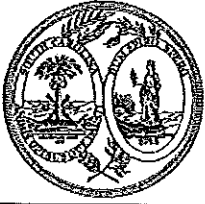


AGENCY NAME:	Department of Transportation		
AGENCY CODE:	U120	SECTION:	84A



Fiscal Year 2014-15 Agency Budget Plan

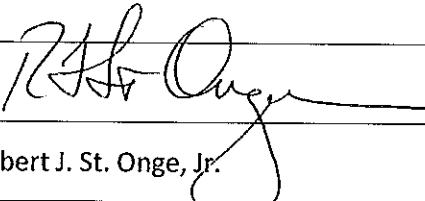
FORM A – SUMMARY

RECURRING FUNDS (FORM B DECISION PACKAGES)	<p>My agency is submitting the following recurring decision packages (Form B):</p> <p>For FY 2014-15, my agency is (mark "X"):</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30px; text-align: center;"><input checked="" type="checkbox"/></td> <td>Requesting a net increase in recurring General Fund appropriations.</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Not requesting a net increase in recurring General Fund Appropriations.</td> </tr> </table>	<input checked="" type="checkbox"/>	Requesting a net increase in recurring General Fund appropriations.	<input type="checkbox"/>	Not requesting a net increase in recurring General Fund Appropriations.		
<input checked="" type="checkbox"/>	Requesting a net increase in recurring General Fund appropriations.						
<input type="checkbox"/>	Not requesting a net increase in recurring General Fund Appropriations.						
CAPITAL & NON-RECURRING FUNDS (FORM C DECISION PACKAGES)	<p>My agency is submitting the following one-time decision packages (Form C):</p> <p>For FY 2014-15, my agency is (mark "X"):</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30px; text-align: center;"><input checked="" type="checkbox"/></td> <td>Requesting capital and/or non-recurring funds.</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Not requesting capital and/or non-recurring funds.</td> </tr> </table>	<input checked="" type="checkbox"/>	Requesting capital and/or non-recurring funds.	<input type="checkbox"/>	Not requesting capital and/or non-recurring funds.		
<input checked="" type="checkbox"/>	Requesting capital and/or non-recurring funds.						
<input type="checkbox"/>	Not requesting capital and/or non-recurring funds.						
PROVISOS	<p>For FY 2014-15, my agency is (mark "X"):</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30px; text-align: center;"><input type="checkbox"/></td> <td>Requesting a new proviso and/or substantive changes to existing provisos.</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Only requesting technical proviso changes (such as date references).</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Not requesting any proviso changes.</td> </tr> </table>	<input type="checkbox"/>	Requesting a new proviso and/or substantive changes to existing provisos.	<input type="checkbox"/>	Only requesting technical proviso changes (such as date references).	<input checked="" type="checkbox"/>	Not requesting any proviso changes.
<input type="checkbox"/>	Requesting a new proviso and/or substantive changes to existing provisos.						
<input type="checkbox"/>	Only requesting technical proviso changes (such as date references).						
<input checked="" type="checkbox"/>	Not requesting any proviso changes.						

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

	<u>Name</u>	<u>Phone</u>	<u>Email</u>
PRIMARY CONTACT:	Christy Hall	737-1240	hallca@scdot.org
SECONDARY CONTACT:	Wendy Nicholas	737-0885	nicholaswb@scdot.org

I have reviewed and approved the enclosed FY 2014-15 Agency Budget Plan, which is complete and accurate to the extent of my knowledge.

AGENCY DIRECTOR (SIGN/DATE):	
AGENCY DIRECTOR (TYPE/PRINT NAME):	Robert J. St. Onge, Jr.

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

AGENCY NAME:	Department of Transportation		
AGENCY CODE:	U120	SECTION:	84A



Fiscal Year 2014-15 Agency Budget Plan

FORM A – SUMMARY

RECURRING FUNDS (FORM B DECISION PACKAGES)	My agency is submitting the following recurring decision packages (Form B):	
	For FY 2014-15, my agency is (mark "X"):	
	<input checked="" type="checkbox"/>	Requesting a net increase in recurring General Fund appropriations.
	<input type="checkbox"/>	Not requesting a net increase in recurring General Fund Appropriations.

CAPITAL & NON-RECURRING FUNDS (FORM C DECISION PACKAGES)	My agency is submitting the following one-time decision packages (Form C):	
	For FY 2014-15, my agency is (mark "X"):	
	<input checked="" type="checkbox"/>	Requesting capital and/or non-recurring funds.
	<input type="checkbox"/>	Not requesting capital and/or non-recurring funds.

PROVISOS	For FY 2014-15, my agency is (mark "X"):	
	<input type="checkbox"/>	Requesting a new proviso and/or substantive changes to existing provisos.
	<input type="checkbox"/>	Only requesting technical proviso changes (such as date references).
	<input checked="" type="checkbox"/>	Not requesting any proviso changes.

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

	<u>Name</u>	<u>Phone</u>	<u>Email</u>
PRIMARY CONTACT:	Christy Hall	737-1240	hallca@scdot.org
SECONDARY CONTACT:	Wendy Nicholas	737-0885	nicholaswb@scdot.org

I have reviewed and approved the enclosed FY 2014-15 Agency Budget Plan, which is complete and accurate to the extent of my knowledge.

AGENCY DIRECTOR (SIGN/DATE):	
AGENCY DIRECTOR (TYPE/PRINT NAME):	Robert J. St. Onge, Jr.

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

AGENCY NAME:	Department of Transportation		
AGENCY CODE:	U12	SECTION:	84

FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	808
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Other Fund Earmarked: 3860
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Provide a brief, descriptive title for this request.

AMOUNT	-20,000
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What is the net change in requested appropriations for FY 2014-15? This amount should correspond to the decision package's total in PBF across all funding sources.

ENABLING AUTHORITY	SECTION 56-3-3950
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What state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority?

FACTORS ASSOCIATED WITH THE REQUEST	Mark "X" for all that apply:
	<input type="checkbox"/> Change in cost of providing current services to existing program audience.
	<input type="checkbox"/> Non-mandated change in eligibility / enrollment for existing program.
	<input type="checkbox"/> Change in case load / enrollment under existing program guidelines.
	<input type="checkbox"/> Non-mandated program change in service levels or areas.
	<input type="checkbox"/> Loss of federal or other external financial support for existing program.
	<input type="checkbox"/> Exhaustion of fund balances previously used to support program.
<input type="checkbox"/> Proposed establishment of a new program or initiative.	

RECIPIENTS OF FUNDS	N/A
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What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

AGENCY NAME:	Department of Transportation		
AGENCY CODE:	U12	SECTION:	84

RELATED REQUEST(S)	No.
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Is this decision package associated with other decision packages requested by your agency or other agencies this year? Is it associated with a specific capital or non-recurring request?

MATCHING FUNDS	No.
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Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source and amount.

FUNDING ALTERNATIVES	None needed.
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What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.

SUMMARY	To realign estimated revenues with SFY 2012/13 actuals.
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Provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used?

AGENCY NAME:	Department of Transportation		
AGENCY CODE:	U12	SECTION:	84

METHOD OF CALCULATION	Analysis of actual revenues from prior years
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How was the amount of the request calculated? What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?

FUTURE IMPACT	No. N/A
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Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?

PRIORITIZATION	N/A
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If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2014-15?

AGENCY NAME:	Department of Transportation		
AGENCY CODE:	U12	SECTION:	84

INTENDED IMPACT	No impact to service delivery and program outcomes.
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What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?

PROGRAM EVALUATION	N/A
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How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?

AGENCY NAME:	Department of Transportation		
AGENCY CODE:	U12	SECTION:	84

FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	822
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Revenues-Highway Fund:4490
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Provide a brief, descriptive title for this request.

AMOUNT	-122,820,919
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What is the net change in requested appropriations for FY 2014-15? This amount should correspond to the decision package's total in PBF across all funding sources.

ENABLING AUTHORITY	SECTIONS 12-28-110 to 12-28-2490,SECTIONS 57-11-20,57-3-130, SECTIONS 56-3-625, 710,SECTIONS 57-25-150, 160, and 170
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What state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority?

