

AGENCY NAME:	Medical University of South Carolina		
AGENCY CODE:	H51	SECTION:	17A



Fiscal Year 2014-15 Agency Budget Plan

FORM A – SUMMARY

**RECURRING FUNDS
(FORM B
DECISION PACKAGES)**

My agency is submitting the following recurring decision packages (Form B): Decrease in Federal Funds, decrease in Other Funds, and an increase in positions	
For FY 2014-15, my agency is (mark "X"):	
<input type="checkbox"/>	Requesting a net increase in recurring General Fund appropriations.
<input checked="" type="checkbox"/>	Not requesting a net increase in recurring General Fund Appropriations.

**CAPITAL &
NON-RECURRING
FUNDS
(FORM C
DECISION PACKAGES)**

My agency is submitting the following one-time decision packages (Form C): College of Dental Medicine – BAN repayment, Deferred Capital Renewal, and College of Pharmacy Building	
For FY 2014-15, my agency is (mark "X"):	
<input checked="" type="checkbox"/>	Requesting capital and/or non-recurring funds.
<input type="checkbox"/>	Not requesting capital and/or non-recurring funds.

PROVISOS

For FY 2014-15, my agency is (mark "X"):	
<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>
PRIMARY CONTACT:	Christine Smalls Brown	843-792-2864	smallsch@musc.edu
SECONDARY CONTACT:	Patrick Wamsley	843-792-8908	wamsleyp@musc.edu

I have reviewed and approved the enclosed FY 2014-15 Agency Budget Plan, which is complete and accurate to the extent of my knowledge.

AGENCY DIRECTOR (SIGN/DATE):	
AGENCY DIRECTOR (TYPE/PRINT NAME):	Mark S. Sothmann, Ph.D., Interim President

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