

AGENCY NAME:	SC Department of Commerce		
AGENCY CODE:	P320	SECTION:	50



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): 6765, 6774, 6780, 6786, 6789, 6792, 6795, 6798, 6881, 7378, 7935	
	For FY 2016-17, 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): 6768, 6771, 6777, 6783	
	For FY 2016-17, 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 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:	Chris Huffman	803-737-0462	chuffman@sccommerce.com
SECONDARY CONTACT:	Michael McInerney	803-737-3949	mmcinerney@sccommerce.com

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:		
TYPE/PRINT NAME:	Robert M. Hitt III	

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

AGENCY NAME:	SC Department of Commerce		
AGENCY CODE:	P320	SECTION:	50

FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	6765
-------------------------	------

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

TITLE	Closing Fund
--------------	--------------

Provide a brief, descriptive title for this request.

AMOUNT	17,000,000
---------------	------------

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	Title 13 – Chapter 1
---------------------------	----------------------

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 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	The purpose of the Closing Fund is to assist companies in locating or expanding in South Carolina. This program provides funding necessary to encourage competitive projects to locate or expand in South Carolina.
----------------------------	---

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:	SC Department of Commerce		
AGENCY CODE:	P320	SECTION:	50

RELATED REQUEST(S)	None
---------------------------	------

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
-----------------------	------

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 Closing Fund has been funded through a variety of accounts over the last several fiscal years. All funds on hand were committed at year end.
-----------------------------	--

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

SUMMARY	The SC Department of Commerce is requesting seventeen million in funding for the closing fund which when combined with existing recurring funds would equal the amount requested in the prior fiscal year. These funds will be used to recruit new jobs and new investment to South Carolina. The Closing Fund offers greater flexibility than other incentive resources	
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:	SC Department of Commerce		
AGENCY CODE:	P320	SECTION:	50

METHOD OF CALCULATION	<p>The amount was calculated based off of discussions with several members of the executive staff at the agency.</p>
------------------------------	--

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>
----------------------	-------------

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>Commerce would have fewer funds on hand to assist companies in locating or expanding in South Carolina.</p>
-----------------------	--

If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2015-16?

AGENCY NAME:	SC Department of Commerce		
AGENCY CODE:	P320	SECTION:	50

INTENDED IMPACT	Increase the number of new/retained jobs and capital investment recruited into South Carolina.
------------------------	--

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

PROGRAM EVALUATION	Number of new/retained jobs and capital investment recruited into South Carolina.
---------------------------	---

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:	SC Department of Commerce		
AGENCY CODE:	P320	SECTION:	50

FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	6881
-------------------------	------

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

TITLE	International Strategy and Trade
--------------	----------------------------------

Provide a brief, descriptive title for this request.

AMOUNT	\$500,000
---------------	-----------

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	Title 13 – Chapter 1
---------------------------	----------------------

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 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	Typical operating costs for a programs such as employees, vendors and contractors
----------------------------	---

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:	SC Department of Commerce		
AGENCY CODE:	P320	SECTION:	50

RELATED REQUEST(S)	None
---------------------------	------

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
-----------------------	------

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	Commerce has little operating funds beyond state appropriations. The agency could use nonrecurring funds to expand this program but would not have the resources to continue the program constructively into future years.
-----------------------------	--

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>Commerce has long been committed to helping international companies in their efforts to establish, relocate and expand business operations in South Carolina. These efforts have been supported by the state's international presence in key locations around the globe. In order to bolster our efforts, Commerce has combined our trade and international departments. This will allow for a more coordinated and strategic approach toward our international company recruitment and export efforts.</p>	
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:	SC Department of Commerce		
AGENCY CODE:	P320	SECTION:	50

METHOD OF CALCULATION	<p>This request is based off of experience in operating existing program and the anticipated needs of the expanded program.</p>
------------------------------	---

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>
----------------------	-------------

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>Commerce would have fewer funds on hand to assist companies in locating or expanding in South Carolina.</p>
-----------------------	--

If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2015-16?