FACTORS ASSOCIATED WITH THE REQUEST	Mark "X" for all that apply:
	<input type="checkbox"/> Change in cost of providing current services to existing program audience.
	<input type="checkbox"/> Non-mandated change in eligibility / enrollment for existing program.
	<input type="checkbox"/> Change in case load / enrollment under existing program guidelines.
	<input type="checkbox"/> Non-mandated program change in service levels or areas.
	<input type="checkbox"/> Loss of federal or other external financial support for existing program.
	<input type="checkbox"/> Exhaustion of fund balances previously used to support program.
<input type="checkbox"/> Proposed establishment of a new program or initiative.	

RECIPIENTS OF FUNDS	N/A
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What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

AGENCY NAME:	Department of Transportation		
AGENCY CODE:	U12	SECTION:	84

RELATED REQUEST(S)	No.
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Is this decision package associated with other decision packages requested by your agency or other agencies this year? Is it associated with a specific capital or non-recurring request?

MATCHING FUNDS	No.
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Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source and amount.

FUNDING ALTERNATIVES	None needed.
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What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.

SUMMARY	To realign estimated revenues with actual receipts for SFY2012/13. The SCEIS revenue estimate differs significantly from the SFY2013/14 revenue estimate submitted to the SBO in September of 2013.
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Provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used?

AGENCY NAME:	Department of Transportation		
AGENCY CODE:	U12	SECTION:	84

METHOD OF CALCULATION	Analysis of historical actual revenues received in prior years.
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How was the amount of the request calculated? What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?

FUTURE IMPACT	No. N/A
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Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?

PRIORITIZATION	N/A
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If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2014-15?

AGENCY NAME:	Department of Transportation		
AGENCY CODE:	U12	SECTION:	84

INTENDED IMPACT	No impact to service delivery and program outcomes.
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What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?

PROGRAM EVALUATION	N/A
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How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?

AGENCY NAME:	Department of Transportation		
AGENCY CODE:	U12	SECTION:	84

FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	839
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Revenues: 47D7 - Toll Road
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Provide a brief, descriptive title for this request.

AMOUNT	3,095,700
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What is the net change in requested appropriations for FY 2014-15? This amount should correspond to the decision package's total in PBF across all funding sources.

ENABLING AUTHORITY	SECTION 57-3-615, SECTIONS 57-5-1340,1490,1495
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What state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority?

FACTORS ASSOCIATED WITH THE REQUEST	Mark "X" for all that apply:
	<input type="checkbox"/> Change in cost of providing current services to existing program audience.
	<input type="checkbox"/> Non-mandated change in eligibility / enrollment for existing program.
	<input type="checkbox"/> Change in case load / enrollment under existing program guidelines.
	<input type="checkbox"/> Non-mandated program change in service levels or areas.
	<input type="checkbox"/> Loss of federal or other external financial support for existing program.
	<input type="checkbox"/> Exhaustion of fund balances previously used to support program.
<input type="checkbox"/> Proposed establishment of a new program or initiative.	

RECIPIENTS OF FUNDS	N/A
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What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

AGENCY NAME:	Department of Transportation		
AGENCY CODE:	U12	SECTION:	84

RELATED REQUEST(S) No.

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.

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

FUNDING ALTERNATIVES None needed.

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 To realign estimated revenues with actuals receipts for SFY 2012/13.

Provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used?

AGENCY NAME:	Department of Transportation		
AGENCY CODE:	U12	SECTION:	84

METHOD OF CALCULATION	Analysis of actual revenues from prior years.
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How was the amount of the request calculated? What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?

FUTURE IMPACT	No. N/A
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Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?

PRIORITIZATION	N/A
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If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2014-15?

AGENCY NAME:	Department of Transportation		
AGENCY CODE:	U12	SECTION:	84

INTENDED IMPACT	No impact to service delivery and program outcomes.
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What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?

PROGRAM EVALUATION	N/A
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How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?

AGENCY NAME:	Department of Transportation		
AGENCY CODE:	U12	SECTION:	84

FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	848: 4862:Non-Federal Aid Fund <i>Provide the decision package number issued by the PBF system ("Governor's Request").</i>
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TITLE	Revenues: 4862:Non-Federal Aid Fund <i>Provide a brief, descriptive title for this request.</i>
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AMOUNT	38,730,000 <i>What is the net change in requested appropriations for FY 2014-15? This amount should correspond to the decision package's total in PBF across all funding sources.</i>
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ENABLING AUTHORITY	The Non-Federal Aid Highway Fund was established by ACT 176 during the 116 th Legislative Session, 2005-2006. ACT 98 of the 120 th Session for 2013-14 of the General Assembly. <i>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?</i>
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FACTORS ASSOCIATED WITH THE REQUEST	Mark "X" for all that apply:
	<input type="checkbox"/> Change in cost of providing current services to existing program audience.
	<input type="checkbox"/> Non-mandated change in eligibility / enrollment for existing program.
	<input type="checkbox"/> Change in case load / enrollment under existing program guidelines.
	<input type="checkbox"/> Non-mandated program change in service levels or areas.
	<input type="checkbox"/> Loss of federal or other external financial support for existing program.
	<input type="checkbox"/> Exhaustion of fund balances previously used to support program.
<input type="checkbox"/> Proposed establishment of a new program or initiative.	

RECIPIENTS OF FUNDS	Additional funds will primarily go to contractors, vendors and professional services in accordance with SCDOT procurement policies and procedures. <i>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?</i>
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AGENCY NAME:	Department of Transportation		
AGENCY CODE:	U12	SECTION:	84

RELATED REQUEST(S) No.

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.

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

FUNDING ALTERNATIVES None needed.

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 To align estimated revenues with actual receipts for SFY 2012/13. The addition of Auto Sales Tax revenue is to reflect the expected receipt of approximately 41M in Auto Sales Tax diverted to the SCDOT as a result of legislation Act 98, passed in the SFY2013/14 120th Session).

Provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used?

AGENCY NAME:	Department of Transportation		
AGENCY CODE:	U12	SECTION:	84

METHOD OF CALCULATION	<p>Analysis of actual revenues from prior years. ACT 98 funding based on BEA forecasts for auto sales tax receipts.</p>
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How was the amount of the request calculated? What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?

FUTURE IMPACT	<p>No. N/A</p>
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Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?

PRIORITIZATION	<p>N/A</p>
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If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2014-15?

AGENCY NAME:	Department of Transportation		
AGENCY CODE:	U12	SECTION:	84

INTENDED IMPACT	The additional funding will provide for improvement in the maintenance and preservation of the State's Non-Federal Aid secondary roads.
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What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?

PROGRAM EVALUATION	Maintain and improve the state's Non-Federal Aid secondary road system condition and level of service.
---------------------------	--

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:	Department of Transportation		
AGENCY CODE:	U12	SECTION:	84

FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	892
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Capital Projects-Priority 1 Upstate Salt Shed
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Provide a brief, descriptive title for this request.

AMOUNT	480,400
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What is the net change in requested appropriations for FY 2014-15? This amount should correspond to the decision package's total in PBF across all funding sources.

ENABLING AUTHORITY	None. Seeking General Funding for capital improvement project.
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What state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority?

FACTORS ASSOCIATED WITH THE REQUEST	Mark "X" for all that apply:
	<input type="checkbox"/> Change in cost of providing current services to existing program audience.
	<input type="checkbox"/> Non-mandated change in eligibility / enrollment for existing program.
	<input type="checkbox"/> Change in case load / enrollment under existing program guidelines.
	<input type="checkbox"/> Non-mandated program change in service levels or areas.
	<input type="checkbox"/> Loss of federal or other external financial support for existing program.
	<input type="checkbox"/> Exhaustion of fund balances previously used to support program.
<input checked="" type="checkbox"/> Proposed establishment of a new program or initiative.	

RECIPIENTS OF FUNDS	Primarily contractors in accordance with SCDOT procurement policies and procedures.
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What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

AGENCY NAME:	Department of Transportation		
AGENCY CODE:	U12	SECTION:	84

RELATED REQUEST(S) Yes.
 Decision Package #: 140: Priority 1 General Fund for Capital Projects-Upstate Salt Shed
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.
Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source and amount.

