

Agency Name:	Leg Dept - Legislative Audit Council		
Agency Code:	A200	Section:	91E



**Fiscal Year FY 2025-2026  
Agency Budget Plan**



**FORM A - BUDGET PLAN SUMMARY**

<b>OPERATING REQUESTS</b> <i>(FORM B1)</i>	<b>For FY 2025-2026, my agency is (mark "X"):</b>	
	<input type="checkbox"/>	Requesting General Fund Appropriations.
	<input type="checkbox"/>	Requesting Federal/Other Authorization.
	<input checked="" type="checkbox"/>	Not requesting any changes.
<b>NON-RECURRING REQUESTS</b> <i>(FORM B2)</i>	<b>For FY 2025-2026, my agency is (mark "X"):</b>	
	<input type="checkbox"/>	Requesting Non-Recurring Appropriations.
	<input type="checkbox"/>	Requesting Non-Recurring Federal/Other Authorization.
	<input checked="" type="checkbox"/>	Not requesting any changes.
<b>CAPITAL REQUESTS</b> <i>(FORM C)</i>	<b>For FY 2025-2026, my agency is (mark "X"):</b>	
	<input type="checkbox"/>	Requesting funding for Capital Projects.
	<input checked="" type="checkbox"/>	Not requesting any changes.
	<b>PROVISOS</b> <i>(FORM D)</i>	
<b>For FY 2025-2026, my agency is (mark "X"):</b>		
<input type="checkbox"/>	Requesting a new proviso and/or substantive changes to existing provisos.	
<input type="checkbox"/>	Only requesting technical proviso changes (such as date references).	
<input checked="" type="checkbox"/>	Not requesting any proviso changes.	

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

	<u>Name</u>	<u>Phone</u>	<u>Email</u>
<b>PRIMARY CONTACT:</b>	Kim Lancaster	(803) 253-7615	klancaster@lac.sc.gov
<b>SECONDARY CONTACT:</b>	Earle Powell	(803) 253-7612	epowell@lac.sc.gov

I have reviewed and approved the enclosed FY 2025-2026 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>	 9/26/24	 9.26.24
<b>TYPE/PRINT NAME:</b>	K. EARLE POWELL	Philip F. LAUGHLIN, CPA

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

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

<b>TITLE</b>	Agency Cost Savings and General Fund Reduction Contingency Plan
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<b>AMOUNT</b>	\$72,088 <i>What is the General Fund 3% reduction amount? This amount should correspond to the reduction spreadsheet prepared by EBO.</i>
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<b>ASSOCIATED FTE REDUCTIONS</b>	N/A <i>How many FTEs would be reduced in association with this General Fund reduction?</i>
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<b>PROGRAM / ACTIVITY IMPACT</b>	Personal Services (597002) comprise around 75% of the agency's general fund budget. A 3% base reduction should not result in the loss of current personnel.  <i>What programs or activities are supported by the General Funds identified?</i>
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<b>SUMMARY</b>	Cuts in Personal Services (597002) could hinder performance pay incentives and could impact staff retention.
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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.*

N/A

**AGENCY COST  
SAVINGS PLANS**

*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?*