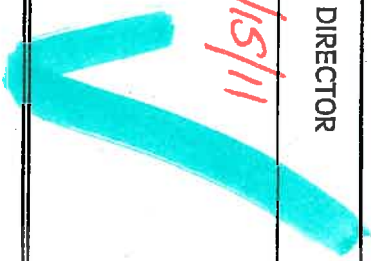


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Hells</i>	DATE <i>3-8-11</i>
--------------------	-----------------------

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOC NUMBER 000393	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>3-17-11</i>	
2. DATE SIGNED BY DIRECTOR <i>Claud 3/15/11</i>	<input type="checkbox"/> FOIA DATE DUE _____	<input type="checkbox"/> Necessary Action	
			

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			

NIKKI HALEY, CHAIRMAN
GOVERNOR
CURTIS M. LOFTIS, JR.
STATE TREASURER
RICHARD ECKSTROM, CPA
COMPTROLLER GENERAL



SC BUDGET AND CONTROL BOARD

STATE FLEET MANAGEMENT
Warren J. McCormack
STATE FLEET MANAGER

(803) 737-0668
FAX: (803) 737-1160

HUGH K. LEATHERMAN, SR.
CHAIRMAN, SENATE FINANCE
COMMITTEE
DANIEL T. COOPER
CHAIRMAN, HOUSE WAYS AND MEANS
COMMITTEE
ELEANOR KITZMAN
EXECUTIVE DIRECTOR

MEMORANDUM

RECEIVED

MAR 28 2011

TO: Mr. Anthony E. Keck, Director

Department of Transportation
OFFICE OF THE DIRECTOR

FROM: Rob Malpass, Program Manager

SUBJECT: Agency Authorized Signatures

DATE: March 7, 2011

Due to Executive Administration changes within your agency, the State Fleet Management Office is requesting an update to the signature authority for forms used to communicate fleet management decisions in the following key areas:

SFM Form 6-77
SFM Form 980-R
SFM 1-79
SFM Form 7-84

Request to purchase, dispose, or retain a State vehicle
Request for Permanent assignment of state-owned vehicles
Request for exemption from state motor vehicle identification
Request for exemption from seal identification requirements

Printable copies of these forms are available online at www.scfleet.sc.gov ; however we have included a copy of each for your convenience.

Authority to make these decisions is automatically granted to the Agency Director; however authority may be delegated to others within your organization. Please complete the enclosed "Agency Head Signature Authorizations" form to give us your signature for authentication, and to indicate delegation of authority for any other agency employees. State Fleet Management will suspend processing of the previously listed documents until we receive an updated form.

Agency Head Signature Authorizations

AGENCY NAME	TITLE	NAME	SIGNATURE	PLEASE MARK WITH AN X THE FORMS EACH PERSON IS AUTHORIZED TO SIGN.			
				FORM NO. AND DESCRIPTION			
				6-77 Purchase, Dispose or Retain Vehicle	980-R Permanent Assignment	1-79 Confidential Tag	7-84 Seal Exemption

Please verify or make corrections as needed.

Agency Head Signature is Required.

X

Agency Head

REQUEST TO PURCHASE, DISPOSE OR RETAIN STATE-OWNED VEHICLES

From: _____

To: State Budget and Control Board

Date _____

State Fleet Management
1026 Sumter Street, 2nd Floor
Columbia, South Carolina 29201

SECTION I

Request to Purchase

Fleet Addition _____ Yes ☐ (See E and F)

New _____ No ☐ (See F and Section II)

P.O. Number _____

Used _____

Serial # _____

Tag # _____

Mileage _____

Inspection # _____

Empty Weight _____

Body Style _____

Year _____

- A. Make _____ Model _____
B. This vehicle is to be assigned to: _____
C. Annual Official Miles _____
D. Funds to purchase this vehicle are available from: _____
State Appropriations: Federal _____ Other (Source & Amt.): _____
E. Give complete justification in accordance with Chapter 7, State Motor Vehicle Management Manual. If a fleet addition, agency director must certify that no vehicle is available to reassign to fill this need. (For multiple or fleet purchases give required information on additional sheets)

- F. The State standard fleet sedan or station wagon is a compact model. Requests for special fleet sedans or station wagons (Intermediate model) must be justified in writing. Please attach justification.

