

AGENCY NAME:	State Treasurer's Office		
AGENCY CODE:	E160	SECTION:	98



Fiscal Year 2025-26 Agency Budget Plan

FORM A - BUDGET PLAN SUMMARY

**OPERATING
REQUESTS
(FORM B1)**

For FY 2025-26, my agency is (mark "X"):

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> | Requesting General Fund Appropriations. |
| <input checked="" type="checkbox"/> | Requesting Federal/Other Authorization. |
| <input type="checkbox"/> | Not requesting any changes. |

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

For FY 2025-26, 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 2025-26, my agency is (mark "X"):

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> | Requesting funding for Capital Projects. |
| <input checked="" type="checkbox"/> | Not requesting any changes. |

**PROVISOS
(FORM D)**

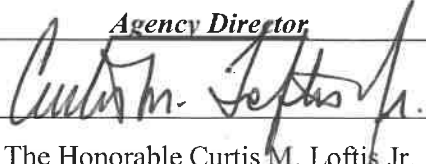
For FY 2025-26, my agency is (mark "X"):

- | | |
|-------------------------------------|---|
| <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:	Jordan Dominick	(803) 734-3545	Jordan.Dominick@sto.sc.gov
SECONDARY CONTACT:	Cameron Larkin	(803) 734-2699	Cameron.Larkin@sto.sc.gov

I have reviewed and approved the enclosed FY 2025-26 Agency Budget Plan, which is complete and accurate to the extent of my knowledge.

SIGN/DATE:	<u>Agency Director</u> 	<u>Board or Commission Chair</u>
TYPE/PRINT NAME:	The Honorable Curtis M. Loftis Jr.	

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

Agency Name:	State Treasurer's Office
Agency Code:	E160
Section:	98

BUDGET REQUESTS			FUNDING					FTES				
Priority	Request Type	Request Title	State	Federal	Earmarked	Restricted	Total	State	Federal	Earmarked	Restricted	Total
1	B1 - Recurring	General Base Pay Increase and Employer Contributions	0	0	210,000	0	210,000	0.00	0.00	0.00	0.00	0.00
2	B1 - Recurring	Virtual CISO	0	0	160,000	0	160,000	0.00	0.00	0.00	0.00	0.00
3	B1 - Recurring	Investment Accounting & Treasury Staff	0	0	420,000	0	420,000	0.00	0.00	0.00	0.00	0.00
4	B1 - Recurring	Internal Audit Services	0	0	180,000	0	180,000	0.00	0.00	0.00	0.00	0.00
5	B1 - Recurring	Unclaimed Property System Fraud Enhancement	0	0	80,000	0	80,000	0.00	0.00	0.00	0.00	0.00
6	B1 - Recurring	Unclaimed Property System Claims Enhancement	0	0	150,000	0	150,000	0.00	0.00	0.00	0.00	0.00
TOTALS			0	0	1,200,000	0	1,200,000	0.00	0.00	0.00	0.00	0.00

Agency Name:	State Treasurer's Office		
Agency Code:	E160	Section:	98

FORM B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY	1
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Provide the Agency Priority Ranking from the Executive Summary.

TITLE	General Base Pay Increase and Employer Contributions
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Provide a brief, descriptive title for this request.

AMOUNT	General: \$0 Federal: \$0 Other: \$210,000 Total: \$210,000
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What is the net change in requested appropriations for FY 2025-2026? This amount should correspond to the total for all funding sources on the Executive Summary.

NEW POSITIONS	0.00
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Please provide the total number of new positions needed for this request.