FUNDING ALTERNATIVES None.
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 project consists of construction of a 10,000 ton salt storage facility on approximately 4.2 acre site located on existing SCDOT rights of way property. The site is strategically located at Exit 58 in Spartanburg County and is near the mid-point of the 106 mile stretch of I-85 across South Carolina. This facility will serve 45% of the state's salt needs for the 12 largest salt using counties and is anticipated to be stockpiled during the summer months when the cost of salt is lower than the winter months, generating an estimated savings of \$200,000 per year in material costs. Expended to date were for professional services related to plan development for the facility. SCDOT received \$313,500 of General Fund monies for SFY 13-14 and SCDOT has pledged \$313,500, as part of the construction costs. The SFY 14-15 request of \$480,400 is for completion of construction of the salt storage facility.

Total Costs	\$ 1,130,000
Expended to date	\$ 22,600
SFY 13-14 Planned Expenditures	\$ 627,000
SFY14-15 Request	\$ 480,400
SFY 15-16 Request	\$ 0

Provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used?

AGENCY NAME:	Department of Transportation		
AGENCY CODE:	U12	SECTION:	84

METHOD OF CALCULATION	<p>Amount based on construction estimate.</p>
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How was the amount of the request calculated? What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?

FUTURE IMPACT	<p>No. This is a non-recurring request. SCDOT will fund future maintenance costs associated with the salt shed from existing revenues.</p>
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Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?

PRIORITIZATION	<p>Capital Project Priority #1.</p>
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If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2014-15?

AGENCY NAME:	Department of Transportation		
AGENCY CODE:	U12	SECTION:	84

INTENDED IMPACT	Construction of this salt shed will enhance the department's flexibility in keeping SC roads open during extreme winter weather events.
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What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?

PROGRAM EVALUATION	Completion of the project.
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How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?

AGENCY NAME:	Department of Transportation		
AGENCY CODE:	U12	SECTION:	84

FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	895
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Capital Projects- Priority 4 HQ Bldg.-Exterior Waterproofing
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Provide a brief, descriptive title for this request.

AMOUNT	773,500
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What is the net change in requested appropriations for FY 2014-15? This amount should correspond to the decision package's total in PBF across all funding sources.

ENABLING AUTHORITY	None. Seeking General Funding for capital improvement project.
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What state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority?

FACTORS ASSOCIATED WITH THE REQUEST	Mark "X" for all that apply:
	<input type="checkbox"/> Change in cost of providing current services to existing program audience.
	<input type="checkbox"/> Non-mandated change in eligibility / enrollment for existing program.
	<input type="checkbox"/> Change in case load / enrollment under existing program guidelines.
	<input type="checkbox"/> Non-mandated program change in service levels or areas.
	<input type="checkbox"/> Loss of federal or other external financial support for existing program.
	<input type="checkbox"/> Exhaustion of fund balances previously used to support program.
<input checked="" type="checkbox"/> Proposed establishment of a new program or initiative.	

RECIPIENTS OF FUNDS	Primarily contractors in accordance with SCDOT procurement policies and procedures.
----------------------------	---

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:	Department of Transportation		
AGENCY CODE:	U12	SECTION:	84

RELATED REQUEST(S)	<p>Yes. Decision Package #: 146: Priority 4 HQ Build Def Maint- Exterior Waterproofing</p>
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Is this decision package associated with other decision packages requested by your agency or other agencies this year? Is it associated with a specific capital or non-recurring request?

MATCHING FUNDS	<p>No.</p>
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Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source and amount.

FUNDING ALTERNATIVES	<p>Funding for this project would have to come from the highway fund which would result in reduced expenditures on the state highway system.</p>
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What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.

SUMMARY	<p>During rain events, the building envelope leaks into the offices on floors 3 through 5. This leakage continues to create damage to walls and carpeting and creates a potential for mold growth. The unsealed joints in the 35 year old windows and limestone panels allow air and moisture into the building requiring additional energy to heat and cool the structure.</p>
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Provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used?

AGENCY NAME:	Department of Transportation		
AGENCY CODE:	U12	SECTION:	84

METHOD OF CALCULATION	Amount based on repair estimate.
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How was the amount of the request calculated? What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?

FUTURE IMPACT	No. This is a non-recurring request. SCDOT will fund future, routine maintenance costs associated with the SCDOT HQ building from existing revenues.
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Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?

PRIORITIZATION	Capital Project Priority #4.
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If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2014-15?

AGENCY NAME:	Department of Transportation		
AGENCY CODE:	U12	SECTION:	84

INTENDED IMPACT	Waterproofing the exterior of the HQ building will improve the quality of life and health of HQ employees, reduce future energy costs, and extend the longevity of the building.
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What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?

PROGRAM EVALUATION	Completion of the repair.
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How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?

AGENCY NAME:	Department of Transportation		
AGENCY CODE:	U12	SECTION:	84

FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	898
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Capital Projects- Priority 3 HQ Bldg.-Fire Sprinkler System
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Provide a brief, descriptive title for this request.

AMOUNT	2,975,000
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What is the net change in requested appropriations for FY 2014-15? This amount should correspond to the decision package's total in PBF across all funding sources.

ENABLING AUTHORITY	None. Seeking General Funding for capital improvement project.
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What state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority?

FACTORS ASSOCIATED WITH THE REQUEST	Mark "X" for all that apply:
	<input type="checkbox"/> Change in cost of providing current services to existing program audience.
	<input type="checkbox"/> Non-mandated change in eligibility / enrollment for existing program.
	<input type="checkbox"/> Change in case load / enrollment under existing program guidelines.
	<input type="checkbox"/> Non-mandated program change in service levels or areas.
	<input type="checkbox"/> Loss of federal or other external financial support for existing program.
	<input type="checkbox"/> Exhaustion of fund balances previously used to support program.
<input checked="" type="checkbox"/> Proposed establishment of a new program or initiative.	

RECIPIENTS OF FUNDS	Primarily contractors in accordance with SCDOT procurement to policies and procedures.
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What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

AGENCY NAME:	Department of Transportation		
AGENCY CODE:	U12	SECTION:	84

RELATED REQUEST(S)	Yes. Decision Package #: 143:Priority 3 HQ Build Def Maint- Fire Sprinkler System
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Is this decision package associated with other decision packages requested by your agency or other agencies this year? Is it associated with a specific capital or non-recurring request?

MATCHING FUNDS	No.
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Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source and amount.

FUNDING ALTERNATIVES	Funding for this project would have to come from the highway fund which would result in reduced expenditures on the state highway system.
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What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.

SUMMARY	Based on building code deficiencies found in 2002, the chief building code official for the state, requested SCDOT to install a fire sprinkler system. Without a fire sprinkler system, there is no means to stop the spread of fire and smoke throughout the building. Installation of the fire sprinkler system would bring the SCDOT HQ building in compliance with building codes and standards now in effect. The installation of the fire sprinkler system will restore an acceptable level of life safety to the building at a lower initial cost and provide greater flexibility for future uses of the building.
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Provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used?

AGENCY NAME:	Department of Transportation		
AGENCY CODE:	U12	SECTION:	84

METHOD OF CALCULATION	<p>Amount based on installation estimate.</p>
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How was the amount of the request calculated? What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?

FUTURE IMPACT	<p>No. This is a non-recurring request. SCDOT will fund future, routine maintenance costs associated with the SCDOT HQ building from existing revenues.</p>
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Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?

PRIORITIZATION	<p>Capital Project Priority #3.</p>
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If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2014-15?

AGENCY NAME:	Department of Transportation		
AGENCY CODE:	U12	SECTION:	84

INTENDED IMPACT	<p>Installing a fire sprinkler system in the HQ building will significantly enhance the safety of HQ employees and bring the HQ building in compliance with existing building codes.</p>
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What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?

PROGRAM EVALUATION	<p>Completion of the installation within estimated costs.</p>
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How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?

AGENCY NAME:	Department of Transportation		
AGENCY CODE:	U12	SECTION:	84

FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	901
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Capital Projects- Priority 2 HQ Bldg.-Repair HVAC Cooling
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Provide a brief, descriptive title for this request.

AMOUNT	416,500
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What is the net change in requested appropriations for FY 2014-15? This amount should correspond to the decision package's total in PBF across all funding sources.

ENABLING AUTHORITY	None. Seeking General Funding for capital improvement project.
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What state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority?

