

AGENCY NAME:	Office of Regulatory Staff		
AGENCY CODE:	R06	SECTION:	073



Fiscal Year 2016-17 Agency Budget Plan

FORM A – SUMMARY

RECURRING FUNDS (FORM B DECISION PACKAGES)	My agency is submitting the following recurring decision packages (Form B): 7085, 7036	
	For FY 2016-17, my agency is (mark "X"):	
	<input type="checkbox"/>	Requesting a net increase in recurring General Fund appropriations.
	<input checked="" type="checkbox"/>	Not requesting a net increase in recurring General Fund Appropriations.

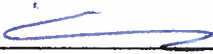
CAPITAL & NON-RECURRING FUNDS (FORM C DECISION PACKAGES)	My agency is submitting the following one-time decision packages (Form C):	
	For FY 2016-17, my agency is (mark "X"):	
	<input type="checkbox"/>	Requesting capital and/or non-recurring funds.
	<input checked="" type="checkbox"/>	Not requesting capital and/or non-recurring funds.

PROVISOS	For FY 2016-17, my agency is (mark "X"):	
	<input checked="" type="checkbox"/>	Requesting a new proviso and/or substantive changes to existing provisos.
	<input type="checkbox"/>	Only requesting technical proviso changes (such as date references).
	<input type="checkbox"/>	Not requesting any proviso changes.

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

	<u>Name</u>	<u>Phone</u>	<u>Email</u>
PRIMARY CONTACT:	Marty Rawls	803-737-0837	mdrawls@regstaff.sc.gov
SECONDARY CONTACT:	Pam Spires	803-737-1108	spirep@regstaff.sc.gov

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

	<u>Agency Director</u>	<u>Board or Commission Chair</u>
SIGN/DATE:	 10/21/15	
TYPE/PRINT NAME:	C. Dukes Scott, Executive Director	

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

AGENCY NAME:	Office of Regulatory Staff		
AGENCY CODE:	R06	SECTION:	073

FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	7036
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Provide the decision package number issued by the PBF system (“Governor’s Request”).

TITLE	Federal Funds Request
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Provide a brief, descriptive title for this request.

AMOUNT	-\$32,213
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What is the net change in requested appropriations for FY 2015-16? This amount should correspond to the decision package’s total in PBF across all funding sources.

ENABLING AUTHORITY	US Department of Energy Grant award DE-EE0006501 FY13 SEP Comp: Palmetto Energy Efficiency Retrofits (PEER) for period 02/01/2014 – 01/31/2016.
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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"/> (Base Adjustment) Allocation of statewide employee benefits.
	<input type="checkbox"/> (Base Adjustment) Realignment within existing programs and lines.
	<input type="checkbox"/> (Base Adjustment) Restructuring of agency programs – <i>requires pre-approval.</i>
	<input type="checkbox"/> Change in cost of providing current services to existing program audience.
	<input type="checkbox"/> Change in case load / enrollment under existing program guidelines.
	<input type="checkbox"/> Non-mandated change in eligibility / enrollment for existing program.
	<input type="checkbox"/> Non-mandated program change in service levels or areas.
	<input type="checkbox"/> Proposed establishment of a new program or initiative.
	<input checked="" 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.	

RECIPIENTS OF FUNDS	Employees and vendors supporting the activities of this grant.
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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:	Office of Regulatory Staff		
AGENCY CODE:	R06	SECTION:	073

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	Yes. There is a match component funded by other funds (\$25,000 from earmarked carryforward balance) and in-kind match.
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Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source, amount, and terms of the match requirement.

FUNDING ALTERNATIVES	None needed. This decrease is due to the close of a grant.
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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	Decrease in need for federal funds authorization due to close of a grant.	
Information Technology /Security	Y/N	N
Consulted DTO during development	Y/N	N/A

Provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.

AGENCY NAME:	Office of Regulatory Staff		
AGENCY CODE:	R06	SECTION:	073

METHOD OF CALCULATION	<p>Authorization needed to support grant award funds to be expended FY2017</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>NONE</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>NA Grant period ended.</p>
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If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2015-16?

AGENCY NAME:	Office of Regulatory Staff		
AGENCY CODE:	R06	SECTION:	073

INTENDED IMPACT	None
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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	NA
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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:	Office of Regulatory Staff		
AGENCY CODE:	R06	SECTION:	073

FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	7085
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Provide the decision package number issued by the PBF system (“Governor’s Request”).

TITLE	Earmarked (3000) and Restricted (4000) Funds Request
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Provide a brief, descriptive title for this request.

AMOUNT	-\$116,240
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What is the net change in requested appropriations for FY 2015-16? This amount should correspond to the decision package’s total in PBF across all funding sources.

ENABLING AUTHORITY	These funds are used for operations, personal services and employee benefits for the agency. The Enabling Authority would be the statutes establishing the agency.
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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"/> (Base Adjustment) Allocation of statewide employee benefits.
	<input checked="" type="checkbox"/> (Base Adjustment) Realignment within existing programs and lines.
	<input type="checkbox"/> (Base Adjustment) Restructuring of agency programs – <i>requires pre-approval.</i>
	<input checked="" type="checkbox"/> Change in cost of providing current services to existing program audience.
	<input type="checkbox"/> Change in case load / enrollment under existing program guidelines.
	<input type="checkbox"/> Non-mandated change in eligibility / enrollment for existing program.
	<input type="checkbox"/> Non-mandated program change in service levels or areas.
	<input type="checkbox"/> Proposed establishment of a new program or initiative.
	<input type="checkbox"/> Loss of federal or other external financial support for existing program.
<input type="checkbox"/> Exhaustion of fund balances previously used to support program.	