FACTORS ASSOCIATED WITH THE REQUEST	Mark “X” for all that apply:	
	<input checked="" type="checkbox"/>	Change in cost of providing current services to existing program audience
	<input type="checkbox"/>	Change in case load/enrollment under existing program guidelines
	<input type="checkbox"/>	Non-mandated change in eligibility/enrollment for existing program
	<input type="checkbox"/>	Non-mandated program change in service levels or areas
	<input type="checkbox"/>	Proposed establishment of a new program or initiative
	<input type="checkbox"/>	Loss of federal or other external financial support for existing program
	<input type="checkbox"/>	Exhaustion of fund balances previously used to support program
	<input type="checkbox"/>	IT Technology/Security related
	<input checked="" type="checkbox"/>	HR/Personnel Related
		<input type="checkbox"/> Consulted DTO during development
		<input type="checkbox"/> Related to a Non-Recurring request – If so, Priority #

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES	Mark “X” for primary applicable Statewide Enterprise Strategic Objective:	
	<input type="checkbox"/>	Education, Training, and Human Development
	<input type="checkbox"/>	Healthy and Safe Families
	<input type="checkbox"/>	Maintaining Safety, Integrity, and Security
	<input type="checkbox"/>	Public Infrastructure and Economic Development
	<input checked="" type="checkbox"/>	Government and Citizens

ACCOUNTABILITY OF FUNDS	<p>This increase in Other Funds authorization will allow the Agency to fulfill all goals, strategies and objectives as defined in its fiscal year 2024 Accountability Report.</p> <p>2023-24 Accountability Report Goals 1 through 6.</p>
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What specific strategy, as outlined in the most recent Strategic Planning and Performance Measurement template of agency’s accountability report, does this funding request support? How would this request advance that strategy? How would the use of these funds be evaluated?

RECIPIENTS OF	State Treasurer’s Office Other Funded employees who were eligible for the FY 2024-25 general base pay increase and the employer related cost for the health insurance rate increase
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FUNDS

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?

**JUSTIFICATION OF
REQUEST**

The State Treasurer’s Office is requesting an increase in Other Funds authorization for the salary and employer fringe costs associated with the 2.25% General Increase authorized in the FY2024-25 Appropriations Bill and the employer only health insurance rate increase beginning in January 2025.

Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. If new positions have been requested, explain why existing vacancies are not sufficient.

Agency Name:	State Treasurer's Office		
Agency Code:	E160	Section:	98

FORM B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY	2
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Provide the Agency Priority Ranking from the Executive Summary.

TITLE	Virtual CISO
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Provide a brief, descriptive title for this request.

AMOUNT	<p>General: \$0</p> <p>Federal: \$0</p> <p>Other: \$160,000</p> <p>Total: \$160,000</p>
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What is the net change in requested appropriations for FY 2025-2026? This amount should correspond to the total for all funding sources on the Executive Summary.

NEW POSITIONS	0.00
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Please provide the total number of new positions needed for this request.

FACTORS ASSOCIATED WITH THE REQUEST	Mark “X” for all that apply:	
	<input checked="" type="checkbox"/>	Change in cost of providing current services to existing program audience
	<input type="checkbox"/>	Change in case load/enrollment under existing program guidelines
	<input type="checkbox"/>	Non-mandated change in eligibility/enrollment for existing program
	<input type="checkbox"/>	Non-mandated program change in service levels or areas
	<input type="checkbox"/>	Proposed establishment of a new program or initiative
	<input type="checkbox"/>	Loss of federal or other external financial support for existing program
	<input type="checkbox"/>	Exhaustion of fund balances previously used to support program
	<input checked="" type="checkbox"/>	IT Technology/Security related
	<input type="checkbox"/>	HR/Personnel Related
<input type="checkbox"/>	Consulted DTO during development	
<input type="checkbox"/>	Related to a Non-Recurring request – If so, Priority #	

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES	Mark “X” for primary applicable Statewide Enterprise Strategic Objective:	
	<input type="checkbox"/>	Education, Training, and Human Development
	<input type="checkbox"/>	Healthy and Safe Families
	<input type="checkbox"/>	Maintaining Safety, Integrity, and Security
	<input type="checkbox"/>	Public Infrastructure and Economic Development
	<input checked="" type="checkbox"/>	Government and Citizens

ACCOUNTABILITY OF FUNDS	<p>This increase in Other Funds authorization will allow the Agency to fulfill all goals, strategies and objectives as defined in its fiscal year 2024 Accountability Report.</p> <p>2023-24 Accountability Report Goals 1-6</p>
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What specific strategy, as outlined in the most recent Strategic Planning and Performance Measurement template of agency’s accountability report, does this funding request support? How would this request advance that strategy? How would the use of these funds be evaluated?