FACTORS ASSOCIATED WITH THE REQUEST	Mark "X" for all that apply:
	<input type="checkbox"/> Change in cost of providing current services to existing program audience.
	<input type="checkbox"/> Non-mandated change in eligibility / enrollment for existing program.
	<input type="checkbox"/> Change in case load / enrollment under existing program guidelines.
	<input type="checkbox"/> Non-mandated program change in service levels or areas.
	<input type="checkbox"/> Loss of federal or other external financial support for existing program.
	<input type="checkbox"/> Exhaustion of fund balances previously used to support program.
<input checked="" type="checkbox"/> Proposed establishment of a new program or initiative.	

RECIPIENTS OF FUNDS	Primarily vendors in accordance with SCDOT procurement policies and procedures.
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What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

AGENCY NAME:	Department of Transportation		
AGENCY CODE:	U12	SECTION:	84

RELATED REQUEST(S)	<p>Yes. Decision Package #: 149: Priority 2 HQ Build Def Maint- Cooling Coil Replacement</p>
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Is this decision package associated with other decision packages requested by your agency or other agencies this year? Is it associated with a specific capital or non-recurring request?

MATCHING FUNDS	No.
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Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source and amount.

FUNDING ALTERNATIVES	Funding for this project would have to come from the highway fund which would result in reduced expenditures on the state highway system.
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What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.

SUMMARY	<p>The 35 year old cooling coils for the building's air conditioning system have deteriorated to a point that they can no longer be cleaned and maintained. The coils require replacement in the immediate future to continue to cool the 228,000 sf building. The replacement of the coils will ensure the continued operations of the building's HVAC system and is an essential component of providing a safe and reasonably comfortable environment for our department personnel.</p>
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Provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used?

AGENCY NAME:	Department of Transportation		
AGENCY CODE:	U12	SECTION:	84

METHOD OF CALCULATION	Amount based on replacement estimate.
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How was the amount of the request calculated? What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?

FUTURE IMPACT	No. This is a non-recurring request. SCDOT will fund future, routine maintenance costs associated with the SCDOT HQ building from existing revenues.
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Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?

PRIORITIZATION	Capital Project Priority #2.
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If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2014-15?

AGENCY NAME:	Department of Transportation		
AGENCY CODE:	U12	SECTION:	84

INTENDED IMPACT	Replacing the existing cooling coils in the HQ building’s HVAC system will ensure the continued operations of the buildings HVAC system.
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What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?

PROGRAM EVALUATION	Completion of the installation within estimated costs.
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How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?

AGENCY NAME:	Department of Transportation		
AGENCY CODE:	U12	SECTION:	84

FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	904
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	4095: Port Access Road
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Provide a brief, descriptive title for this request.

AMOUNT	52,500,000
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What is the net change in requested appropriations for FY 2014-15? This amount should correspond to the decision package's total in PBF across all funding sources.

ENABLING AUTHORITY	Act 121 of the 117 th Session of the 2007-08 South Carolina General Assembly.
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What state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority?

FACTORS ASSOCIATED WITH THE REQUEST	Mark "X" for all that apply:
	<input type="checkbox"/> Change in cost of providing current services to existing program audience.
	<input type="checkbox"/> Non-mandated change in eligibility / enrollment for existing program.
	<input type="checkbox"/> Change in case load / enrollment under existing program guidelines.
	<input type="checkbox"/> Non-mandated program change in service levels or areas.
	<input type="checkbox"/> Loss of federal or other external financial support for existing program.
	<input type="checkbox"/> Exhaustion of fund balances previously used to support program.
<input type="checkbox"/> Proposed establishment of a new program or initiative.	

RECIPIENTS OF FUNDS	Primarily contractors in accordance with SCDOT procurement policies and procedures.
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What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

AGENCY NAME:	Department of Transportation		
AGENCY CODE:	U12	SECTION:	84

RELATED REQUEST(S) Yes. Decision Package #: 1406-Port Road Expenditure

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.

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

FUNDING ALTERNATIVES None needed.

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 Adjustment to revenues to reflect expected transfer of funds from SPA to SCDOT, 52.5M for the Port Access Road Project in accordance with the agreement between SPA and SCDOT.

Provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used?

AGENCY NAME:	Department of Transportation		
AGENCY CODE:	U12	SECTION:	84

METHOD OF CALCULATION	Amount in accordance with agreement with State Port s Authority.
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How was the amount of the request calculated? What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?

FUTURE IMPACT	No. N/A.
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Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?

PRIORITIZATION	
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If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2014-15?

AGENCY NAME:	Department of Transportation		
AGENCY CODE:	U12	SECTION:	84

INTENDED IMPACT	<p>This transfer of funding will fund construction expenditures incurred in SFY 2014/15. The proposed Port Access Road is a four lane, approximately 1.2mile, limited access highway that provides direct access from the proposed port facility to Interstate 26.</p>
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What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?

PROGRAM EVALUATION	<p>Periodic evaluation of the construction project's progress toward completion.</p>
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How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?

AGENCY NAME:	Department of Transportation		
AGENCY CODE:	U12	SECTION:	84

FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	1046
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Port Access Road Expenditure
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Provide a brief, descriptive title for this request.

AMOUNT	52,500,000
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What is the net change in requested appropriations for FY 2014-15? This amount should correspond to the decision package's total in PBF across all funding sources.

ENABLING AUTHORITY	Act 121 of the 117 th Session of the 2007-2008 General Assembly.
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What state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority?

FACTORS ASSOCIATED WITH THE REQUEST	Mark "X" for all that apply:
	<input type="checkbox"/> Change in cost of providing current services to existing program audience.
	<input type="checkbox"/> Non-mandated change in eligibility / enrollment for existing program.
	<input type="checkbox"/> Change in case load / enrollment under existing program guidelines.
	<input checked="" type="checkbox"/> Non-mandated program change in service levels or areas.
	<input type="checkbox"/> Loss of federal or other external financial support for existing program.
	<input type="checkbox"/> Exhaustion of fund balances previously used to support program.
<input type="checkbox"/> Proposed establishment of a new program or initiative.	

RECIPIENTS OF FUNDS	Primarily Contractors, Engineering Services and Right of Way acquisitions following SCDOT's procurement processes.
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What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

AGENCY NAME:	Department of Transportation		
AGENCY CODE:	U12	SECTION:	84

RELATED REQUEST(S)	No.
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Is this decision package associated with other decision packages requested by your agency or other agencies this year? Is it associated with a specific capital or non-recurring request?

MATCHING FUNDS	No.
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Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source and amount.

FUNDING ALTERNATIVES	This was an allocation specifically directed by the SC General Assembly for this project.
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What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.

SUMMARY	Expected expenditures Port Access Road.
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Provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used?

AGENCY NAME:	Department of Transportation		
AGENCY CODE:	U12	SECTION:	84

METHOD OF CALCULATION	Anticipated expenditures.
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How was the amount of the request calculated? What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?

FUTURE IMPACT	No. N/A
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Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?

PRIORITIZATION	N/A
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If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2014-15?

AGENCY NAME:	Department of Transportation		
AGENCY CODE:	U12	SECTION:	84

INTENDED IMPACT	The Port of Charleston is an important component in the economic development of South Carolina.
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What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?

PROGRAM EVALUATION	The Port Access Road is completed to support the expansion at Port of Charleston.
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How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?

AGENCY NAME:	Department of Transportation		
AGENCY CODE:	U12	SECTION:	84

FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	119
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Highway Construction Increase (Permanent Improvements)
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Provide a brief, descriptive title for this request.

AMOUNT	3,324,752
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What is the net change in requested appropriations for FY 2014-15? This amount should correspond to the decision package's total in PBF across all funding sources.

ENABLING AUTHORITY	Section 57-1-50. No.
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What state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority?

FACTORS ASSOCIATED WITH THE REQUEST	Mark "X" for all that apply:
	<input type="checkbox"/> Change in cost of providing current services to existing program audience.
	<input type="checkbox"/> Non-mandated change in eligibility / enrollment for existing program.
	<input type="checkbox"/> Change in case load / enrollment under existing program guidelines.
	<input checked="" type="checkbox"/> Non-mandated program change in service levels or areas.
	<input type="checkbox"/> Loss of federal or other external financial support for existing program.
	<input type="checkbox"/> Exhaustion of fund balances previously used to support program.
<input type="checkbox"/> Proposed establishment of a new program or initiative.	

RECIPIENTS OF FUNDS	Primarily contractors and engineering service in accordance with SCDOT procurement policies and procedures
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What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

AGENCY NAME:	Department of Transportation		
AGENCY CODE:	U12	SECTION:	84

RELATED REQUEST(S) No.

