>AGENCY NAME:</b> | <b>Attorney General's Office</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>E20</b>                       | <b>SECTION:</b> | <b>59</b> |

|                       |   |
|-----------------------|---|
| <b>PRIORITIZATION</b> | The SCAG would defer action until FY 17-18. |
|-----------------------|---|

*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> | The Office of the Attorney General currently does not have the sustainable source of funds to support the needed FTE positions. |
|------------------------|---|

*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> | The SCAG has a case management system that tracks the efficiencies of programs in the agency. |
|---------------------------|---|

*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>Attorney General's Office</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>E20</b>                       | <b>SECTION:</b> | <b>59</b> |

**FORM B – PROGRAM REVISION REQUEST**

|                         |             |
|-------------------------|-------------|
| <b>DECISION PACKAGE</b> | <b>9962</b> |
|-------------------------|-------------|

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

|              |  |
|--------------|--|
| <b>TITLE</b> | <b>State Funds Allocations FY16-17 (Pay Plan 3.25% , SCRS &amp; PORS .50% Rate Increase, Health and Dental Insurance Increase)</b> |
|--------------|--|

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

|               |                |
|---------------|----------------|
| <b>AMOUNT</b> | <b>279,623</b> |
|---------------|----------------|

*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> | Section 1, Chapter 7 State of South Carolina Code of Law |
|---------------------------|--|

*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> | The Office of the Attorney General is requesting a base adjustment due to the state funds allocation increase in pay plan at 3.25%, retirement rate Increase at .50% and health and dental insurance employer contributions increase for FY16-17. |
|----------------------------|---|

*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>Attorney General's Office</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>E20</b>                       | <b>SECTION:</b> | <b>59</b> |

|                                |   |
|--------------------------------|---|
| <b>ACCOUNTABILITY OF FUNDS</b> | All objectives will be supported by this request. |
|--------------------------------|---|

*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 |
|--------------------------|-----|

*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> | 100% State Funds |
|-----------------------|------------------|

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

|                             |  |
|-----------------------------|--|
| <b>FUNDING ALTERNATIVES</b> | The Office of the Attorney General currently does not have the sustainable source of funds to support these increases in state pay plan and employee benefits. |
|-----------------------------|--|

*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>Attorney General's Office</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>E20</b>                       | <b>SECTION:</b> | <b>59</b> |

|                |  |
|----------------|--|
| <b>SUMMARY</b> | <p>The office of Attorney General will have an increase in state payroll and employer contribution cost due to the FY16-17 allocations. The agency requests a recurring base increase to offset the budget impact.</p> |
|----------------|--|

*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 office calculated cost based on the agency's current state payroll and state employer contribution rate table for FY 17-18.</p> |
|------------------------------|--|

*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>No other obligations will be required.</p> |
|----------------------|---|

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

|                     |                                  |                 |           |
|---------------------|----------------------------------|-----------------|-----------|
| <b>AGENCY NAME:</b> | <b>Attorney General's Office</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>E20</b>                       | <b>SECTION:</b> | <b>59</b> |

|                       |   |
|-----------------------|---|
| <b>PRIORITIZATION</b> | The SCAG would defer action until FY 17-18. |
|-----------------------|---|

*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> | This base allocation increase would offset the additional payroll and employer contribution cost to the agency. |
|------------------------|---|

*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> | The SCAG has a case management system that tracks the efficiencies of programs in the agency. |
|---------------------------|---|

*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>Attorney General's Office</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>E20</b>                       | <b>SECTION:</b> | <b>59</b> |

## FORM B – PROGRAM REVISION REQUEST

|                         |             |
|-------------------------|-------------|
| <b>DECISION PACKAGE</b> | <b>9965</b> |
|-------------------------|-------------|

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

|              |   |
|--------------|---|
| <b>TITLE</b> | <b>Current FTE Transfer from Other Funds to State Funds</b> |
|--------------|---|

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

|               |   |
|---------------|---|
| <b>AMOUNT</b> | <b>1,239,053 (Realignment of Current General Funds)</b> |
|---------------|---|

*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> | Section 1, Chapter 7 State of South Carolina Code of Law |
|---------------------------|--|

