Agency Name:	Dept. of Corrections
Agency Code:	N04 **Section:** 65

REVISED 10/19/15

Fiscal Year 2016-17 Agency Budget Plan

FORM A – SUMMARY

Recurring Funds (Form B Decision Packages)	**My agency is submitting the following recurring decision packages (Form B):** 7387, 8163, 8166, 7396, 7399, 7412, 7418, 7444, 7447, 7450, 7473, 7476, 7479, 7492, 7495 7498, 7575, 7511, 7581, 7584, 7587, 7590, 8138, 8151, 8154, 8157,
	For FY 2016-17, my agency is (mark "X"):
	X Requesting a net increase in recurring General Fund appropriations.
	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):** 7773, 7779, 7782, 7785, 7794, 7803, 7806, 7809, 7815, 7824, 7830, 7843 7846, 7914, 7917, 7923
	For FY 2016-17, my agency is (mark "X"):
	X Requesting capital and/or non-recurring funds.
	Not requesting capital and/or non-recurring funds.
Provisos	**For FY 2016-17, my agency is (mark "X"):**
	X Requesting a new proviso and/or substantive changes to existing provisos.
	Only requesting technical proviso changes (such as date references).
	Not requesting any proviso changes.

RECEIVED OCT 13 2015

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

	Name	*Phone*	*Email*
Primary Contact:	Tom Osmer	896-1742	osmer.tom@doc.sc.gov
Secondary Contact:	John Morgan	896-8528	morgan.john@doc.sc.gov

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

	Agency Director	*Board or Commission Chair*
Sign/Date:	Bry P. Stirling 9/24/15	
Type/Print Name:	Bryan P. Stirling	

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

AGENCY NAME:	SOUTH CAROLINA DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	**7387**

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

TITLE	**FY16 Fringe Allocation**

Provide a brief, descriptive title for this request.

AMOUNT	**State General Fund (10010000) Fringe $1,651,787** **III. Employee Benefits 513000 - $1,651,787**

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.

ENABLING AUTHORITY	General Appropriations Bill H. 3701 of 2015-2016

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?

FACTORS ASSOCIATED WITH THE REQUEST

Mark "X" for all that apply:

X	(Base Adjustment) Allocation of statewide employee benefits.
	(Base Adjustment) Realignment within existing programs and lines.
	(Base Adjustment) Restructuring of agency programs – *requires pre-approval*.
	Change in cost of providing current services to existing program audience.
	Change in case load / enrollment under existing program guidelines.
	Non-mandated change in eligibility / enrollment for existing program.
	Non-mandated program change in service levels or areas.
	Proposed establishment of a new program or initiative.
	Loss of federal or other external financial support for existing program.
	Exhaustion of fund balances previously used to support program.

RECIPIENTS OF FUNDS	State-funded Full-time classified positions.

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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RELATED REQUEST(S)	No other related request.

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?

MATCHING FUNDS	No matching funds are required as these funds were provided legislatively through the Appropriations Act of 2016.

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

FUNDING ALTERNATIVES	No funding alternatives were considered as these funds were provided legislatively through the Appropriations Act of 2016.

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.

SUMMARY		Rationale for this decision package is based on the August 27, 2015 memo from the South Carolina Department of Administration instructing us to spread the total fringe benefits programs for FY2015 -16.
Information Technology /Security	N	
Consulted DTO during development	N	

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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METHOD OF CALCULATION	The South Carolina Department of Administration calculated our allocations based on predetermined calculations developed by their Budget analysts.

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?

FUTURE IMPACT	Provides additional compensation for the applicable Agency employees.

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?

PRIORITIZATION	No funding priority needs to be considered as these funds were provided legislatively through the Appropriations Act of 2016.

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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INTENDED IMPACT	Provides incentive for employees to continue to perform as outlined in their Agency position descriptions and a boost in morale.

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

PROGRAM EVALUATION	These funds will continue to be evaluated based on employee position turnover and general satisfaction of the employees as they perform their daily job responsibilities.

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?

AGENCY NAME:	SOUTH CAROLINA DEPARTMENT OF CORRECTIONS		
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FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	8163

TITLE	**Recurring Mental Health Remedial Plan – Phase II of III** **General Fund (10010000) Housing Care and Security – 4001.050000.000** **General Fund (10010000) Employer Contribution – 9500.050000.000**

Provide a brief, descriptive title for this request.

AMOUNT	**$1,894,800 Increase in Classified Positions – 501058 (31.00 FTE)** **$857,018 Increase in Employer Contributions – 513000** **$2,751,818 Total**

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.

ENABLING AUTHORITY	**SECTION 24-1-30.** Department of Corrections created; functions. There is hereby created as an administrative agency of the State government the Department of Corrections. The functions of the Department shall be to implement and carry out the policy of the State with respect to its prison system, as set forth in Section 24-1-20, and the performance of such other duties and matters as may be delegated to it pursuant to law.

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?

FACTORS ASSOCIATED WITH THE REQUEST	**Mark "X" for all that apply:**	
		(Base Adjustment) Allocation of statewide employee benefits.
		(Base Adjustment) Realignment within existing programs and lines.
		(Base Adjustment) Restructuring of agency programs – *requires pre-approval*.
		Change in cost of providing current services to existing program audience.
		Change in case load / enrollment under existing program guidelines.
		Non-mandated change in eligibility / enrollment for existing program.
		Non-mandated program change in service levels or areas.
	X	Proposed establishment of a new program or initiative.
		Loss of federal or other external financial support for existing program.
		Exhaustion of fund balances previously used to support program.

RECIPIENTS OF FUNDS	This request is for the employment of a sufficient number of trained mental health professionals that will be the base for the implementation of this new program.

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?

AGENCY NAME:	SOUTH CAROLINA DEPARTMENT OF CORRECTIONS		
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RELATED REQUEST(S)	There is a recurring decision package that relates to the development of this program.

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?

MATCHING FUNDS	No matching funds will be provided for this request.

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

FUNDING ALTERNATIVES	There were no other funding alternatives that could have been sought after to fund this program.

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.

SUMMARY		This request is a continuation (Phase II of III) to fund the employment of a sufficient number of trained mental health professionals that will be able to make this new program function and that will maintain accurate, complete and confidential mental health treatment records. New positions include: Classified Psychiatrist (3.00) – Salary $600,000 Fringe $264,000 Classified Counselors (8.00) – Salary $360,000 Fringe $158,400 Classified Technicians (14.00) – Salary $518,000 Fringe $227,920 Classified Therapist (1.00) – Salary $33,000 Fringe $14,520 Classified Clinical Supervisor (1.00) – Salary $60,000 Fringe $26,400 Classified Quality Assurance (2.00) – Salary $96,000 Fringe $42,240 Classified Administrative Support (1.00) – Salary $24,500 Fringe $10,780 Classified Psychologist (1.00) – Salary $95,000 Fringe $41,800 Also, requesting retention salary increase for current certified clinical counselors with Masters' degrees in the amount of $179,258 (Salary 108,300, Fringe 70,958).
Information Technology /Security	N	
Consulted DTO during development	N	

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.

AGENCY NAME:	SOUTH CAROLINA DEPARTMENT OF CORRECTIONS		
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METHOD OF CALCULATION	The amount was calculated based upon the projected and approved needs of the program from FY16.

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?

FUTURE IMPACT	No maintenance of effort or other obligations should be incurred by adopting this decision package. For future fiscal years, we request: FY18 (Year3) - $1,382,400 plus base.

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?

PRIORITIZATION	The Agency was party to a negative judgment concerning our current mental health program. This new initiative will try to defer future concerns over the Agency's mental health program.

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?

AGENCY NAME:	SOUTH CAROLINA DEPARTMENT OF CORRECTIONS		
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INTENDED IMPACT	To substantially improve the Agency mental health care treatment programs within the institutions.

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

PROGRAM EVALUATION	The program's progress will be continually evaluated by Agency management for needed upgrades and improvements.

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?

AGENCY NAME:	SOUTH CAROLINA DEPARTMENT OF CORRECTIONS		
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FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	**8166**

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

TITLE	**Recurring Medical Remedial Plan – Phase II of III** **General Fund (10010000) Housing Care and Security – 4001.050000.000** **General Fund (10010000) Employer Contribution – 9500.050000.000**

Provide a brief, descriptive title for this request.

AMOUNT	**$497,368 Increase in Classified Positions – 501058 (10.00 FTE)** **$224,960 Increase in Employer Contributions – 513000** **$722,328 Total**

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.

ENABLING AUTHORITY	**SECTION 24-1-30.** Department of Corrections created; functions. There is hereby created as an administrative agency of the State government the Department of Corrections. The functions of the Department shall be to implement and carry out the policy of the State with respect to its prison system, as set forth in Section 24-1-20, and the performance of such other duties and matters as may be delegated to it pursuant to law.

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?

FACTORS ASSOCIATED WITH THE REQUEST	**Mark "X" for all that apply:**
	(Base Adjustment) Allocation of statewide employee benefits.
	(Base Adjustment) Realignment within existing programs and lines.
	(Base Adjustment) Restructuring of agency programs – *requires pre-approval*.
	Change in cost of providing current services to existing program audience.
	Change in case load / enrollment under existing program guidelines.
	Non-mandated change in eligibility / enrollment for existing program.
	Non-mandated program change in service levels or areas.
X	Proposed establishment of a new program or initiative.
	Loss of federal or other external financial support for existing program.
	Exhaustion of fund balances previously used to support program.

RECIPIENTS OF FUNDS	This request is for the employment of a sufficient number of trained medical health professionals that will be added to the Medical professional's base.

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?

AGENCY NAME:	SOUTH CAROLINA DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

RELATED REQUEST(S)	There is a recurring decision package that relates to the continuation of this program.

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?

MATCHING FUNDS	No matching funds will be provided for this request.

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

FUNDING ALTERNATIVES	There were no other funding alternatives that could have been sought after to fund this program.

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.

SUMMARY	This request is to fund the additional employment (Phase II of III) of a sufficient number of trained medical health professionals that will be able to provide additional care to the inmate patients and that will maintain accurate, complete and confidential medical health treatment records. New positions include: Classified Nurse Practitioner (1.00) – Salary $95,000 Fringe $41,800 Classified Registered Nurse (8.00) – Salary $371,471 Fringe $169,565 Classified LPN (1.00) – Salary $30,897 Fringe $13,595

Information Technology /Security	N
Consulted DTO during development	N

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.

AGENCY NAME:	SOUTH CAROLINA DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

METHOD OF CALCULATION	The amount was calculated based upon the projected needs of the program for FY16.

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?

FUTURE IMPACT	No maintenance of effort or other obligations should be incurred by adopting this decision package. For future fiscal years, we request: FY18 (Year3) - $450,026 plus base.

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?

PRIORITIZATION	The Agency was party to a negative judgment concerning our current mental health program. This additional request will try to defer future concerns over the Agency's medical and mental health program.

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?

AGENCY NAME:	SOUTH CAROLINA DEPARTMENT OF CORRECTIONS		
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INTENDED IMPACT	To substantially improve the Agency medical and mental health care treatment programs within the institutions.

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

PROGRAM EVALUATION	The program's progress will be continually evaluated by Agency management for needed upgrades and improvements.

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?

AGENCY NAME:	SOUTH CAROLINA DEPARTMENT OF CORRECTIONS		
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FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	**7396**

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

TITLE	**Electronic Health Record System** **General Fund (10010000) Housing Care and Security – 4001.050000.000** **General Fund (10010000) Employer Contribution – 9500.050000.000**

Provide a brief, descriptive title for this request.

AMOUNT	**$504,028 Increase in Classified Positions – 501058 (8.00 FTE)** **$227,972 Increase in Employer Contributions – 513000** **$732,000 Total**

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.

ENABLING AUTHORITY	**SECTION 24-1-30.** Department of Corrections created; functions. There is hereby created as an administrative agency of the State government the Department of Corrections. The functions of the Department shall be to implement and carry out the policy of the State with respect to its prison system, as set forth in Section 24-1-20, and the performance of such other duties and matters as may be delegated to it pursuant to law.

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?

FACTORS ASSOCIATED WITH THE REQUEST	**Mark "X" for all that apply:**
	(Base Adjustment) Allocation of statewide employee benefits.
	(Base Adjustment) Realignment within existing programs and lines.
	(Base Adjustment) Restructuring of agency programs – *requires pre-approval*.
	Change in cost of providing current services to existing program audience.
	Change in case load / enrollment under existing program guidelines.
	Non-mandated change in eligibility / enrollment for existing program.
	Non-mandated program change in service levels or areas.
X	Proposed establishment of a new program or initiative.
	Loss of federal or other external financial support for existing program.
	Exhaustion of fund balances previously used to support program.

RECIPIENTS OF FUNDS	This request is for the employment of a sufficient number of trained personnel to implement and manage a fully functional electronic health record system.

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?

AGENCY NAME:	SOUTH CAROLINA DEPARTMENT OF CORRECTIONS		
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RELATED REQUEST(S)	There is a recurring and non- recurring decision package that relates to the continuation of this program.

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?

MATCHING FUNDS	No matching funds will be provided for this request.

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

FUNDING ALTERNATIVES	There were no other funding alternatives that could have been sought after to fund this program.

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.

SUMMARY		This request is to fund the implementation and management of an electronic health records system that will provide increased continuity of health care for the inmates. This system will replace the current manual system by providing medical staff real-time records at the touch of a portable computer screen. The current use of manual paper files is not feasible for timely record transfer between health facilities within our medical system and for outside medical transfers. New positions include: Classified Records Managers II (2.00) – Salary $145,000 Fringe $65,000 Classified Project Coordinator (1.00) – Salary $75,000 Fringe $33,925 Classified IT Support Positions (5.00) – Salary $284,028 Fringe $129,047
Information Technology /Security	N	
Consulted DTO during development	N	

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.

AGENCY NAME:	SOUTH CAROLINA DEPARTMENT OF CORRECTIONS		
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METHOD OF CALCULATION	The amount was calculated based upon the projected needs of the program for FY17.

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?

FUTURE IMPACT	Future obligations will include proper software updating, HIPAA enforcement and proper IT security procedures. The current manual system is time consuming and open to mistakes and misinterpretation.

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?

PRIORITIZATION	The Agency was party to a negative judgment concerning our current mental health program. This additional request will try to defer future concerns over the Agency's medical and mental health program.

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?

AGENCY NAME:	SOUTH CAROLINA DEPARTMENT OF CORRECTIONS		
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INTENDED IMPACT	To substantially improve the Agency medical and mental health care treatment programs within the institutions.

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

PROGRAM EVALUATION	The program's progress will be continually evaluated by Agency management for needed upgrades and improvements.

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?

AGENCY NAME:	SOUTH CAROLINA DEPARTMENT OF CORRECTIONS		
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FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	**7399**

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

TITLE	**Critical Staffing for Male Crisis Intervention Unit Plan– Phase I of II** **General Fund (10010000) Housing Care and Security – 4001.050000.000** **General Fund (10010000) Employer Contribution – 9500.050000.000**

Provide a brief, descriptive title for this request.