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 Yes. Engineering and construction activities are generally eligible for partial reimbursement from the FHWA.

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

FUNDING ALTERNATIVES None needed.

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 Realign highway construction program with forecasted execution.

Provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used?

AGENCY NAME:	Department of Transportation		
AGENCY CODE:	U12	SECTION:	84

METHOD OF CALCULATION	Amounts based on anticipated increase in expenditures..
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How was the amount of the request calculated? What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?

FUTURE IMPACT	Better preservation of the state highway system thereby avoiding increased expenditures in the future to rehabilitate a deteriorating state highway system.
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Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?

PRIORITIZATION	N/A
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If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2014-15?

AGENCY NAME:	Department of Transportation		
AGENCY CODE:	U12	SECTION:	84

INTENDED IMPACT	Continued effort to maintain and preserve the state highway system.
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What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?

PROGRAM EVALUATION	Maintain and preserve the state highway system's condition and level of service.
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How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?

AGENCY NAME:	Department of Transportation		
AGENCY CODE:	U12	SECTION:	84

FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	128
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Land and Buildings Other Operating Adjustments
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Provide a brief, descriptive title for this request.

AMOUNT	800,000
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What is the net change in requested appropriations for FY 2014-15? This amount should correspond to the decision package's total in PBF across all funding sources.

ENABLING AUTHORITY	No. Section 12-28-310.
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What state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority?

FACTORS ASSOCIATED WITH THE REQUEST	Mark "X" for all that apply:
	<input type="checkbox"/> Change in cost of providing current services to existing program audience.
	<input type="checkbox"/> Non-mandated change in eligibility / enrollment for existing program.
	<input type="checkbox"/> Change in case load / enrollment under existing program guidelines.
	<input checked="" type="checkbox"/> Non-mandated program change in service levels or areas.
	<input type="checkbox"/> Loss of federal or other external financial support for existing program.
	<input type="checkbox"/> Exhaustion of fund balances previously used to support program.
<input type="checkbox"/> Proposed establishment of a new program or initiative.	

RECIPIENTS OF FUNDS	Primarily consultants, engineering services and vendors following SCDOT's procurement processes.
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What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

AGENCY NAME:	Department of Transportation		
AGENCY CODE:	U12	SECTION:	84

RELATED REQUEST(S) No.

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. .

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

FUNDING ALTERNATIVES None needed.

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 Provide a steady state level of funding for district and headquarter facility maintenance and renovations.

Provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used?

AGENCY NAME:	Department of Transportation		
AGENCY CODE:	U12	SECTION:	84

METHOD OF CALCULATION	<p>Estimated the annual minimum amount required to maintain routine SCDOT facility maintenance and repair.</p>
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How was the amount of the request calculated? What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?

FUTURE IMPACT	<p>Better preservation of SCDOT facilities thereby avoiding increased expenditures in the future to rehabilitate deteriorating facility conditions.</p>
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Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?

PRIORITIZATION	<p>N/A</p>
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If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2014-15?

AGENCY NAME:	Department of Transportation		
AGENCY CODE:	U12	SECTION:	84

INTENDED IMPACT	No impact to service delivery and program outcomes.
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What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?

PROGRAM EVALUATION	Prevent deterioration at SCDOT facilities.
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How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?

AGENCY NAME:	Department of Transportation		
AGENCY CODE:	U12	SECTION:	84

FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	134
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Gen Admin: Debt Service Adjustment
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Provide a brief, descriptive title for this request.

AMOUNT	-213,338
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What is the net change in requested appropriations for FY 2014-15? This amount should correspond to the decision package's total in PBF across all funding sources.

ENABLING AUTHORITY	No. Section 12-28-310.
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What state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority?

FACTORS ASSOCIATED WITH THE REQUEST	Mark "X" for all that apply:
	<input type="checkbox"/> Change in cost of providing current services to existing program audience.
	<input type="checkbox"/> Non-mandated change in eligibility / enrollment for existing program.
	<input type="checkbox"/> Change in case load / enrollment under existing program guidelines.
	<input checked="" type="checkbox"/> Non-mandated program change in service levels or areas.
	<input type="checkbox"/> Loss of federal or other external financial support for existing program.
	<input type="checkbox"/> Exhaustion of fund balances previously used to support program.
<input type="checkbox"/> Proposed establishment of a new program or initiative.	

RECIPIENTS OF FUNDS	N/A
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What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

AGENCY NAME:	Department of Transportation		
AGENCY CODE:	U12	SECTION:	84

RELATED REQUEST(S)	No.
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Is this decision package associated with other decision packages requested by your agency or other agencies this year? Is it associated with a specific capital or non-recurring request?

MATCHING FUNDS	No.
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Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source and amount.

FUNDING ALTERNATIVES	None needed.
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What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.

SUMMARY	ARRA program complete. Remaining master lease components listed separately.
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Provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used?

AGENCY NAME:	Department of Transportation		
AGENCY CODE:	U12	SECTION:	84

METHOD OF CALCULATION	Amounts based on actuals.
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How was the amount of the request calculated? What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?

FUTURE IMPACT	No. N/A
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Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?

PRIORITIZATION	N/A
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If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2014-15?

AGENCY NAME:	Department of Transportation		
AGENCY CODE:	U12	SECTION:	84

INTENDED IMPACT	No impact to service delivery and program outcomes.
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What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?

PROGRAM EVALUATION	N/A
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How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?

AGENCY NAME:	Department of Transportation		
AGENCY CODE:	U12	SECTION:	84

FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	152
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Employer Benefits Adjustment
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Provide a brief, descriptive title for this request.

AMOUNT	2,892,541
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What is the net change in requested appropriations for FY 2014-15? This amount should correspond to the decision package's total in PBF across all funding sources.

ENABLING AUTHORITY	Section 12-28-310 No.
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What state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority?

FACTORS ASSOCIATED WITH THE REQUEST	Mark "X" for all that apply:
	<input checked="" type="checkbox"/> Change in cost of providing current services to existing program audience.
	<input type="checkbox"/> Non-mandated change in eligibility / enrollment for existing program.
	<input type="checkbox"/> Change in case load / enrollment under existing program guidelines.
	<input type="checkbox"/> Non-mandated program change in service levels or areas.
	<input type="checkbox"/> Loss of federal or other external financial support for existing program.
	<input type="checkbox"/> Exhaustion of fund balances previously used to support program.
<input type="checkbox"/> Proposed establishment of a new program or initiative.	

RECIPIENTS OF FUNDS	State benefit Programs.
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What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

AGENCY NAME:	Department of Transportation		
AGENCY CODE:	U12	SECTION:	84

RELATED REQUEST(S) No.

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.

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

FUNDING ALTERNATIVES None needed.

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 Projected increase to health care costs and retirement benefits.

Provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used?

AGENCY NAME:	Department of Transportation		
AGENCY CODE:	U12	SECTION:	84

METHOD OF CALCULATION	Increase in anticipated benefit costs.
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How was the amount of the request calculated? What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?

FUTURE IMPACT	No. N/A
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Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?

PRIORITIZATION	N/A
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If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2014-15?

AGENCY NAME:	Department of Transportation		
AGENCY CODE:	U12	SECTION:	84

INTENDED IMPACT	No impact to service delivery and program outcomes.
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What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?

PROGRAM EVALUATION	N/A
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How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?

AGENCY NAME:	Department of Transportation		
AGENCY CODE:	U12	SECTION:	84

FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	212
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Gen Admin: Other Operating Adjustment
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Provide a brief, descriptive title for this request.

AMOUNT	-9,693,796
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What is the net change in requested appropriations for FY 2014-15? This amount should correspond to the decision package's total in PBF across all funding sources.

ENABLING AUTHORITY	No. Section 12-28-310
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What state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority?

FACTORS ASSOCIATED WITH THE REQUEST	Mark "X" for all that apply:
	<input type="checkbox"/> Change in cost of providing current services to existing program audience.
	<input type="checkbox"/> Non-mandated change in eligibility / enrollment for existing program.
	<input type="checkbox"/> Change in case load / enrollment under existing program guidelines.
	<input checked="" type="checkbox"/> Non-mandated program change in service levels or areas.
	<input type="checkbox"/> Loss of federal or other external financial support for existing program.
	<input type="checkbox"/> Exhaustion of fund balances previously used to support program.
<input type="checkbox"/> Proposed establishment of a new program or initiative.	