RECIPIENTS OF	<p>This increase in Other Funds authorization will be used as a reimbursement of expenditures to the Department of Administration for providing a dedicated strategic information security resource to the State Treasurer’s Office (STO).</p>
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FUNDS

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?

**JUSTIFICATION OF
REQUEST**

The STO serves as the state's bank, managing over \$75 billion on behalf of state and local governments.

This increase in Other Funds authorization will enable the STO to engage Chief Information Security Officer services through the Department of Administration. This will support the continuous enhancement of security measures in accordance with the state's DIS-200 standards.

Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. If new positions have been requested, explain why existing vacancies are not sufficient.

Agency Name:	State Treasurer's Office		
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FORM B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY	3
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Provide the Agency Priority Ranking from the Executive Summary.

TITLE	Investment Accounting & Treasury Staff
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Provide a brief, descriptive title for this request.

AMOUNT	<p>General: \$0</p> <p>Federal: \$0</p> <p>Other: \$420,000</p> <p>Total: \$420,000</p>
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What is the net change in requested appropriations for FY 2025-2026? This amount should correspond to the total for all funding sources on the Executive Summary.

NEW POSITIONS	0.00
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Please provide the total number of new positions needed for this request.

FACTORS ASSOCIATED WITH THE REQUEST	<p>Mark “X” for all that apply:</p> <table> <tr><td><input checked="" 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> <tr><td><input type="checkbox"/></td><td>IT Technology/Security related</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>HR/Personnel Related</td></tr> <tr><td><input type="checkbox"/></td><td>Consulted DTO during development</td></tr> <tr><td><input type="checkbox"/></td><td>Related to a Non-Recurring request – If so, Priority #</td></tr> </table>	<input checked="" type="checkbox"/>	Change in cost of providing current services to existing program audience	<input type="checkbox"/>	Change in case load/enrollment under existing program guidelines	<input type="checkbox"/>	Non-mandated change in eligibility/enrollment for existing program	<input type="checkbox"/>	Non-mandated program change in service levels or areas	<input type="checkbox"/>	Proposed establishment of a new program or initiative	<input type="checkbox"/>	Loss of federal or other external financial support for existing program	<input type="checkbox"/>	Exhaustion of fund balances previously used to support program	<input type="checkbox"/>	IT Technology/Security related	<input checked="" type="checkbox"/>	HR/Personnel Related	<input type="checkbox"/>	Consulted DTO during development	<input type="checkbox"/>	Related to a Non-Recurring request – If so, Priority #
<input checked="" type="checkbox"/>	Change in cost of providing current services to existing program audience																						
<input type="checkbox"/>	Change in case load/enrollment under existing program guidelines																						
<input type="checkbox"/>	Non-mandated change in eligibility/enrollment for existing program																						
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<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"/>	IT Technology/Security related																						
<input checked="" type="checkbox"/>	HR/Personnel Related																						
<input type="checkbox"/>	Consulted DTO during development																						
<input type="checkbox"/>	Related to a Non-Recurring request – If so, Priority #																						

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES	<p>Mark “X” for primary applicable Statewide Enterprise Strategic Objective:</p> <table> <tr><td><input type="checkbox"/></td><td>Education, Training, and Human Development</td></tr> <tr><td><input type="checkbox"/></td><td>Healthy and Safe Families</td></tr> <tr><td><input type="checkbox"/></td><td>Maintaining Safety, Integrity, and Security</td></tr> <tr><td><input type="checkbox"/></td><td>Public Infrastructure and Economic Development</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>Government and Citizens</td></tr> </table>	<input type="checkbox"/>	Education, Training, and Human Development	<input type="checkbox"/>	Healthy and Safe Families	<input type="checkbox"/>	Maintaining Safety, Integrity, and Security	<input type="checkbox"/>	Public Infrastructure and Economic Development	<input checked="" type="checkbox"/>	Government and Citizens
<input type="checkbox"/>	Education, Training, and Human Development										
<input type="checkbox"/>	Healthy and Safe Families										
<input type="checkbox"/>	Maintaining Safety, Integrity, and Security										
<input type="checkbox"/>	Public Infrastructure and Economic Development										
<input checked="" type="checkbox"/>	Government and Citizens										

ACCOUNTABILITY OF FUNDS	<p>This increase in Other Funds authorization will allow the Agency to fulfill goals 1 and 3 as defined in its fiscal year 2024 Accountability Report.</p>
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What specific strategy, as outlined in the most recent Strategic Planning and Performance Measurement template of agency’s accountability report, does this funding request support? How would this request advance that strategy? How would the use of these funds be evaluated?