SECTION II

Request for Disposal/Retention

☐ Disposal ☐ Retention**

Tag Number _____ Make _____

Model _____

Body Style _____

Year _____

Serial Number _____

Mileage _____

New Cost \$ _____

Date of Purchase _____

Present Estimated Value \$ _____

Name and telephone number of person to contact: _____

**Old vehicle must be disposed of within 90 days of placement in service of replacement vehicle, unless one-year retention is approved by SFM. Submit on separate page detailed justification why your agency needs to retain this vehicle.

Agency or Institution Head

SECTION III

Action By Budget & Control Board

Approved _____ Disapproved _____

Date _____

Signature _____

DISTRIBUTION OF COPIES 1 THRU 4:

ORIGINAL COPY - SFM FILE

2ND COPY - SFM TITLE FILE

3RD COPY - RETURN COPY

4TH COPY - SURPLUS FILE

SFM USE ONLY

SFM Form 6-77

Revised 12/99

Updated 1/11

Budget and Control Board — Office of General Services — State Fleet Management
Request for Permanent Assignment of a State-owned Vehicle

*** SEE INSTRUCTIONS ON PAGE 2 ***

Section I: Application for Permanent Assignment of State Vehicle

Application Type:	<input type="checkbox"/> New Request	<input type="checkbox"/> Information Update	Effective Date:	_____	
Withdrawal:	Tag Number:	_____	Effective Date:	_____	
Vehicle Information:	Tag Number:	_____	Equipment Number:	_____	
Vehicle Make:	_____	Vehicle Model:	_____	Vehicle Year:	_____
Agency Information:	Agency:	_____	Agency Contact:	_____	
Agency Code:	_____	Address:	_____		
City:	_____	Zip Code:	_____	Telephone:	_____
Operator Information:	Full Name:	_____	Position:	_____	
Driver's License No.:	_____	State:	_____	Expiration Date:	Month _____ Day _____ Year _____

NOTE: You MUST supply your driver's license number and full expiration date for this application to be processed.

Section II: Rationale for Assignment

<input type="checkbox"/> Line-duty law enforcement officer	<input type="checkbox"/> Constitutional officer	<input type="checkbox"/> Agency head
<input type="checkbox"/> Remote work site	Location: _____	
<input type="checkbox"/> Annual official mileage	Official miles accrued last FY: _____	
<input type="checkbox"/> Emergency response to calls after normal duty	Number of emergency responses last FY: _____	
<input type="checkbox"/> Specially mounted equipment	Describe Equipment: _____	
<input type="checkbox"/> Logistical reasons	Explain: _____	

Section III: Employee Certification

I certify that the above information is true and correct. Should this information change, I will complete a new SFM Form 980-R and submit it to State Fleet Management.

Signature: _____ Date: _____

Section IV: Authorization (Signatures Required)

Assignment:	<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved
Supervisor Authorization (optional)		
Signature:	Date:	
Agency Head Approval (required)		
Signature:	Date:	

General Instructions for Permanent Assignment Form 980-R

Section I: Application for Permanent Assignment of State Vehicle

You should use a 980-R form whenever an employee is assigned a state-owned vehicle on a full-time basis. If two or more persons use a vehicle it is not a permanent assignment.

Under Application Type, select New Request or Information Update and give the Effective Date; if this request is for Withdrawal only, be sure to include Tag Number of vehicle and Effective Date. Complete all Vehicle Information, Agency Information, and Operator Information as requested. You **MUST** supply your driver's license number and full expiration date for this application to be processed.