RECIPIENTS OF FUNDS	N/A
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What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

AGENCY NAME:	Department of Transportation		
AGENCY CODE:	U12	SECTION:	84

RELATED REQUEST(S)	No.
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Is this decision package associated with other decision packages requested by your agency or other agencies this year? Is it associated with a specific capital or non-recurring request?

MATCHING FUNDS	No.
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Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source and amount.

FUNDING ALTERNATIVES	None needed.
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What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.

SUMMARY	To reflect change in accounting for IFTA payments as a negative revenue as opposed to an expense.
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Provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used?

AGENCY NAME:	Department of Transportation		
AGENCY CODE:	U12	SECTION:	84

METHOD OF CALCULATION	<p>Amounts based on historical IFTA transfers. IFTA transfers are impacted by economic factors such as changes in comparative diesel fuel prices.</p>
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How was the amount of the request calculated? What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?

FUTURE IMPACT	<p>No. N/A</p>
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Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?

PRIORITIZATION	<p>N/A</p>
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If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2014-15?

AGENCY NAME:	Department of Transportation		
AGENCY CODE:	U12	SECTION:	84

INTENDED IMPACT	No impact to service delivery and program outcomes.
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What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?

PROGRAM EVALUATION	N/A
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How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?

AGENCY NAME:	Department of Transportation		
AGENCY CODE:	U12	SECTION:	84

FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	220
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Eng Admin: Other Operating Additional Expenses
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Provide a brief, descriptive title for this request.

AMOUNT	1,323,904
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What is the net change in requested appropriations for FY 2014-15? This amount should correspond to the decision package's total in PBF across all funding sources.

ENABLING AUTHORITY	Section 57-3-20 No.
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What state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority?

FACTORS ASSOCIATED WITH THE REQUEST	Mark "X" for all that apply:
	<input checked="" type="checkbox"/> Change in cost of providing current services to existing program audience.
	<input type="checkbox"/> Non-mandated change in eligibility / enrollment for existing program.
	<input type="checkbox"/> Change in case load / enrollment under existing program guidelines.
	<input type="checkbox"/> Non-mandated program change in service levels or areas.
	<input type="checkbox"/> Loss of federal or other external financial support for existing program.
	<input type="checkbox"/> Exhaustion of fund balances previously used to support program.
<input type="checkbox"/> Proposed establishment of a new program or initiative.	

RECIPIENTS OF FUNDS	Primarily vendors following SCDOT's procurement policies and procedures.
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What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

AGENCY NAME:	Department of Transportation		
AGENCY CODE:	U12	SECTION:	84

RELATED REQUEST(S)	No.
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Is this decision package associated with other decision packages requested by your agency or other agencies this year? Is it associated with a specific capital or non-recurring request?

MATCHING FUNDS	No.
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Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source and amount.

FUNDING ALTERNATIVES	None needed.
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What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.

SUMMARY	Transfer of SHEP/Incident Responder fuel costs and lease of survey equipment expenditures from construction funded program to engineer administration funded program.
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Provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used?

AGENCY NAME:	Department of Transportation		
AGENCY CODE:	U12	SECTION:	84

METHOD OF CALCULATION	Amounts based on anticipated expenditures..
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How was the amount of the request calculated? What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?

FUTURE IMPACT	No. N/A
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Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?

PRIORITIZATION	N/A
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If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2014-15?

AGENCY NAME:	Department of Transportation		
AGENCY CODE:	U12	SECTION:	84

INTENDED IMPACT	No impact to service delivery and program outcomes.
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What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?

PROGRAM EVALUATION	N/A
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How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?

AGENCY NAME:	Department of Transportation		
AGENCY CODE:	U12	SECTION:	84

FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	223
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Hwy Maintenance: Other Operating Increase
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Provide a brief, descriptive title for this request.

AMOUNT	5,500,000
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What is the net change in requested appropriations for FY 2014-15? This amount should correspond to the decision package's total in PBF across all funding sources.

ENABLING AUTHORITY	Section 12-28-310 No.
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What state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority?

FACTORS ASSOCIATED WITH THE REQUEST	Mark "X" for all that apply:
	<input type="checkbox"/> Change in cost of providing current services to existing program audience.
	<input type="checkbox"/> Non-mandated change in eligibility / enrollment for existing program.
	<input type="checkbox"/> Change in case load / enrollment under existing program guidelines.
	<input checked="" type="checkbox"/> Non-mandated program change in service levels or areas.
	<input type="checkbox"/> Loss of federal or other external financial support for existing program.
	<input type="checkbox"/> Exhaustion of fund balances previously used to support program.
<input type="checkbox"/> Proposed establishment of a new program or initiative.	

RECIPIENTS OF FUNDS	Primarily contractors and vendors following SCDOT's procurement processes.
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What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

AGENCY NAME:	Department of Transportation		
AGENCY CODE:	U12	SECTION:	84

RELATED REQUEST(S) No.

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. Maintenance Operations funded by motor fuel tax provided to the department.

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

FUNDING ALTERNATIVES Utilize federal emergency funds (typically bridges) on federal-aid eligible routes where applicable. Surplus General Funds.

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 Provide additional resources for state maintenance program.

Provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used?

AGENCY NAME:	Department of Transportation		
AGENCY CODE:	U12	SECTION:	84

METHOD OF CALCULATION	Amounts based on anticipated increase in expenditures..
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How was the amount of the request calculated? What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?

FUTURE IMPACT	Better preservation of the state highway system thereby avoiding increased expenditures in the future to rehabilitate the deteriorating state highway system.
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Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?

PRIORITIZATION	N/A
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If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2014-15?

AGENCY NAME:	Department of Transportation		
AGENCY CODE:	U12	SECTION:	84

INTENDED IMPACT	Continued effort to maintain and preserve the state highway system.
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What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?

PROGRAM EVALUATION	Maintain and preserve the state highway system condition and level of service.
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How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?

AGENCY NAME:	Department of Transportation		
AGENCY CODE:	U12	SECTION:	84

FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	230
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Non-Federal Aid: Other Operating: Increase to NFA program
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Provide a brief, descriptive title for this request.

AMOUNT	46,200,000
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What is the net change in requested appropriations for FY 2014-15? This amount should correspond to the decision package's total in PBF across all funding sources.

ENABLING AUTHORITY	Act 176 of 2005 ACT 98 of 2013
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What state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority?

FACTORS ASSOCIATED WITH THE REQUEST	Mark "X" for all that apply:
	<input type="checkbox"/> Change in cost of providing current services to existing program audience.
	<input type="checkbox"/> Non-mandated change in eligibility / enrollment for existing program.
	<input type="checkbox"/> Change in case load / enrollment under existing program guidelines.
	<input checked="" type="checkbox"/> Non-mandated program change in service levels or areas.
	<input type="checkbox"/> Loss of federal or other external financial support for existing program.
	<input type="checkbox"/> Exhaustion of fund balances previously used to support program.
<input type="checkbox"/> Proposed establishment of a new program or initiative.	

RECIPIENTS OF FUNDS	Primarily contractors following SCDOT's procurement processes.
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What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

AGENCY NAME:	Department of Transportation		
AGENCY CODE:	U12	SECTION:	84

RELATED REQUEST(S)	No.
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Is this decision package associated with other decision packages requested by your agency or other agencies this year? Is it associated with a specific capital or non-recurring request?

MATCHING FUNDS	No.
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Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source and amount.

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

SUMMARY	Increase Non Federal Aid program as a result of additional funding received from Act 98 of 2013.
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Provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used?

AGENCY NAME:	Department of Transportation		
AGENCY CODE:	U12	SECTION:	84

METHOD OF CALCULATION	Amounts based on anticipated increase in expenditures.
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How was the amount of the request calculated? What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?

FUTURE IMPACT	Better preservation of the state's non-federal-aid secondary roads thereby avoiding increased expenditures in the future to rehabilitate a deteriorating state highway system.
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Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?

PRIORITIZATION	N/A
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If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2014-15?

AGENCY NAME:	Department of Transportation		
AGENCY CODE:	U12	SECTION:	84

INTENDED IMPACT	Continued effort to maintain and preserve the state non-federal-aid secondary roads.
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What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?

PROGRAM EVALUATION	Maintain and preserve the state non-federal-aid secondary road system condition and level of service.
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How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?