AMOUNT	**$858,183 Increase in Classified Positions – 501058 (20.00 FTE)** **$388,157 Increase in Employer Contributions – 513000** **$1,246,340 Total**

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.

ENABLING AUTHORITY	**SECTION 24-1-30.** Department of Corrections created; functions. There is hereby created as an administrative agency of the State government the Department of Corrections. The functions of the Department shall be to implement and carry out the policy of the State with respect to its prison system, as set forth in Section 24-1-20, and the performance of such other duties and matters as may be delegated to it pursuant to law.

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?

FACTORS ASSOCIATED WITH THE REQUEST	**Mark "X" for all that apply:**
	(Base Adjustment) Allocation of statewide employee benefits.
	(Base Adjustment) Realignment within existing programs and lines.
	(Base Adjustment) Restructuring of agency programs – *requires pre-approval*.
	Change in cost of providing current services to existing program audience.
	Change in case load / enrollment under existing program guidelines.
	Non-mandated change in eligibility / enrollment for existing program.
	Non-mandated program change in service levels or areas.
X	Proposed establishment of a new program or initiative.
	Loss of federal or other external financial support for existing program.
	Exhaustion of fund balances previously used to support program.

RECIPIENTS OF FUNDS	This request is for the employment of a sufficient number of trained medical health professionals that will properly monitor and care for the inmates assigned to this unit.

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?

AGENCY NAME:	SOUTH CAROLINA DEPARTMENT OF CORRECTIONS		
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RELATED REQUEST(S)	There is a recurring decision package that relates to the continuation of this program.

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?

MATCHING FUNDS	No matching funds will be provided for this request.

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

FUNDING ALTERNATIVES	There were no other funding alternatives that could have been sought after to fund this program.

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.

SUMMARY	This request is to fund the employment (Phase I of II) of a sufficient number of trained medical health professionals (RN's and LPN's) that will be able to provide proper medical care and monitoring to the inmate assigned to this unit. This group of inmates have a high volatile desire to injure themselves through cutting, puncturing and/or stabbing with any found materials capable of inflicting injury. New positions include: Classified Registered Nurse (10.00) – Salary $464,339 Fringe $210,021 Classified LPN (10.00) – Salary $393,844 Fringe $178,136
Information Technology /Security	N
Consulted DTO during development	N

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.

AGENCY NAME:	SOUTH CAROLINA DEPARTMENT OF CORRECTIONS		
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METHOD OF CALCULATION	The amount was calculated based upon the projected needs of the program (Phase I of II) for FY17.

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?

FUTURE IMPACT	No maintenance of effort or other obligations should be incurred by adopting this decision package. For future fiscal years, we request: FY18 (Year2) - $1,226,951 plus base.

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?

PRIORITIZATION	The Agency was party to a negative judgment concerning our current mental health program. This additional request will try to defer future concerns over the Agency's medical and mental health program.

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?

AGENCY NAME:	SOUTH CAROLINA DEPARTMENT OF CORRECTIONS		
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INTENDED IMPACT	To substantially improve the Agency medical and mental health care treatment programs within the institutions.

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

PROGRAM EVALUATION	The program's progress will be continually evaluated by Agency management for needed upgrades and improvements.

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?

AGENCY NAME:	SOUTH CAROLINA DEPARTMENT OF CORRECTIONS		
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FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	**7412**

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

TITLE	**Additional Staff Physician and MUSC Tele Medicine Program** **General Fund (10010000) Housing Care and Security – 4001.050000.000** **General Fund (10010000) Employer Contribution – 9500.050000.000**

Provide a brief, descriptive title for this request.

AMOUNT	**$137,200 Increase in Classified Positions – 501058 (1.00 FTE)** **$61,152 Increase in Employer Contributions – 513000** **$175,000 Increase in Operating – 512001** **$373,352 Total**

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.

ENABLING AUTHORITY	**SECTION 24-1-30.** Department of Corrections created; functions. There is hereby created as an administrative agency of the State government the Department of Corrections. The functions of the Department shall be to implement and carry out the policy of the State with respect to its prison system, as set forth in Section 24-1-20, and the performance of such other duties and matters as may be delegated to it pursuant to law.

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?

FACTORS ASSOCIATED WITH THE REQUEST	Mark "X" for all that apply:	
		(Base Adjustment) Allocation of statewide employee benefits.
		(Base Adjustment) Realignment within existing programs and lines.
		(Base Adjustment) Restructuring of agency programs – *requires pre-approval*.
		Change in cost of providing current services to existing program audience.
	X	Change in case load / enrollment under existing program guidelines.
		Non-mandated change in eligibility / enrollment for existing program.
		Non-mandated program change in service levels or areas.
		Proposed establishment of a new program or initiative.
		Loss of federal or other external financial support for existing program.
		Exhaustion of fund balances previously used to support program.

RECIPIENTS OF FUNDS	This request is for the employment of one trained medical health professional that will be added to the Medical professional's base.

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?

RELATED REQUEST(S)	There is a recurring decision package that relates to the continuation of this program.

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?

MATCHING FUNDS	No matching funds will be provided for this request.

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

FUNDING ALTERNATIVES	There were no other funding alternatives that could have been sought after to fund this program.

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.

SUMMARY	This request is to fund the addition of one medical professional (Physician (MD)) that will be able to provide additional care to the inmate patients and that will maintain accurate, complete and confidential medical health treatment records. Addition of this position should decrease the number of inmate trips to outside medical facilities due to the current shortage of physician-level staff. This is a cost-saving measure. Also, we are implementing a tele-medicine pilot program with MUSC that will benefit the inmates located at the Kirkland, Broad River Road, Lee, and Turbeville Correctional Institutions. New positions include: Classified Physician (1.00) – Salary $137,200 Fringe $61,152
Information Technology /Security	N
Consulted DTO during development	N

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.

AGENCY NAME:	SOUTH CAROLINA DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

METHOD OF CALCULATION	The amount was calculated based upon the projected needs of the program for FY17.

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?

FUTURE IMPACT	No maintenance of effort or other obligations should be incurred by adopting this decision package.

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?

PRIORITIZATION	The Agency was party to a negative judgment concerning our current mental health program. This additional request will try to defer future concerns over the Agency's medical and mental health program.

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?

AGENCY NAME:	SOUTH CAROLINA DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

INTENDED IMPACT	To substantially improve the Agency medical and mental health care treatment programs within the institutions.

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

PROGRAM EVALUATION	The program's progress will be continually evaluated by Agency management for needed upgrades and improvements.

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?

AGENCY NAME:	SOUTH CAROLINA DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	**7418**

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

TITLE	**Hepatitis "C" Infectious Disease Control Plan** **General Fund (10010000) Housing Care and Security – 4001.050000.000** **General Fund (10010000) Employer Contribution – 9500.050000.000**

Provide a brief, descriptive title for this request.

AMOUNT	**$231,357 Increase in Classified Positions – 501058 (2.00 FTE)** **$104,643 Increase in Employer Contributions – 513000** **$1,250,000 Increase in Case Services – 511000** **$1,586,000 Total**

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.

ENABLING AUTHORITY	**SECTION 24-1-30.** Department of Corrections created; functions. There is hereby created as an administrative agency of the State government the Department of Corrections. The functions of the Department shall be to implement and carry out the policy of the State with respect to its prison system, as set forth in Section 24-1-20, and the performance of such other duties and matters as may be delegated to it pursuant to law.

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?

FACTORS ASSOCIATED WITH THE REQUEST	**Mark "X" for all that apply:**	
		(Base Adjustment) Allocation of statewide employee benefits.
		(Base Adjustment) Realignment within existing programs and lines.
		(Base Adjustment) Restructuring of agency programs – *requires pre-approval*.
		Change in cost of providing current services to existing program audience.
		Change in case load / enrollment under existing program guidelines.
		Non-mandated change in eligibility / enrollment for existing program.
		Non-mandated program change in service levels or areas.
	X	Proposed establishment of a new program or initiative.
		Loss of federal or other external financial support for existing program.
		Exhaustion of fund balances previously used to support program.

RECIPIENTS OF FUNDS	This request is for the employment of a sufficient number of trained medical health professionals and the medications.

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?

RELATED REQUEST(S)	There is a recurring decision package that relates to the continuation of this program.

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?

MATCHING FUNDS	No matching funds will be provided for this request.

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

FUNDING ALTERNATIVES	There were no other funding alternatives that could have been sought after to fund this program.

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.

SUMMARY	This request is to fund two (2) medical professionals to manage an infectious disease program within our institutions to minimize the spread of infectious diseases and act as liaisons with State and Federal DHEC. This request is also to fund the purchase of current Hepatitis "C" medications that will serve the inmate population as a "cure" and eliminate the spread within the inmate population. New positions include: Classified Physician (1.00) – Salary $195,000 Fringe $87,000 Classified Disease Coordinator (1.00) – Salary $36,357 Fringe $17,643
Information Technology /Security	N
Consulted DTO during development	N

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.

AGENCY NAME:	SOUTH CAROLINA DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

METHOD OF CALCULATION	The amount was calculated based upon the projected needs of the program for FY17.

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?

FUTURE IMPACT	No maintenance of effort or other obligations should be incurred by adopting this decision package.

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?

PRIORITIZATION	This additional request will try to defer future concerns over the Agency's medical and mental health program. This is a new program that should have been in place during past fiscal years.

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?

AGENCY NAME:	SOUTH CAROLINA DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

INTENDED IMPACT	To substantially improve the Agency medical and mental health care treatment programs within the institutions.

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

PROGRAM EVALUATION	The program's progress will be continually evaluated by Agency management for needed upgrades and improvements.

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?

AGENCY NAME:	SOUTH CAROLINA DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	**7444**

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

TITLE	**Implementation of Digital X-Ray Process** **General Fund (10010000) Housing Care and Security – 4001.050000.000** **General Fund (10010000) Employer Contribution – 9500.050000.000**

Provide a brief, descriptive title for this request.

AMOUNT	**$151,236 Increase in Classified Positions – 501058 (4.00 FTE)** **$68,404 Increase in Employer Contributions – 513000** **$219,640 Total**

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.

ENABLING AUTHORITY	**SECTION 24-1-30.** Department of Corrections created; functions. There is hereby created as an administrative agency of the State government the Department of Corrections. The functions of the Department shall be to implement and carry out the policy of the State with respect to its prison system, as set forth in Section 24-1-20, and the performance of such other duties and matters as may be delegated to it pursuant to law.

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?

FACTORS ASSOCIATED WITH THE REQUEST	Mark "X" for all that apply:	
		(Base Adjustment) Allocation of statewide employee benefits.
		(Base Adjustment) Realignment within existing programs and lines.
		(Base Adjustment) Restructuring of agency programs – *requires pre-approval*.
		Change in cost of providing current services to existing program audience.
		Change in case load / enrollment under existing program guidelines.
		Non-mandated change in eligibility / enrollment for existing program.
		Non-mandated program change in service levels or areas.
	X	Proposed establishment of a new program or initiative.
		Loss of federal or other external financial support for existing program.
		Exhaustion of fund balances previously used to support program.

RECIPIENTS OF FUNDS	This request is for the employment of a sufficient number of trained medical health professionals.

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?

AGENCY NAME:	SOUTH CAROLINA DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

RELATED REQUEST(S)	There is a recurring and non-recurring decision package that relates to the continuation of this program.

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?

MATCHING FUNDS	No matching funds will be provided for this request.

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

FUNDING ALTERNATIVES	There were no other funding alternatives that could have been sought after to fund this program.

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.

SUMMARY	This request is to fund two (2.00) medical professionals to manage the real-time production of digital x-rays within our institutions to minimize the number of outside inmate trips and processing time of x-rays by medical contractors. This request is a cost-savings measure because the results are immediate and on-site. Classified X-Ray Health Technicians (4.00) – Salary $151,236 Fringe $68,404

Information Technology /Security	N
Consulted DTO during development	N

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.

AGENCY NAME:	SOUTH CAROLINA DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

METHOD OF CALCULATION	The amount was calculated based upon the projected needs of the program for FY17.

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?

FUTURE IMPACT	No maintenance of effort or other obligations should be incurred by adopting this decision package.

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?

PRIORITIZATION	This additional request will try to defer future concerns over the Agency's medical and mental health program. This is a new program that should have been in place during past fiscal years.

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?

AGENCY NAME:	SOUTH CAROLINA DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

INTENDED IMPACT	To substantially improve the Agency medical and mental health care treatment programs within the institutions.

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

PROGRAM EVALUATION	The program's progress will be continually evaluated by Agency management for needed upgrades and improvements.

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?

AGENCY NAME:	SOUTH CAROLINA DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	**7447**

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

TITLE	**Additional Dental Staffing and Equity Plan – Dental Hygienists** **General Fund (10010000) Housing Care and Security – 4001.050000.000** **General Fund (10010000) Employer Contribution – 9500.050000.000**

Provide a brief, descriptive title for this request.

AMOUNT	**$305,223 Increase in Classified Positions – 501058 (5.00 FTE)** **$138,053 Increase in Employer Contributions – 513000** **$443,276 Total**

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.

ENABLING AUTHORITY	**SECTION 24-1-30.** Department of Corrections created; functions. There is hereby created as an administrative agency of the State government the Department of Corrections. The functions of the Department shall be to implement and carry out the policy of the State with respect to its prison system, as set forth in Section 24-1-20, and the performance of such other duties and matters as may be delegated to it pursuant to law.

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?

FACTORS ASSOCIATED WITH THE REQUEST	Mark "X" for all that apply:	
		(Base Adjustment) Allocation of statewide employee benefits.
		(Base Adjustment) Realignment within existing programs and lines.
		(Base Adjustment) Restructuring of agency programs – *requires pre-approval*.
	X	Change in cost of providing current services to existing program audience.
		Change in case load / enrollment under existing program guidelines.
		Non-mandated change in eligibility / enrollment for existing program.
		Non-mandated program change in service levels or areas.
		Proposed establishment of a new program or initiative.
		Loss of federal or other external financial support for existing program.
		Exhaustion of fund balances previously used to support program.

RECIPIENTS OF FUNDS	This request is for the employment of a sufficient number of trained dental health professionals.

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?

AGENCY NAME:	SOUTH CAROLINA DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

RELATED REQUEST(S)	There is a recurring decision package that relates to the continuation of this program.

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?

MATCHING FUNDS	No matching funds will be provided for this request.

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

FUNDING ALTERNATIVES	There were no other funding alternatives that could have been sought after to fund this program.

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.

SUMMARY	This request is to fund five (5.00) dental professionals to perform hygienist duties within our Dental Services. Currently, the dentists are performing such duties and this is very costly and timely for the agency to support this procedure. Adding a staff of hygienists will significantly increase the time that the dentists have available to serve the inmate population. Also, includes the equity plan for the current dental staff, $212,860 (Salary $146,567, Fringe $66,293). Classified Dental Hygienist (5.00) – Salary $158,656 Fringe $71,760
Information Technology /Security	N
Consulted DTO during development	N

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.