RECIPIENTS OF	<p>This increase in Other Funds authorization is associated with the payment of personal service and employer contributions for existing vacancies.</p>
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FUNDS

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?

**JUSTIFICATION OF
REQUEST**

The State Treasurer's Office (STO) serves as the state's bank managing over \$75 billion on behalf of state and local governments by providing efficient banking, investment, and financial management services for South Carolina. The STO is requesting an increase in Other Funds authorization to augment and reinforce the highly qualified and technical teams who perform essential statewide investment accounting and treasury management functions to safeguard the state's financial resources.

Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. If new positions have been requested, explain why existing vacancies are not sufficient.

Agency Name:	State Treasurer's Office		
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FORM B1 – RECURRING OPERATING REQUEST

AGENCY
PRIORITY

4

Provide the Agency Priority Ranking from the Executive Summary.

TITLE

Internal Audit Services

Provide a brief, descriptive title for this request.

AMOUNT

General: \$0

Federal: \$0

Other: \$180,000

Total: \$180,000

What is the net change in requested appropriations for FY 2025-2026? This amount should correspond to the total for all funding sources on the Executive Summary.

NEW POSITIONS

0.00

Please provide the total number of new positions needed for this request.

FACTORS
ASSOCIATED
WITH THE
REQUEST

Mark “X” for all that apply:

X

Change in cost of providing current services to existing program audience

Change in case load/enrollment under existing program guidelines

Non-mandated change in eligibility/enrollment for existing program

Non-mandated program change in service levels or areas

Proposed establishment of a new program or initiative

Loss of federal or other external financial support for existing program

Exhaustion of fund balances previously used to support program

IT Technology/Security related

HR/Personnel Related

Consulted DTO during development

Related to a Non-Recurring request – If so, Priority #

STATEWIDE
ENTERPRISE
STRATEGIC
OBJECTIVES

Mark “X” for primary applicable Statewide Enterprise Strategic Objective:

X

Education, Training, and Human Development

Healthy and Safe Families

Maintaining Safety, Integrity, and Security

Public Infrastructure and Economic Development

Government and Citizens

ACCOUNTABILITY
OF FUNDS

This increase in Other Funds authorization will allow the Agency to fulfill all goals, strategies and objectives as defined in its fiscal year 2024 Accountability Report.

2023-24 Accountability Report Goals 1 through 6.

What specific strategy, as outlined in the most recent Strategic Planning and Performance Measurement template of agency’s accountability report, does this funding request support? How would this request advance that strategy? How would the use of these funds be evaluated?

RECIPIENTS OF

This increase in Other Funds authorization will be used for internal audit contractual services that have been preapproved by the Office of the State Auditor.

FUNDS

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?

**JUSTIFICATION OF
REQUEST**

The State Treasurer's Office (STO) serves as the state's bank, managing over \$75 billion on behalf of state and local governments.

This increase in Other Funds authorization will enable the STO to fully fund contractual services to perform the agency's internal audit function. These services and the selection of the vendor have been preapproved by the Office of the State Auditor to provide industry leading expertise in auditing the processes, procedures, and performance of the agency to further ensure that the state's financial resources are managed in accordance with best practices.

Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. If new positions have been requested, explain why existing vacancies are not sufficient.

Agency Name:	State Treasurer's Office		
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FORM B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY	5
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Provide the Agency Priority Ranking from the Executive Summary.

TITLE	Unclaimed Property System Fraud Enhancement
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Provide a brief, descriptive title for this request.