AGENCY NAME:	Department of Transportation		
AGENCY CODE:	U12	SECTION:	84

FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	234
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Intermodal Planning: Other Operating – Increase to expenditures
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Provide a brief, descriptive title for this request.

AMOUNT	480,533
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What is the net change in requested appropriations for FY 2014-15? This amount should correspond to the decision package's total in PBF across all funding sources.

ENABLING AUTHORITY	Section 12-28-310 , Section 57-1-50 No.
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What state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority?

FACTORS ASSOCIATED WITH THE REQUEST	Mark "X" for all that apply:
	<input type="checkbox"/> Change in cost of providing current services to existing program audience.
	<input type="checkbox"/> Non-mandated change in eligibility / enrollment for existing program.
	<input type="checkbox"/> Change in case load / enrollment under existing program guidelines.
	<input checked="" type="checkbox"/> Non-mandated program change in service levels or areas.
	<input type="checkbox"/> Loss of federal or other external financial support for existing program.
	<input type="checkbox"/> Exhaustion of fund balances previously used to support program.
<input type="checkbox"/> Proposed establishment of a new program or initiative.	

RECIPIENTS OF FUNDS	Professional Service Providers
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What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

AGENCY NAME:	Department of Transportation		
AGENCY CODE:	U12	SECTION:	84

RELATED REQUEST(S) No.

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. Intermodal Planning is partially funded by Federal Capital Grants.

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

FUNDING ALTERNATIVES None needed.

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 Increase in professional service costs associated with development of the statewide multimodal transportation plan.

Provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used?

AGENCY NAME:	Department of Transportation		
AGENCY CODE:	U12	SECTION:	84

METHOD OF CALCULATION	Increase in anticipated contract costs.
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How was the amount of the request calculated? What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?

FUTURE IMPACT	No. N/A
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Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?

PRIORITIZATION	N/A
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If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2014-15?

AGENCY NAME:	Department of Transportation		
AGENCY CODE:	U12	SECTION:	84

INTENDED IMPACT	Timely delivery of the statewide multimodal transportation plan.
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What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?

PROGRAM EVALUATION	N/A
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How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?

AGENCY NAME:	Department of Transportation		
AGENCY CODE:	U12	SECTION:	84

FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	237
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Intermodal Planning: Alloc to Other: Reduce allocations
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Provide a brief, descriptive title for this request.

AMOUNT	-5,491,650
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What is the net change in requested appropriations for FY 2014-15? This amount should correspond to the decision package's total in PBF across all funding sources.

ENABLING AUTHORITY	Section 12-28-310 , Section 57-1-50 No.
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What state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority?

FACTORS ASSOCIATED WITH THE REQUEST	Mark "X" for all that apply:
	<input type="checkbox"/> Change in cost of providing current services to existing program audience.
	<input type="checkbox"/> Non-mandated change in eligibility / enrollment for existing program.
	<input type="checkbox"/> Change in case load / enrollment under existing program guidelines.
	<input checked="" type="checkbox"/> Non-mandated program change in service levels or areas.
	<input type="checkbox"/> Loss of federal or other external financial support for existing program.
	<input type="checkbox"/> Exhaustion of fund balances previously used to support program.
<input type="checkbox"/> Proposed establishment of a new program or initiative.	

RECIPIENTS OF FUNDS	N/A
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What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

AGENCY NAME:	Department of Transportation		
AGENCY CODE:	U12	SECTION:	84

RELATED REQUEST(S)	No.
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Is this decision package associated with other decision packages requested by your agency or other agencies this year? Is it associated with a specific capital or non-recurring request?

MATCHING FUNDS	No. Intermodal Planning is funded by Federal Capital Grants.
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Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source and amount.

FUNDING ALTERNATIVES	None needed.
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What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.

SUMMARY	Reduction reflects the phase out of several SAFETEA-LU programs eliminating SCDOT as a pass-through entity for federal funding to local transit authorities for those specific programs.
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Provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used?

AGENCY NAME:	Department of Transportation		
AGENCY CODE:	U12	SECTION:	84

METHOD OF CALCULATION	Decrease in anticipated allocations to local transit authorities.
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How was the amount of the request calculated? What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?

FUTURE IMPACT	No. N/A
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Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?

PRIORITIZATION	N/A
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If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2014-15?

AGENCY NAME:	Department of Transportation		
AGENCY CODE:	U12	SECTION:	84

INTENDED IMPACT	No impact to service delivery and program outcomes.
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What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?

PROGRAM EVALUATION	N/A
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How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?

AGENCY NAME:	Department of Transportation		
AGENCY CODE:	U12	SECTION:	84

FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	382
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Highway Engineering – Debt Service Adjustment
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Provide a brief, descriptive title for this request.

AMOUNT	735,990
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What is the net change in requested appropriations for FY 2014-15? This amount should correspond to the decision package's total in PBF across all funding sources.

ENABLING AUTHORITY	Section 12-28-310. No.
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What state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority?

FACTORS ASSOCIATED WITH THE REQUEST	Mark "X" for all that apply:
	<input type="checkbox"/> Change in cost of providing current services to existing program audience.
	<input type="checkbox"/> Non-mandated change in eligibility / enrollment for existing program.
	<input type="checkbox"/> Change in case load / enrollment under existing program guidelines.
	<input checked="" type="checkbox"/> Non-mandated program change in service levels or areas.
	<input type="checkbox"/> Loss of federal or other external financial support for existing program.
	<input type="checkbox"/> Exhaustion of fund balances previously used to support program.
<input type="checkbox"/> Proposed establishment of a new program or initiative.	

RECIPIENTS OF FUNDS	State Infrastructure Bank, Highway Bond Holders
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What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

AGENCY NAME:	Department of Transportation		
AGENCY CODE:	U12	SECTION:	84

RELATED REQUEST(S) No.

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.

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

FUNDING ALTERNATIVES None needed.

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 Adjust to reflect the actual principal and interest payments.

Provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used?

AGENCY NAME:	Department of Transportation		
AGENCY CODE:	U12	SECTION:	84

METHOD OF CALCULATION	Amounts based on anticipated increase in expenditures..
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How was the amount of the request calculated? What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?

FUTURE IMPACT	Required debt service payment to preserve state and SCDOT bond rating.
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Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?

PRIORITIZATION	N/A
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If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2014-15?

AGENCY NAME:	Department of Transportation		
AGENCY CODE:	U12	SECTION:	84

INTENDED IMPACT	No impact to service delivery and program outcomes.
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What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?

PROGRAM EVALUATION	N/A
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How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?

AGENCY NAME:	Department of Transportation		
AGENCY CODE:	U12	SECTION:	84

FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	955
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Toll Operations – Debt Service Reduction
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Provide a brief, descriptive title for this request.

AMOUNT	-121,279
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What is the net change in requested appropriations for FY 2014-15? This amount should correspond to the decision package's total in PBF across all funding sources.

ENABLING AUTHORITY	Section 57-3-615 No.
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What state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority?

FACTORS ASSOCIATED WITH THE REQUEST	Mark "X" for all that apply:
	<input type="checkbox"/> Change in cost of providing current services to existing program audience.
	<input type="checkbox"/> Non-mandated change in eligibility / enrollment for existing program.
	<input type="checkbox"/> Change in case load / enrollment under existing program guidelines.
	<input checked="" type="checkbox"/> Non-mandated program change in service levels or areas.
	<input type="checkbox"/> Loss of federal or other external financial support for existing program.
	<input type="checkbox"/> Exhaustion of fund balances previously used to support program.
<input type="checkbox"/> Proposed establishment of a new program or initiative.	

RECIPIENTS OF FUNDS	N/A
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What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

AGENCY NAME:	Department of Transportation		
AGENCY CODE:	U12	SECTION:	84

RELATED REQUEST(S)	No.
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Is this decision package associated with other decision packages requested by your agency or other agencies this year? Is it associated with a specific capital or non-recurring request?

MATCHING FUNDS	No. Toll Operations funded by Toll Road fee provided to the department.
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Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source and amount.

FUNDING ALTERNATIVES	None needed.
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What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.

SUMMARY	Adjusted to reflect the actual principal and interest payments.
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Provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used?