Section II: Rationale for Assignment

Mark boxes for Rationale for Assignment as needed and complete information on the number of emergency responses, location, official miles, and specially mounted equipment. No specific rationale is required for Constitutional Officers, Agency Heads, or Law Enforcement Officers.

- **Line Duty Law Enforcement Officer:** Section 1-11-270(b) of the South Carolina Code of Laws authorizes agency heads to assign vehicles to law enforcement officers as defined by the agency head.
Federal Income Tax Regulations define a Law Enforcement Officer as an individual employed on a full-time basis by a governmental unit that is responsible for the prevention or investigation of crime involving injury to persons or property (including apprehension or detention of persons for such crimes), who is authorized by law to carry firearms, execute search warrants, and make arrests (other than merely a citizen's arrest), and who regularly carries firearms (except when it is not possible to do so because of the requirement of undercover work). The term "law enforcement officer" may include an arson investigator if the investigator otherwise meets the requirements of this paragraph (k)(6)(ii).
- **Constitutional Officer:** This includes the Governor, Lieutenant Governor, Comptroller General, State Treasurer, Attorney General, Adjutant General, Commissioner of Agriculture, Secretary of State, and Superintendent of Education. Statewide elected officials are exempt from reimbursing the State for commuting miles as shown in Section 1-11-270(b) of the South Carolina Code of Laws.
- **Agency Head:** An agency head is the chief executive officer of a State agency (limited to one per agency). Designation as an agency head is justification for assignment of a State-owned vehicle but not for exemption from reimbursement for commuting as shown in Section 1-11-270(b) of the South Carolina Code of Laws.
- **Remote Work Site:** Employees may qualify for a permanently assigned vehicle if work site is located where no motor pool vehicles are available, or if the employee's home serves as his or her office.
- **Annual Official Mileage:** SFM periodically performs a break-even analysis to determine the point at which it is more cost-effective to assign a vehicle to an employee than to pay privately-owned vehicle (POV) reimbursement. SFM notifies agencies when this break point changes. If the employee travels more than the current break-even point mileage per year, he or she is eligible for a permanently assigned vehicle. Mileage traveled includes official miles only — NOT commuting miles.
- **Emergency Calls:** Being "on call" does not necessarily merit a vehicle assignment. Frequency and type of calls after normal working hours will be determining factors.
- **Special Equipment:** Indicate type of equipment and its use.
- **Logistical Reasons:** Please specify rationale on additional pages.

Section III: Employee Certification

In order for the form to be valid, the employee must sign and date this section.

Section IV: Authorization

The Supervisor must indicate whether Permanent Assignment is authorized, then sign and date this section in the space provided. Final approval by agency head must be signed and dated. Forward completed original form to:
State Fleet Management, 1026 Sumter Street, 2nd Floor, Columbia, SC 29201

Request for Exemption from State Motor Vehicle Identification Requirements

From: _____

TO: State Fleet Management
1026 Sumter Street, 2nd Floor
Columbia, SC 29201

Part One: Vehicle Identification

In accordance with Section 1-1-320 of the South Carolina Code of Laws, it is requested that the State-owned vehicle(s) listed below be exempted from the permanent (SG) license tags and other identification requirements.

Request No.	Make	Year	Identification No. (VIN)	Owned or Leased?	Tag No.
1.					
2.					
3.					
4.					
5.					

List additional requests on a separate sheet in this same format.

Part Two: Justification for Identification Exemption

Check A or B below, as appropriate.

A. () Certified Law Enforcement Officers

I hereby certify that a confidential license plate is necessary for the vehicle(s) indicated above because it is a vehicle assigned to, or for use by, a law enforcement officer who is involved in undercover law enforcement work, to include covert surveillances, to the extent that the actual investigation of criminal cases or the investigator's well-being would be jeopardized without the issuance of such license. The term "law enforcement officer" is defined as a certified police officer or prosecutor who is employed in a full-time capacity. Attach complete and specific justification for all requests. Avoid generalities.