*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 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 checked="" type="checkbox"/> Exhaustion of fund balances previously used to support program. |   |

|                            |   |
|----------------------------|---|
| <b>RECIPIENTS OF FUNDS</b> | The Office of the Attorney General is requesting for a FY16-17 authorized interim SFAA approved transfer of 33 current FTE's from other funds to state funds be made permanent for FY17-18. To support this transfer, we are requesting \$1,239,053 of current general fund <i>other operating</i> appropriation be re-appropriated to <i>classified positions</i> at \$777,239 and <i>employee benefits</i> at \$461,814. <b>This is not a request for new funding but a realignment of current funding.</b> |
|----------------------------|---|

*What individuals or entities would receive these funds (contractors, vendors, grantees,*

|                     |                                  |                 |           |
|---------------------|----------------------------------|-----------------|-----------|
| <b>AGENCY NAME:</b> | <b>Attorney General's Office</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>E20</b>                       | <b>SECTION:</b> | <b>59</b> |

*individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?*

|                                |   |
|--------------------------------|---|
| <b>ACCOUNTABILITY OF FUNDS</b> | All objectives will be supported by this request. This request would continue to allow the funds allocated in FY16-17 budget to be utilized as requested. |
|--------------------------------|---|

*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 |
|--------------------------|-----|

*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> | 100% State Funds |
|-----------------------|------------------|

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

|                             |  |
|-----------------------------|--|
| <b>FUNDING ALTERNATIVES</b> | The Office of the Attorney General currently does not have the sustainable source of funds to support these 33 FTE's in other funding sources. |
|-----------------------------|--|

*What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.*

|                     |                                  |                 |           |
|---------------------|----------------------------------|-----------------|-----------|
| <b>AGENCY NAME:</b> | <b>Attorney General's Office</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>E20</b>                       | <b>SECTION:</b> | <b>59</b> |

|                |  |
|----------------|--|
| <b>SUMMARY</b> | <p>The office of Attorney General received an increase in general funds in FY16-17 and requested the 33 current other FTE's be switched over to state funding to utilize the funds received as intended in the budget proposal. An interim change was authorized for FY16-17. The Attorney General's Office is requesting to make the FTE transfer permanent and transfer \$1,239,053 from current general fund <i>other operating</i> allocation to <i>classified positions</i> at \$777,239 and <i>employee benefits</i> at \$461,814 for FY17-18.</p> |
|----------------|--|

*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 office calculated cost based on the current 33 FTE annual salaries and fringe.</p> |
|------------------------------|---|

*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>No other obligations will be required</p> |
|----------------------|--|

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



|                     |                                  |                 |           |
|---------------------|----------------------------------|-----------------|-----------|
| <b>AGENCY NAME:</b> | <b>Attorney General's Office</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>E20</b>                       | <b>SECTION:</b> | <b>59</b> |

|                       |   |
|-----------------------|---|
| <b>PRIORITIZATION</b> | The SCAG would defer action until FY 2017-18. |
|-----------------------|---|

*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> | This adjustment will have no fiscal impact on the Agency. |
|------------------------|---|

*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> | The SCAG has a case management system that tracks the efficiencies of programs in the agency. |
|---------------------------|---|

*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>Attorney General's Office</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>E20</b>                       | <b>SECTION:</b> | <b>59</b> |

**FORM B – PROGRAM REVISION REQUEST**

|                         |  |
|-------------------------|--|
| <b>DECISION PACKAGE</b> |  |
|-------------------------|--|

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

|              |  |
|--------------|--|
| <b>TITLE</b> | <b>Decrease in Other Funds Authorization</b> |
|--------------|--|

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

|               |                  |
|---------------|------------------|
| <b>AMOUNT</b> | <b>1,700,000</b> |
|---------------|------------------|

*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> | Section 1, Chapter 7 State of South Carolina Code of Law |
|---------------------------|--|

*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 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 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 Office of Attorney General has submitted the 1.7 million other funds reduction to offset the general fund increase received in FY16-17. |
|----------------------------|---|

*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>Attorney General's Office</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>E20</b>                       | <b>SECTION:</b> | <b>59</b> |

|                                |   |
|--------------------------------|---|
| <b>ACCOUNTABILITY OF FUNDS</b> | All objectives will be supported by this request. |
|--------------------------------|---|

*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 |
|--------------------------|-----|