AGENCY NAME:	SC Department of Commerce		
AGENCY CODE:	P320	SECTION:	50

INTENDED IMPACT	<p>Continue success from the prior few years on Foreign Direct Investment into South Carolina. Commerce has an objective to continue to be ranked in the top five states for Foreign Direct Investment. Increase export opportunities for existing industries.</p>
------------------------	--

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

PROGRAM EVALUATION	<p>To Increase South Carolina's ranking of states in exports per capita and have South Carolina ranked in the top 10 among the states of the number of estimated jobs created by Foreign Direct and Interstate Investment per million inhabitants</p>
---------------------------	---

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

AGENCY NAME:	SC Department of Commerce		
AGENCY CODE:	P320	SECTION:	50

FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	6774
-------------------------	------

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

TITLE	Innovation Grants
--------------	-------------------

Provide a brief, descriptive title for this request.

AMOUNT	\$1,500,000
---------------	-------------

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	Title 13 – Chapter 1
---------------------------	----------------------

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 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	Grantees through a competitive process
----------------------------	--

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:	SC Department of Commerce		
AGENCY CODE:	P320	SECTION:	50

RELATED REQUEST(S)	None
---------------------------	------

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	The program requires a one to one match from the grantee.
-----------------------	---

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	Commerce has depleted a prior year appropriation for this program and has limited resources to continue the program
-----------------------------	---

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

SUMMARY	Office of Innovation – funding that will help support the growth of the state’s high-tech and high-growth industry (including incubators and accelerators) under the goals of the SC Innovation Plan . This funding would be used as grants to local groups that address the needs of innovation, small business development, and emerging industries in the State.	
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:	SC Department of Commerce		
AGENCY CODE:	P320	SECTION:	50

METHOD OF CALCULATION	<p>The amount was calculated based off of discussions with several members of the executive staff at the agency.</p>
------------------------------	--

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>
----------------------	-------------

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>Commerce would not be in the position to issue grants related to this program.</p>
-----------------------	---

If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2015-16?

AGENCY NAME:	SC Department of Commerce		
AGENCY CODE:	P320	SECTION:	50

INTENDED IMPACT	Continue to support the growth of the state’s high-tech and high-growth industry under the goals of the SC Innovation Plan .
------------------------	--

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

PROGRAM EVALUATION	Continue to support the growth of the state’s high-tech and high-growth industry under the goals of the SC Innovation Plan .
---------------------------	--

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:	SC Department of Commerce		
AGENCY CODE:	P320	SECTION:	50

FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	7378
-------------------------	-------------

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

TITLE	South Carolina Manufacturing Extension Partnership (SCMEP)
--------------	---

Provide a brief, descriptive title for this request.

AMOUNT	\$500,000
---------------	------------------

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	Federal authority
---------------------------	-------------------

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 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	These funds would pay for the services provided by SCMEP.
----------------------------	---

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:	SC Department of Commerce		
AGENCY CODE:	P320	SECTION:	50

RELATED REQUEST(S)	None
---------------------------	------

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	For every two dollars of eligible expenses, a federal grant provides one dollar.
-----------------------	--

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	Commerce has limited operating funds available.
-----------------------------	---

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>SCMEP is a vital ally in our existing industry ally network SCMEP assists with communicating with existing industries to understand their opportunities and barriers that limit their success. This appropriation would increase the amount of services provided by SCMEP which can be utilized across the state and strengthen the current companies that call South Carolina home.</p>	
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:	SC Department of Commerce		
AGENCY CODE:	P320	SECTION:	50

METHOD OF CALCULATION	<p>Experience in operating existing program.</p>
------------------------------	--

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>
----------------------	-------------

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>Commerce would be in the position to prioritize which of the current initiatives with SCMEP could continue in the future and at what levels.</p>
-----------------------	---

If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2015-16?

