

|                     |                                |                 |     |
|---------------------|--------------------------------|-----------------|-----|
| <b>AGENCY NAME:</b> | Office of the Adjutant General |                 |     |
| <b>AGENCY CODE:</b> | E240                           | <b>SECTION:</b> | 100 |



## Fiscal Year 2017-18 Agency Budget Plan

### FORM A – SUMMARY

|   |  |   |
|---|--|---|
| <b>RECURRING FUNDS<br/>(FORM B<br/>DECISION PACKAGES)</b> | <b>My agency is submitting the following recurring decision packages listed in <u>priority order</u> (Form B):</b>   |   |
|   | <ol style="list-style-type: none"> <li>1. 11559 Emergency Management Division Base Salary Increases</li> <li>2. 11782 Finance the SC Law Enforcement Assistance Program (SCLEAP) for the Office of the Adjutant General</li> </ol> |   |
|   | <b>For FY 2017-18, my agency is (mark "X"):</b>  |   |
|   | <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. |

|   |  |  |
|---|--|--|
| <b>CAPITAL &amp;<br/>NON-RECURRING<br/>FUNDS<br/>(FORM C<br/>DECISION PACKAGES)</b> | <b>My agency is submitting the following one-time decision packages listed in <u>priority order</u> (Form C):</b>  |  |
|   | <ol style="list-style-type: none"> <li>1. 11785 Readiness Center Renovation Projects, FY 17-18</li> <li>2. 11788 Youth Challenge - POST Challenge</li> <li>3. 11791 Reimbursement of Secure Area Defense Officer Program (SADOP) payment for weapons and training</li> </ol> |  |
|   | <b>For FY 2017-18, my agency is (mark "X"):</b>  |  |
|   | <input checked="" type="checkbox"/>  | Requesting capital and/or non-recurring funds.     |
|   | <input type="checkbox"/>   | Not requesting capital and/or non-recurring funds. |

|                              |   |   |
|------------------------------|---|---|
| <b>PROVISOS<br/>(FORM D)</b> | <b>For FY 2017-18, my agency is (mark "X"):</b> |   |
|                              | <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>                   |
|---------------------------|----------------------|--------------|--------------------------------|
| <b>PRIMARY CONTACT:</b>   | Frank L Garrick, CFO | 803-299-2031 | garrickfl@tag.scmd.state.sc.us |
| <b>SECONDARY CONTACT:</b> |                      |              |                                |

|                     |                                       |                 |            |
|---------------------|---------------------------------------|-----------------|------------|
| <b>AGENCY NAME:</b> | <b>Office of the Adjutant General</b> |                 |            |
| <b>AGENCY CODE:</b> | <b>E240</b>                           | <b>SECTION:</b> | <b>100</b> |

I have reviewed and approved the enclosed FY 2017-18 Agency Budget Plan, which is complete and accurate to the extent of my knowledge.

|                         | <u>Agency Director</u>      | <u>Board or Commission Chair</u>        |
|-------------------------|-----------------------------|---|
| <b>SIGN/DATE:</b>       |                             |   |
| <b>TYPE/PRINT NAME:</b> | MG Robert E. Livingston, Jr | <i>Robert E. Livingston</i> 30 Sep 2017 |

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

|                     |                                |                 |     |
|---------------------|--------------------------------|-----------------|-----|
| <b>AGENCY NAME:</b> | Office of the Adjutant General |                 |     |
| <b>AGENCY CODE:</b> | E240                           | <b>SECTION:</b> | 100 |

### FORM B – PROGRAM REVISION REQUEST

|                         |       |
|-------------------------|-------|
| <b>DECISION PACKAGE</b> | 11559 |
|-------------------------|-------|

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

|              |   |
|--------------|---|
| <b>TITLE</b> | Emergency Management Division Base Salary Increases |
|--------------|---|

*Provide a brief, descriptive title for this request.*

|               |           |
|---------------|-----------|
| <b>AMOUNT</b> | \$145,000 |
|---------------|-----------|

*What is the net change in requested appropriations for FY 2017-18? This amount should correspond to the decision package's total in PBF across all funding sources.*

|                           |                |
|---------------------------|----------------|
| <b>ENABLING AUTHORITY</b> | Not Applicable |
|---------------------------|----------------|

*What specific 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? Please avoid citing general provisions of law where possible, and instead cite to the most specific legal authority supporting the request.*

|  |   |
|--|---|
| <b>FACTORS ASSOCIATED WITH THE REQUEST</b>   | <b>Mark "X" for all that apply:</b>   |
|  | <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"/> IT Technology/Security related   |
|  | <input type="checkbox"/> Consulted DTO during development   |
|  | <input type="checkbox"/> Related to a Non-Recurring request – If so, Decision Package # _____               |
|  | <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.           |   |

|                            |   |
|----------------------------|---|
| <b>RECIPIENTS OF FUNDS</b> | All full time employees within the SCEMD, with the exception of the Director, would be eligible to receive a salary increase. There would be no automatic across the board increases for personnel but funds would be allocated through a competitive process based on productivity, additional duties, and experience. |
|----------------------------|---|