*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> | 100% State Funds |
|-----------------------|------------------|

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

|                             |     |
|-----------------------------|-----|
| <b>FUNDING ALTERNATIVES</b> | n/a |
|-----------------------------|-----|

*What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.*

|                     |                                  |                 |           |
|---------------------|----------------------------------|-----------------|-----------|
| <b>AGENCY NAME:</b> | <b>Attorney General's Office</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>E20</b>                       | <b>SECTION:</b> | <b>59</b> |

|                |  |
|----------------|--|
| <b>SUMMARY</b> | <p>The Office of Attorney General has submitted the 1.7 million other funds reduction to offset the general fund increase received in FY16-17.</p> |
|----------------|--|

*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>Calculated based on FY16-17 budget.</p> |
|------------------------------|--|

*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>There is no future impact with this decision package.</p> |
|----------------------|--|

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

|                     |                                  |                 |           |
|---------------------|----------------------------------|-----------------|-----------|
| <b>AGENCY NAME:</b> | <b>Attorney General's Office</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>E20</b>                       | <b>SECTION:</b> | <b>59</b> |

|                       |  |
|-----------------------|--|
| <b>PRIORITIZATION</b> | Deferring action on this request in FY 2017-2018 |
|-----------------------|--|

*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> | This decision package will have no impact on current service delivery and program outcomes. |
|------------------------|---|

*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> | The SCAG has a case management system that tracks the efficiencies of programs in the agency. |
|---------------------------|---|

*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>Attorney General's Office</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>E20</b>                       | <b>SECTION:</b> | <b>59</b> |

**FORM B – PROGRAM REVISION REQUEST**

|                         |  |
|-------------------------|--|
| <b>DECISION PACKAGE</b> |  |
|-------------------------|--|

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

|              |  |
|--------------|--|
| <b>TITLE</b> | <b>Increase in Federal Authorization</b> |
|--------------|--|

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

|               |               |
|---------------|---------------|
| <b>AMOUNT</b> | <b>95,000</b> |
|---------------|---------------|

*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> | Section 1, Chapter 7 State of South Carolina Code of Law |
|---------------------------|--|

*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 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 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> | Agency Federal Medicaid Fraud Control Unit Grant and Federal Law Enforcement Radio Grant. |
|----------------------------|---|

*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>Attorney General's Office</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>E20</b>                       | <b>SECTION:</b> | <b>59</b> |

|                                |  |
|--------------------------------|--|
| <b>ACCOUNTABILITY OF FUNDS</b> | <p>Medicaid Provider Fraud Unit and Agency Law Enforcement Radio Grant will be supported by this authorization increase.</p> |
|--------------------------------|--|

*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>n/a</p> |
|--------------------------|------------|

*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>Medicaid Fraud Control Unit Match fund 33540000 and other agency funding sources.</p> |
|-----------------------|--|

*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>n/a</p> |
|-----------------------------|------------|

*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>Attorney General's Office</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>E20</b>                       | <b>SECTION:</b> | <b>59</b> |

|                |   |
|----------------|---|
| <b>SUMMARY</b> | <p>The Office of Attorney General is requesting an increase of 95,000 in federal funds authorization to support the increase in the agency federal Medicaid Provider Fraud Grant and new agency law enforcement radio grant received in FY17.</p> |
|----------------|---|

*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>Calculated based on FY16-17 budget.</p> |
|------------------------------|--|

*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>There is no future impact with this decision package.</p> |
|----------------------|--|

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



|                     |                                  |                 |           |
|---------------------|----------------------------------|-----------------|-----------|
| <b>AGENCY NAME:</b> | <b>Attorney General's Office</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>E20</b>                       | <b>SECTION:</b> | <b>59</b> |

|                       |  |
|-----------------------|--|
| <b>PRIORITIZATION</b> | Deferring action on this request in FY 2017-2018 |
|-----------------------|--|

*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> | This decision package will have no impact on current service delivery and program outcomes. |
|------------------------|---|

*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> | The SCAG has a case management system that tracks the efficiencies of programs in the agency. |
|---------------------------|---|

*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>Attorney General's Office</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>E200</b>                      | <b>SECTION:</b> | <b>59</b> |

**FORM C – CAPITAL OR NON-RECURRING APPROPRIATION REQUEST**

|                         |  |
|-------------------------|--|
| <b>DECISION PACKAGE</b> |  |
|-------------------------|--|