AGENCY NAME:	Department of Transportation		
AGENCY CODE:	U12	SECTION:	84

METHOD OF CALCULATION	Amounts based on scheduled debt service payments.
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How was the amount of the request calculated? What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?

FUTURE IMPACT	No N/A
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Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?

PRIORITIZATION	N/A
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If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2014-15?

AGENCY NAME:	Department of Transportation		
AGENCY CODE:	U12	SECTION:	84

INTENDED IMPACT	No impact to service delivery and program outcomes.
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What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?

PROGRAM EVALUATION	N/A
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How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?

AGENCY NAME:	
AGENCY CODE:	SECTION:

FORM C – CAPITAL OR NON-RECURRING APPROPRIATION REQUEST

DECISION PACKAGE	140
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Capital Projects: Priority 1-Upstate Salt Shed
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Provide a brief, descriptive title for this request.

AMOUNT	480,400
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How much is requested for this project in FY 2014-15?

BUDGET PROGRAM	Land and Buildings, 0502.050000.000, Permanent Improvements
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Identify the associated budget program(s) by name and budget section.

SUMMARY	<p>This project consists of construction of a 10,000 ton salt storage facility on approximately 4.2 acre site located on existing SCDOT rights of way property. The site is strategically located at Exit 58 in Spartanburg County and is near the mid-point of the 106 mile stretch of I-85 across South Carolina. This facility will serve 45% of the state's salt needs for the 12 largest salt using counties and is anticipated to be stockpiled during the summer months when the cost of salt is lower than the winter months, generating an estimated savings of \$200,000 per year in material costs. Expended to date were for professional services related to plan development for the facility. SCDOT received \$313,500 of General Fund monies for SFY 13-14 and SCDOT has pledged \$313,500, as part of the construction costs. The SFY 14-15 request of \$480,400 is for completion of construction of the salt storage facility.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Total Costs</td> <td style="text-align: right;">\$ 1,130,000</td> </tr> <tr> <td>Expended to date</td> <td style="text-align: right;">\$ 22,600</td> </tr> <tr> <td>SFY 13-14 Planned Expenditures</td> <td style="text-align: right;">\$ 627,000</td> </tr> <tr> <td>SFY14-15 Request</td> <td style="text-align: right;">\$ 480,400</td> </tr> <tr> <td>SFY 15-16 Request</td> <td style="text-align: right;">\$ 0</td> </tr> </table>	Total Costs	\$ 1,130,000	Expended to date	\$ 22,600	SFY 13-14 Planned Expenditures	\$ 627,000	SFY14-15 Request	\$ 480,400	SFY 15-16 Request	\$ 0
Total Costs	\$ 1,130,000										
Expended to date	\$ 22,600										
SFY 13-14 Planned Expenditures	\$ 627,000										
SFY14-15 Request	\$ 480,400										
SFY 15-16 Request	\$ 0										

Provide a summary of the project and explain why it is necessary.

AGENCY NAME:			
AGENCY CODE:		SECTION:	

RELATED REQUEST(S)	
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Is this decision package associated with other decision packages requested by your agency or other agencies this year? Is it associated with a specific capital or non-recurring request?

MATCHING FUNDS	Funding for this project would have to come from the Highway Fund which would result in reduced expenditures on the state highway system.
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Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source and amount.

FUNDING ALTERNATIVES	none
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What other possible funding sources were considered?

LONG-TERM PLANNING AND SUSTAINABILITY	SCDOT has already expended 22.6K on the Upstate Salt Shed project and intends to spend another 627K in SFY2013/14. Construction will be completed in SFY2014/15 and no further funds requests will be necessary.
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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	All necessary approvals obtained.
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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:			
AGENCY CODE:		SECTION:	

FORM C – CAPITAL OR NON-RECURRING APPROPRIATION REQUEST

DECISION PACKAGE	143
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Capital Projects: Priority 3-HQ Build Def Maint-Fire Sprinkler System
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Provide a brief, descriptive title for this request.

AMOUNT	2,975,000
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How much is requested for this project in FY 2014-15?

BUDGET PROGRAM	Land and Buildings, 0502.050000.000, Permanent Improvements
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Identify the associated budget program(s) by name and budget section.

SUMMARY	<p>Based on building deficiencies found in 2002, the state engineer and chief procurement officer for construction requested SCDOT to install a fire sprinkler system. Without a fire sprinkler system, there is no means to stop the spread of fire and smoke throughout the building. Installation of the fire sprinkler system would bring the SCDOT HQ building in compliance with building codes and standards now in effect. The installation of the fire sprinkler system will restore an acceptable level of life safety to the building at a lower initial cost and provide greater flexibility for future uses of the building.</p>
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Provide a summary of the project and explain why it is necessary.

AGENCY NAME:			
AGENCY CODE:		SECTION:	

RELATED REQUEST(S)	
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Is this decision package associated with other decision packages requested by your agency or other agencies this year? Is it associated with a specific capital or non-recurring request?

MATCHING FUNDS	no
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Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source and amount.

FUNDING ALTERNATIVES	Funding for this project would have to come from the highway fund which would result in reduced expenditures on the state highway system.
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What other possible funding sources were considered?

LONG-TERM PLANNING AND SUSTAINABILITY	No funds to date invested in this project. Construction will be completed in SFY2014/15 and no further funds requests will be necessary.
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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	All necessary approvals obtained.
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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:			
AGENCY CODE:		SECTION:	

FORM C – CAPITAL OR NON-RECURRING APPROPRIATION REQUEST

DECISION PACKAGE	146
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Capital Projects: Priority 4-HQ Bldg Def Maint-Waterproofing
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Provide a brief, descriptive title for this request.

AMOUNT	773,500
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How much is requested for this project in FY 2014-15?

BUDGET PROGRAM	Land and Buildings, 0502.050000.000, Permanent Improvements
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Identify the associated budget program(s) by name and budget section.

SUMMARY	<p>During rain events, the building envelope leaks into the offices on floors 3 through 5. This leakage continues to create damage to walls and carpeting and creates a potential for mold growth. The unsealed joints in the 35 year old windows and limestone panels allow air and moisture into the building requiring additional energy to heat and cool the structure.</p>
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Provide a summary of the project and explain why it is necessary.

AGENCY NAME:			
AGENCY CODE:		SECTION:	

RELATED REQUEST(S)	
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Is this decision package associated with other decision packages requested by your agency or other agencies this year? Is it associated with a specific capital or non-recurring request?

MATCHING FUNDS	no
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Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source and amount.

FUNDING ALTERNATIVES	Funding for this project would have to come from the highway fund which would result in reduced expenditures on the state highway system.
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What other possible funding sources were considered?

LONG-TERM PLANNING AND SUSTAINABILITY	No funds to date invested in this project. Repairs will be completed in SFY2014/15 and no further funds requests will be necessary.
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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	All necessary approvals obtained.
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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:			
AGENCY CODE:		SECTION:	

FORM C – CAPITAL OR NON-RECURRING APPROPRIATION REQUEST

DECISION PACKAGE	149
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Capital Projects: Priority 2-HQ Bldg. Def Maint-Cooling Coil Replacement
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Provide a brief, descriptive title for this request.

AMOUNT	416,500
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How much is requested for this project in FY 2014-15?

BUDGET PROGRAM	Land and Buildings, 0502.050000.000, Permanent Improvements
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Identify the associated budget program(s) by name and budget section.

SUMMARY	<p>The 35 year old cooling coils for the building's air conditioning system have deteriorated to a point that they can no longer be cleaned and maintained. The coils require replacement in the immediate future to continue to cool the 228,000 sqft. building. The replacement of the coils will ensure the continued operations of the building's HVAC system and is an essential component of providing a safe and reasonably comfortable environment for our department personnel.</p>
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Provide a summary of the project and explain why it is necessary.

AGENCY NAME:			
AGENCY CODE:		SECTION:	

RELATED REQUEST(S)	
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Is this decision package associated with other decision packages requested by your agency or other agencies this year? Is it associated with a specific capital or non-recurring request?

MATCHING FUNDS	no
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Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source and amount.

FUNDING ALTERNATIVES	Funding for this project would have to come from the highway fund which would result in reduced expenditures on the state highway system.
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What other possible funding sources were considered?

LONG-TERM PLANNING AND SUSTAINABILITY	No funds to date invested in this project. Repairs will be completed in SFY2014/15 and no further funds requests will be necessary.
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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	All necessary approvals obtained.
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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.)