AMOUNT	<p>General: \$0</p> <p>Federal: \$0</p> <p>Other: \$80,000</p> <p>Total: \$80,000</p>
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What is the net change in requested appropriations for FY 2025-2026? This amount should correspond to the total for all funding sources on the Executive Summary.

NEW POSITIONS	0.00
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Please provide the total number of new positions needed for this request.

FACTORS ASSOCIATED WITH THE REQUEST	<p>Mark “X” for all that apply:</p> <table> <tr><td><input checked="" 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> <tr><td><input type="checkbox"/></td><td>IT Technology/Security related</td></tr> <tr><td><input type="checkbox"/></td><td>HR/Personnel Related</td></tr> <tr><td><input type="checkbox"/></td><td>Consulted DTO during development</td></tr> <tr><td><input type="checkbox"/></td><td>Related to a Non-Recurring request – If so, Priority #</td></tr> </table>	<input checked="" type="checkbox"/>	Change in cost of providing current services to existing program audience	<input type="checkbox"/>	Change in case load/enrollment under existing program guidelines	<input type="checkbox"/>	Non-mandated change in eligibility/enrollment for existing program	<input type="checkbox"/>	Non-mandated program change in service levels or areas	<input type="checkbox"/>	Proposed establishment of a new program or initiative	<input type="checkbox"/>	Loss of federal or other external financial support for existing program	<input type="checkbox"/>	Exhaustion of fund balances previously used to support program	<input type="checkbox"/>	IT Technology/Security related	<input type="checkbox"/>	HR/Personnel Related	<input type="checkbox"/>	Consulted DTO during development	<input type="checkbox"/>	Related to a Non-Recurring request – If so, Priority #
<input checked="" type="checkbox"/>	Change in cost of providing current services to existing program audience																						
<input type="checkbox"/>	Change in case load/enrollment under existing program guidelines																						
<input type="checkbox"/>	Non-mandated change in eligibility/enrollment for existing program																						
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<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"/>	IT Technology/Security related																						
<input type="checkbox"/>	HR/Personnel Related																						
<input type="checkbox"/>	Consulted DTO during development																						
<input type="checkbox"/>	Related to a Non-Recurring request – If so, Priority #																						

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES	<p>Mark “X” for primary applicable Statewide Enterprise Strategic Objective:</p> <table> <tr><td><input type="checkbox"/></td><td>Education, Training, and Human Development</td></tr> <tr><td><input type="checkbox"/></td><td>Healthy and Safe Families</td></tr> <tr><td><input type="checkbox"/></td><td>Maintaining Safety, Integrity, and Security</td></tr> <tr><td><input type="checkbox"/></td><td>Public Infrastructure and Economic Development</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>Government and Citizens</td></tr> </table>	<input type="checkbox"/>	Education, Training, and Human Development	<input type="checkbox"/>	Healthy and Safe Families	<input type="checkbox"/>	Maintaining Safety, Integrity, and Security	<input type="checkbox"/>	Public Infrastructure and Economic Development	<input checked="" type="checkbox"/>	Government and Citizens
<input type="checkbox"/>	Education, Training, and Human Development										
<input type="checkbox"/>	Healthy and Safe Families										
<input type="checkbox"/>	Maintaining Safety, Integrity, and Security										
<input type="checkbox"/>	Public Infrastructure and Economic Development										
<input checked="" type="checkbox"/>	Government and Citizens										

ACCOUNTABILITY OF FUNDS	<p>This increase in Other Funds authorization will allow the Agency to fulfill all goals, strategies and objectives as defined in its fiscal year 2024 Accountability Report.</p> <p>2023-24 Accountability Report Goal 4</p>
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What specific strategy, as outlined in the most recent Strategic Planning and Performance Measurement template of agency’s accountability report, does this funding request support? How would this request advance that strategy? How would the use of these funds be evaluated?

RECIPIENTS OF	<p>This increase in Other Funds authorization will be used for Unclaimed Property Program contractual services related to the integration of additional fraud prevention measures to further safeguard the return of unclaimed funds to South Carolinians.</p>
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FUNDS

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?

