

Agency Name:	Comptroller General's Office		
Agency Code:	E120	Section:	97



Fiscal Year FY 2026-2027

Agency Budget Plan

FORM A - BUDGET PLAN SUMMARY

OPERATING REQUESTS <i>(FORM B1)</i>	For FY 2026-2027, my agency is (mark "X"):	
	☐	Requesting General Fund Appropriations.
	☐	Requesting Federal/Other Authorization.
	☒	Not requesting any changes.
NON-RECURRING REQUESTS <i>(FORM B2)</i>	For FY 2026-2027, my agency is (mark "X"):	
	☐	Requesting Non-Recurring Appropriations.
	☐	Requesting Non-Recurring Federal/Other Authorization.
	☒	Not requesting any changes.
CAPITAL REQUESTS <i>(FORM C)</i>	For FY 2026-2027, my agency is (mark "X"):	
	☐	Requesting funding for Capital Projects.
	☒	Not requesting any changes.
PROVISOS <i>(FORM D)</i>	For FY 2026-2027, my agency is (mark "X"):	
	☐	Requesting a new proviso and/or substantive changes to existing provisos.
	☒	Only requesting technical proviso changes (such as date references).
	☐	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: SECONDARY CONTACT:	Allison Williams	(803) 734-5011	awilliams@cg.sc.gov
	Brian J. Gaines	(803) 734-2141	bgaines@cg.sc.gov

I have reviewed and approved the enclosed FY 2026-2027 Agency Budget Plan, which is complete and accurate to the extent of my knowledge.

	<u>Agency Director</u>	<u>Board or Commission Chair</u>
SIGN/DATE:	 9/24/25	
TYPE/PRINT NAME:	Brian J. Gaines	

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

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FORM D – PROVISO REVISION REQUEST

NUMBER	118.1
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Cite the proviso according to the renumbered list (or mark "NEW").

TITLE	Year End Cutoff
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Provide the title from the renumbered list or suggest a short title for any new request.

BUDGET PROGRAM	II. A. Statewide Payroll/Accounts Payable & II. C. Statewide Accounting 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 2026-2027? If so, cite it here.

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

OTHER AGENCIES AFFECTED	All SCEIS agencies
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Which other agencies would be affected by the recommended action? How?

SUMMARY & EXPLANATION	The proviso establishes the year-end deadline for agencies to submit input documents and electronic workflow supporting their fiscal year expenditures to the Comptroller General's Office for processing. The requested updates the fiscal year date references.
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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

None

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**

Unless specifically authorized herein, the appropriations provided in Part IA of this act as ordinary expenses of the State Government shall lapse on July 31, ~~2026~~ **2027**. State agencies are required to submit all current fiscal year input documents and all electronic workflow for accounts payable transactions to the Office of Comptroller General by ~~July 14, 2026~~ **July 14, 2027**. Appropriations for Permanent Improvements, now outstanding or hereafter provided, shall lapse at the end of the second fiscal year in which such appropriations were provided, unless definite commitments shall have been made, with the approval of the State Fiscal Accountability Authority and Joint Bond Review Committee, toward the accomplishment of the purposes for which the appropriations were provided. Appropriations for other specific purposes aside from ordinary operating expenses, now outstanding or hereafter provided, shall lapse at the end of the second fiscal year in which such appropriations were provided, unless definite commitments shall have been made, with the approval of the State Fiscal Accountability Authority, toward the accomplishment of the purposes for which the appropriations were provided.

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

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**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	\$179,844
	<i>What is the General Fund 3% reduction amount? This amount should correspond to the reduction spreadsheet prepared by EBO.</i>

ASSOCIATED FTE REDUCTIONS	1
	<i>How many FTEs would be reduced in association with this General Fund reduction?</i>

PROGRAM / ACTIVITY IMPACT	Administrative Services
	<i>What programs or activities are supported by the General Funds identified?</i>

SUMMARY	If mandated, the Office of Comptroller General would attempt to absorb a 3% general fund reduction by delaying the filling of our vacant Chief of Staff position in our Administrative Services division. The balance would come from reducing agency operating expenses.
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AGENCY COST SAVINGS PLANS

N/A	
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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?