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| <b>AGENCY NAME:</b> | <b>Office of the Adjutant General</b> |                 |            |
| <b>AGENCY CODE:</b> | <b>E240</b>                           | <b>SECTION:</b> | <b>100</b> |

|                                |                 |
|--------------------------------|-----------------|
| <b>ACCOUNTABILITY OF FUNDS</b> | Not Applicable. |
|--------------------------------|-----------------|

|                          |                 |
|--------------------------|-----------------|
| <b>POTENTIAL OFFSETS</b> | Not Applicable. |
|--------------------------|-----------------|

*For decision packages that request non-mandatory funding increases to programs or initiatives, please identify a potential offset within an existing lower priority or ineffective program(s).*

|                       |  |
|-----------------------|--|
| <b>MATCHING FUNDS</b> | SCEMD personnel are funded through other sources of funds, and each source is sufficient to absorb the matching pay increases without degradation. |
|-----------------------|--|

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

|                             |  |
|-----------------------------|--|
| <b>FUNDING ALTERNATIVES</b> | There are no other funding alternatives for this proposal. |
|-----------------------------|--|

*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.*

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| <b>AGENCY NAME:</b> | <b>Office of the Adjutant General</b> |                 |            |
| <b>AGENCY CODE:</b> | <b>E240</b>                           | <b>SECTION:</b> | <b>100</b> |

|                |  |
|----------------|--|
| <b>SUMMARY</b> | <p>SCEMD workload has substantially increased as a result of the recovery and mitigation requirements of the 2014 Ice Storm and the 2015 Severe Flood. SCEMD has been able to supplement the work force by over 30 temporary grant employees; this has added a new dimension of supervision, administration, and job requirements to the permanent full-time personnel. Emergency Management careers are very professional, highly competitive, on-call 24 hours a day, and require college degrees and completion of extensive federal emergency management courses. The two recent disasters in the State underscored the essential need to have trained and competent emergency managers when the event occurs. SCEMD has lost nearly 20 FTEs in the past 10 years so sustaining and improving the established workforce is paramount to meeting disaster challenges. Current State salaries lagging other states by an average of 15%; the public sector market by 16%; and the private sector market by 18% (State Salary Study). SCEMD Managers earn an average salary of \$51,587. Nationally, emergency managers have a median income of \$62,866. SCEMD Coordinators earn an average of \$48,723 and Specialists \$40,834; whereas nationally the median income is \$56,928. Bureau of Labor Statistics data for the southeastern states indicates that South Carolina's emergency management annual mean wage is sixth out of the eight states. The average salary for SCEMD counterparts in the State Emergency Response Team (SERT) is over \$80,000 whereas SCEMD is at \$65,000. Reviewing average salaries by job classification points out salary disparities for most emergency management positions; particularly Program Managers, Information Technology, Accounting/Fiscal Manager, and Communications Manager.</p> |
|----------------|--|

*Using as much detail as necessary to make an informed decision regarding this request, 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.*

|                              |   |
|------------------------------|---|
| <b>METHOD OF CALCULATION</b> | <p>Funding requested is based on an overall 12% funding increase for the Emergency Management Division workforce to bring salaries to a more competitive level with county emergency managers and other State Agencies.</p> |
|------------------------------|---|

*How was the amount of the request calculated? List the per unit or per FTE costs of implementation. What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?*

|                     |                                       |                 |            |
|---------------------|---------------------------------------|-----------------|------------|
| <b>AGENCY NAME:</b> | <b>Office of the Adjutant General</b> |                 |            |
| <b>AGENCY CODE:</b> | <b>E240</b>                           | <b>SECTION:</b> | <b>100</b> |

|                      |                 |
|----------------------|-----------------|
| <b>FUTURE IMPACT</b> | Not applicable. |
|----------------------|-----------------|

*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?*

|                       |  |
|-----------------------|--|
| <b>PRIORITIZATION</b> |  |
|-----------------------|--|

*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 2017-18? Please be specific.*

|                        |  |
|------------------------|--|
| <b>INTENDED IMPACT</b> | Stronger workforce with more experience and increased retention in order to be prepared for the next significant emergency within the state. |
|------------------------|--|

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

|                     |                                       |                 |            |
|---------------------|---------------------------------------|-----------------|------------|
| <b>AGENCY NAME:</b> | <b>Office of the Adjutant General</b> |                 |            |
| <b>AGENCY CODE:</b> | <b>E240</b>                           | <b>SECTION:</b> | <b>100</b> |

|                               |  |
|-------------------------------|--|
| <b>PROGRAM<br/>EVALUATION</b> | <p>Ultimate evaluation would be the successful response and recovery to a significant natural disaster performed by the trained emergency managers within SCEMD. Providing that does not occur, the performance measures would center around employee retention, training and exercise performance evaluations, and growth in the strengthening of emergency plans and operations.</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?*

|                     |                                       |                 |            |
|---------------------|---------------------------------------|-----------------|------------|
| <b>AGENCY NAME:</b> | <b>Office of the Adjutant General</b> |                 |            |
| <b>AGENCY CODE:</b> | <b>E240</b>                           | <b>SECTION:</b> | <b>100</b> |