AGENCY NAME:	SC Department of Commerce		
AGENCY CODE:	P320	SECTION:	50

INTENDED IMPACT	<p>Communicate with existing industries to understand their opportunities and barriers to success.</p>
------------------------	--

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

PROGRAM EVALUATION	<p>Number of companies receiving the benefit of the services provided by SCMEP.</p>
---------------------------	---

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

AGENCY NAME:	SC Department of Commerce		
AGENCY CODE:	P320	SECTION:	50

FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	6795
-------------------------	------

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

TITLE	South Carolina Small Business Development Centers
--------------	---

Provide a brief, descriptive title for this request.

AMOUNT	\$500,000
---------------	-----------

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	Small Business Act, Section 21(c)(3)(T) and Section 27 (15USC 648©(3)(T) and 654 (Title IX of Public Law 105-277, Public Law 018-447)
---------------------------	---

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 checked="" 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	These funds would pay for operating costs to provide the services performed by the SCSBDC.
----------------------------	--

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:	SC Department of Commerce		
AGENCY CODE:	P320	SECTION:	50

RELATED REQUEST(S)	None
---------------------------	------

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	These funds will be used to match an existing federal grant on a one to one ratio.
-----------------------	--

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 SCSBDC are funded through state appropriations (USC), grants, and contributions. The grant expires in mid-2016 and SCSBDC needs more permanent long term funding.
-----------------------------	---

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>\$500,000 recurrent funding requested in addition to current SC SBDC state funding (USC). Funds will focus on several key initiatives.</p> <ol style="list-style-type: none"> Expanded rural assistance. Replace existing grant of \$360,000 which ends in mid-2016 which has allowed the SBDC to deploy a targeted assistance program in about 14 <i>rural</i> counties that previously were underserved, including new centers in Union, Cheraw, Georgetown and Allendale. State funding will ensure this effort is continued and expanded, particularly in Walterboro and Tri-County areas. <p>Additional \$140,000 will help to:</p> <ol style="list-style-type: none"> Increase and enhance assistance to companies in developing/commercializing new products. Add consulting capacity to meet growing demand and reduce wait time for appointments. <p>Provide funding needed to meet federal match requirement of 1:1. Program operates on reimbursement basis and unmatched federal funds cannot be utilized.</p>	
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:	SC Department of Commerce		
AGENCY CODE:	P320	SECTION:	50

METHOD OF CALCULATION	The figures were calculated by SCSBDC.
------------------------------	--

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	None
----------------------	------

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

PRIORITIZATION	The SCSBDC needs more permanent long term funding in order to serve the rural regions of South Carolina.
-----------------------	--

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:	SC Department of Commerce		
AGENCY CODE:	P320	SECTION:	50

INTENDED IMPACT	<p>SC SBDC is a unique part of the state’s small business economic development efforts, providing:</p> <ul style="list-style-type: none"> • Free business consulting and affordable training programs to small businesses in all 46 counties. • Most comprehensive array of services including: <ul style="list-style-type: none"> ○ Consulting on all business issues (financing, marketing, operations, HR, planning, etc.) ○ Specialized services (exporting, government contracting, manufacturing, product commercialization, veterans assistance and minority outreach) ○ Referrals to and from other providers ○ Collaboration with educational partners and others on workshops and training programs • Assistance to both established and start-up companies in all industries • Access to resources, tools and expertise of the national America’s SBDC network • SC SBDC monitors, measures and verifies real economic impact on state’s economy
------------------------	---

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

PROGRAM EVALUATION	<p>The SCSBDC measures jobs created/saved by small business served, small business started, capital raised by small business served, government contracts awards as a result of services provided, and overall clients served by the program.</p>
---------------------------	---

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

AGENCY NAME:	SC Department of Commerce		
AGENCY CODE:	P320	SECTION:	50

FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	6780
-------------------------	------

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

TITLE	Appalachian Regional Commission (ARC) statewide assessment
--------------	--

Provide a brief, descriptive title for this request.