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

|              |  |
|--------------|--|
| <b>TITLE</b> | <b>ICAC Mobile Cybercrime Unit, Data Storage and Technology Update</b> |
|--------------|--|

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

|               |                |
|---------------|----------------|
| <b>AMOUNT</b> | <b>150,000</b> |
|---------------|----------------|

*How much is requested for this project in FY 2017-18?*

|                       |  |
|-----------------------|--|
| <b>BUDGET PROGRAM</b> | State Litigation: Internet Crimes Against Children "ICAC" Task Force |
|-----------------------|--|

*Identify the associated budget program(s) by name and budget section.*

|  |  |  |
|--|--|--|
| <b>FACTORS ASSOCIATED WITH THE REQUEST</b> | <b>Mark "X" for all that apply:</b>                                    |  |
|  | <input checked="" type="checkbox"/>                                    | IT Technology/Security related                                   |
|  | <input type="checkbox"/>   | Consulted DTO during development                                 |
|  | <input type="checkbox"/>   | Related to a Recurring request – If so, Decision Package # _____ |
|  | <input type="checkbox"/>   | Capital Request  |
|  | <input type="checkbox"/>   | Included in CPIP – If so, CPIP Priority # _____                  |
|  | <input checked="" type="checkbox"/>                                    | Non-recurring request for funding                                |
| <input type="checkbox"/>                   | Non-recurring request for authorization to spend existing cash/revenue |  |

|                |   |
|----------------|---|
| <b>SUMMARY</b> | <p>The Attorney General's Office is requesting \$150,000 in one-time funds for an ICAC mobile cybercrime unit, data storage and technology equipment upgrade. The mobile cybercrime unit will travel across the state assisting with on-scene forensic examinations. This unit will keep civilian analysts out of the suspect's home and provides an optimum working environment to examine evidence and avoid seizing extraneous evidence. This unit increases efficiency and safety while decreasing the need for external storage space. The additional ICAC data storage and technology equipment will provide additional space for storing images of evidence and case reports. The technology upgrades will replace outdated mobile technology items for task force members which are vital in performing their job duties.</p> |
|----------------|---|

*Provide a summary of the project and explain why it is necessary. If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.*

|                     |                                  |                 |           |
|---------------------|----------------------------------|-----------------|-----------|
| <b>AGENCY NAME:</b> | <b>Attorney General's Office</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>E200</b>                      | <b>SECTION:</b> | <b>59</b> |

|                                |  |
|--------------------------------|--|
| <b>CLASSIFICATION OF FUNDS</b> | <p>This request is to support the need for an ICAC mobile cybercrime unit, ICAC data storage unit and upgrade existing technology equipment.</p> |
|--------------------------------|--|

*Is this request in support of a capital project or is it in support of other non-recurring expenditures? If this request is for a capital project, is it included in the agency's CPIP (please include CPIP year and priority)? How does this project rank in priority to all other nonrecurring agency requests?*

|                       |     |
|-----------------------|-----|
| <b>MATCHING FUNDS</b> | n/a |
|-----------------------|-----|

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

|                             |   |
|-----------------------------|---|
| <b>FUNDING ALTERNATIVES</b> | <p>The Office of the Attorney General currently does not have the sustainable source of funds to support these needs.</p> |
|-----------------------------|---|

*What other possible funding sources were considered?*

|  |   |
|--|---|
| <b>LONG-TERM PLANNING AND SUSTAINABILITY</b> | <p>No other obligations will be required.</p> |
|--|---|

*What other funds have already been invested in this project (source/type, amount, timeframe)? Will other capital and/or operating funds for this project be requested in the future? If so, how much, and in which fiscal years? Has a source for those funds been identified/secured?*

|                        |     |
|------------------------|-----|
| <b>OTHER APPROVALS</b> | n/a |
|------------------------|-----|

*What approvals have already been obtained? Are there additional approvals that must be secured in order for the project to succeed? (Institutional board, JBRC, SFAA, etc.)*

|                     |                           |                 |           |
|---------------------|---------------------------|-----------------|-----------|
| <b>AGENCY NAME:</b> | Attorney General's Office |                 |           |
| <b>AGENCY CODE:</b> | <b>E200</b>               | <b>SECTION:</b> | <b>59</b> |