**FORM B – PROGRAM REVISION REQUEST**

|                         |              |
|-------------------------|--------------|
| <b>DECISION PACKAGE</b> | <b>11782</b> |
|-------------------------|--------------|

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

|              |  |
|--------------|--|
| <b>TITLE</b> | <b>Finance the SC Law Enforcement Assistance Program (SCLEAP) for the Office of the Adjutant General</b> |
|--------------|--|

*Provide a brief, descriptive title for this request.*

|               |                 |
|---------------|-----------------|
| <b>AMOUNT</b> | <b>\$64,500</b> |
|---------------|-----------------|

*What is the net change in requested appropriations for FY 2017-18? This amount should correspond to the decision package's total in PBF across all funding sources.*

|                           |  |
|---------------------------|--|
| <b>ENABLING AUTHORITY</b> | <p><i>July 2015: The South Carolina Office of the Adjutant General entered partnership with the South Carolina Law Enforcement Assistance Program (SCLEAP).</i></p> <p>Recurring Budget - Administration</p> |
|---------------------------|--|

*What specific 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? Please avoid citing general provisions of law where possible, and instead cite to the most specific legal authority supporting the request.*

|  |   |
|--|---|
| <b>FACTORS ASSOCIATED WITH THE REQUEST</b>   | <b>Mark "X" for all that apply:</b>   |
|  | <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"/> IT Technology/Security related   |
|  | <input type="checkbox"/> Consulted DTO during development   |
|  | <input type="checkbox"/> Related to a Non-Recurring request – If so, Decision Package # _____               |
|  | <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.           |   |

|                            |  |
|----------------------------|--|
| <b>RECIPIENTS OF FUNDS</b> | South Carolina Law Enforcement Division (SLED) |
|----------------------------|--|

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

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| <b>AGENCY NAME:</b> | <b>Office of the Adjutant General</b> |                 |            |
| <b>AGENCY CODE:</b> | <b>E240</b>                           | <b>SECTION:</b> | <b>100</b> |

|                                |  |
|--------------------------------|--|
| <b>ACCOUNTABILITY OF FUNDS</b> | <p><i>July 2015:</i> The South Carolina Office of the Adjutant General (OAG) entered partnership with the South Carolina Law Enforcement Assistance Program (SCLEAP).</p> <p>The partnership policy is to split up the funding of the salaries to the 5 Agencies involved in the program. This would be the portion for The Office of the Adjutant General.</p> <p>The funding last year came from other funding which is no longer available.</p> |
|--------------------------------|--|

*What specific agency objective, as outlined in the agency's accountability report, does this funding request support? How would this request advance that objective?*

|                          |     |
|--------------------------|-----|
| <b>POTENTIAL OFFSETS</b> | N/A |
|--------------------------|-----|

*For decision packages that request non-mandatory funding increases to programs or initiatives, please identify a potential offset within an existing lower priority or ineffective program(s).*

|                       |     |
|-----------------------|-----|
| <b>MATCHING FUNDS</b> | 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.*

|                             |     |
|-----------------------------|-----|
| <b>FUNDING ALTERNATIVES</b> | 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.*

|                     |                                       |                 |            |
|---------------------|---------------------------------------|-----------------|------------|
| <b>AGENCY NAME:</b> | <b>Office of the Adjutant General</b> |                 |            |
| <b>AGENCY CODE:</b> | <b>E240</b>                           | <b>SECTION:</b> | <b>100</b> |

|                |   |
|----------------|---|
| <b>SUMMARY</b> | <p>SCLEAP provides a 24-hour service to South Carolina Law Enforcement agencies statewide. The five participating agencies include South Carolina Law Enforcement Division, South Carolina Department of Natural Resources, South Carolina Department of Public Safety, South Carolina Department of Probation, Parole, and Pardon Service, and the Office of the Adjutant General.</p> <p>SCLEAP programs and services include:</p> <ul style="list-style-type: none"> <li>• Critical Incident Stress Management Training</li> <li>• Post Critical Incident Seminar</li> <li>• Alcohol rehabilitation services</li> <li>• Suicide intervention and prevention training</li> <li>• Post Deployment Programs</li> </ul> <p>The program is handled through SLED and each agency is responsible for 1/5 of the salaries.</p> |
|----------------|---|

*Using as much detail as necessary to make an informed decision regarding this request, 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.*

|                              |                             |
|------------------------------|-----------------------------|
| <b>METHOD OF CALCULATION</b> | <p>Payment made in 2016</p> |
|------------------------------|-----------------------------|