**JUSTIFICATION OF
REQUEST**

The State Treasurer’s Office (STO) manages nearly \$940 million in Unclaimed Property on behalf of the state. In fiscal year 2024, the Unclaimed Property Program returned over \$38 million to rightful owners, representing the second highest amount in program history.

This increase in Other Funds authorization will enable the STO to integrate leading fraud prevention tools into its existing processes to further protect against fraudulent attempts while performing its statutory responsibility of returning unclaimed funds to the people of South Carolina.

Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. If new positions have been requested, explain why existing vacancies are not sufficient.

Agency Name:	State Treasurer's Office		
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FORM B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY	6
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Provide the Agency Priority Ranking from the Executive Summary.

TITLE	Unclaimed Property System Claims Enhancement
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Provide a brief, descriptive title for this request.

AMOUNT	<p>General: \$0</p> <p>Federal: \$0</p> <p>Other: \$150,000</p> <p>Total: \$150,000</p>
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What is the net change in requested appropriations for FY 2025-2026? This amount should correspond to the total for all funding sources on the Executive Summary.

NEW POSITIONS	0.00
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Please provide the total number of new positions needed for this request.

FACTORS ASSOCIATED WITH THE REQUEST	Mark “X” for all that apply:	
	<input checked="" type="checkbox"/>	Change in cost of providing current services to existing program audience
	<input type="checkbox"/>	Change in case load/enrollment under existing program guidelines
	<input type="checkbox"/>	Non-mandated change in eligibility/enrollment for existing program
	<input type="checkbox"/>	Non-mandated program change in service levels or areas
	<input type="checkbox"/>	Proposed establishment of a new program or initiative
	<input type="checkbox"/>	Loss of federal or other external financial support for existing program
	<input type="checkbox"/>	Exhaustion of fund balances previously used to support program
	<input type="checkbox"/>	IT Technology/Security related
	<input type="checkbox"/>	HR/Personnel Related
	<input type="checkbox"/>	Consulted DTO during development
	<input type="checkbox"/>	Related to a Non-Recurring request – If so, Priority #

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES	Mark “X” for primary applicable Statewide Enterprise Strategic Objective:	
	<input type="checkbox"/>	Education, Training, and Human Development
	<input type="checkbox"/>	Healthy and Safe Families
	<input type="checkbox"/>	Maintaining Safety, Integrity, and Security
	<input type="checkbox"/>	Public Infrastructure and Economic Development
	<input checked="" type="checkbox"/>	Government and Citizens

ACCOUNTABILITY OF FUNDS	<p>This increase in Other Funds authorization will allow the Agency to fulfill all goals, strategies and objectives as defined in its fiscal year 2024 Accountability Report.</p> <p>2023-24 Accountability Report Goal 4</p>
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What specific strategy, as outlined in the most recent Strategic Planning and Performance Measurement template of agency’s accountability report, does this funding request support? How would this request advance that strategy? How would the use of these funds be evaluated?

RECIPIENTS OF	<p>This increase in Other Funds authorization will be utilized for Unclaimed Property Program claims system enhancements and contractual services to securely expedite the return of funds to South Carolinians.</p>
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FUNDS

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?

**JUSTIFICATION OF
REQUEST**

The State Treasurer's Office (STO) manages nearly \$940 million in Unclaimed Property on behalf of the state. The Program makes annual transfers to the General Fund or other designated funds for the purpose of legislative appropriation. The cumulative contribution totals over \$450 million, with an additional \$15 million anticipated to be transferred in fiscal year 2025.

This increase in Other Funds authorization will enhance existing processes to increase the speed and efficiency in which unclaimed funds are securely returned to constituents.

Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. If new positions have been requested, explain why existing vacancies are not sufficient.

Agency Name:	State Treasurer's Office		
Agency Code:	E160	Section:	98

FORM D – PROVISO REVISION REQUEST

NUMBER	98.9
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Cite the proviso according to the renumbered list (or mark "NEW").

TITLE	TREAS: Penalties for Non-reporting
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Provide the title from the renumbered list or suggest a short title for any new request.

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

RELATED BUDGET REQUEST	N/A
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Is this request associated with a budget request you have submitted for FY 2025-2026? If so, cite it here.