AMOUNT	\$80,000
---------------	----------

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	Title 13 – Chapter 1
---------------------------	----------------------

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 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	The assessment is paid to the Appalachian Regional Commission (ARC).
----------------------------	--

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:	SC Department of Commerce		
AGENCY CODE:	P320	SECTION:	50

RELATED REQUEST(S)	None
---------------------------	------

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
-----------------------	------

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	In prior years, the Department of Commerce and Department of Transportation have paid this assessment. Commerce is requesting an appropriation to offset the cost for the entire assessment for the State.
-----------------------------	--

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

SUMMARY	The Appalachian Regional Commission (ARC) is a regional economic development agency that represents a partnership of federal, state, and local government. Established by an act of Congress in 1965, ARC is composed of the governors of the 13 Appalachian states and a federal co-chair, who is appointed by the president. ARC calculates each state's assessment based off the funds available to each state. South Carolina must remain current on its assessment in order to have access to the \$9.2 million in federal funds. To be eligible, a project must be located in the six county region of Appalachia and benefit residents of Anderson, Cherokee, Greenville, Oconee, Pickens, and Spartanburg counties.	
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:	SC Department of Commerce		
AGENCY CODE:	P320	SECTION:	50

METHOD OF CALCULATION	Based on actual costs of assessment
------------------------------	-------------------------------------

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	None
----------------------	------

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

PRIORITIZATION	The assessment must be paid on an annual basis. Commerce and DOT would need to work together on how the fee would be paid.
-----------------------	--

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:	SC Department of Commerce		
AGENCY CODE:	P320	SECTION:	50

INTENDED IMPACT	The State would continue to receive the federal funds available from the federal agency
------------------------	---

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

PROGRAM EVALUATION	ARC funds projects that address the goals identified in its strategic plan.
---------------------------	---

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:	SC Department of Commerce		
AGENCY CODE:	P320	SECTION:	50

FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	6792
-------------------------	------

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

TITLE	Council on Competitiveness
--------------	----------------------------

Provide a brief, descriptive title for this request.

AMOUNT	\$250,000
---------------	-----------

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	None
---------------------------	------

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 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	These funds would pay for the services provided by the Council on Competitiveness.
----------------------------	--

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:	SC Department of Commerce		
AGENCY CODE:	P320	SECTION:	50

RELATED REQUEST(S)	None
---------------------------	------

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	The funds would be matched one to one by donations received by the Council on Competitiveness.
-----------------------	--

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 Council has received nonrecurring appropriations in prior years, but need a more stable predictable appropriation to continue to collaboration with Commerce.
-----------------------------	---

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	Commerce and the Council currently work together on a number of initiatives and are requesting a recurring appropriation to continue the progress made to improve the business community in South Carolina.	
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:	SC Department of Commerce		
AGENCY CODE:	P320	SECTION:	50

METHOD OF CALCULATION	This is the same amount as the current year non-recurring appropriation
------------------------------	---

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	None
----------------------	------

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	Commerce would be in the position to prioritize which, if any, of the initiatives Commerce could continue.
-----------------------	--

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:	SC Department of Commerce		
AGENCY CODE:	P320	SECTION:	50

INTENDED IMPACT	<p>Competition of selective initiatives with Council and Commerce.</p>
------------------------	--

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

PROGRAM EVALUATION	<p>Competition of selective initiatives with Council and Commerce.</p>
---------------------------	--

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

AGENCY NAME:	SC Department of Commerce		
AGENCY CODE:	P320	SECTION:	50

FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	7935
-------------------------	------

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

TITLE	Health Insurance Allocation
--------------	-----------------------------

Provide a brief, descriptive title for this request.

AMOUNT	\$22,303
---------------	----------

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	N/A
---------------------------	-----

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"/> (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 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	Allocation of statewide employee benefits.
----------------------------	--

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:	SC Department of Commerce		
AGENCY CODE:	P320	SECTION:	50

RELATED REQUEST(S)	None
---------------------------	------

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	N/A
-----------------------	-----

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	N/A
-----------------------------	-----

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

SUMMARY	Allocation of statewide employee benefits.	
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:	SC Department of Commerce		
AGENCY CODE:	P320	SECTION:	50

METHOD OF CALCULATION	Figure calculated by the Executive Budget Office
------------------------------	--

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	None
----------------------	------

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
-----------------------	-----

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:	SC Department of Commerce		
AGENCY CODE:	P320	SECTION:	50

INTENDED IMPACT	N/A
------------------------	-----

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
---------------------------	-----

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:	SC Department of Commerce		
AGENCY CODE:	P320	SECTION:	50

FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	6786
-------------------------	------

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

TITLE	Coordinating Council for Economic Development (CCED) increase in authority
--------------	--

Provide a brief, descriptive title for this request.