*How was the amount of the request calculated? List the per unit or per FTE costs of implementation. What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?*

|                      |            |
|----------------------|------------|
| <b>FUTURE IMPACT</b> | <p>N/A</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?*

|                     |                                       |                 |            |
|---------------------|---------------------------------------|-----------------|------------|
| <b>AGENCY NAME:</b> | <b>Office of the Adjutant General</b> |                 |            |
| <b>AGENCY CODE:</b> | <b>E240</b>                           | <b>SECTION:</b> | <b>100</b> |

|                       |   |
|-----------------------|---|
| <b>PRIORITIZATION</b> | Cutting other programs. Normally this would have to come from Armory Operations |
|-----------------------|---|

*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 2017-18? Please be specific.*

|                        |  |
|------------------------|--|
| <b>INTENDED IMPACT</b> | Continuation of the SCLEAP program to provide counseling and other services to those agencies which operate on a daily basis on a potential loss of life or having to take another's life in the line of duty. |
|------------------------|--|

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

|                           |  |
|---------------------------|--|
| <b>PROGRAM EVALUATION</b> | SLED will monitor the program against depression and possible suicide due to the emotions of the job required by these agencies. |
|---------------------------|--|

*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?*

|                     |                                |                 |     |
|---------------------|--------------------------------|-----------------|-----|
| <b>AGENCY NAME:</b> | Office of the Adjutant General |                 |     |
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**FORM B – PROGRAM REVISION REQUEST**

|                         |              |
|-------------------------|--------------|
| <b>DECISION PACKAGE</b> | <b>11794</b> |
|-------------------------|--------------|

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

|              |                                 |
|--------------|---------------------------------|
| <b>TITLE</b> | <b>General Fund Allocations</b> |
|--------------|---------------------------------|

*Provide a brief, descriptive title for this request.*

|               |                  |
|---------------|------------------|
| <b>AMOUNT</b> | <b>\$113,143</b> |
|---------------|------------------|

*What is the net change in requested appropriations for FY 2017-18? This amount should correspond to the decision package's total in PBF across all funding sources.*

|                           |                    |
|---------------------------|--------------------|
| <b>ENABLING AUTHORITY</b> | Appropriations Act |
|---------------------------|--------------------|

*What specific 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? Please avoid citing general provisions of law where possible, and instead cite to the most specific legal authority supporting the request.*

|  |   |
|--|---|
| <b>FACTORS ASSOCIATED WITH THE REQUEST</b>   | <b>Mark "X" for all that apply:</b>   |
|  | <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"/> IT Technology/Security related   |
|  | <input type="checkbox"/> Consulted DTO during development   |
|  | <input type="checkbox"/> Related to a Non-Recurring request – If so, Decision Package # _____               |
|  | <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.           |   |

|                            |           |
|----------------------------|-----------|
| <b>RECIPIENTS OF FUNDS</b> | Employees |
|----------------------------|-----------|

|                     |                                       |                 |            |
|---------------------|---------------------------------------|-----------------|------------|
| <b>AGENCY NAME:</b> | <b>Office of the Adjutant General</b> |                 |            |
| <b>AGENCY CODE:</b> | <b>E240</b>                           | <b>SECTION:</b> | <b>100</b> |

|                                |                 |
|--------------------------------|-----------------|
| <b>ACCOUNTABILITY OF FUNDS</b> | Not Applicable. |
|--------------------------------|-----------------|

|                          |                 |
|--------------------------|-----------------|
| <b>POTENTIAL OFFSETS</b> | Not Applicable. |
|--------------------------|-----------------|

*For decision packages that request non-mandatory funding increases to programs or initiatives, please identify a potential offset within an existing lower priority or ineffective program(s).*

|                       |    |
|-----------------------|----|
| <b>MATCHING FUNDS</b> | NA |
|-----------------------|----|

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

|                             |    |
|-----------------------------|----|
| <b>FUNDING ALTERNATIVES</b> | NA |
|-----------------------------|----|

*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.*

|                     |                                       |                 |            |
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| <b>AGENCY NAME:</b> | <b>Office of the Adjutant General</b> |                 |            |
| <b>AGENCY CODE:</b> | <b>E240</b>                           | <b>SECTION:</b> | <b>100</b> |

|                |    |
|----------------|----|
| <b>SUMMARY</b> | NA |
|----------------|----|

*Using as much detail as necessary to make an informed decision regarding this request, 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.*

|                              |    |
|------------------------------|----|
| <b>METHOD OF CALCULATION</b> | NA |
|------------------------------|----|

*How was the amount of the request calculated? List the per unit or per FTE costs of implementation. What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?*

|                      |                 |
|----------------------|-----------------|
| <b>FUTURE IMPACT</b> | Not applicable. |
|----------------------|-----------------|

*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?*

|                     |                                       |                 |            |
|---------------------|---------------------------------------|-----------------|------------|
| <b>AGENCY NAME:</b> | <b>Office of the Adjutant General</b> |                 |            |
| <b>AGENCY CODE:</b> | <b>E240</b>                           | <b>SECTION:</b> | <b>100</b> |

|                       |  |
|-----------------------|--|
| <b>PRIORITIZATION</b> |  |
|-----------------------|--|

*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 2017-18? Please be specific.*

|                        |    |
|------------------------|----|
| <b>INTENDED IMPACT</b> | NA |
|------------------------|----|