AGENCY NAME:	SOUTH CAROLINA DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

METHOD OF CALCULATION	The amount was calculated based upon the projected needs of the program for FY17.

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?

FUTURE IMPACT	No maintenance of effort or other obligations should be incurred by adopting this decision package.

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?

PRIORITIZATION	This additional request will try to defer future concerns over the Agency's medical and dental health program.

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?

AGENCY NAME:	SOUTH CAROLINA DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

INTENDED IMPACT	To substantially improve the Agency medical and dental health care treatment programs within the institutions.

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

PROGRAM EVALUATION	The program's progress will be continually evaluated by Agency management for needed upgrades and improvements.

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?

AGENCY NAME:	SOUTH CAROLINA DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	**7450**

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

TITLE	**Correctional Officer Hiring Rate Adjustment and Retention Plan** **General Fund (10010000) Housing Care and Security – 4001.050000.000** **General Fund (10010000) Employer Contribution – 9500.050000.000**

Provide a brief, descriptive title for this request.

AMOUNT	**$11,089,642 Increase in Classified Positions – 501058** **$5,015,845 Increase in Employer Contributions – 513000** **$16,105,487 Total**

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.

ENABLING AUTHORITY	**SECTION 24-1-30.** Department of Corrections created; functions. There is hereby created as an administrative agency of the State government the Department of Corrections. The functions of the Department shall be to implement and carry out the policy of the State with respect to its prison system, as set forth in Section 24-1-20, and the performance of such other duties and matters as may be delegated to it pursuant to law.

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?

FACTORS ASSOCIATED WITH THE REQUEST	Mark "X" for all that apply:	
		(Base Adjustment) Allocation of statewide employee benefits.
		(Base Adjustment) Realignment within existing programs and lines.
		(Base Adjustment) Restructuring of agency programs – *requires pre-approval*.
	X	Change in cost of providing current services to existing program audience.
		Change in case load / enrollment under existing program guidelines.
		Non-mandated change in eligibility / enrollment for existing program.
		Non-mandated program change in service levels or areas.
		Proposed establishment of a new program or initiative.
		Loss of federal or other external financial support for existing program.
		Exhaustion of fund balances previously used to support program.

RECIPIENTS OF FUNDS	This request is for the employment and retention of a sufficient number of security officers that will continue to provide protection to the public, our employees and inmates.

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?

AGENCY NAME:	SOUTH CAROLINA DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

RELATED REQUEST(S)	There is a recurring decision package that relates to the continuation of this program.

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?

MATCHING FUNDS	No matching funds will be provided for this request.

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

FUNDING ALTERNATIVES	There were no other funding alternatives that could have been sought after to fund this program.

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.

SUMMARY	This request is to provide the funding for competitive increases for our front-line institutional correctional staff which will help reduce overall shortages due to outside competition and the nature of the dangerous work in a correctional setting. The request also includes our Food Service personnel who work directly with inmates in a potentially dangerous environment that uses heavy kitchen equipment and tools/utensils.

Information Technology /Security	N
Consulted DTO during development	N

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.

AGENCY NAME:	SOUTH CAROLINA DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

METHOD OF CALCULATION	The amount was calculated based upon the projected needs of the program for FY17.

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?

FUTURE IMPACT	No maintenance of effort or other obligations should be incurred by adopting this decision package.

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?

PRIORITIZATION	This additional request will try to defer future concerns over the Agency's retention of qualified correctional officers.

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?

AGENCY NAME:	SOUTH CAROLINA DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

INTENDED IMPACT	To substantially improve the Agency working environment within the institutions.

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

PROGRAM EVALUATION	The program's progress will be continually evaluated by Agency management for needed upgrades and improvements.

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?

AGENCY NAME:	SOUTH CAROLINA DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	**7473**

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

TITLE	**Staffing for the New Lieber Security Towers** **General Fund (10010000) Housing Care and Security – 4001.050000.000** **General Fund (10010000) Employer Contribution – 9500.050000.000**

Provide a brief, descriptive title for this request.

AMOUNT	**$456,976 Increase in Classified Positions – 501058 (16.00 FTE)** **$206,690 Increase in Employer Contributions – 513000** **$663,666 Total**

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.

ENABLING AUTHORITY	**SECTION 24-1-30.** Department of Corrections created; functions. There is hereby created as an administrative agency of the State government the Department of Corrections. The functions of the Department shall be to implement and carry out the policy of the State with respect to its prison system, as set forth in Section 24-1-20, and the performance of such other duties and matters as may be delegated to it pursuant to law.

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?

FACTORS ASSOCIATED WITH THE REQUEST	**Mark "X" for all that apply:**
	(Base Adjustment) Allocation of statewide employee benefits.
	(Base Adjustment) Realignment within existing programs and lines.
	(Base Adjustment) Restructuring of agency programs – *requires pre-approval*.
	Change in cost of providing current services to existing program audience.
	Change in case load / enrollment under existing program guidelines.
	Non-mandated change in eligibility / enrollment for existing program.
	Non-mandated program change in service levels or areas.
X	Proposed establishment of a new program or initiative.
	Loss of federal or other external financial support for existing program.
	Exhaustion of fund balances previously used to support program.

RECIPIENTS OF FUNDS	This request is for the employment of a sufficient number of trained security staff to maintain perimeter security through observation towers outside of the Lieber Institution.

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?

AGENCY NAME:	SOUTH CAROLINA DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

RELATED REQUEST(S)	There is a recurring decision package that relates to the continuation of this program.

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?

MATCHING FUNDS	No matching funds will be provided for this request.

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

FUNDING ALTERNATIVES	There were no other funding alternatives that could have been sought after to fund this program.

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.

SUMMARY	This request is to fund sixteen (16.00) correctional officer-level II positions to staff the new security towers constructed at the Lieber Correctional Institution. The towers are placed outside the perimeter of the institution and are used to defend the institution from contraband "throw-overs" from outside sources. In tandem with the vehicle-roving patrols, these towers are a vital component to stop contraband flowing into our institutions which are used to threaten our security staff. Classified CO I (16) – Salary $456,976 Fringe $206,690
Information Technology /Security	N
Consulted DTO during development	N

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.

AGENCY NAME:	SOUTH CAROLINA DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

METHOD OF CALCULATION	The amount was calculated based upon the projected needs of the program for FY17.

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?

FUTURE IMPACT	No maintenance of effort or other obligations should be incurred by adopting this decision package.

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?

PRIORITIZATION	This additional request will try to defer future concerns over the Agency's security and to protect our security staff and the public.

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?

AGENCY NAME:	SOUTH CAROLINA DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

INTENDED IMPACT	To substantially improve the Agency security environment within the Lieber institution.

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

PROGRAM EVALUATION	The program's progress will be continually evaluated by Agency management for needed upgrades and improvements.

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?

AGENCY NAME:	SOUTH CAROLINA DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	**7476**

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

TITLE	**Budget Request for 100 Unfunded Security FTE Positions** **General Fund (10010000) Housing Care and Security – 4001.050000.000** **General Fund (10010000) Employer Contribution – 9500.050000.000**

Provide a brief, descriptive title for this request.

AMOUNT	**$3,015,502 Increase in Classified Positions – 501058** **$1,363,912 Increase in Employer Contributions – 513000** **$4,379,414 Total**

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.

ENABLING AUTHORITY	**SECTION 24-1-30.** Department of Corrections created; functions. There is hereby created as an administrative agency of the State government the Department of Corrections. The functions of the Department shall be to implement and carry out the policy of the State with respect to its prison system, as set forth in Section 24-1-20, and the performance of such other duties and matters as may be delegated to it pursuant to law.

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?

FACTORS ASSOCIATED WITH THE REQUEST	**Mark "X" for all that apply:**	
		(Base Adjustment) Allocation of statewide employee benefits.
		(Base Adjustment) Realignment within existing programs and lines.
		(Base Adjustment) Restructuring of agency programs – *requires pre-approval*.
	X	Change in cost of providing current services to existing program audience.
		Change in case load / enrollment under existing program guidelines.
		Non-mandated change in eligibility / enrollment for existing program.
		Non-mandated program change in service levels or areas.
		Proposed establishment of a new program or initiative.
		Loss of federal or other external financial support for existing program.
		Exhaustion of fund balances previously used to support program.

RECIPIENTS OF FUNDS	This request is for the employment of a sufficient number of trained security staff.

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?

AGENCY NAME:	SOUTH CAROLINA DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

RELATED REQUEST(S)	There is a recurring decision package that relates to the continuation of this program.

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?

MATCHING FUNDS	No matching funds will be provided for this request.

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

FUNDING ALTERNATIVES	There were no other funding alternatives that could have been sought after to fund this program.

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.

SUMMARY		This request is to fund one hundred (100) FTE security positions that were lost during the recession in 2008 and 2009. During those years, mandated across the board funding reductions occurred during the fiscal year cycle after BEA projections were significantly lowered. We did not lose the FTE positions; however, the funding was lost and never replaced.
Information Technology /Security	N	
Consulted DTO during development	N	

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.

AGENCY NAME:	SOUTH CAROLINA DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

METHOD OF CALCULATION	The amount was calculated based upon the projected needs of the program for FY17.

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?

FUTURE IMPACT	No maintenance of effort or other obligations should be incurred by adopting this decision package.

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?

PRIORITIZATION	This additional request will try to defer future concerns over the Agency's security staff population.

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?

AGENCY NAME:	SOUTH CAROLINA DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

INTENDED IMPACT	To substantially improve the Agency security levels within the institutions.

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

PROGRAM EVALUATION	The program's progress will be continually evaluated by Agency management for needed upgrades and improvements.

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?

AGENCY NAME:	SOUTH CAROLINA DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	**7479**

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

TITLE	**Institutional Unit Management Staff** **General Fund (10010000) Housing Care and Security – 4001.050000.000** **General Fund (10010000) Employer Contribution – 9500.050000.000**

Provide a brief, descriptive title for this request.

AMOUNT	**$2,486,250 Increase in Classified Positions – 501058** **$1,124,531 Increase in Employer Contributions – 513000** **$3,610,781 Total**

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.

ENABLING AUTHORITY	**SECTION 24-1-30.** Department of Corrections created; functions. There is hereby created as an administrative agency of the State government the Department of Corrections. The functions of the Department shall be to implement and carry out the policy of the State with respect to its prison system, as set forth in Section 24-1-20, and the performance of such other duties and matters as may be delegated to it pursuant to law.

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?

FACTORS ASSOCIATED WITH THE REQUEST	**Mark "X" for all that apply:**	
		(Base Adjustment) Allocation of statewide employee benefits.
		(Base Adjustment) Realignment within existing programs and lines.
		(Base Adjustment) Restructuring of agency programs – *requires pre-approval*.
		Change in cost of providing current services to existing program audience.
	X	Change in case load / enrollment under existing program guidelines.
		Non-mandated change in eligibility / enrollment for existing program.
		Non-mandated program change in service levels or areas.
		Proposed establishment of a new program or initiative.
		Loss of federal or other external financial support for existing program.
		Exhaustion of fund balances previously used to support program.

RECIPIENTS OF FUNDS	This request is for the employment of a sufficient number of trained staff that will provide case management to our inmate population.

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?

AGENCY NAME:	SOUTH CAROLINA DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

RELATED REQUEST(S)	There is a recurring decision package that relates to the continuation of this program.

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?

MATCHING FUNDS	No matching funds will be provided for this request.

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

FUNDING ALTERNATIVES	There were no other funding alternatives that could have been sought after to fund this program.

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.

SUMMARY	This request is to fund forty-five (45 vacant positions) multi-disciplinary skilled staff that will work within our inmate housing units to provide operational and case management services to our inmate population. Classified Correctional Officer IV – Salary $2,486,250 Fringe $1,124,531

Information Technology /Security	N
Consulted DTO during development	N

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.

AGENCY NAME:	SOUTH CAROLINA DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

METHOD OF CALCULATION	The amount was calculated based upon the projected needs of the program for FY17.

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?

FUTURE IMPACT	No maintenance of effort or other obligations should be incurred by adopting this decision package.

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?

PRIORITIZATION	This additional request will try to defer future concerns over the Agency's security shortages and provide additional security to the inmates and institutional staff.

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?

AGENCY NAME:	SOUTH CAROLINA DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

INTENDED IMPACT	To substantially improve the Agency operational security within the institutions.

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

PROGRAM EVALUATION	The program's progress will be continually evaluated by Agency management for needed upgrades and improvements.

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?

AGENCY NAME:	SOUTH CAROLINA DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	**7492**

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

TITLE	**Youthful Offender Staffing for Pre-Sentence Investigation** **General Fund (10010000) Housing Care and Security – 4001.050000.000** **General Fund (10010000) Employer Contribution – 9500.050000.000**

Provide a brief, descriptive title for this request.

AMOUNT	**$248,916 Increase in Classified Positions – 501058 (6.00 FTE)** **$112,584 Increase in Employer Contributions – 513000** **$361,510 Total**

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.

ENABLING AUTHORITY	**SECTION 24-1-30.** Department of Corrections created; functions. There is hereby created as an administrative agency of the State government the Department of Corrections. The functions of the Department shall be to implement and carry out the policy of the State with respect to its prison system, as set forth in Section 24-1-20, and the performance of such other duties and matters as may be delegated to it pursuant to law.

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?

FACTORS ASSOCIATED WITH THE REQUEST	Mark "X" for all that apply:
	(Base Adjustment) Allocation of statewide employee benefits.
	(Base Adjustment) Realignment within existing programs and lines.
	(Base Adjustment) Restructuring of agency programs – *requires pre-approval*.
	Change in cost of providing current services to existing program audience.
	Change in case load / enrollment under existing program guidelines.
	Non-mandated change in eligibility / enrollment for existing program.
	Non-mandated program change in service levels or areas.
X	Proposed establishment of a new program or initiative.
	Loss of federal or other external financial support for existing program.
	Exhaustion of fund balances previously used to support program.

RECIPIENTS OF FUNDS	This request is for the employment of an additional number of trained staff that can be utilized within our YOPRS Program.

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?

AGENCY NAME:	SOUTH CAROLINA DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

RELATED REQUEST(S)	There is a recurring decision package that relates to the continuation of this program.

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?

MATCHING FUNDS	No matching funds will be provided for this request.

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

FUNDING ALTERNATIVES	There were no other funding alternatives that could have been sought after to fund this program.

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.