AMOUNT	\$10,000,000
---------------	--------------

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	Title 13 – Chapter 1
---------------------------	----------------------

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 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	Grantees, typically cities and counties
----------------------------	---

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:	SC Department of Commerce		
AGENCY CODE:	P320	SECTION:	50

RELATED REQUEST(S)	None
---------------------------	------

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	N/A
-----------------------	-----

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	Commerce may not have the authority level needed to expend the funds committed to projects. Commerce would address the issue with the Joint Other Funds Committee during the fiscal year.
-----------------------------	---

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	Although Commerce has the necessary funds to meet the commitments made by the Council, the authority allowed in the Appropriation Act needs to be increased to meet potential needs. Otherwise the agency would need to address the issue with the Joint Other Funds Committee during the fiscal year.	
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:	SC Department of Commerce		
AGENCY CODE:	P320	SECTION:	50

METHOD OF CALCULATION	<p>The timing of expansion and investment decisions by companies who have committed to invest in South Carolina would impact the requested amount.</p>
------------------------------	--

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>
----------------------	-------------

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>Commerce may not have the authority level needed to expend the funds committed to projects. Commerce would address the issue with the Joint Other Funds Committee during the fiscal year.</p>
-----------------------	--

If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2015-16?

AGENCY NAME:	SC Department of Commerce		
AGENCY CODE:	P320	SECTION:	50

INTENDED IMPACT	Increase the number of new/retained jobs and capital investment recruited into South Carolina.
------------------------	--

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

PROGRAM EVALUATION	Number of new/retained jobs and capital investment recruited into South Carolina.
---------------------------	---

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:	SC Department of Commerce		
AGENCY CODE:	P320	SECTION:	50

FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	6798
-------------------------	-------------

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

TITLE	STEP federal grant authority
--------------	-------------------------------------

Provide a brief, descriptive title for this request.

AMOUNT	\$300,000
---------------	------------------

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	Title 13 – Chapter 1
---------------------------	----------------------

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	<p>Mark “X” for all that apply:</p> <table border="0"> <tr><td><input type="checkbox"/></td><td>(Base Adjustment) Allocation of statewide employee benefits.</td></tr> <tr><td><input type="checkbox"/></td><td>(Base Adjustment) Realignment within existing programs and lines.</td></tr> <tr><td><input type="checkbox"/></td><td>(Base Adjustment) Restructuring of agency programs – <i>requires pre-approval.</i></td></tr> <tr><td><input type="checkbox"/></td><td>Change in cost of providing current services to existing program audience.</td></tr> <tr><td><input type="checkbox"/></td><td>Change in case load / enrollment under existing program guidelines.</td></tr> <tr><td><input type="checkbox"/></td><td>Non-mandated change in eligibility / enrollment for existing program.</td></tr> <tr><td><input type="checkbox"/></td><td>Non-mandated program change in service levels or areas.</td></tr> <tr><td><input type="checkbox"/></td><td>Proposed establishment of a new program or initiative.</td></tr> <tr><td><input type="checkbox"/></td><td>Loss of federal or other external financial support for existing program.</td></tr> <tr><td><input type="checkbox"/></td><td>Exhaustion of fund balances previously used to support program.</td></tr> </table>	<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 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"/>	(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 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	Existing industries looking to increase exporting
----------------------------	---

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:	SC Department of Commerce		
AGENCY CODE:	P320	SECTION:	50

RELATED REQUEST(S)	None
---------------------------	------

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, amount, and terms of the match requirement.