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

|                           |    |
|---------------------------|----|
| <b>PROGRAM EVALUATION</b> | NA |
|---------------------------|----|

*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?*

|                     |                                       |                 |            |
|---------------------|---------------------------------------|-----------------|------------|
| <b>AGENCY NAME:</b> | <b>Office of the Adjutant General</b> |                 |            |
| <b>AGENCY CODE:</b> | <b>E240</b>                           | <b>SECTION:</b> | <b>100</b> |

**FORM C – CAPITAL OR NON-RECURRING APPROPRIATION REQUEST**

|                         |              |
|-------------------------|--------------|
| <b>DECISION PACKAGE</b> | <b>11785</b> |
|-------------------------|--------------|

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

|              |   |
|--------------|---|
| <b>TITLE</b> | <b>Readiness Center Renovation Projects, FY 17-18</b> |
|--------------|---|

*Provide a brief, descriptive title for this request.*

|               |                            |                              |
|---------------|----------------------------|------------------------------|
| <b>AMOUNT</b> | <b>\$5,750,000 - State</b> | <b>\$6,250,000 - Federal</b> |
|---------------|----------------------------|------------------------------|

*How much is requested for this project in FY 2017-18?*

|                       |  |
|-----------------------|--|
| <b>BUDGET PROGRAM</b> | <b>Armory Operations &amp; Army Contract Support</b> |
|-----------------------|--|

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

|   |   |
|---|---|
| <b>FACTORS ASSOCIATED WITH THE REQUEST</b>  | <b>Mark "X" for all that apply:</b>   |
|   | <input type="checkbox"/> IT Technology/Security related                                   |
|   | <input type="checkbox"/> Consulted DTO during development                                 |
|   | <input type="checkbox"/> Related to a Recurring request – If so, Decision Package # _____ |
|   | <input checked="" type="checkbox"/> Capital Request                                       |
|   | <input checked="" type="checkbox"/> Included in CPIP – If so, CPIP Priority # <u>1</u>    |
| <input checked="" type="checkbox"/> Non-recurring request for funding                           |   |
| <input type="checkbox"/> Non-recurring request for authorization to spend existing cash/revenue |   |

|                |   |
|----------------|---|
| <b>SUMMARY</b> | <p>The Agency requests funding for significant repairs at the eleven (11) Readiness Centers (i.e., armories) that are in the worst conditions of the 63 Readiness Centers:</p> <ul style="list-style-type: none"> <li>- Greenwood      - Union              - Hartsville</li> <li>- Greenville      - Laurens           - Easley</li> <li>- Lancaster       - Clemson           - Wellford</li> <li>- Florence         - Sumter</li> </ul> <p>In accordance with Federal law, the State of South Carolina is obligated to National Guard Bureau (NGB) to provide funding for the operation and maintenance of the facilities as long as there is a federally recognized unit assigned to the facilities. The facilities are in poor condition, undersized, and do not meet current building codes nor current Security &amp; Force Protection standards. These shortcomings negatively impact safety, quality of life and support of federal and state missions. The agency estimates that approximately \$5,750,000 in State funding is needed to improve the listed facilities to an acceptable level.</p> <p>Each of these facilities have varying issues that need to be repaired or renovated, but the major cost items include:</p> <ol style="list-style-type: none"> <li>1. Roof replacement or repairs.</li> <li>2. HVAC systems maintenance and/or repairs.</li> <li>3. Replacing existing exterior windows, doors and storefront systems</li> <li>4. interior renovations of latrines, kitchen, lighting, fire suppression,</li> </ol> |
|----------------|---|

|                     |                                       |                 |            |
|---------------------|---------------------------------------|-----------------|------------|
| <b>AGENCY NAME:</b> | <b>Office of the Adjutant General</b> |                 |            |
| <b>AGENCY CODE:</b> | <b>E240</b>                           | <b>SECTION:</b> | <b>100</b> |

|  |  |
|--|--|
|  | <p>carpeting/flooring, painting of interior &amp; exterior walls</p> <ol style="list-style-type: none"> <li>5. Electrical systems upgrades.</li> <li>6. Site improvements and repairs of parking lots, stormwater systems, security fencing, and security lighting.</li> <li>7. Foundation, structure and exterior wall repairs.</li> </ol> <p>In most cases, items require replacement since they have exceeded their service life. These projects are located across the State.</p> <p><b>*NOTE:</b> This project is to include any of the eleven readiness centers not entirely funded is the previous State Fiscal Year Armory Revitalization 16-17 project. Work scopes were reduced and Wellford was dropped from the A-1 for the previous year due to a shortage of funding received.</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.*

|                                |  |
|--------------------------------|--|
| <b>CLASSIFICATION OF FUNDS</b> | <p>This request is in support of the capital project listed as #1 on the recent CPIP submittal for SFY17-18.</p> |
|--------------------------------|--|

*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?*

|                       |   |
|-----------------------|---|
| <b>MATCHING FUNDS</b> | <p>Yes, these funds will be matched by federal (cooperative agreement) funding through NGB.</p> |
|-----------------------|---|