SUMMARY	This request is to fund five (5.00) staff positions that will assist the Courts through the YOA-5B evaluation process which provides for a comprehensive overview of the offenders individualized needs/assets profile, social history and conduct. The YOA-5B evaluation is a legislated option made available to the Courts. Projections point to an increase in six hundred (600) new YOA admissions for FY2017. Classified Intensive Supervisor GA50 (5.00) – Salary $165,410 Fringe $74,800 Also, one (1.00) dedicated IT position is being requested. This individual will assist the YOPRS officers with all of their computer, software and security needs necessary to carry out their individualized jobs around the State. Classified IT Manager (1.00) – Salary $83,516 Fringe $37,774
Information Technology /Security	N
Consulted DTO during development	N

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.

AGENCY NAME:	SOUTH CAROLINA DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

METHOD OF CALCULATION	The amount was calculated based upon the projected needs of the program for FY17.

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?

FUTURE IMPACT	No maintenance of effort or other obligations should be incurred by adopting this decision package.

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?

PRIORITIZATION	This additional request will try to defer future concerns over the Agency's YOPRS Program and provide necessary assistance with the increasing population of qualified individuals coming into the Courts.

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?

AGENCY NAME:	SOUTH CAROLINA DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

INTENDED IMPACT	To substantially improve the Agency YOPRS programs within the institutions.

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

PROGRAM EVALUATION	The program's progress will be continually evaluated by Agency management for needed upgrades and improvements.

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?

AGENCY NAME:	SOUTH CAROLINA DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	**7495**

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

TITLE	**DEW Collaborative One-Stop Shop** **General Fund (10010000) Individual Growth and Motivation – 4001.250000.000**

Provide a brief, descriptive title for this request.

AMOUNT	**$70,000 Increase in Other Operating – 512001**

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.

ENABLING AUTHORITY	**SECTION 24-1-30.** Department of Corrections created; functions. There is hereby created as an administrative agency of the State government the Department of Corrections. The functions of the Department shall be to implement and carry out the policy of the State with respect to its prison system, as set forth in Section 24-1-20, and the performance of such other duties and matters as may be delegated to it pursuant to law.

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?

FACTORS ASSOCIATED WITH THE REQUEST	**Mark "X" for all that apply:**	
		(Base Adjustment) Allocation of statewide employee benefits.
		(Base Adjustment) Realignment within existing programs and lines.
		(Base Adjustment) Restructuring of agency programs – *requires pre-approval*.
		Change in cost of providing current services to existing program audience.
		Change in case load / enrollment under existing program guidelines.
		Non-mandated change in eligibility / enrollment for existing program.
		Non-mandated program change in service levels or areas.
	X	Proposed establishment of a new program or initiative.
		Loss of federal or other external financial support for existing program.
		Exhaustion of fund balances previously used to support program.

RECIPIENTS OF FUNDS	This request will benefit the female inmate population.

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?

RELATED REQUEST(S)	There is a non-recurring decision package that relates to the continuation of this program.

AGENCY NAME:	SOUTH CAROLINA DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

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?

MATCHING FUNDS	No matching funds will be provided for this request.

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

FUNDING ALTERNATIVES	There were no other funding alternatives that could have been sought after to fund this program.

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.

SUMMARY		This request is to establish the DEW Collaborative One-Stop Shop within our female institutions. The program provides female inmates with skills training for job placement after release by teaching them resume preparation and job development skills. This program provides critical skills that should reduce the recidivism rate among the female inmates.
Information Technology /Security	N	
Consulted DTO during development	N	

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.

AGENCY NAME:	SOUTH CAROLINA DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

METHOD OF CALCULATION	The amount was calculated based upon the projected needs of the program for FY17.

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?

FUTURE IMPACT	No maintenance of effort or other obligations should be incurred by adopting this decision package.

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?

PRIORITIZATION	This request will try to defer future concerns over the Agency's recidivism rate among female inmates.

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?

AGENCY NAME:	SOUTH CAROLINA DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

INTENDED IMPACT	To substantially improve the inmates' marketability within the job market after release.

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

PROGRAM EVALUATION	The program's progress will be continually evaluated by Agency management for needed upgrades and improvements.

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?

AGENCY NAME:	SOUTH CAROLINA DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	**7498**

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

TITLE	**Additional Public Awareness Staff** **General Fund (10010000) Administration – 0100.000000.000** **General Fund (10010000) Employer Contribution – 9500.050000.000**

Provide a brief, descriptive title for this request.

AMOUNT	**$33,945 Increase in Classified Positions – 501058 (1.00 FTE)** **$15,354 Increase in Employer Contributions – 513000** **$49,299 Total**

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.

ENABLING AUTHORITY	**SECTION 24-1-30.** Department of Corrections created; functions. There is hereby created as an administrative agency of the State government the Department of Corrections. The functions of the Department shall be to implement and carry out the policy of the State with respect to its prison system, as set forth in Section 24-1-20, and the performance of such other duties and matters as may be delegated to it pursuant to law.

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?

FACTORS ASSOCIATED WITH THE REQUEST	Mark "X" for all that apply:	
		(Base Adjustment) Allocation of statewide employee benefits.
		(Base Adjustment) Realignment within existing programs and lines.
		(Base Adjustment) Restructuring of agency programs – *requires pre-approval*.
		Change in cost of providing current services to existing program audience.
	X	Change in case load / enrollment under existing program guidelines.
		Non-mandated change in eligibility / enrollment for existing program.
		Non-mandated program change in service levels or areas.
		Proposed establishment of a new program or initiative.
		Loss of federal or other external financial support for existing program.
		Exhaustion of fund balances previously used to support program.

RECIPIENTS OF FUNDS	This request will benefit a target audience of at-risk youth within the community.

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?

AGENCY NAME:	SOUTH CAROLINA DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

RELATED REQUEST(S)	There is a recurring and non-recurring decision package that relates to the continuation of this program.

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?

MATCHING FUNDS	No matching funds will be provided for this request.

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

FUNDING ALTERNATIVES	There were no other funding alternatives that could have been sought after to fund this program.

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.

SUMMARY	This request is to add another full-time (FTE) correctional officer (Sgt.) to the Public Awareness program that operates within the public educating at-risk youth. The program has become so successful that appearance bookings are a year in advance now and we are turning down requests. The addition of another position will help open up more opportunities for appearances thus helping community at-risk youth. 501059 Classified COII (1.00) – Salary $33,945 Fringe $15,354
Information Technology /Security	N
Consulted DTO during development	N

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.

AGENCY NAME:	SOUTH CAROLINA DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

METHOD OF CALCULATION	The amount was calculated based upon the projected needs of the program for FY17.

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?

FUTURE IMPACT	No maintenance of effort or other obligations should be incurred by adopting this decision package.

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?

PRIORITIZATION	This request will benefit the outside community of at-risk youth.

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?

AGENCY NAME:	SOUTH CAROLINA DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

INTENDED IMPACT	To educate the at-risk youth early about prison life; this program may deter some of them from choosing a path of crime.

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

PROGRAM EVALUATION	The program's progress will be continually evaluated by Agency management for needed upgrades and improvements.

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?

AGENCY NAME:	SOUTH CAROLINA DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	**7575**

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

TITLE	**Institutional Security Camera Network Staff** **General Fund (10010000) Housing and Security – 4001.050000.000** **General Fund (10010000) Employer Contribution – 9500.050000.000**

Provide a brief, descriptive title for this request.

AMOUNT	**$405,000 Increase in Classified Positions – 501058 (9.00 FTE)** **$183,182 Increase in Employer Contributions – 513000** **$588,182 Total**

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.

ENABLING AUTHORITY	**SECTION 24-1-30.** Department of Corrections created; functions. There is hereby created as an administrative agency of the State government the Department of Corrections. The functions of the Department shall be to implement and carry out the policy of the State with respect to its prison system, as set forth in Section 24-1-20, and the performance of such other duties and matters as may be delegated to it pursuant to law.

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?

FACTORS ASSOCIATED WITH THE REQUEST	Mark "X" for all that apply:	
		(Base Adjustment) Allocation of statewide employee benefits.
		(Base Adjustment) Realignment within existing programs and lines.
		(Base Adjustment) Restructuring of agency programs – *requires pre-approval*.
	X	Change in cost of providing current services to existing program audience.
		Change in case load / enrollment under existing program guidelines.
		Non-mandated change in eligibility / enrollment for existing program.
		Non-mandated program change in service levels or areas.
		Proposed establishment of a new program or initiative.
		Loss of federal or other external financial support for existing program.
		Exhaustion of fund balances previously used to support program.

RECIPIENTS OF FUNDS	This request adds a major element of security to our institutions thus providing a safer environment for our inmates and employees.

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?

AGENCY NAME:	SOUTH CAROLINA DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

RELATED REQUEST(S)	There is a recurring decision package that relates to the continuation of this program.

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?

MATCHING FUNDS	No matching funds will be provided for this request.

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

FUNDING ALTERNATIVES	There were no other funding alternatives that could have been sought after to fund this program.

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.

SUMMARY		This request is to fund seven (7) positions that will be responsible for the upkeep of all of the cameras, DVR's, etc. and potential new installations as more budget is requested for additional and latest camera equipment available. The Agency has many camera networks within our institutions to keep our inmates and security staff safe. We also need funding to add Information Technology staff (2) for the upkeep and maintenance of the software systems that operate the camera infrastructures throughout our institutions. Classified Building/Grounds Manager (3.00) – Salary $144,000 Fringe $65,131 30000568 Classified Trades Specialist V (4.00) – Salary $156,0000 Fringe $70,559 30000588 Classified IT Technician II (2.00) – Salary $105,000 Fringe $47,492 30000321
Information Technology /Security	N	
Consulted DTO during development	N	

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.

AGENCY NAME:	SOUTH CAROLINA DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

METHOD OF CALCULATION	The amount was calculated based upon the projected needs of the program for FY17.

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?

FUTURE IMPACT	No maintenance of effort or other obligations should be incurred by adopting this decision package.

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?

PRIORITIZATION	This request will benefit both our security, institutional staff and inmates.

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?

AGENCY NAME:	SOUTH CAROLINA DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

INTENDED IMPACT	Provides additional observation techniques for our security staff.

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

PROGRAM EVALUATION	The program's progress will be continually evaluated by Agency management for needed upgrades and improvements.

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?

AGENCY NAME:	SOUTH CAROLINA DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	**7511**

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

TITLE	**Agency-Wide Paving Maintenance** **General Fund (10010000) Housing and Security – 4001.050000.000** **General Fund (10010000) Employer Contribution – 9500.050000.000**

Provide a brief, descriptive title for this request.

AMOUNT	**$96,000 Increase in Classified Positions – 501058 (2.00 FTE)** **$43,420 Increase in Employer Contributions – 513000** **$139,420 Total**

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.

ENABLING AUTHORITY	**SECTION 24-1-30.** Department of Corrections created; functions. There is hereby created as an administrative agency of the State government the Department of Corrections. The functions of the Department shall be to implement and carry out the policy of the State with respect to its prison system, as set forth in Section 24-1-20, and the performance of such other duties and matters as may be delegated to it pursuant to law.

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?

FACTORS ASSOCIATED WITH THE REQUEST	Mark "X" for all that apply:	
		(Base Adjustment) Allocation of statewide employee benefits.
		(Base Adjustment) Realignment within existing programs and lines.
		(Base Adjustment) Restructuring of agency programs – *requires pre-approval*.
	X	Change in cost of providing current services to existing program audience.
		Change in case load / enrollment under existing program guidelines.
		Non-mandated change in eligibility / enrollment for existing program.
		Non-mandated program change in service levels or areas.
		Proposed establishment of a new program or initiative.
		Loss of federal or other external financial support for existing program.
		Exhaustion of fund balances previously used to support program.

RECIPIENTS OF FUNDS	This request is for the employment of an additional number of trained staff that can be utilized within our Facilities Maintenance.

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?

AGENCY NAME:	SOUTH CAROLINA DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

RELATED REQUEST(S)	There is a recurring and non-recurring decision package that relates to the continuation of this program.

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?

MATCHING FUNDS	No matching funds will be provided for this request.

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

FUNDING ALTERNATIVES	There were no other funding alternatives that could have been sought after to fund this program.

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.

SUMMARY	This request is to fund two (2) positions that will be responsible for the operation of the added paving equipment and to train the inmate workers to operate and work in a road paving environment. The skills learned by the inmates in this program will able them to seek viable employment after their release and contribute to society and the reduction of the recidivism rate. Classified Building/Grounds Manager (2.00) – Salary $96,000 Fringe $43,420 30000568
Information Technology /Security	N
Consulted DTO during development	N

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.

AGENCY NAME:	SOUTH CAROLINA DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

METHOD OF CALCULATION	The amount was calculated based upon the projected needs of the program for FY17.

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?

FUTURE IMPACT	No maintenance of effort or other obligations should be incurred by adopting this decision package.

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?

PRIORITIZATION	This request will benefit the institution infrastructure and the inmate workers.

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?

AGENCY NAME:	SOUTH CAROLINA DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

INTENDED IMPACT	Provides additional work skills to our inmates for future employment.

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

PROGRAM EVALUATION	The program's progress will be continually evaluated by Agency management for needed upgrades and improvements.

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?

AGENCY NAME:	SOUTH CAROLINA DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	**7581**

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

TITLE	**Palmetto Unified School District Temporary Employee Conversion Phase I of III** **General Fund (10010000) Palmetto Unified School District – 4001.200000.000** **General Fund (10010000) Employer Contribution – 9500.050000.000**

Provide a brief, descriptive title for this request.

AMOUNT	**$265,000 Increase in Unclassified Positions – 501060 (9.00 FTE)** **$122,280 Increase in Employer Contributions – 513000** **$387,280 Total**

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.

ENABLING AUTHORITY	**SECTION 24-1-30.** Department of Corrections created; functions. There is hereby created as an administrative agency of the State government the Department of Corrections. The functions of the Department shall be to implement and carry out the policy of the State with respect to its prison system, as set forth in Section 24-1-20, and the performance of such other duties and matters as may be delegated to it pursuant to law.

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?

FACTORS ASSOCIATED WITH THE REQUEST	**Mark "X" for all that apply:**	
		(Base Adjustment) Allocation of statewide employee benefits.
		(Base Adjustment) Realignment within existing programs and lines.
		(Base Adjustment) Restructuring of agency programs – *requires pre-approval*.
		Change in cost of providing current services to existing program audience.
	X	Change in case load / enrollment under existing program guidelines.
		Non-mandated change in eligibility / enrollment for existing program.
		Non-mandated program change in service levels or areas.
		Proposed establishment of a new program or initiative.
		Loss of federal or other external financial support for existing program.
		Exhaustion of fund balances previously used to support program.

RECIPIENTS OF FUNDS	This request will benefit temporary employees working in the Palmetto Unified School District.

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?

AGENCY NAME:	SOUTH CAROLINA DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

RELATED REQUEST(S)	There is a recurring decision package that relates to the continuation of this program.

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?

MATCHING FUNDS	No matching funds will be provided for this request.

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

FUNDING ALTERNATIVES	There were no other funding alternatives that could have been sought after to fund this program.

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.