FUNDING ALTERNATIVES	N/A
-----------------------------	-----

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

SUMMARY	<p>Commerce recently received another round of funding for the State Trade and Export Promotion Grant (STEP). This program provides grants to states for small business exporting assistance programs. The objective of the STEP Initiative is to increase the number of small businesses that are exporting and increase the value of exports for those small businesses that are currently exporting.</p>	
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:	SC Department of Commerce		
AGENCY CODE:	P320	SECTION:	50

METHOD OF CALCULATION	Figure based on the amount of the federal grant.
------------------------------	--

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	None
----------------------	------

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. Other funds authority
-----------------------	----------------------------

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:	SC Department of Commerce		
AGENCY CODE:	P320	SECTION:	50

INTENDED IMPACT	Increase export opportunities for existing industries
------------------------	---

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

PROGRAM EVALUATION	To Increase South Carolina's ranking of states in exports per capita
---------------------------	--

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:	SC Department of Commerce		
AGENCY CODE:	P320	SECTION:	50

FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	6789
-------------------------	------

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

TITLE	Statewide Workforce Initiatives – Budget realignment
--------------	--

Provide a brief, descriptive title for this request.

AMOUNT	\$0.00
---------------	--------

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	Title 13 – Chapter 1
---------------------------	----------------------

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 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	Typical operating costs of a program
----------------------------	--------------------------------------

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

AGENCY NAME:	SC Department of Commerce		
AGENCY CODE:	P320	SECTION:	50

RELATED REQUEST(S)	None
---------------------------	------

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
-----------------------	------

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	N/A
-----------------------------	-----

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

SUMMARY		Realigning the budget for the Statewide Workforce Initiative program to meet projected operating levels.
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:	SC Department of Commerce		
AGENCY CODE:	P320	SECTION:	50

METHOD OF CALCULATION	Figures based off of projected salaries and operating cost of the program
------------------------------	---

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	None
----------------------	------

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	Budget realignment
-----------------------	--------------------

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:	SC Department of Commerce		
AGENCY CODE:	P320	SECTION:	50

INTENDED IMPACT	N/A
------------------------	-----

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
---------------------------	-----

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:	SC Department of Commerce		
AGENCY CODE:	P320	SECTION:	50

FORM C – CAPITAL OR NON-RECURRING APPROPRIATION REQUEST

DECISION PACKAGE	6768
-------------------------	------

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

TITLE	Closing Fund
--------------	--------------

Provide a brief, descriptive title for this request.

AMOUNT	14,000,000
---------------	------------

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

BUDGET PROGRAM	II. Program and Services, E. Grant Programs, 1. Coordinating Council for Economic Development
-----------------------	---

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

SUMMARY	<p>The SC Department of Commerce is requesting fourteen million in funding for the closing fund which when combined with the funds received in Fiscal Year 2015-16 would be similar to the amounts received prior fiscal years. These funds will be used to recruit new jobs and new investment to South Carolina. The Closing Fund offers greater flexibility than other incentive resources</p>
----------------	---

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

CLASSIFICATION OF FUNDS	This request is not in Support of a Capital Project
--------------------------------	---

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

AGENCY NAME:	SC Department of Commerce		
AGENCY CODE:	P320	SECTION:	50

RELATED REQUEST(S)	None
---------------------------	------

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
-----------------------	------

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

FUNDING ALTERNATIVES	The Closing Fund has been funded through a variety of accounts over the last several fiscal years. All funds on hand were committed at year end.
-----------------------------	--

What other possible funding sources were considered?

LONG-TERM PLANNING AND SUSTAINABILITY	N/A
--	-----

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	None
------------------------	------

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:	SC Department of Commerce		
AGENCY CODE:	P320	SECTION:	50

FORM C – CAPITAL OR NON-RECURRING APPROPRIATION REQUEST

DECISION PACKAGE	6771
-------------------------	------

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

TITLE	Locate - SC
--------------	-------------

Provide a brief, descriptive title for this request.