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

|                             |   |
|-----------------------------|---|
| <b>FUNDING ALTERNATIVES</b> | <p>Other possible funding considered was using 100% State budget because of the reduction of funding from National Guard Bureau in recent years to support the program.</p> |
|-----------------------------|---|

*What other possible funding sources were considered?*

|                     |                                       |                 |            |
|---------------------|---------------------------------------|-----------------|------------|
| <b>AGENCY NAME:</b> | <b>Office of the Adjutant General</b> |                 |            |
| <b>AGENCY CODE:</b> | <b>E240</b>                           | <b>SECTION:</b> | <b>100</b> |

|  |   |
|--|---|
| <b>LONG-TERM PLANNING AND SUSTAINABILITY</b> | <p>Over the years the TAG Office has invested funds into minor repairs at these eleven (11) Readiness Centers (i.e., armories) to keep them in working condition. We've acknowledged through continuous attempts to fix the problems that they are in a state of disrepair and have exceeded their service life. In most cases, items at the listed facilities now require replacement.</p> |
|--|---|

*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?*

|                        |  |
|------------------------|--|
| <b>OTHER APPROVALS</b> | <p>We must obtain approval of the following:</p> <ul style="list-style-type: none"> <li>• A-1, JBRC Approval</li> <li>• State Engineering Review</li> <li>• NGB 420-R</li> </ul> |
|------------------------|--|

*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.)*

|                     |                                       |                 |            |
|---------------------|---------------------------------------|-----------------|------------|
| <b>AGENCY NAME:</b> | <b>Office of the Adjutant General</b> |                 |            |
| <b>AGENCY CODE:</b> | <b>E240</b>                           | <b>SECTION:</b> | <b>100</b> |

### FORM C – CAPITAL OR NON-RECURRING APPROPRIATION REQUEST

|                         |              |
|-------------------------|--------------|
| <b>DECISION PACKAGE</b> | <b>11788</b> |
|-------------------------|--------------|

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

|              |   |
|--------------|---|
| <b>TITLE</b> | <b>Youth Challenge – POST Challenge</b> |
|--------------|---|

*Provide a brief, descriptive title for this request.*

|               |                   |
|---------------|-------------------|
| <b>AMOUNT</b> | <b>\$ 500,000</b> |
|---------------|-------------------|

*How much is requested for this project in FY 2017-18?*

|                       |   |
|-----------------------|---|
| <b>BUDGET PROGRAM</b> | DOL Grant made to the Youth Challenge program for a follow-on program called POST Challenge |
|-----------------------|---|

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

|   |   |
|---|---|
| <b>FACTORS ASSOCIATED WITH THE REQUEST</b>  | <b>Mark "X" for all that apply:</b>   |
|   | <input type="checkbox"/> IT Technology/Security related                                   |
|   | <input type="checkbox"/> Consulted DTO during development                                 |
|   | <input type="checkbox"/> Related to a Recurring request – If so, Decision Package # _____ |
|   | <input type="checkbox"/> Capital Request  |
|   | <input type="checkbox"/> Included in CPIP – If so, CPIP Priority # _____                  |
|   | <input checked="" type="checkbox"/> Non-recurring request for funding                     |
| <input type="checkbox"/> Non-recurring request for authorization to spend existing cash/revenue |   |

|                |   |
|----------------|---|
| <b>SUMMARY</b> | <p>The Department of Labor granted the Office of the Adjutant General a \$3,000,000 Grant to fund POST Challenge. For three (3) years beginning in SFY 15-16, 50 students from each Youth Challenge class (2 classes per year) will continue their training at Camp Long for 20 weeks with an education program at Aiken Tech. They will be earning certification in one of several vocations including Tower Work, Welding, Nurse's Aide, and Information Technology. This is a potential total of up to 300 students receiving the certifications.</p> <p>The DOL grant allows the Youth Challenge Academy to admit court involved youth to participate in the Youth Challenge Academy with the goal of 50% of those youth participating in POST Challenge.</p> <p>The first Class began in January 2016.</p> <p>These are not matching funds; but are the amount projected to meet the budget of the program. South Carolina was one of three states granted these funds as a test of the program.</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.*

|                     |                                       |                 |            |
|---------------------|---------------------------------------|-----------------|------------|
| <b>AGENCY NAME:</b> | <b>Office of the Adjutant General</b> |                 |            |
| <b>AGENCY CODE:</b> | <b>E240</b>                           | <b>SECTION:</b> | <b>100</b> |

|                                |   |
|--------------------------------|---|
| <b>CLASSIFICATION OF FUNDS</b> | <p>This is to meet the total budget of the Grant that was requested. There was not enough time to submit the budget request prior to the granting of the DOL Budget, and these funds were not approved in last year's budget.</p> |
|--------------------------------|---|

*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?*

|                       |  |
|-----------------------|--|
| <b>MATCHING FUNDS</b> | <p>These funds are a supplement to the DOL Grant of \$3,000,000 for the three year program, but is not a matching requirement.</p> |
|-----------------------|--|