SUMMARY	This request is Phase I out of a three-phase plan to fund nine (9) temporary positions out of twenty-seven (27) for full-time status within the Palmetto Unified School District. The conversion will provide a better platform for recruitment and retention within the school district. Unclassified Certified Teacher (9.00) – Salary $265,000 Fringe $122,280 30000670

Information Technology /Security	N
Consulted DTO during development	N

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.

AGENCY NAME:	SOUTH CAROLINA DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

METHOD OF CALCULATION	The amount was calculated based upon the projected needs of the program for FY17.

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?

FUTURE IMPACT	No maintenance of effort or other obligations should be incurred by adopting this decision package.

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?

PRIORITIZATION	This request will benefit current temporary staff and future recruitment.

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?

AGENCY NAME:	SOUTH CAROLINA DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

INTENDED IMPACT	Reduce turnover among the District staff.

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

PROGRAM EVALUATION	The program's progress will be continually evaluated by Agency management for needed upgrades and improvements.

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?

AGENCY NAME:	SOUTH CAROLINA DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	**7584**

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

TITLE	**Palmetto Unified School District Program Expansion** **General Fund (10010000) Palmetto Unified School District – 4001.200000.000** **General Fund (10010000) Employer Contribution – 9500.050000.000**

Provide a brief, descriptive title for this request.

AMOUNT	**$190,000 Increase in Unclassified Positions – 501060 (3.00 FTE)** **$85,937 Increase in Employer Contributions – 513000** **$275,937 Total**

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.

ENABLING AUTHORITY	**SECTION 24-1-30.** Department of Corrections created; functions. There is hereby created as an administrative agency of the State government the Department of Corrections. The functions of the Department shall be to implement and carry out the policy of the State with respect to its prison system, as set forth in Section 24-1-20, and the performance of such other duties and matters as may be delegated to it pursuant to law.

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?

FACTORS ASSOCIATED WITH THE REQUEST	Mark "X" for all that apply:	
		(Base Adjustment) Allocation of statewide employee benefits.
		(Base Adjustment) Realignment within existing programs and lines.
		(Base Adjustment) Restructuring of agency programs – *requires pre-approval*.
		Change in cost of providing current services to existing program audience.
		Change in case load / enrollment under existing program guidelines.
		Non-mandated change in eligibility / enrollment for existing program.
		Non-mandated program change in service levels or areas.
	X	Proposed establishment of a new program or initiative.
		Loss of federal or other external financial support for existing program.
		Exhaustion of fund balances previously used to support program.

RECIPIENTS OF FUNDS	This request will benefit the inmates registered within the Palmetto Unified School District.

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?

AGENCY NAME:	SOUTH CAROLINA DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

RELATED REQUEST(S)	There is a recurring and non-recurring decision package that relates to the continuation of this program.

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?

MATCHING FUNDS	No matching funds will be provided for this request.

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

FUNDING ALTERNATIVES	There were no other funding alternatives that could have been sought after to fund this program.

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.

SUMMARY	This request is to hire additional personnel (3) to provide instruction for academic, vocational, "WorkKeys" and the character education initiative. Additional personnel will provide a reduction in waiting lists, decrease recidivism, increase employability upon release and reduction in inmate assaults and grievances. Unclassified Certified Teacher (3.00) – Salary $190,000 Fringe $85,937 30000670

Information Technology /Security	N
Consulted DTO during development	N

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.

AGENCY NAME:	SOUTH CAROLINA DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

METHOD OF CALCULATION	The amount was calculated based upon the projected needs of the program for FY17.

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?

FUTURE IMPACT	No maintenance of effort or other obligations should be incurred by adopting this decision package.

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?

PRIORITIZATION	This request will benefit current and future inmate rolls.

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?

AGENCY NAME:	SOUTH CAROLINA DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

INTENDED IMPACT	Increase service delivery of our educational programs.

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

PROGRAM EVALUATION	The program's progress will be continually evaluated by Agency management for needed upgrades and improvements.

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?

AGENCY NAME:	SOUTH CAROLINA DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	**7587**

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

TITLE	**Inspector General Staffing and Equipment Plan** **General Fund (10010000) Administration – 0100.000000.000** **General Fund (10010000) Employer Contribution – 9500.050000.000**

Provide a brief, descriptive title for this request.

AMOUNT	**$106,317 Increase in Classified Positions – 501058 (2.00 FTE)** **$48,087 Increase in Employer Contributions – 513000** **$20,350 Increase in Operating – 512001** **$174,754 Total**

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.

ENABLING AUTHORITY	**SECTION 24-1-30.** Department of Corrections created; functions. There is hereby created as an administrative agency of the State government the Department of Corrections. The functions of the Department shall be to implement and carry out the policy of the State with respect to its prison system, as set forth in Section 24-1-20, and the performance of such other duties and matters as may be delegated to it pursuant to law.

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?

FACTORS ASSOCIATED WITH THE REQUEST	**Mark "X" for all that apply:**
	(Base Adjustment) Allocation of statewide employee benefits.
	(Base Adjustment) Realignment within existing programs and lines.
	(Base Adjustment) Restructuring of agency programs – *requires pre-approval*.
X	Change in cost of providing current services to existing program audience.
	Change in case load / enrollment under existing program guidelines.
	Non-mandated change in eligibility / enrollment for existing program.
	Non-mandated program change in service levels or areas.
	Proposed establishment of a new program or initiative.
	Loss of federal or other external financial support for existing program.
	Exhaustion of fund balances previously used to support program.

RECIPIENTS OF FUNDS	Additional personnel to re-establish previously reduced audit and inspection functions.

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?

RELATED REQUEST(S)	There is a recurring and non-recurring decision package that relates to the continuation of this program.

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?

MATCHING FUNDS	No matching funds will be provided for this request.

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

FUNDING ALTERNATIVES	There were no other funding alternatives that could have been sought after to fund this program.

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.

SUMMARY	This request is to fund an additional position within the Internal Audits section. Currently, Internal Audits is comprised of two professional auditors, however, due to the size of this Agency, personnel and component units, audit coverage is lacking. Also, the request is to fund an additional position in the Compliance and Inspections section because the Agency is required by law to carry out inspections of local detention centers. Both of these areas were heavily reduced during the 2003 reduction in force and have been limited to the amount of audits and inspections performed. Request also includes essential equipment to outfit the police staff for personal safety and proper evidence collection equipment. Classified Auditor III (1.00) – Salary $48,000 Fringe $21,710 30000244 Classified Program Manager I (1.00) – Salary $58,317 Fringe $26,377 30000293
Information Technology /Security	N
Consulted DTO during development	N

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.

AGENCY NAME:	SOUTH CAROLINA DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

METHOD OF CALCULATION	The amount was calculated based upon the projected needs of the program for FY17.

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?

FUTURE IMPACT	No maintenance of effort or other obligations should be incurred by adopting this decision package.

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?

PRIORITIZATION	This request will benefit the current Inspector General staff.

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?

AGENCY NAME:	SOUTH CAROLINA DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

INTENDED IMPACT	To increase audits and inspections and provide additional protection for the police unit officers.

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

PROGRAM EVALUATION	The program's progress will be continually evaluated by Agency management for needed upgrades and improvements.

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?

AGENCY NAME:	SOUTH CAROLINA DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	**7590**

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

TITLE	**IT Infrastructure Update Phase III of IV Staffing and Equipment Plan** **General Fund (10010000) Administration – 0100.000000.000** **General Fund (10010000) Employer Contribution – 9500.050000.000**

Provide a brief, descriptive title for this request.

AMOUNT	**$675,000 Increase in Classified Positions – 501058 (11.00 FTE)** **$373,302 Increase in Employer Contributions – 513000** **$595,000 Increase in Operating – 512001** **$1,643,302 Total**

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.

ENABLING AUTHORITY	**SECTION 24-1-30.** Department of Corrections created; functions. There is hereby created as an administrative agency of the State government the Department of Corrections. The functions of the Department shall be to implement and carry out the policy of the State with respect to its prison system, as set forth in Section 24-1-20, and the performance of such other duties and matters as may be delegated to it pursuant to law.

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?

FACTORS ASSOCIATED WITH THE REQUEST	**Mark "X" for all that apply:**	
		(Base Adjustment) Allocation of statewide employee benefits.
		(Base Adjustment) Realignment within existing programs and lines.
		(Base Adjustment) Restructuring of agency programs – *requires pre-approval*.
	X	Change in cost of providing current services to existing program audience.
		Change in case load / enrollment under existing program guidelines.
		Non-mandated change in eligibility / enrollment for existing program.
		Non-mandated program change in service levels or areas.
		Proposed establishment of a new program or initiative.
		Loss of federal or other external financial support for existing program.
		Exhaustion of fund balances previously used to support program.

RECIPIENTS OF FUNDS	Continuation of the Agency IT plan to stay current and replace obsolete equipment.

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?

RELATED REQUEST(S)	There is a recurring and non-recurring decision package that relates to the continuation of this program.

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?

MATCHING FUNDS	No matching funds will be provided for this request.

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

FUNDING ALTERNATIVES	There were no other funding alternatives that could have been sought after to fund this program.

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.

SUMMARY		The Agency has installed new information technology, as needed, over the years without planning for the life cycle of the equipment. As a result, when equipment becomes obsolete or breaks, the agency faces unanticipated costs to urgently replace the equipment and software. We need to phase in the lease of approximately 2,500 Personal Computers over a period of 5 years, adding 500 personal computers each year. This request is 3 of 5 for the next 500 PC's. This request also includes a comprehensive records management program (Phase I) that will maintain State retention compliance and reduction of paper costs, replacing a storage area network with a five (5.00) year lease equipment, and several new IT security tools. Classified IT Manager I (1.00) – Salary $65,000 Fringe $36,000 Additional staffing request includes three (3.00) web designers to be utilized for Agency web development showcasing Prison Industries, Educational, Vocational, and other services that we rely heavily on outside revenue sources. Also, need to add four (4.00) new positions to fulfill support obligations heavily needed by our networking, application, institutional, and upper management-level areas. The Agency IT needs continue to increase as the technological environment changes and more outside entities are requesting information. Classified IT Consultant (2.00) – Salary $130,000 Fringe $72,000
Information Technology /Security	Y	
Consulted DTO during development	N	

		Classified IT Manager I (3.00) – Salary $195,000 Fringe $108,000 Classified IT Systems Engineer (3.00) – Salary $174,000 Fringe $98,500 Classified Systems Programmer/Developer III (1.00) – Salary $65,000 Fringe $36,000 Classified Systems Programmer/Developer II (1.00) – Salary $46,000 Fringe $22,802

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.

METHOD OF CALCULATION	The amount was calculated based upon the projected needs of the program for FY17.

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?

FUTURE IMPACT	No maintenance of effort or other obligations should be incurred by adopting this decision package.

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?

AGENCY NAME:	SOUTH CAROLINA DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

PRIORITIZATION	This request will benefit our information technology infrastructure to be safer from outside intrusions and place us under compliance with changing State IT policies and procedures.

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?

INTENDED IMPACT	To increase technology efficiency and safeguards over valuable data.

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

PROGRAM EVALUATION	The program's progress will be continually evaluated by Agency management for needed upgrades and improvements.

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?

AGENCY NAME:	SOUTH CAROLINA DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	**8138**

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

TITLE	**Victims' Services Additional Programs** **Earmarked Fund (39750000) Victim Services – 0100.000000.000** **Earmarked Fund (39750000) Employer Contribution – 9500.050000.000**

Provide a brief, descriptive title for this request.

AMOUNT	**$32,000 Increase in Classified Positions – 501058 (1.00 FTE)** **$14,474 Increase in Employer Contributions – 513000** **$76,700 Increase in Operating – 512001** **$123,174 Total**

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.

ENABLING AUTHORITY	**SECTION 24-1-30.** Department of Corrections created; functions. There is hereby created as an administrative agency of the State government the Department of Corrections. The functions of the Department shall be to implement and carry out the policy of the State with respect to its prison system, as set forth in Section 24-1-20, and the performance of such other duties and matters as may be delegated to it pursuant to law.

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?

FACTORS ASSOCIATED WITH THE REQUEST	Mark "X" for all that apply:	
		(Base Adjustment) Allocation of statewide employee benefits.
		(Base Adjustment) Realignment within existing programs and lines.
		(Base Adjustment) Restructuring of agency programs – *requires pre-approval*.
		Change in cost of providing current services to existing program audience.
		Change in case load / enrollment under existing program guidelines.
		Non-mandated change in eligibility / enrollment for existing program.
		Non-mandated program change in service levels or areas.
	X	Proposed establishment of a new program or initiative.
		Loss of federal or other external financial support for existing program.
		Exhaustion of fund balances previously used to support program.

RECIPIENTS OF FUNDS	Request is for the continuance to bring victims to the forefront of the judicial process and provide living skills to inmates.

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?

RELATED REQUEST(S)	There is a recurring and non-recurring decision package that relates to the continuation of this program.

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?

MATCHING FUNDS	No matching funds will be provided for this request.

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

FUNDING ALTERNATIVES	There were no other funding alternatives that could have been sought after to fund this program.

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.

SUMMARY	This request is to add additional programs that are related to offender accountability that will provide them awareness and skills to reduce violent tendencies in dealing with conflict. The programs are "Parenting Inside Out", "Violence Prevention" and "Offender Dialogue." Classified Program Coordinator I (1.00) – Salary $32,000 Fringe $14,474 30000290
Information Technology /Security	N
Consulted DTO during development	N

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.

AGENCY NAME:	SOUTH CAROLINA DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

METHOD OF CALCULATION	The amount was calculated based upon the projected needs of the program for FY17.

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?

FUTURE IMPACT	No maintenance of effort or other obligations should be incurred by adopting this decision package.

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?

PRIORITIZATION	This request will benefit our inmates by providing them skills to manage themselves upon release.

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?

AGENCY NAME:	SOUTH CAROLINA DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

INTENDED IMPACT	Programs will provide needed education to inmates on family issues.

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

PROGRAM EVALUATION	The program's progress will be continually evaluated by Agency management for needed upgrades and improvements.

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?

AGENCY NAME:	SOUTH CAROLINA DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	**8151**

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

TITLE	**Education Finance Act (EFA) – FY17 Request** **Earmarked Fund (35410000) Palmetto Unified School District – 4001.200000.000** **Earmarked Fund (35410000) Employer Contribution – 9500.050000.000**

Provide a brief, descriptive title for this request.

AMOUNT	**$110,000 Increase in Classified Positions – 501058** **$1,315,000 Increase in Unclassified Positions – 501060** **$250,000 Increase in Temporary Positions – 501070** **$635,000 Increase in Employer Contributions – 513000** **$855,000 Increase in Operating – 512001** **$3,165,000 Total**

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.