AMOUNT	5,000,000
---------------	-----------

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

BUDGET PROGRAM	II. Program and Services, A. Global Business Development
-----------------------	--

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

SUMMARY	<p>LocateSC Site Inventory - funding that will allow the state to be proactive in preparing sites into suitable inventory for potential prospects.</p>
----------------	--

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

CLASSIFICATION OF FUNDS	None
--------------------------------	------

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

AGENCY NAME:	SC Department of Commerce		
AGENCY CODE:	P320	SECTION:	50

RELATED REQUEST(S)	None
---------------------------	------

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
-----------------------	------

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

FUNDING ALTERNATIVES	Commerce could use portions of the RIF but this fund would be limited predominantly to rural counties and by the amount of funds available in the fund.
-----------------------------	---

What other possible funding sources were considered?

LONG-TERM PLANNING AND SUSTAINABILITY	Rural Infrastructure Funding at the Department of Commerce and the Rural Infrastructure Authority are being used to assist with this initiative.
--	--

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	None
------------------------	------

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:	SC Department of Commerce		
AGENCY CODE:	P320	SECTION:	50

FORM C – CAPITAL OR NON-RECURRING APPROPRIATION REQUEST

DECISION PACKAGE	6777
-------------------------	------

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

TITLE	Research/ South Carolina Applied Research Center
--------------	--

Provide a brief, descriptive title for this request.

AMOUNT	\$4,000,000
---------------	-------------

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

BUDGET PROGRAM	II. Program and Services, D. Marketing, Communications & Research
-----------------------	---

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

SUMMARY	<p>Commerce is seeking to continue to fund initiatives such as the South Carolina Applied Research Center-Supply Chain and Logistics, which involves the collaboration among the universities and business community to address needs of industry. Commerce has started up the first of these centers. As this center is matured, other centers will be created with it as the model.</p>
----------------	---

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

CLASSIFICATION OF FUNDS	None
--------------------------------	------

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

AGENCY NAME:	SC Department of Commerce		
AGENCY CODE:	P320	SECTION:	50

RELATED REQUEST(S)	None
---------------------------	------

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
-----------------------	------

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

FUNDING ALTERNATIVES	Commerce has limited funds beyond state appropriations.
-----------------------------	---

What other possible funding sources were considered?

LONG-TERM PLANNING AND SUSTAINABILITY	None
--	------

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	None
------------------------	------

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:	SC Department of Commerce		
AGENCY CODE:	P320	SECTION:	50

FORM C – CAPITAL OR NON-RECURRING APPROPRIATION REQUEST

DECISION PACKAGE	6783
-------------------------	------

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

TITLE	Existing Industries – DOD Diversification
--------------	---

Provide a brief, descriptive title for this request.

AMOUNT	\$300,000
---------------	-----------

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

BUDGET PROGRAM	II. Program and Services, B. Small Business/Existing Industry
-----------------------	---

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

SUMMARY	<p>The Department of Employment and Workforce and the Department of Commerce are partnering together in applying for round two of a federal grant for Defense Industry Diversification from the US Department of Defense (USDOD). This grant allows both agencies to work with existing industry in our State that have significant business contracts with the US Department of Defense and assist these industries to diversify their business from the defense industry to other markets. The grant application will be requesting a \$3,000,000 grant with 10% or \$300,000 being the required state match. The Department of Commerce is requesting this match with the knowledge and support of the SCDEW. In the event the USDOD approves a grant less than \$3,000,000, then the remaining funds would be used in cooperation with the South Carolina Manufacturing Extension Partnership (SCMEP) and Commerce to strengthen the existing business community.</p>
----------------	---

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

CLASSIFICATION OF FUNDS	None
--------------------------------	------

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

AGENCY NAME:	SC Department of Commerce		
AGENCY CODE:	P320	SECTION:	50

RELATED REQUEST(S)	None
---------------------------	------

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	These funds will be matched by a federal grant. For every \$1 of match, the federal grant provides \$9.
-----------------------	---

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

FUNDING ALTERNATIVES	The agency could use existing funds to match this grant. However, this would limit the agency's ability to proactively make targeted investments when opportunities arise. Situation can change very rapidly, Commerce needs flexibility to make decisions quickly. The ability to make quick decisions allow South Carolina to gain a strategic advantage over other state and regions.
-----------------------------	--

What other possible funding sources were considered?