**FORM D – PROVISO REVISION REQUEST**

**NUMBER** 59.~~NEW~~X  
*Cite the proviso according to the renumbered list for FY 2017-18 (or mark "NEW").*

**TITLE** Securities Fee Revenue  
*Provide the title from the FY 2016-17 Appropriations Act or suggest a short title for any new request.*

**BUDGET PROGRAM** State Litigation (Other Funding)  
*Identify the associated budget program(s) by name and budget section.*

**DECISION PACKAGE** No  
*Is this request associated with a decision package you have submitted for FY 2017-18? If so, cite it here.*

**REQUESTED ACTION** Add  
*Choose from: Add, Delete, Amend, or Codify.*

**OTHER AGENCIES AFFECTED** N/A  
*Which other agencies would be affected by the recommended action? How?*

**SUMMARY**

The Attorney General's Office is seeking to stabilize agency operations by seeking a reliable source of revenue. The Agency is striving to shift from a decade long practice of relying on the statutory authorization to keep court ordered funds retained through litigation to fill the budget deficit. This fluctuating revenue stream is unreliable and unpredictable yet it accounted for over 50% of the office funding until recently. This unpredictable revenue stream is the primary requirement for carryover funds to meet the basic necessities of the office.

The Attorney General's Office requested a new proviso as part of FY 2017 budget request to retain the first 12 million in securities fees (10.1 million in addition to existing statutory and proviso funding) in return for retaining no litigation funds beyond reasonable cost incurred as an equal offset. In contrast, the Agency received a direct state appropriation of 2.5 million. This resulted in the Agency receiving 25% of the requested allocation. The Agency is requesting the remaining stability funding and an equal offset to make the action revenue neutral.

*Summarize the existing proviso. If requesting a new proviso, describe the current state of affairs without it.*

|                     |                                  |                 |           |
|---------------------|----------------------------------|-----------------|-----------|
| <b>AGENCY NAME:</b> | <b>Attorney General's Office</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>E200</b>                      | <b>SECTION:</b> | <b>59</b> |

|                    |   |
|--------------------|---|
| <b>EXPLANATION</b> | <p>It is critical that the Agency establish a predictable and stable source of revenue so that it can adequately plan and carry out core functions of government.</p> |
|--------------------|---|

*Explain the need for your requested action. For deletion requests due to recent codification, please identify SC Code section where language now appears.*

|                      |  |
|----------------------|--|
| <b>FISCAL IMPACT</b> | <p>The Attorney General's Office is asking to retain 23% of Securities Fees generated by the Agency after Section 35-7-702(b) has been satisfied. In return, the Agency will turn over all Litigation Recovery moneys to the General Fund's Litigation Recovery Account less reasonable administrative expenses incurred. The Attorney General's Office has generated an average of eight million in the last five years in Litigation Recovery for the Agency. These funds have been utilized on Agency personnel and operational cost to make up the budget deficit. Additionally, the office has recovered more than 48 million on average in civil settlements as part of the annual 180 million it generates for the general fund.</p> <p>Under the current proviso 59.5 (Securities Fee Revenue) the Attorney General's Office is allowed to keep four hundred thousand dollars after Section 35-7-702(b) has been satisfied, totaling the current AG portion of Securities Fees to 1.9 million per fiscal year.</p> <p>The fiscal impact is revenue neutral to the General Fund. However, there may be fiscal years where there could be a net positive impact or net negative impact to the General Fund. This would depend on the amount of litigation recovery for that specific year.</p> |
|----------------------|--|

*Provide estimates of any fiscal impacts associated with this proviso, whether for state, federal, or other funds. Explain the method of calculation.*

|                     |                                  |                 |           |
|---------------------|----------------------------------|-----------------|-----------|
| <b>AGENCY NAME:</b> | <b>Attorney General's Office</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>E200</b>                      | <b>SECTION:</b> | <b>59</b> |

The Attorney General's Office shall retain 23% of Securities Fee Revenue collected by the Attorney General's Office after satisfying Section 35-7-702(b). Funds authorized in Proviso 59.X shall be expended for operating expenses as determined by the Attorney General. All Securities Fee Revenue, after satisfying Section 35-7-702(b) and Proviso 59.X, shall be forwarded to the General Fund. In addition, all monies received from litigation recovery less reasonable administrative expenses incurred must be deposited into the Litigation Recovery Account at the Office of the State Treasurer. The Attorney General's Office shall not retain any portion of these funds beyond reasonable administrative expenses incurred. These funds may be carried forward from the prior fiscal year into the current fiscal year and utilized for the same purpose.