ENABLING AUTHORITY	**SECTION 24-25-10.** Palmetto Unified School District No. 1 established. There is hereby established a special statewide unified school district within the South Carolina Department of Corrections to be known as the "Palmetto Unified School District No. 1." HISTORY: 1981 Act No. 168, Section 1. **SECTION 24-25-20.** Purpose. The purpose of the district is to enhance the quality and scope of education for inmates within the Department of Corrections so that they will be better motivated and better equipped to restore themselves in the community. The establishment of this district shall ensure that education programs are available to all inmates with less than a high school diploma, or its equivalent, and that various vocational training programs are made available to selected inmates with the necessary aptitude and desire. Where enrollment in an education program must be restricted, justification for that restriction should be documented by the district. HISTORY: 1981 Act No. 168, Section 2.

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?

AGENCY NAME:	SOUTH CAROLINA DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

FACTORS ASSOCIATED WITH THE REQUEST

Mark "X" for all that apply:

	(Base Adjustment) Allocation of statewide employee benefits.
	(Base Adjustment) Realignment within existing programs and lines.
	(Base Adjustment) Restructuring of agency programs – *requires pre-approval*.
X	Change in cost of providing current services to existing program audience.
	Change in case load / enrollment under existing program guidelines.
	Non-mandated change in eligibility / enrollment for existing program.
	Non-mandated program change in service levels or areas.
	Proposed establishment of a new program or initiative.
	Loss of federal or other external financial support for existing program.
	Exhaustion of fund balances previously used to support program.

RECIPIENTS OF FUNDS

Funds will be utilized by the Palmetto Unified School District for the formal education of our inmate population.

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?

RELATED REQUEST(S)

There is a recurring decision package that relates to the continuation of this program.

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?

MATCHING FUNDS

No matching funds will be provided for this request.

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

FUNDING ALTERNATIVES

There were no other funding alternatives that could have been sought after to fund this program.

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.

AGENCY NAME:	SOUTH CAROLINA DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

SUMMARY		This request is to add additional authority for proceeds that will be received from the SC Department of Education through the EFA programs.
Information Technology /Security	N	
Consulted DTO during development	N	

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.

METHOD OF CALCULATION	The amount was calculated based upon the projected needs of the program for FY17.

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?

AGENCY NAME:	SOUTH CAROLINA DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

FUTURE IMPACT	No maintenance of effort or other obligations should be incurred by adopting this decision package.

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?

PRIORITIZATION	This request will benefit our inmates by providing them education that will increase their employability upon release.

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?

AGENCY NAME:	SOUTH CAROLINA DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	**8154**

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

TITLE	**Education Improvement Act (EIA) and Lottery Fund – FY17 Request** **Restricted Fund (40000000) Palmetto Unified School District – 4001.200000.000** **Restricted Fund (40000000) Employer Contribution – 9500.050000.000**

Provide a brief, descriptive title for this request.

AMOUNT	**$2,000 Increase in Classified Positions – 501058** **$272,000 Increase in Unclassified Positions – 501060** **$61,000 Increase in Temporary Positions – 501070** **$98,600 Increase in Employer Contributions – 513000** **$411,850 Increase in Operating – 512001** **$845,450 Total**

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.

ENABLING AUTHORITY	**SECTION 24-25-10.** Palmetto Unified School District No. 1 established. There is hereby established a special statewide unified school district within the South Carolina Department of Corrections to be known as the "Palmetto Unified School District No. 1." HISTORY: 1981 Act No. 168, Section 1. **SECTION 24-25-20.** Purpose. The purpose of the district is to enhance the quality and scope of education for inmates within the Department of Corrections so that they will be better motivated and better equipped to restore themselves in the community. The establishment of this district shall ensure that education programs are available to all inmates with less than a high school diploma, or its equivalent, and that various vocational training programs are made available to selected inmates with the necessary aptitude and desire. Where enrollment in an education program must be restricted, justification for that restriction should be documented by the district. HISTORY: 1981 Act No. 168, Section 2.

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?

AGENCY NAME:	SOUTH CAROLINA DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

FACTORS ASSOCIATED WITH THE REQUEST

Mark "X" for all that apply:

	(Base Adjustment) Allocation of statewide employee benefits.
	(Base Adjustment) Realignment within existing programs and lines.
	(Base Adjustment) Restructuring of agency programs – *requires pre-approval*.
X	Change in cost of providing current services to existing program audience.
	Change in case load / enrollment under existing program guidelines.
	Non-mandated change in eligibility / enrollment for existing program.
	Non-mandated program change in service levels or areas.
	Proposed establishment of a new program or initiative.
	Loss of federal or other external financial support for existing program.
	Exhaustion of fund balances previously used to support program.

RECIPIENTS OF FUNDS

Funds will be utilized by the Palmetto Unified School District for the formal education of our inmate population.

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?

RELATED REQUEST(S)

There is a recurring decision package that relates to the continuation of this program.

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?

MATCHING FUNDS

No matching funds will be provided for this request.

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

FUNDING ALTERNATIVES

There were no other funding alternatives that could have been sought after to fund this program.

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.

AGENCY NAME:	SOUTH CAROLINA DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

SUMMARY		This request is to add additional authority for proceeds that will be received from the SC Department of Education through the EIA programs.
Information Technology /Security	Y/N	
Consulted DTO during development	Y/N	

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.

METHOD OF CALCULATION	The amount was calculated based upon the projected needs of the program for FY17.

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?

AGENCY NAME:	SOUTH CAROLINA DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

FUTURE IMPACT	No maintenance of effort or other obligations should be incurred by adopting this decision package.

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?

PRIORITIZATION	This request will benefit our inmates by providing them education that will increase their employability upon release.

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?

AGENCY NAME:	SOUTH CAROLINA DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	**8157**

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

TITLE	**Federal Program Funds– FY17 Request** **Federal Fund (50000000) Palmetto Unified School District – 4001.200000.000** **Federal Fund (50000000) Employer Contribution – 9500.050000.000**

Provide a brief, descriptive title for this request.

AMOUNT	**$83,800 Increase in Classified Positions – 501058** **$133,187 Increase in Unclassified Positions – 501060** **$38,000 Increase in Fringe – 513000** **$1,079,741 Increase in Operating – 512001** **$1,334,728 Total**

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.

ENABLING AUTHORITY	**SECTION 24-25-10.** Palmetto Unified School District No. 1 established. There is hereby established a special statewide unified school district within the South Carolina Department of Corrections to be known as the "Palmetto Unified School District No. 1." HISTORY: 1981 Act No. 168, Section 1. **SECTION 24-25-20.** Purpose. The purpose of the district is to enhance the quality and scope of education for inmates within the Department of Corrections so that they will be better motivated and better equipped to restore themselves in the community. The establishment of this district shall ensure that education programs are available to all inmates with less than a high school diploma, or its equivalent, and that various vocational training programs are made available to selected inmates with the necessary aptitude and desire. Where enrollment in an education program must be restricted, justification for that restriction should be documented by the district. HISTORY: 1981 Act No. 168, Section 2.

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?

AGENCY NAME:	SOUTH CAROLINA DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

FACTORS ASSOCIATED WITH THE REQUEST

Mark "X" for all that apply:

	(Base Adjustment) Allocation of statewide employee benefits.
	(Base Adjustment) Realignment within existing programs and lines.
	(Base Adjustment) Restructuring of agency programs – *requires pre-approval*.
X	Change in cost of providing current services to existing program audience.
	Change in case load / enrollment under existing program guidelines.
	Non-mandated change in eligibility / enrollment for existing program.
	Non-mandated program change in service levels or areas.
	Proposed establishment of a new program or initiative.
	Loss of federal or other external financial support for existing program.
	Exhaustion of fund balances previously used to support program.

RECIPIENTS OF FUNDS

Funds will be utilized by the Palmetto Unified School District for the formal education of our inmate population.

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?

RELATED REQUEST(S)

There is a recurring and non-recurring decision package that relates to the continuation of this program.

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?

MATCHING FUNDS

No matching funds will be provided for this request.

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

FUNDING ALTERNATIVES

There were no other funding alternatives that could have been sought after to fund this program.

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.

AGENCY NAME:	SOUTH CAROLINA DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

SUMMARY		This request is to add additional authority for proceeds that will be received from the Federal Grants that the Agency has continually applied for.
Information Technology /Security	N	
Consulted DTO during development	N	

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.

METHOD OF CALCULATION	The amount was calculated based upon the projected needs of the program for FY17.

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?

AGENCY NAME:	SOUTH CAROLINA DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

FUTURE IMPACT	No maintenance of effort or other obligations should be incurred by adopting this decision package.

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?

PRIORITIZATION	This request will benefit our inmates by providing them education that will increase their employability upon release.

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?

AGENCY NAME:	SOUTH CAROLINA DEPARTMENT OF CORRECTIONS		
AGENCY CODE:	N040	SECTION:	65

INTENDED IMPACT	Programs will provide needed education to the inmate population.

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

PROGRAM EVALUATION	The program's progress will be continually evaluated by Agency management for needed upgrades and improvements.

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?

AGENCY NAME:	South Carolina Department of Corrections		
AGENCY CODE:	N040	SECTION:	65

FORM C – CAPITAL OR NON-RECURRING APPROPRIATION REQUEST

DECISION PACKAGE	**7773**

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

TITLE	**Electronic Health Record System**

Provide a brief, descriptive title for this request.

AMOUNT	**$250,000**

How much is requested for this project in FY 2016-17?

BUDGET PROGRAM	IV. A. New Non-recurring Request (98990000)

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

SUMMARY	This is a request to implement an electronic records system that will increase the continuity of health care for the inmates. This system will replace the current manual system that is currently in place. Paper files will be eliminated because the new system will provide medical staff real-time records at the touch of a computer screen. This request includes the equipment to operate the system. It also includes the pharmaceutical machine critical for the dispensing of inmate medications.

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.

CLASSIFICATION OF FUNDS	This request is for the equipment that will become the Electronic Health Record System that was requested in FY17 Decision Package Section B, 7396.

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?

AGENCY NAME:	South Carolina Department of Corrections		
AGENCY CODE:	N040	SECTION:	65

RELATED REQUEST(S)	This request is for the equipment that will become the Electronic Health Record System that was requested in FY17 Decision Package Section B, 7396.

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?

MATCHING FUNDS	There are no matching sources available for this request.

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

FUNDING ALTERNATIVES	A critical program of this magnitude will need to be funded with new appropriations. The Agency does not have sufficient authority with the current base budget to take on this program.

What other possible funding sources were considered?

LONG-TERM PLANNING AND SUSTAINABILITY	This budget request is a result of the negative judgment against our agency citing deficiencies in our current programs that address medical and mental health issues.

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?

OTHER APPROVALS	No other approvals are considered necessary in order for the agency to proceed forward.

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

AGENCY NAME:	South Carolina Department of Corrections		
AGENCY CODE:	N040	SECTION:	65

FORM C – CAPITAL OR NON-RECURRING APPROPRIATION REQUEST

DECISION PACKAGE	**7779**

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

TITLE	**Health Services Digital X-Ray Equipment**

Provide a brief, descriptive title for this request.

AMOUNT	**$190,000**

How much is requested for this project in FY 2016-17?

BUDGET PROGRAM	IV. A. New Non-recurring Request (98990000)

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

SUMMARY	Request for critical equipment digital x-ray machines (2) to reduce outside costs and produce more real-time results for our inmate population. These will be located at the Perry and Lieber Correctional Institutions which will serve as regional This is a cost-saving measure that the Agency would like to implement during FY17.

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.

CLASSIFICATION OF FUNDS	This request is for the equipment that will be utilized by the increase in Healthcare staff that was requested in FY17 Decision Package Section B, 7444.

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?

AGENCY NAME:	South Carolina Department of Corrections		
AGENCY CODE:	N040	SECTION:	65

RELATED REQUEST(S)	This request is for the equipment that will be utilized by the increase in Healthcare staff that was requested in FY17 Decision Package Section B, 7444.

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?

MATCHING FUNDS	There are no matching sources available for this request.

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

FUNDING ALTERNATIVES	A critical program of this magnitude will need to be funded with new appropriations. The Agency does not have sufficient authority with the current base budget to take on this program.

What other possible funding sources were considered?

LONG-TERM PLANNING AND SUSTAINABILITY	This budget request is a result of the negative judgment against our agency citing deficiencies in our current programs that address medical and mental health issues.

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?

OTHER APPROVALS	No other approvals are considered necessary in order for the agency to proceed forward.

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

AGENCY NAME:	South Carolina Department of Corrections		
AGENCY CODE:	N040	SECTION:	65

FORM C – CAPITAL OR NON-RECURRING APPROPRIATION REQUEST

DECISION PACKAGE	**7782**

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

TITLE	**Dental Services R&E and Radiographic Equipment**

Provide a brief, descriptive title for this request.

AMOUNT	**$229,000**

How much is requested for this project in FY 2016-17?

BUDGET PROGRAM	IV. A. New Non-recurring Request (98990000)

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

SUMMARY	This request is to provide a complete dental area within our R&E facility to be utilized during the intake of new inmates. These inmates will be examined by the new Dental Hygienist staff requested in Section B (7447) and assessed for dental problems at this time. The equipment will include a dental chair and radiograph dental machine. Also, the request is for other dental radiographic machines for the institutional dental clinics. With this funding, we intend to convert all of our dental clinics to digital radiographic capabilities so that inmate health records can be easily transferred to outside dental facilities. This will eliminate the cost for duplicating the radiographs that are produced now using a non-digital platform.

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.

CLASSIFICATION OF FUNDS	This request is for the equipment that will be utilized by the increase in Dental staff that was requested in FY17 Decision Package Section B, 7447.

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?

AGENCY NAME:	South Carolina Department of Corrections		
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RELATED REQUEST(S)	This request is for the equipment that will be utilized by the increase in Dental staff that was requested in FY17 Decision Package Section B, 7447.

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?

MATCHING FUNDS	There are no matching sources available for this request.

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

FUNDING ALTERNATIVES	A critical program of this magnitude will need to be funded with new appropriations. The Agency does not have sufficient authority with the current base budget to take on this program.

What other possible funding sources were considered?

LONG-TERM PLANNING AND SUSTAINABILITY	This budget request is a result of the negative judgment against our agency citing deficiencies in our current programs that address medical and mental health issues.

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?

OTHER APPROVALS	No other approvals are considered necessary in order for the agency to proceed forward.