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

OTHER AGENCIES AFFECTED	STO will be favorably impacted as well as the RFA as municipalities will be incentivized to submit the required financial reporting.
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Which other agencies would be affected by the recommended action? How?

SUMMARY & EXPLANATION	<p>The existing proviso 98.9 had verbiage added in FY2021-2022 that carried forward into FY2022-2023, FY2023-2024, and FY2024-2025. This language suspended the penalty provisions enabling the State Treasurer to withhold all or a portion of state payments from municipalities not meeting requirements of said proviso.</p>
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Summarize the existing proviso. If requesting a new proviso, describe the current state of affairs without it. 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

N/A

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

PROPOSED PROVISO TEXT

98.9. (TREAS: Penalties for Non-reporting) If a municipality fails to submit the audited financial statements required under Section 14-1-208 of the 1976 Code to the State Treasurer within thirteen months of the end of their fiscal year, the State Treasurer must withhold all state payments to that municipality until the required audited financial statement is received.

If the State Treasurer receives an audit report from either a county or municipality that contains a significant finding related to court fine reports or remittances to the Office of State Treasurer, the requirements of Proviso 117.48 shall be followed if an amount due is specified, otherwise the State Treasurer shall withhold twenty-five percent of all state payments to the county or municipality until the estimated deficiency has been satisfied.

If a county or municipality is more than ninety days delinquent in remitting a monthly court fines report, the State Treasurer shall withhold twenty-five percent of state funding for that county or municipality until all monthly reports are current.

After ninety days, any funds held by the Office of State Treasurer will be made available to the State Auditor to conduct an audit of the entity for the purpose of determining an amount due to the Office of State Treasurer, if any.

~~The penalty provisions in this proviso are suspended during Fiscal Year 2024-25 for municipalities. The State Treasurer is authorized and directed to release all funds withheld from municipalities in the prior two fiscal years due to a municipality not submitting the required audited financial statements or submitting financial information to the Revenue and Fiscal Affairs Office as required by Section 6-1-50 of the 1976 Code.~~

Paste existing text above, then bold and underline insertions and strikethrough deletions. For new proviso requests, enter requested text above.

Agency Name:	State Treasurer's Office		
Agency Code:	E160	Section:	98

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

TITLE	Agency Cost Savings and General Fund Reduction Contingency Plan
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AMOUNT	\$75,749
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What is the General Fund 3% reduction amount? This amount should correspond to the reduction spreadsheet prepared by EBO.

ASSOCIATED FTE REDUCTIONS	N/A
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How many FTEs would be reduced in association with this General Fund reduction?

PROGRAM / ACTIVITY IMPACT	<p>The State Treasurer's Office General Funds provide the Agency with the ability to support statewide Treasury Management and Banking services as well as administration of the Palmetto ABLE Savings Program. These funds also provide support services for Debt Management, Investment Management and the agency consumer programs which include the Future Scholar 529 College Savings Plan, Tuition Prepayment and Unclaimed Property Programs. Therefore, all state government agencies, colleges and universities, local governments, and the citizens of South Carolina are served by the use of these funds.</p>
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What programs or activities are supported by the General Funds identified?

SUMMARY	<p>Any reduction in General Funds to the State Treasurer's Office would negatively impact the Agency's ability to provide essential Treasury Management, Banking, and Palmetto ABLE Savings Program services to state government agencies, college and universities, local governments, and the citizens of South Carolina. A General Fund reduction would also negatively affect the ability to deliver essential support services that the Agency provides for its four major program areas: Treasury Management, Investment Management, Banking, Debt Management and Programs which includes the Unclaimed Property Program, College Savings Plans (Future Scholar 529 and Tuition Prepayment) and Palmetto ABLE Savings Programs.</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

The State Treasurer's Office continuously analyzes its personnel, processes and procedures to ensure the most effective and economic methods are being utilized. The agency will continue to review agency needs, processes and procedures to ensure expenditures are controlled while providing the necessary services to the State of South Carolina's state agencies, local governments, colleges and universities and the citizens of South Carolina.

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?