RECIPIENTS OF FUNDS	PEBA – Employer Contributions Employees – Salaries Vendors
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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:	Office of Regulatory Staff		
AGENCY CODE:	R06	SECTION:	073

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	None
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Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source, amount, and terms of the match requirement.

FUNDING ALTERNATIVES	The increase in Earmarked funds will be funded with fund balances carried over from prior years. The reduction in Restricted funds will realign budget to authorization as a result of FY2015 shift in funds. In FY2015, some funds were reclassified from Restricted to Earmarked. We now need to move the Budget Authority to match the sources.
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SUMMARY	<p>Requested authorization increase in Earmarked Funds in Employer Contributions is to cover increase in rates used to calculate budget authorization needed prior fiscal years. Increase in Personal Service and Operating is due to some Restricted Funds being reclassified to Earmarked by the Budget and Control Board (during Restructuring prior to July 1, 2015) during FY2015. Increases will align budget line item needs accordingly.</p> <p>Requested authorization decrease in Restricted Funds is to adjust for the Budget and Control Board transferring/reclassifying 2 funding sources from Restricted to Earmarked Funds in FY2015. Request being made to align budget accordingly.</p>	
Information Technology /Security	Y/N	No
Consulted DTO during development	Y/N	

Provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.

AGENCY NAME:	Office of Regulatory Staff		
AGENCY CODE:	R06	SECTION:	073

METHOD OF CALCULATION	<p>Calculation of budget needs for FY2017 in each fund area and aligning budget line items accordingly.</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>The state will not incur any obligation by adopting this decision package as funding for Earmarked fund increase will come from the use of carry forward funds. Increase in authorization only is being requested.</p> <p>If the request for increase in Earmarked funds is not granted, ORS will not have the Budget Authority to fully fund projected expenditures.</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>We will be using fund balances carried over from previous years to fund increases in authorization cost to our Agency as approved by the Public Utilities Review Committee.</p>
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If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2015-16?

AGENCY NAME:	Office of Regulatory Staff		
AGENCY CODE:	R06	SECTION:	073

INTENDED IMPACT	NA
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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	NA
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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:	Office of Regulatory Staff		
AGENCY CODE:	R06	SECTION:	073

FORM D – PROVISO REVISION REQUEST

NUMBER	118.14 (C)
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Cite the proviso according to the renumbered list for FY 2016-17 (or mark "NEW").

TITLE	(SR: Nonrecurring Revenue)
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Provide the title from the FY 2015-16 Appropriations Act or suggest a short title for any new request.

BUDGET PROGRAM	Energy Programs
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Identify the associated budget program(s) by name and budget section.

DECISION PACKAGE	No
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Is this request associated with a decision package you have submitted for FY 2016-17? If so, cite it here.

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

OTHER AGENCIES AFFECTED	none
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Which other agencies would be affected by the recommended action? How?

SUMMARY	The current proviso states that any operating shortfalls resulting from the Barnwell Low Level Waste Facility operations would be offset by as escrow account established pursuant to Proviso 90.13 of Act 310 of 2008. Funds in the escrow account will also maintain access fees to the facility for Fiscal Year 2015-16 at the Fiscal Year 2009-10 level. The South States Energy Board annual dues shall be paid from the same Escrow Account.
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Summarize the existing proviso. If requesting a new proviso, describe the current state of affairs without it.

AGENCY NAME:	Office of Regulatory Staff		
AGENCY CODE:	R06	SECTION:	073

EXPLANATION	<p>The Barnwell Low Level Waste Facility Escrow Account will not have sufficient funds to offset any operating shortfalls, maintain access fees to the facility, or continue paying these dues.</p> <p>The operating shortfalls and non-reimbursed access fee will be paid by all participants (an individual nuclear power reactor or any non-reactor waste generator with a South Carolina permit to ship waste to the Barnwell site) paying quarterly access fees. Annually, the participants will be invoiced their proportionate share of the difference between revenues and expenses. This methodology will not require a proviso.</p>
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Explain the need for your requested action. For deletion requests due to recent codification, please identify SC Code section where language now appears.

FISCAL IMPACT	<p>The Radioactive Waste Operating Fund is funded through other funds.</p>
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Provide estimates of any fiscal impacts associated with this proviso, whether for state, federal, or other funds. Explain the method of calculation.

AGENCY NAME:	Office of Regulatory Staff		
AGENCY CODE:	R06	SECTION:	073

(C) ~~From the escrow account established pursuant to Proviso 90.13 of Act 310 of 2008, the remaining funds shall be used to offset any operating shortfalls resulting from the Barnwell Low Level Waste Facility operations in order to preserve the economic viability of the facility. The amount distributed to offset any operating shortfalls shall be determined by calculating the difference between the allowable operating costs plus adjustments as approved by the Public Service Commission, and the access fees paid by the Atlantic Compact generators. Funds remaining in the account to offset operating shortfalls shall also be used to maintain access fees to the facility for Fiscal Year 2015-16 at the Fiscal Year 2009-10 level. There shall also be paid from the escrow account~~ **Radioactive Waste Operating Fund** the annual dues of the Southern States Energy Board.

**PROPOSED
PROVISO TEXT**

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