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

AGENCY NAME:	South Carolina Department of Corrections		
AGENCY CODE:	N040	SECTION:	65

FORM C – CAPITAL OR NON-RECURRING APPROPRIATION REQUEST

DECISION PACKAGE	**7785** *Provide the decision package number issued by the PBF system ("Governor's Request").*
TITLE	**Youthful Offender Intensification Program & Reentry Services (YOPRS) and Public Awareness Transportation Request** *Provide a brief, descriptive title for this request.*
AMOUNT	**$132,000** *How much is requested for this project in FY 2016-17?*
BUDGET PROGRAM	IV. A. New Non-recurring Request (98990000) *Identify the associated budget program(s) by name and budget section.*
SUMMARY	Requesting resources ($120,000) to provide ten (10) additional vehicles, two in each of the four regions to provide more efficient and effective supervision services for the Youthful Offender population in all areas of the State. Also requesting a vehicle to support the staff increase for the Public Awareness program that reaches out to more of the outside youth populations. Related to Decision Package B, 7498. *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.*
CLASSIFICATION OF FUNDS	This request is for the purchase of ten (10) vehicles that will support the additional staff acquired during FY16 Budget implementation. One (1) vehicle will be used by the additional staff requested for the Public Awareness program, Decision Package B 7498. *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?*

AGENCY NAME:	South Carolina Department of Corrections		
AGENCY CODE:	N040	SECTION:	65

RELATED REQUEST(S)	There are no other decision packages that support this request.

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?

MATCHING FUNDS	There are no matching sources available for this request.

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

FUNDING ALTERNATIVES	The Agency does not have sufficient authority with the current base budget to take on the additional requests for this program.

What other possible funding sources were considered?

LONG-TERM PLANNING AND SUSTAINABILITY	The YOPRS program continues to successfully progress. There are still adjustments to be made within the program because of budget limitations; however this year, we are submitting additional requests as the program is expanding to target additional inmates that are being classified as eligible to participate in the program. Currently, the bookings for the Public Awareness program are a year out and we have had to turn down opportunities because of limited staff.

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?

OTHER APPROVALS	No other approvals are considered necessary in order for the agency to proceed forward.

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

AGENCY NAME:	South Carolina Department of Corrections		
AGENCY CODE:	N040	SECTION:	65

FORM C – CAPITAL OR NON-RECURRING APPROPRIATION REQUEST

DECISION PACKAGE	**7791**
	Provide the decision package number issued by the PBF system ("Governor's Request").
TITLE	**Radio Communications Equipment Replacement Program**
	Provide a brief, descriptive title for this request.
AMOUNT	**$200,000**
	How much is requested for this project in FY 2016-17?
BUDGET PROGRAM	IV. A. New Non-recurring Request (98990000)
	Identify the associated budget program(s) by name and budget section.
SUMMARY	Funds will be used to establish a radio replacement program to allow the Agency the opportunity to provide adequate and sufficient radio communications for security and non-security staff. These funds would permit the purchase of fifteen (15) Motorola APX 6000 (800MHz) radios for our investigators to communicate with outside law enforcement agencies and one hundred forty (140) portable radios for security staff to utilize within our Level II and III institutions.
	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.
CLASSIFICATION OF FUNDS	This request is for the support of our security personnel within our institutions. These radios are vital for the security of our security staff and inmate populations.
	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?

AGENCY NAME:	South Carolina Department of Corrections		
AGENCY CODE:	N040	SECTION:	65

RELATED REQUEST(S)	There are no other decision packages that support this request.

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?

MATCHING FUNDS	There are no matching sources available for this request.

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

FUNDING ALTERNATIVES	We do not have separate funds to continually replace our aging radio inventory.

What other possible funding sources were considered?

LONG-TERM PLANNING AND SUSTAINABILITY	For this request, all funding will be requested through supplemental funding. Our Agency Base Budget will not permit us to properly fund projects of this magnitude.

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?

OTHER APPROVALS	No other approvals are considered necessary in order for the agency to proceed forward.

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

AGENCY NAME:	South Carolina Department of Corrections		
AGENCY CODE:	N040	SECTION:	65

FORM C – CAPITAL OR NON-RECURRING APPROPRIATION REQUEST

DECISION PACKAGE	**7794**
	Provide the decision package number issued by the PBF system ("Governor's Request").
TITLE	**Center Pivot Irrigation System – Phase III of V**
	Provide a brief, descriptive title for this request.
AMOUNT	**$100,000**
	How much is requested for this project in FY 2016-17?
BUDGET PROGRAM	IV. A. New Non-recurring Request (98990000)
	Identify the associated budget program(s) by name and budget section.
SUMMARY	We are requesting Phase three (III) of a five (V) phase request to continue to install pivot irrigation systems at our Wateree Farm location. The system will provide necessary water for crops, which provide food for the farm animals and the agency-wide inmate population. During the hot/dry months and drought conditions, the water is necessary to ensure crop success.
	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.
CLASSIFICATION OF FUNDS	This request for is for equipment that will expand on the Phase I and II funding that was received in prior budget years.
	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?

AGENCY NAME:	South Carolina Department of Corrections		
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RELATED REQUEST(S)	There are no other decision packages that support this request.

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?

MATCHING FUNDS	There are no matching sources available for this request.

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

FUNDING ALTERNATIVES	We do not have separate funds to fund this project. We are requesting funds in phases so that the funding is minimal in each fiscal year.

What other possible funding sources were considered?

LONG-TERM PLANNING AND SUSTAINABILITY	For this request, all funding will be requested through supplemental funding. Our Agency Base Budget will not permit us to properly fund a complex irrigation system such as this one. This is the third phase out of a five phase project.

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?

OTHER APPROVALS	No other approvals are considered necessary in order for the agency to proceed forward.

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

AGENCY NAME:	South Carolina Department of Corrections		
AGENCY CODE:	N040	SECTION:	65

FORM C – CAPITAL OR NON-RECURRING APPROPRIATION REQUEST

DECISION PACKAGE	**7803**

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

TITLE	**Deferred Maintenance and Renovations**

Provide a brief, descriptive title for this request.

AMOUNT	**$11,202,892**

How much is requested for this project in FY 2016-17?

BUDGET PROGRAM	IV. A. Deferred Maintenance and Renovations (98330000)

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

SUMMARY	To fund the most critical maintenance repairs, renovations and system & equipment replacement for the Agency's 26 institutions and support service buildings located statewide which is more than 6.5 million square feet of building space (Note: eleven (11) institutions are over 40 years old and ten (10) institutions built before 1990). The Division of Facilities Management performed a detailed assessment report of the Agency's facilities to determine the physical defects that must be corrected to maintain the buildings operationally. None of the building deficiencies noted are merely due to the failure to maintain the systems, equipment or structures or just to renovate to meet current standards that have changed since the building was constructed (i.e. fire/life safety codes, accessibility, energy conservation, and environmental health, including asbestos and indoor air quality).

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.

CLASSIFICATION OF FUNDS	This request is for capital project funding and is included in the Agency's PIP annual report. This project always has top priority as it relates to the poor conditions of our institutions.

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?

AGENCY NAME:	South Carolina Department of Corrections		
AGENCY CODE:	N040	SECTION:	65

RELATED REQUEST(S)	There are no other decision packages that support this request.

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?

MATCHING FUNDS	There are no matching sources available for this request.

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

FUNDING ALTERNATIVES	We do not have separate funds to fund this project. We are requesting funds in phases so that the funding is minimal in each fiscal year.

What other possible funding sources were considered?

LONG-TERM PLANNING AND SUSTAINABILITY	Proper maintaining and renovating our institutions and support services buildings are an ongoing cycle each fiscal year. Due to age, weather conditions, inmate destruction, and other uncontrolled factors, our buildings are constantly being repaired.

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?

OTHER APPROVALS	No other approvals are considered necessary in order for the agency to proceed forward.

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

AGENCY NAME:	South Carolina Department of Corrections		
AGENCY CODE:	N040	SECTION:	65

FORM C – CAPITAL OR NON-RECURRING APPROPRIATION REQUEST

DECISION PACKAGE	**7806** *Provide the decision package number issued by the PBF system ("Governor's Request").*
TITLE	**General Maintenance - Paving** *Provide a brief, descriptive title for this request.*
AMOUNT	**$2,360,580** *How much is requested for this project in FY 2016-17?*
BUDGET PROGRAM	IV. A. Statewide –Paving (98380000) *Identify the associated budget program(s) by name and budget section.*
SUMMARY	Entrance roads to the institutions, security perimeter roads and parking lots are in need of major work and repairs. The perimeter roads are used by correctional officers on a continuous basis to monitor the institutions and watch the area for throw overs and escape attempts. Due to the roads being in such disrepair, vehicles used by these offices sustain damage and require more repairs. The parking areas have been repaired through the years, but continue to deteriorate and develop pot holes. There have been numerous injuries sustained by employees which have been very costly to the Agency. This project would be cost beneficial to the Agency, create jobs for our inmates, teach them a viable trade that they can use when released and will keep many inmates occupied. These funds will be utilized to obtain the construction equipment, educational materials, and two (2) years of paving materials. *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.*
CLASSIFICATION OF FUNDS	This request is for capital project funding and is included in the Agency's PIP annual report. This project always has top priority as it relates to the poor conditions of our institutions. This request is related to the request for additional staff Decision Package 7511. *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?

AGENCY NAME:	South Carolina Department of Corrections		
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RELATED REQUEST(S)	This request is related to the request for additional staff Decision Package 7511.

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?

MATCHING FUNDS	There are no matching sources available for this request.

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

FUNDING ALTERNATIVES	We do not have separate funds to fund this project. We are requesting funds in phases so that the funding is minimal in each fiscal year.

What other possible funding sources were considered?

LONG-TERM PLANNING AND SUSTAINABILITY	This project would be set up as a capital project. In the past, the Agency has been able to patch pot holes and repair small areas of the roads and parking areas, but has been forced to use outside companies for repaving. The Agency plans to integrate the paving project with a vocational education program. The inmates involved will learn a marketable skill and receive certification in the program.

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?

OTHER APPROVALS	No other approvals are considered necessary in order for the agency to proceed forward.

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

AGENCY NAME:	South Carolina Department of Corrections		
AGENCY CODE:	N040	SECTION:	65

FORM C – CAPITAL OR NON-RECURRING APPROPRIATION REQUEST

DECISION PACKAGE	**7809**

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

TITLE	**General Maintenance – Water/Wastewater Institutional Project**

Provide a brief, descriptive title for this request.

AMOUNT	**$300,000**

How much is requested for this project in FY 2016-17?

BUDGET PROGRAM	IV. A. Deferred Maintenance and Renovations (98330000)

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

SUMMARY	Request is to repair and maintain the aging institutional public water and waste water equipment at the Agency institutions. The Division of Facilities Management performed a detailed assessment report of the Agency's facilities to determine the physical defects that must be corrected to maintain the buildings operationally. None of the building deficiencies noted are merely due to the failure to maintain the systems, equipment or structures or just to renovate to meet current standards that have changed since the building was constructed (i.e. fire/life safety codes, accessibility, energy conservation, and environmental health, including asbestos and indoor air quality).

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.

CLASSIFICATION OF FUNDS	This request is for capital project funding and is included in the Agency's PIP annual report. This project always has top priority as it relates to the poor conditions of our institutions.

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?

AGENCY NAME:	South Carolina Department of Corrections		
AGENCY CODE:	N040	SECTION:	65

RELATED REQUEST(S)	There are no other decision packages that support this request.

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?

MATCHING FUNDS	There are no matching sources available for this request.

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

FUNDING ALTERNATIVES	We do not have separate funds to fund this project. We are requesting funds in phases so that the funding is minimal in each fiscal year.

What other possible funding sources were considered?

LONG-TERM PLANNING AND SUSTAINABILITY	This project would be set up as a capital project. The inmates involved in this project will learn a marketable skill and receive certification in the program.

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?

OTHER APPROVALS	No other approvals are considered necessary in order for the agency to proceed forward.

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

AGENCY NAME:	South Carolina Department of Corrections		
AGENCY CODE:	N040	SECTION:	65

FORM C – CAPITAL OR NON-RECURRING APPROPRIATION REQUEST

DECISION PACKAGE	**7812**

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

TITLE	**General Maintenance – Capital Equipment**

Provide a brief, descriptive title for this request.

AMOUNT	**$1,000,000**

How much is requested for this project in FY 2016-17?

BUDGET PROGRAM	IV. A. New Non-recurring Request (98990000)

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

SUMMARY	Request is to replace aging and worn out construction and maintenance heavy equipment, shop equipment, and tools. The Division of Facilities Management performed a detailed assessment report of the Agency's facilities to determine the physical defects that must be corrected to maintain the buildings operationally. None of the building deficiencies noted are merely due to the failure to maintain the systems, equipment or structures or just to renovate to meet current standards that have changed since the building was constructed (i.e. fire/life safety codes, accessibility, energy conservation, and environmental health, including asbestos and indoor air quality). Because of the continual use and age of our heavy equipment, we are not able to operate our equipment safely so we have to rely on rentals. This would be a cost saving measure as rental equipment costs keep rising and equipment availability may not be always at the right time.

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.

CLASSIFICATION OF FUNDS	This request is for capital project funding and is included in the Agency's PIP annual report. This project always has top priority as it relates to the poor conditions of our institutions.

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?

AGENCY NAME:	South Carolina Department of Corrections		
AGENCY CODE:	N040	SECTION:	65

RELATED REQUEST(S)	There are no other decision packages that support this request.

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?

MATCHING FUNDS	There are no matching sources available for this request.

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

FUNDING ALTERNATIVES	We do not have separate funds to fund this project.

What other possible funding sources were considered?

LONG-TERM PLANNING AND SUSTAINABILITY	This project would be set up as a capital project. The inmates involved in using this equipment would receive invaluable marketable skills and receive certification in the program.

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?

OTHER APPROVALS	No other approvals are considered necessary in order for the agency to proceed forward.

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

AGENCY NAME:	South Carolina Department of Corrections		
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FORM C – CAPITAL OR NON-RECURRING APPROPRIATION REQUEST

DECISION PACKAGE	**7815**

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

TITLE	**Horticultural Program Equipment**

Provide a brief, descriptive title for this request.

AMOUNT	**$160,000**

How much is requested for this project in FY 2016-17?

BUDGET PROGRAM	IV. A. New Non-recurring Request (98990000)

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

SUMMARY	Request additional budget for the replacement of aging equipment for the existing Horticulture program. Equipment includes lawn mowers, weed eaters, tractors, bush hogs.

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.

CLASSIFICATION OF FUNDS	This request is for every day lawn maintenance and gardening. The Horticulture program grows vegetables that are used to feed the inmates and provides a reduced costs for the purchase of vegetables compared to market prices outside.

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?

AGENCY NAME:	South Carolina Department of Corrections		
AGENCY CODE:	N040	SECTION:	65

RELATED REQUEST(S)	There are no other decision packages that support this request.

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?

MATCHING FUNDS	There are no matching sources available for this request.

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

FUNDING ALTERNATIVES	We do not have separate funds to fund this project.

What other possible funding sources were considered?

LONG-TERM PLANNING AND SUSTAINABILITY	This request is for equipment as a cost savings measure to feeding our inmate population. The inmates involved in using this equipment would receive invaluable marketable skills for employment upon release.

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?

OTHER APPROVALS	No other approvals are considered necessary in order for the agency to proceed forward.

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

AGENCY NAME:	South Carolina Department of Corrections		
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FORM C – CAPITAL OR NON-RECURRING APPROPRIATION REQUEST

DECISION PACKAGE	**7824**

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

TITLE	**Palmetto Unified School District Vocational Program Additions**

Provide a brief, descriptive title for this request.