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

|                             |                       |
|-----------------------------|-----------------------|
| <b>FUNDING ALTERNATIVES</b> | <p>Not Applicable</p> |
|-----------------------------|-----------------------|

*What other possible funding sources were considered?*

|  |  |
|--|--|
| <b>LONG-TERM PLANNING AND SUSTAINABILITY</b> | <p>This is a pilot program granted to only three states. The programs will be evaluated with a possibility of an extension of the program to be permanent.</p> |
|--|--|

*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?*

|                        |                       |
|------------------------|-----------------------|
| <b>OTHER APPROVALS</b> | <p>Not Applicable</p> |
|------------------------|-----------------------|

*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.)*

|                     |                                |                 |     |
|---------------------|--------------------------------|-----------------|-----|
| <b>AGENCY NAME:</b> | Office of the Adjutant General |                 |     |
| <b>AGENCY CODE:</b> | E240                           | <b>SECTION:</b> | 100 |

**FORM C – CAPITAL OR NON-RECURRING APPROPRIATION REQUEST**

|                         |       |
|-------------------------|-------|
| <b>DECISION PACKAGE</b> | 11791 |
|-------------------------|-------|

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

|              |  |
|--------------|--|
| <b>TITLE</b> | <b>Reimbursement of Secure Area Defense Officer Program (SADOP) payment for weapons and training</b> |
|--------------|--|

*Provide a brief, descriptive title for this request.*

|               |                  |
|---------------|------------------|
| <b>AMOUNT</b> | <b>\$175,000</b> |
|---------------|------------------|

*How much is requested for this project in FY 2017-18?*

|                       |                                   |
|-----------------------|-----------------------------------|
| <b>BUDGET PROGRAM</b> | I. Administration 0100.010000.000 |
|-----------------------|-----------------------------------|

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

|   |   |
|---|---|
| <b>FACTORS ASSOCIATED WITH THE REQUEST</b>  | <b>Mark "X" for all that apply:</b>   |
|   | <input type="checkbox"/> IT Technology/Security related                                   |
|   | <input type="checkbox"/> Consulted DTO during development                                 |
|   | <input type="checkbox"/> Related to a Recurring request – If so, Decision Package # _____ |
|   | <input type="checkbox"/> Capital Request  |
|   | <input type="checkbox"/> Included in CPIP – If so, CPIP Priority # _____                  |
|   | <input checked="" type="checkbox"/> Non-recurring request for funding                     |
| <input type="checkbox"/> Non-recurring request for authorization to spend existing cash/revenue |   |

|                |  |
|----------------|--|
| <b>SUMMARY</b> | <p>Governor's Executive Order No. 20115-18 authorized the National Guard to train and arm members of the National Guard in the event of a "lone wolf" attack. This request is to reimburse the funding which was paid out of the operating budget SFY 2016. It covers the Concealed Weapons Permit (CWP) cost, and the Glock 23s purchased and assigned to the individual guardsmen.</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.*

|                     |                                       |                 |            |
|---------------------|---------------------------------------|-----------------|------------|
| <b>AGENCY NAME:</b> | <b>Office of the Adjutant General</b> |                 |            |
| <b>AGENCY CODE:</b> | <b>E240</b>                           | <b>SECTION:</b> | <b>100</b> |

|                                |  |
|--------------------------------|--|
| <b>CLASSIFICATION OF FUNDS</b> |  |
|--------------------------------|--|

*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?*

|                       |  |
|-----------------------|--|
| <b>MATCHING FUNDS</b> |  |
|-----------------------|--|

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

|                             |  |
|-----------------------------|--|
| <b>FUNDING ALTERNATIVES</b> |  |
|-----------------------------|--|

*What other possible funding sources were considered?*

|  |  |
|--|--|
| <b>LONG-TERM PLANNING AND SUSTAINABILITY</b> | This was a one-time expense for the set-up of the program. Recurring funding for an administrator of the program and ammunition for annual training has already been approved. |
|--|--|

*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?*

|                        |  |
|------------------------|--|
| <b>OTHER APPROVALS</b> | This was a one-time expense for the set-up of the program. Recurring funding for an administrator of the program and ammunition for annual training has already been approved. |
|------------------------|--|

*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.)*

|                     |                                |                 |     |
|---------------------|--------------------------------|-----------------|-----|
| <b>AGENCY NAME:</b> | Office of the Adjutant General |                 |     |
| <b>AGENCY CODE:</b> | E240                           | <b>SECTION:</b> | 100 |

**FORM D – PROVISO REVISION REQUEST**

|               |       |
|---------------|-------|
| <b>NUMBER</b> | 100.9 |
|---------------|-------|

*Cite the proviso according to the renumbered list for FY 2017-18 (or mark "NEW").*

|              |  |
|--------------|--|
| <b>TITLE</b> | <b>ADJ: Billeting and Dining Facility Operations</b> |
|--------------|--|