**PROPOSED  
PROVISO TEXT**

*Paste FY 2016-17 text above, then bold and underline insertions and strikethrough deletions. For new proviso requests, enter requested text above.*

|                     |                           |                 |           |
|---------------------|---------------------------|-----------------|-----------|
| <b>AGENCY NAME:</b> | Attorney General's Office |                 |           |
| <b>AGENCY CODE:</b> | <b>E200</b>               | <b>SECTION:</b> | <b>59</b> |

**FORM D – PROVISO REVISION REQUEST**

|               |             |
|---------------|-------------|
| <b>NUMBER</b> | <b>59.5</b> |
|---------------|-------------|

*Cite the proviso according to the renumbered list for FY 2017-18 (or mark "NEW").*

|              |                               |
|--------------|-------------------------------|
| <b>TITLE</b> | <b>Securities Fee Revenue</b> |
|--------------|-------------------------------|

*Provide the title from the FY 2016-17 Appropriations Act or suggest a short title for any new request.*

|                       |                                       |
|-----------------------|---------------------------------------|
| <b>BUDGET PROGRAM</b> | <b>State Litigation (Other Funds)</b> |
|-----------------------|---------------------------------------|

*Identify the associated budget program(s) by name and budget section.*

|                         |           |
|-------------------------|-----------|
| <b>DECISION PACKAGE</b> | <b>No</b> |
|-------------------------|-----------|

*Is this request associated with a decision package you have submitted for FY 2017-18? If so, cite it here.*

|                         |               |
|-------------------------|---------------|
| <b>REQUESTED ACTION</b> | <b>Delete</b> |
|-------------------------|---------------|

*Choose from: Add, Delete, Amend, or Codify.*

|                                |            |
|--------------------------------|------------|
| <b>OTHER AGENCIES AFFECTED</b> | <b>N/A</b> |
|--------------------------------|------------|

*Which other agencies would be affected by the recommended action? How?*

|                |  |
|----------------|--|
| <b>SUMMARY</b> | <p>After the provisions of Section 35-1-702(b) of the 1976 Code have been satisfied, and upon notification to the Chairman of the Senate Finance Committee and the Chairman of the House Ways and Means Committee that such provisions have been satisfied, the next \$20,500,000 of Securities Fee revenues collected during the current fiscal year by the Office of the Attorney General shall be remitted to the General Fund of the State.</p> <p>The Office of the Attorney General may retain the next \$400,000 collected and may utilize these funds for operations to include expert witness expenses, investigative costs, trial preparation, and other related expenses associated with the increase in licensed securities agents. These funds may be carried forward from the prior fiscal year into the current fiscal year and utilized for the same purpose. Remaining Securities Fee revenues collected during the current fiscal year shall be remitted to the General Fund of the State.</p> |
|----------------|--|

*Summarize the existing proviso. If requesting a new proviso, describe the current state of affairs without it.*

|                     |                                  |                 |           |
|---------------------|----------------------------------|-----------------|-----------|
| <b>AGENCY NAME:</b> | <b>Attorney General's Office</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>E200</b>                      | <b>SECTION:</b> | <b>59</b> |

|                    |   |
|--------------------|---|
| <b>EXPLANATION</b> | <p>New Securities Fee proviso introduced to replace existing proviso 59.5. Should the new Securities Fee proviso not be approved, we wish to keep the current Securities Fee proviso 59.5 in place.</p> |
|--------------------|---|