LONG-TERM PLANNING AND SUSTAINABILITY	None
--	------

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	The US Department of Defense application decision is expected in early 2016.
------------------------	--

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:	SC Department of Commerce		
AGENCY CODE:	P320	SECTION:	50

FORM D – PROVISO REVISION REQUEST

NUMBER	New
---------------	------------

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

TITLE	Grant Program Carry Forward
--------------	------------------------------------

Provide the title from the FY 2015-16 Appropriations Act or suggest a short title for any new request.

BUDGET PROGRAM	Various
-----------------------	----------------

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

DECISION PACKAGE	6774
-------------------------	------

Is this request associated with a decision package you have submitted for FY 2016-17? If so, cite it here.

REQUESTED ACTION	Add
-------------------------	------------

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

OTHER AGENCIES AFFECTED	N/A
--------------------------------	-----

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

SUMMARY	<p>The General Assembly has appropriated grant funds to Commerce from a variety of sources in Part IA. This section of the Act does not include any carry forward authority. This proviso is needed to allow these funds to be carried forward from the prior fiscal year to the current year to be used for the same purpose. Typically, grants can cross fiscal years and this proviso is needed to ensure no funds are lapsed related to these programs at the end of Fiscal Year 2015-16. These Grant Funds include Innovation (current year request for recurring appropriations), Research/Applied Research Centers (prior year proviso was deleted), SCOPE (a state export grant program for existing industries and current appropriation in Part IA) and LocateSC (current appropriation in Part IA).</p>
----------------	--

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

AGENCY NAME:	SC Department of Commerce		
AGENCY CODE:	P320	SECTION:	50

EXPLANATION	<p>Proviso ensures funds can carry forward to next fiscal year and be used for the same purpose.</p>
--------------------	--

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>None</p>
----------------------	-------------

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

AGENCY NAME:	SC Department of Commerce		
AGENCY CODE:	P320	SECTION:	50

50.New. (CMRC: Grant Funds Carry Forward) Any unexpended balance on June thirtieth of the prior fiscal year may be carried forward and expended in the current fiscal year by the Department of Commerce for the same purpose. These Grant Funds include Innovation, Research/Applied Research Centers, SCOPE and LocateSC.

**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.

AGENCY NAME:	SC Department of Commerce		
AGENCY CODE:	P320	SECTION:	50

FORM D – PROVISO REVISION REQUEST

NUMBER **New#2**
Cite the proviso according to the renumbered list for FY 2016-17 (or mark "NEW").

TITLE Remit Endowed Chairs Commerce Awards Funds
Provide the title from the FY 2015-16 Appropriations Act or suggest a short title for any new request.

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

DECISION PACKAGE 6777
Is this request associated with a decision package you have submitted for FY 2016-17? If so, cite it here.

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

OTHER AGENCIES AFFECTED Commission on Higher Education
Which other agencies would be affected by the recommended action? How?

SUMMARY The Commission on Higher Education has approximately \$2.9 million held for Commerce Endowed Chairs. The Department of Commerce is requesting that this balance be transferred to the agency to further the Applied Research Center program. This program includes the Commerce Endowed Chairs which have been designated by the agency.

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

AGENCY NAME:	SC Department of Commerce		
AGENCY CODE:	P320	SECTION:	50

EXPLANATION	See response above
--------------------	--------------------

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	None
----------------------	------

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

AGENCY NAME:	SC Department of Commerce		
AGENCY CODE:	P320	SECTION:	50

50.New. (CMRC: Remit Endowed Chairs Commerce Awards Funds) Appropriately \$2,900,000 of the Endowed Chairs Program funds that have been set aside for "Commerce Awards" shall be remitted by the Commission on Higher Education, or its successor entity, to the SC Department of Commerce's Applied Research Centers by August 1, 2016.

**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.