*Provide the title from the FY 2016-17 Appropriations Act or suggest a short title for any new request.*

|                       |                              |
|-----------------------|------------------------------|
| <b>BUDGET PROGRAM</b> | <b>Enterprise Operations</b> |
|-----------------------|------------------------------|

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

|                         |    |
|-------------------------|----|
| <b>DECISION PACKAGE</b> | No |
|-------------------------|----|

*Is this request associated with a decision package you have submitted for FY 2017-18? If so, cite it here.*

|                         |              |
|-------------------------|--------------|
| <b>REQUESTED ACTION</b> | <b>Amend</b> |
|-------------------------|--------------|

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

|                                |      |
|--------------------------------|------|
| <b>OTHER AGENCIES AFFECTED</b> | None |
|--------------------------------|------|

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

|                |  |
|----------------|--|
| <b>SUMMARY</b> | This is to delete the portion of the Proviso that allows any excess funds to be expended in support of SC Military Department operations |
|----------------|--|

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

|                     |                                       |                 |            |
|---------------------|---------------------------------------|-----------------|------------|
| <b>AGENCY NAME:</b> | <b>Office of the Adjutant General</b> |                 |            |
| <b>AGENCY CODE:</b> | <b>E240</b>                           | <b>SECTION:</b> | <b>100</b> |

|                    |  |
|--------------------|--|
| <b>EXPLANATION</b> | <p>Findings from an audit by the US Property and Fiscal Accounting Office has determined this is not authorized.</p> |
|--------------------|--|

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

|                      |  |
|----------------------|--|
| <b>FISCAL IMPACT</b> |  |
|----------------------|--|

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

|                     |                                       |                 |            |
|---------------------|---------------------------------------|-----------------|------------|
| <b>AGENCY NAME:</b> | <b>Office of the Adjutant General</b> |                 |            |
| <b>AGENCY CODE:</b> | <b>E240</b>                           | <b>SECTION:</b> | <b>100</b> |

All revenues collected by the Billeting and Dining Facility operations at the R.L. McCrady Training Center shall be retained and expended in their budgeted operations ~~or be expended in support of SCMD operations, including use for matching federal funds, and armory maintenance and operations.~~ Expenditures from these funds shall be determined by the Billeting Committee for Billeting operations and the Deputy Adjutant General for State Operations for the Dining Facility operation.

**PROPOSED  
PROVISO TEXT**

*Paste FY 2016-17 text above, then bold and underline insertions and strikethrough deletions. For new proviso requests, enter requested text above.*

|                     |                                |                 |     |
|---------------------|--------------------------------|-----------------|-----|
| <b>AGENCY NAME:</b> | Office of the Adjutant General |                 |     |
| <b>AGENCY CODE:</b> | E240                           | <b>SECTION:</b> | 100 |

**FORM E – 3% GENERAL FUND REDUCTION**

|                         |              |
|-------------------------|--------------|
| <b>DECISION PACKAGE</b> | <b>11797</b> |
|-------------------------|--------------|

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

|              |   |
|--------------|---|
| <b>TITLE</b> | <b>Agency General Fund Reduction Analysis</b> |
|--------------|---|

*Provide a brief, descriptive title for this request.*

|               |                   |
|---------------|-------------------|
| <b>AMOUNT</b> | <b>\$-226,710</b> |
|---------------|-------------------|

*What is the General Fund reduction amount (minimum based on the FY 2016-17 recurring appropriations)? This amount should correspond to the decision package's total in PBF.*

|                              |   |
|------------------------------|---|
| <b>METHOD OF CALCULATION</b> | 3% of the approved budget and the Statewide Pay Plan Allocation |
|------------------------------|---|

*Describe the method of calculation for determining the reduction in General Funds.*

|                                  |   |
|----------------------------------|---|
| <b>ASSOCIATED FTE REDUCTIONS</b> | 0 |
|----------------------------------|---|

*How many FTEs would be reduced in association with this General Fund reduction?*

|                                |  |
|--------------------------------|--|
| <b>PROGRAM/ACTIVITY IMPACT</b> | Reduction in McEntire Air NG facilities and operations      \$ 56,818<br>Reduction in Armory Operations    \$169,892 |
|--------------------------------|--|

*What programs or activities are supported by the General Funds identified?*

|                     |                                       |                 |            |
|---------------------|---------------------------------------|-----------------|------------|
| <b>AGENCY NAME:</b> | <b>Office of the Adjutant General</b> |                 |            |
| <b>AGENCY CODE:</b> | <b>E240</b>                           | <b>SECTION:</b> | <b>100</b> |

|                |   |
|----------------|---|
| <b>SUMMARY</b> | <p>The reduction in the budget will have a minimal on the McEntire ANG facilities and operations expenditures. In recent years, the spending in this area has been slightly less than the budget.</p> <p>The reduction in the budget of the Armory Operations will necessitate the delay of some repairs out of the \$2,000,000 Armory Operations budget.</p> |
|----------------|---|

*Please provide a detailed summary of service delivery impact caused by a reduction in General Fund Appropriations.*