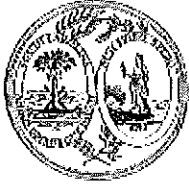


Agency Name:  
Agency Code:

State Fiscal Accountability Authority  
E550

Section:

104



**Fiscal Year FY 2022-2023  
Agency Budget Plan**

**FORM A - BUDGET PLAN SUMMARY**

**OPERATING  
REQUESTS  
(FORM B1)**

For FY 2022-2023, my agency is (mark "X"):	
<input type="checkbox"/>	Requesting General Fund Appropriations.
<input type="checkbox"/>	Requesting Federal/Other Authorization.
<input checked="" type="checkbox"/>	Not requesting any changes.

**NON-RECURRING  
REQUESTS  
(FORM B2)**

For FY 2022-2023, my agency is (mark "X"):	
<input type="checkbox"/>	Requesting Non-Recurring Appropriations.
<input type="checkbox"/>	Requesting Non-Recurring Federal/Other Authorization.
<input checked="" type="checkbox"/>	Not requesting any changes.

**CAPITAL  
REQUESTS  
(FORM C)**

For FY 2022-2023, my agency is (mark "X"):	
<input type="checkbox"/>	Requesting funding for Capital Projects.
<input checked="" type="checkbox"/>	Not requesting any changes.

**PROVISOS  
(FORM D)**

For FY 2022-2023, my agency is (mark "X"):	
<input type="checkbox"/>	Requesting a new proviso and/or substantive changes to existing provisos.
<input type="checkbox"/>	Only requesting technical proviso changes (such as date references).
<input checked="" type="checkbox"/>	Not requesting any proviso changes.


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

**PRIMARY  
CONTACT:  
SECONDARY  
CONTACT:**

<i>Name</i>	<i>Phone</i>	<i>Email</i>
Denise M Carraway	(803) 737-3019	Denise.Carraway@sfaa.sc.gov
Grant Gillespie	(803) 737-4381	Grant.Gillespie@sfaa.sc.gov

I have reviewed and approved the enclosed FY 2022-2023 Agency Budget Plan, which is complete and accurate to the extent of my knowledge.

**SIGN/DATE:  
TYPE/PRINT  
NAME:**

<i>Agency Director</i>	<i>Board or Commission Chair</i>
 9/22/21	
Grant Gillespie	

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

Agency Name:	State Fiscal Accountability Authority		
Agency Code:	E550	Section:	104

## **FORM E – AGENCY COST SAVINGS AND GENERAL FUND REDUCTION CONTINGENCY PLAN**

<b>TITLE</b>	General Fund Reduction Contingency Plan
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<b>AMOUNT</b>	(\$51,006)
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*What is the General Fund 3% reduction amount? This amount should correspond to the reduction spreadsheet prepared by EBO.*

<b>ASSOCIATED FTE REDUCTIONS</b>	1.0
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*How many FTEs would be reduced in association with this General Fund reduction?*

<b>PROGRAM / ACTIVITY IMPACT</b>	<p>The General Funds appropriated to the State Fiscal Accountability Authority provide the Personal Service and Employer Contributions financial support for the Division of Procurement Services, Office of Audit and Certification.</p>
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*What programs or activities are supported by the General Funds identified?*

<b>SUMMARY</b>	<p>A 3% reduction in the General Fund Appropriations is expected to have a minimal service delivery impact to the Division of Procurement Services of the State Fiscal Accountability Authority.</p>
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*Please provide a detailed summary of service delivery impact caused by a reduction in General Fund Appropriations and provide the method of calculation for anticipated reductions. Agencies should prioritize reduction in expenditures that have the least significant impact on service delivery.*

**AGENCY COST SAVINGS PLANS**

None

*What measures does the agency plan to implement to reduce its costs and operating expenses by more than \$50,000? Provide a summary of the measures taken and the estimated amount of savings. How does the agency plan to repurpose the savings?*