*Explain the need for your requested action. For deletion requests due to recent codification, please identify SC Code section where language now appears.*

|                      |  |
|----------------------|--|
| <b>FISCAL IMPACT</b> | <p>See Fiscal Impact <a href="#">below</a> for new proviso 59.X.</p> <p><u>The Attorney General's Office is asking to retain 23% of Securities Fees generated by the Agency after Section 35-7-702(b) has been satisfied. In return, the Agency will turn over all Litigation Recovery moneys to the General Fund's Litigation Recovery Account less reasonable administrative expenses incurred. The Attorney General's Office has generated an average of eight million in the last five years in Litigation Recovery for the Agency. These funds have been utilized on Agency personnel and operational cost to make up the budget deficit. Additionally, the office has recovered more than 48 million on average in civil settlements as part of the annual 180 million it generates for the general fund.</u></p> <p><u>Under the current proviso 59.5 (Securities Fee Revenue) the Attorney General's Office is allowed to keep four hundred thousand dollars after Section 35-7-702(b) has been satisfied, totaling the current AG portion of Securities Fees to 1.9 million per fiscal year.</u></p> <p><u>The fiscal impact is revenue neutral to the General Fund. However, there may be fiscal years where there could be a net positive impact or net negative impact to the General Fund. This would depend on the amount of litigation recovery for that specific year.</u></p> |
|----------------------|--|

*Provide estimates of any fiscal impacts associated with this proviso, whether for state, federal, or other funds. Explain the method of calculation.*



|                     |                                  |                 |           |
|---------------------|----------------------------------|-----------------|-----------|
| <b>AGENCY NAME:</b> | <b>Attorney General's Office</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>E200</b>                      | <b>SECTION:</b> | <b>59</b> |

~~59.5. (AG: Securities Fee Revenue) After the provisions of Section 35-1-702(b) of the 1976 Code have been satisfied, and upon notification to the Chairman of the Senate Finance Committee and the Chairman of the House Ways and Means Committee that such provisions have been satisfied, the next \$20,500,000 of Securities Fee revenues collected during the current fiscal year by the Office of the Attorney General shall be remitted to the General Fund of the State. The Office of the Attorney General may retain the next \$400,000 collected and may utilize these funds for operations to include expert witness expenses, investigative costs, trial preparation, and other related expenses associated with the increase in licensed securities agents. These funds may be carried forward from the prior fiscal year into the current fiscal year and utilized for the same purpose. Remaining Securities Fee revenues collected during the current fiscal year shall be remitted to the General Fund of the State.~~

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N/A

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**PROPOSED  
PROVISO TEXT**

*Paste FY 2016-17 text above, then bold and underline insertions and strikethrough deletions. For new proviso requests, enter requested text above.*

|                     |                                  |                 |           |
|---------------------|----------------------------------|-----------------|-----------|
| <b>AGENCY NAME:</b> | <b>Attorney General's Office</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>E200</b>                      | <b>SECTION:</b> | <b>59</b> |

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

|                         |              |
|-------------------------|--------------|
| <b>DECISION PACKAGE</b> | <b>11429</b> |
|-------------------------|--------------|

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

|              |  |
|--------------|--|
| <b>TITLE</b> | <b>Agency 3% General Fund Reduction Analysis</b> |
|--------------|--|

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

|               |                |
|---------------|----------------|
| <b>AMOUNT</b> | <b>319,201</b> |
|---------------|----------------|

*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> | 3% of General Fund Appropriation FY 16-17 |
|------------------------------|---|

*Describe the method of calculation for determining the reduction in General Funds.*

|                                  |     |
|----------------------------------|-----|
| <b>ASSOCIATED FTE REDUCTIONS</b> | n/a |
|----------------------------------|-----|

*How many FTEs would be reduced in association with this General Fund reduction?*

|                                |   |
|--------------------------------|---|
| <b>PROGRAM/ACTIVITY IMPACT</b> | Non FTE, temporary, and contract positions. |
|--------------------------------|---|

*What programs or activities are supported by the General Funds identified?*

|                     |                                  |                 |           |
|---------------------|----------------------------------|-----------------|-----------|
| <b>AGENCY NAME:</b> | <b>Attorney General's Office</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>E200</b>                      | <b>SECTION:</b> | <b>59</b> |

|                |   |
|----------------|---|
| <b>SUMMARY</b> | <p>A 3% reduction to the general fund appropriation would negatively impact current non-FTE, temporary, and contract positions. These positions include staff attorneys and support personnel. Reducing these positions could potentially impact time required for case review, trial preparation, and other administrative operations.</p> |
|----------------|---|

*Please provide a detailed summary of service delivery impact caused by a reduction in General Fund Appropriations.*