AMOUNT	**$70,000**

How much is requested for this project in FY 2016-17?

BUDGET PROGRAM	IV. A. New Non-recurring Request (98990000)

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

SUMMARY	This request is to fund additional and continuous educational materials for Palmetto Unified School District-sponsored programs such as the Work Keys, GED and Vocational Skills.

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.

CLASSIFICATION OF FUNDS	This request is to provide learning materials for use of our inmates in educational programs.

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?

AGENCY NAME:	South Carolina Department of Corrections		
AGENCY CODE:	N040	SECTION:	65

RELATED REQUEST(S)	This decision package is related to Decision Package Section B 7584.

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?

MATCHING FUNDS	There are no matching sources available for this request.

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

FUNDING ALTERNATIVES	We do not have separate funds to fund this project.

What other possible funding sources were considered?

LONG-TERM PLANNING AND SUSTAINABILITY	The inmates involved in using these materials would receive invaluable marketable skills for employment upon release.

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?

OTHER APPROVALS	No other approvals are considered necessary in order for the agency to proceed forward.

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

AGENCY NAME:	South Carolina Department of Corrections		
AGENCY CODE:	N040	SECTION:	65

FORM C – CAPITAL OR NON-RECURRING APPROPRIATION REQUEST

DECISION PACKAGE	**7830**

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

TITLE	**Inspector General Police Services Equipment**

Provide a brief, descriptive title for this request.

AMOUNT	**$35,200**

How much is requested for this project in FY 2016-17?

BUDGET PROGRAM	IV. A. New Non-recurring Request (98990000)

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

SUMMARY	This request is to fund essential equipment needed by the Police Services for personal safety equipment and better evidence collecting needs. The equipment needed would include secondary weapons such as Tasers, digital cameras, digital audio recorders, and uniform replacement.

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.

CLASSIFICATION OF FUNDS	This request is for safety equipment.

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?

AGENCY NAME:	South Carolina Department of Corrections		
AGENCY CODE:	N040	SECTION:	65

RELATED REQUEST(S)	This decision package is related to Decision Package Section B 7587.

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?

MATCHING FUNDS	There are no matching sources available for this request.

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

FUNDING ALTERNATIVES	We do not have separate funds to fund this project.

What other possible funding sources were considered?

LONG-TERM PLANNING AND SUSTAINABILITY	Provide safer working conditions for our internal police investigative staff.

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?

OTHER APPROVALS	No other approvals are considered necessary in order for the agency to proceed forward.

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

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FORM C – CAPITAL OR NON-RECURRING APPROPRIATION REQUEST

DECISION PACKAGE	**7843**

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

TITLE	**IT Infrastructure Update, Phase III of V**

Provide a brief, descriptive title for this request.

AMOUNT	**$795,870**

How much is requested for this project in FY 2016-17?

BUDGET PROGRAM	IV. A. New Non-recurring Request (98990000)

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

SUMMARY	This request is to fund the necessary Information Technology equipment needed in relation to the staffing request (Section B 7590). The equipment needed includes a record management platform of hardware and software, PC/printer replacements, and internet accessibility bandwidth.

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.

CLASSIFICATION OF FUNDS	This request is for critical IT equipment needed for security and updating our current systems.

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?

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RELATED REQUEST(S)	This decision package is related to Decision Package Section B 7590.

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?

MATCHING FUNDS	There are no matching sources available for this request.

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

FUNDING ALTERNATIVES	We do not have separate funds to fund this project.

What other possible funding sources were considered?

LONG-TERM PLANNING AND SUSTAINABILITY	Maintain important life cycle of our IT equipment and implement new records management platform.

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?

OTHER APPROVALS	No other approvals are considered necessary in order for the agency to proceed forward.

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

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FORM C – CAPITAL OR NON-RECURRING APPROPRIATION REQUEST

DECISION PACKAGE	**7846**

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

TITLE	**Canteen Operations Equipment Replacement**

Provide a brief, descriptive title for this request.

AMOUNT	**$760,000**

How much is requested for this project in FY 2016-17?

BUDGET PROGRAM	IV. A. New Non-recurring Request (98990000)

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

SUMMARY	Request additional budget authority for the replacement of aging vehicles and retail equipment for existing Canteen locations and warehouse.

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.

CLASSIFICATION OF FUNDS	This request is for earmarked budget authority for our Canteen Operations.

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?

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RELATED REQUEST(S)	This decision package is not related to any other decision packages.

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?

MATCHING FUNDS	There are no matching sources available for this request.

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

FUNDING ALTERNATIVES	We are utilizing our current authority for operational needs.

What other possible funding sources were considered?

LONG-TERM PLANNING AND SUSTAINABILITY	Maintain important life cycle of our Canteen equipment for efficiency and safety purposes.

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?

OTHER APPROVALS	No other approvals are considered necessary in order for the agency to proceed forward.

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

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FORM C – CAPITAL OR NON-RECURRING APPROPRIATION REQUEST

DECISION PACKAGE	**7914**

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

TITLE	**Recycling Operations Equipment Replacement**

Provide a brief, descriptive title for this request.

AMOUNT	**$70,300**

How much is requested for this project in FY 2016-17?

BUDGET PROGRAM	IV. A. New Non-recurring Request (98990000)

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

SUMMARY	Request additional budget authority for the replacement of aging vehicles and equipment for the existing Recycling warehouse.

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.

CLASSIFICATION OF FUNDS	This request is for earmarked budget authority for our Recycling Operations.

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?

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RELATED REQUEST(S)	This decision package is not related to any other decision packages.

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?

MATCHING FUNDS	There are no matching sources available for this request.

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

FUNDING ALTERNATIVES	We are utilizing our current authority for operational needs.

What other possible funding sources were considered?

LONG-TERM PLANNING AND SUSTAINABILITY	Maintain important life cycle of our Recycling equipment for efficiency and safety purposes.

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?

OTHER APPROVALS	No other approvals are considered necessary in order for the agency to proceed forward.

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

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FORM C – CAPITAL OR NON-RECURRING APPROPRIATION REQUEST

DECISION PACKAGE	**7917**

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

TITLE	**Victims Services "Parenting Inside Out" Program**

Provide a brief, descriptive title for this request.

AMOUNT	**$110,000**

How much is requested for this project in FY 2016-17?

BUDGET PROGRAM	IV. A. New Non-recurring Request (98990000)

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

SUMMARY	Request additional budget authority for the establishment of the "Parenting Inside Out" program that will provide educational guidance to inmates which should reduce family violence crimes and child abuse.

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.

CLASSIFICATION OF FUNDS	This request is for earmarked budget authority for the implementation of the "Parenting Inside Out" program.

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?

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RELATED REQUEST(S)	This decision package is related Section B 7606.

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?

MATCHING FUNDS	There are no matching sources available for this request.

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

FUNDING ALTERNATIVES	We are utilizing our current authority for operational needs.

What other possible funding sources were considered?

LONG-TERM PLANNING AND SUSTAINABILITY	Educate inmates for important life skills to reduce family violence and child abuse.

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?

OTHER APPROVALS	No other approvals are considered necessary in order for the agency to proceed forward.

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

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FORM C – CAPITAL OR NON-RECURRING APPROPRIATION REQUEST

DECISION PACKAGE	**7923**

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

TITLE	**Victims Services SAVIN Courts Implementation Schedule**

Provide a brief, descriptive title for this request.

AMOUNT	**$311,000**

How much is requested for this project in FY 2016-17?

BUDGET PROGRAM	IV. A. New Non-recurring Request (98990000)

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

SUMMARY	Request additional budget authority to continue implementing the SAVIN Courts program for solicitors, magistrates, and the interface for the SC Attorney General Office automated victims' notifications.

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.

CLASSIFICATION OF FUNDS	This request is for earmarked budget authority for the continuance of the SAVIN Victims' Notification System.

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?

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RELATED REQUEST(S)	This decision package is not related to any other Decision Packages.

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?

MATCHING FUNDS	There are no matching sources available for this request.

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

FUNDING ALTERNATIVES	We are utilizing our current authority for operational needs.

What other possible funding sources were considered?

LONG-TERM PLANNING AND SUSTAINABILITY	Enhance communication between the courts and the Department of Corrections for victims' notifications.

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?

OTHER APPROVALS	No other approvals are considered necessary in order for the agency to proceed forward.

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

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FORM D – PROVISO REVISION REQUEST

NUMBER	**65.18** *Cite the proviso according to the renumbered list for FY 2016-17 (or mark "NEW").*
TITLE	**65.18 (CORR: Special Assignment Pay Level 2 & 3** *Provide the title from the FY 2015-16 Appropriations Act or suggest a short title for any new request.*
BUDGET PROGRAM	**Housing, Care and Security – 4001.050000.000** *Identify the associated budget program(s) by name and budget section.*
DECISION PACKAGE	**Request for change relates to FY17 Decision Package B - 7450** *Is this request associated with a decision package you have submitted for FY 2016-17? If so, cite it here.*
REQUESTED ACTION	**Amend** *Choose from: Add, Delete, Amend, or Codify.*
OTHER AGENCIES AFFECTED	None *Which other agencies would be affected by the recommended action? How?*
SUMMARY	Current Proviso verbiage: **65.18.** (CORR: Special Assignment Pay Level 2 & 3 Facilities) Funds appropriated for special assignment pay at the Department of Corrections are for the purpose of addressing vacancies and turnover of staff by providing a pay differential for certain employees assigned to institutions with a Level II or Level III security designation. The funds are to be used for special assignment pay only and may not be transferred to any other program. If the employee leaves one of the qualifying job classes or leaves a Level II or Level III institution for a non-Level II or non-Level III facility, they shall no longer be eligible for this special assignment pay. Only employees in full-time equivalent positions are eligible for this special assignment pay. The special assignment pay is not a part of the employee's base salary, but is a percentage thereof, and is to be paid as follows: (A) At Level II institutions: (1) four percent for Correctional Officers including Class Code JD-30 (cadets and Officer I and II positions) and Corporals I and II; (2) two percent for Sergeants and Lieutenants; (3) one percent for Captains and Majors; (4) two percent for Nursing staff; and (5) two percent for Food Service staff. (B) At Level III institutions: (1) eight percent for Correctional Officers including Class Code JD-

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	30 (cadets and Officer I and II positions) and Corporals I and II; (2) three percent for Sergeants and Lieutenants; (3) one percent for Captains and Majors; (4) three percent for Nursing staff; and (5) three percent for Food Service staff.

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

EXPLANATION	This proviso needs to be changed due to the Decision Package B #7450. We are implementing a new pay and retention schedule for our correctional officer and food service personnel to provide increased recruitment and eliminate excessive turnover within our frontline security staff. This request is to convert the percentage scales that were previously used to a specific dollar value assigned to a specific rank and location.

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

FISCAL IMPACT	The fiscal impact is that we will be paying our correctional officers and kitchen staff a higher incentive to work in our Level II and III institutions. This is a change in our pay plan that should possibly have cost savings in that turnover may be reduced which will reduce our training expenses and increase the safety of our security staff and inmates.

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

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PROPOSED PROVISO TEXT

65.18. (CORR: Special Assignment Pay Level 2 & 3 Facilities) Funds appropriated for special assignment pay at the Department of Corrections are for the purpose of addressing vacancies and turnover of staff by providing a pay differential for certain employees assigned to institutions with a Level II or Level III security designation. The funds are to be used for special assignment pay only and may not be transferred to any other program. If the employee leaves one of the qualifying job classes or leaves a Level II or Level III institution for a non-Level II or non-Level III facility, they shall no longer be eligible for this special assignment pay. Only employees in full-time equivalent positions are eligible for this special assignment pay.

The special assignment pay is not a part of the employee's base salary, but is a percentage thereof, and is to be paid as follows:

(A) At Level II institutions:

(1) ***$983 for Cadets***

(2) $1,297 for Correctional Officers including Class Code JD-30 (Officer I and II positions)

(3) $1,437 for Corporals I and II;

(4) $1,242 for Sergeants and $798 Lieutenants;

(5) $476 for Captains and $514 for Majors;

(6) two percent for Nursing staff; and

(7) $553 for Food Service Spec III

(8) $622 for Food Service Spec IV

(9) $727 for Food Service Spec V

(10) $865 for Food Service Spec VI.

(B) At Level III institutions:

(1) ***$1,966 for Cadets***

(2) $2,500 for Correctional Officers including Class Code JD-30 (Officer I and II positions)

(3) $2,821 for Corporals I and II;

(4) $1,050 for Sergeants and $1,185 Lieutenants;

(5) $464 for Captains and $560 for Majors;

(6) two percent for Nursing staff; and

(7) $829 for Food Service Spec III

(8) $958 for Food Service Spec IV

(9) $1,091 for Food Service Spec V

(10) $1,286 for Food Service Spec VI.

Paste FY 2015-16 text above, then bold and underline insertions and strikethrough deletions. For new proviso requests, enter requested text above.

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FORM D – PROVISO REVISION REQUEST

NUMBER	**117.96** *Cite the proviso according to the renumbered list for FY 2015-16 (or mark "NEW").*
TITLE	**117.96 (GP: Victims Assistance Transfer)** *Provide the title from the FY 2014-15 Appropriations Act or suggest a short title for any new request.*
BUDGET PROGRAM	**I Internal Administration and Support – 0100.000000.000** *Identify the associated budget program(s) by name and budget section.*
DECISION PACKAGE	**Not related to any FY2016-17 Decision Package** *Is this request associated with a decision package you have submitted for FY 2015-16? If so, cite it here.*
REQUESTED ACTION	**Revision to Existing Proviso 117.96** *Choose from: Add, Delete, Amend, or Codify.*
OTHER AGENCIES AFFECTED	**This proviso request is solely for the use of the South Carolina Department of Corrections and the South Carolina Department of Public Safety.** *Which other agencies would be affected by the recommended action? How?*
SUMMARY	**117.100.** (GP: Victims Assistance Transfer) The Department of Corrections shall transfer $20,500 each month to the Department of Public Safety for distribution through the State Victims Assistance Program. *Summarize the existing proviso. If requesting a new proviso, describe the current state of affairs without it.*

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EXPLANATION	We request this revision because the Agency does not always receive $20,500 on a monthly basis to transfer to the Department of Public Safety.

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

FISCAL IMPACT	Should not have any fiscal impact unless the Agency receives less than the monthly $20,500. We will only remit to Department of Public Safety what we have received monthly up to $20,500.

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

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PROPOSED PROVISO TEXT	**117.100.** (GP: Victims Assistance Transfer) The Department of Corrections shall transfer $20,500 each month, **or up to the amount received,** to the Department of Public Safety for distribution through the State Victims Assistance Program.

Paste FY 2014-15 text above, then bold and underline insertions and strikethrough deletions. For new proviso requests, enter requested text above.