B. () For other than Certified Law Enforcement Officers

I hereby petition the Budget and Control Board to exempt the listed State vehicle(s) from identification requirements, as provided for in the referenced Act, for the reason(s) shown in the attachment. Attach complete and specific justification for all requests. Avoid generalities.

Requesting Agency Head _____

Date _____

NOTE: Send to State Fleet Management at above address.

Authorization for Certified Law Enforcement Officers: For SLED Internal Use Only

With reference to the motor vehicle(s) listed in Part One for which an exemption from the identification requirements of the referenced Act is requested, it is my opinion that:

Request number(s) _____ should be granted.

Request number(s) _____ should NOT be granted.

Chief, State Law Enforcement Division _____

Date _____

Forward to SFM at above address

For SFM Internal Use Only

The State Budget and Control Board, in consultation with the Chief of the State Law Enforcement Division where applicable, hereby grants an exemption for the vehicles listed in Part One as request number(s) _____ from the identification requirements of the referenced Act.

State Fleet Manager _____
for State Budget and Control Board

Date _____

REQUEST FOR EXEMPTION FROM SEAL IDENTIFICATION REQUIREMENT

DATE: _____

TO: SC Budget & Control Board State Fleet Management
1026 Sumter Street, 2nd Floor, Columbia, SC 29201

FROM: Agency

1. I hereby request exemption from the requirement to display a state or agency seal decal on the following vehicle(s):

VEHICLE
YEAR/MAKE

TAG NUMBER

OWNED/LEASED

_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Justification for this exemption request is as follows:

- a. ☐ Vehicle used in actual undercover law enforcement work to the extent that investigation or investigator's physical well being will be jeopardized if identified.
- b. ☐ *Vehicle carries human service agency clients whose privacy would clearly and necessarily be impaired by identification.
- c. ☐ *Other reason (Please describe): _____

*For justification 2b and 2c, please be explicit in explaining reasons seal exemption is required. Identify program(s) supported and reasons for exemptions. Use **additional page(s) if necessary**.

3. I certify that, if this exemption is approved, I will ensure that the vehicle(s) is (are) used in accordance with all statutes, regulations, and policies pertaining to the operation of state vehicles.

Signature of Agency Head: _____

Point of Contact: _____ Telephone Number: _____

Approved _____ By: _____

State Fleet Manager

Disapproved _____ Date: _____



SC BUDGET AND CONTROL BOARD
DIVISION OF GENERAL SERVICES
STATE FLEET MANAGEMENT
1026 SUMTER STREET, 2ND FLOOR
COLUMBIA, SC 29201

RECEIVED

MAR 08 2011

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Mr. Anthony E. Keck,
Department of Health and Human Services
1801 Main Street
Columbia SC 29201



March 15, 2011

Mr. Rob Malpass
State Fleet Management
South Carolina Budget and Control Board
1026 Sumter Street, 2nd Floor
Columbia, South Carolina 29201-3476

Dear Mr. Malpass:

Enclosed you will find an updated Agency Head Signature Authorizations for forms used to communicate fleet management decisions in key areas.

If additional information is needed, please let me know.

Sincerely,




Anthony E. Keck
Director

AEK/wh

Enclosure

Agency Head Signature Authorizations

AGENCY NAME	TITLE	NAME	SIGNATURE	PLEASE MARK WITH AN X THE FORMS EACH PERSON IS AUTHORIZED TO SIGN.			
				FORM NO. AND DESCRIPTION			
				6-77 Purchase, Dispose or Retain Vehicle	980-R Permanent Assignment	1-79 Confidential Tag	7-84 Seal Exemption
S. C. Department of Health and Human Services	Director	Anthony E. Keck		X	X	X	X

Please verify or make corrections as needed.

Agency Head Signature is Required.

X 

Agency Head