

AGENCY NAME:	Lieutenant Governor's Office		
AGENCY CODE:	E040	SECTION:	



Fiscal Year 2016-17 Agency Budget Plan

FORM A – SUMMARY

RECURRING FUNDS (FORM B DECISION PACKAGES)	<p>My agency is submitting the following recurring decision packages (Form B): 5756, 6240, 6253, 6256, 6268, 6281, and 6284.</p> <p>For FY 2016-17, my agency is (mark "X"):</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30px; text-align: center;"><input checked="" type="checkbox"/></td> <td>Requesting a net increase in recurring General Fund appropriations.</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Not requesting a net increase in recurring General Fund Appropriations.</td> </tr> </table>	<input checked="" type="checkbox"/>	Requesting a net increase in recurring General Fund appropriations.	<input type="checkbox"/>	Not requesting a net increase in recurring General Fund Appropriations.		
<input checked="" type="checkbox"/>	Requesting a net increase in recurring General Fund appropriations.						
<input type="checkbox"/>	Not requesting a net increase in recurring General Fund Appropriations.						
CAPITAL & NON-RECURRING FUNDS (FORM C DECISION PACKAGES)	<p>My agency is submitting the following one-time decision packages (Form C): 6218 and 6242.</p> <p>For FY 2016-17, my agency is (mark "X"):</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30px; text-align: center;"><input checked="" type="checkbox"/></td> <td>Requesting capital and/or non-recurring funds.</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Not requesting capital and/or non-recurring funds.</td> </tr> </table>	<input checked="" type="checkbox"/>	Requesting capital and/or non-recurring funds.	<input type="checkbox"/>	Not requesting capital and/or non-recurring funds.		
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PROVISOS	<p>For FY 2016-17, my agency is (mark "X"):</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30px; text-align: center;"><input checked="" type="checkbox"/></td> <td>Requesting a new proviso and/or substantive changes to existing provisos.</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Only requesting technical proviso changes (such as date references).</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Not requesting any proviso changes.</td> </tr> </table>	<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.
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<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:	Kenneth Burton	803-734-9917	krburton@aging.sc.gov
SECONDARY CONTACT:	Ruchelle Ellison	803-734-9883	rellison@aging.sc.gov

I have reviewed and approved the enclosed FY 2016-17 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:		
TYPE/PRINT NAME:	Mark Plowden, Chief of Staff	NA

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

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FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	5756
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Health Insurance Allocations
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Provide a brief, descriptive title for this request.

AMOUNT	\$8,423
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What is the net change in requested appropriations for FY 2016-17? This amount should correspond to the decision package's total in PBF across all funding sources.

ENABLING AUTHORITY	Allocation of State Funds for FY 2015-2016 Appropriation.
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What state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority?

FACTORS ASSOCIATED WITH THE REQUEST	Mark "X" for all that apply:
	<input checked="" type="checkbox"/> (Base Adjustment) Allocation of statewide employee benefits.
	<input type="checkbox"/> (Base Adjustment) Realignment within existing programs and lines.
	<input type="checkbox"/> (Base Adjustment) Restructuring of agency programs – <i>requires pre-approval.</i>
	<input 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.	

RECIPIENTS OF FUNDS	Lieutenant Governor's Office and Lieutenant Governor's Office on Aging.
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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?

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RELATED REQUEST(S) Not Applicable.

Is this decision package associated with other decision packages requested by your agency or other agencies this year? Is it associated with a specific capital or non-recurring request?

MATCHING FUNDS Not Applicable.

Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source, amount, and terms of the match requirement.

FUNDING ALTERNATIVES Not Applicable.

What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.

SUMMARY

The funding represents the agency's share of the Fiscal Year 2015-2016 allocation for the General Fund portion of employee health insurance.

Information Technology /Security	N
Consulted DTO during development	N

Provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.

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METHOD OF CALCULATION	<p>Calculations were provided by the Executive Budget Office based on allocations distributed during the Fiscal Year 2015-2016.</p>
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How was the amount of the request calculated? What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?

FUTURE IMPACT	<p>No impact.</p>
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Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?

PRIORITIZATION	<p>Agency would not be able to fund the health insurance increases provided for the Fiscal Year 2015-2016.</p>
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If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2016-17?

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INTENDED IMPACT	Funding will be utilized to pay for the General Fund portion of the health insurance increase funded in the Fiscal Year 2015-2016 State Budget.
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What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?

PROGRAM EVALUATION	Not Applicable.
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How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?

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FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	6240
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Salaries and Fringe
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Provide a brief, descriptive title for this request.

AMOUNT	\$3,187,590 Requested (net increase \$307,330)
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What is the net change in requested appropriations for FY 2016-17? This amount should correspond to the decision package's total in PBF across all funding sources.

ENABLING AUTHORITY	Title 1, Chapter 3, Article 9 Lieutenant Governor Office, 43-21-10 Lieutenant Governor Office on Aging.
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What state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority?

FACTORS ASSOCIATED WITH THE REQUEST	Mark "X" for all that apply:
	<input type="checkbox"/> (Base Adjustment) Allocation of statewide employee benefits.
	<input type="checkbox"/> (Base Adjustment) Realignment within existing programs and lines.
	<input type="checkbox"/> (Base Adjustment) Restructuring of agency programs – <i>requires pre-approval.</i>
	<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.	

RECIPIENTS OF FUNDS	Lieutenant Governor's Office and Lieutenant Governor's Office on Aging.
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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?

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RELATED REQUEST(S) Not applicable.

Is this decision package associated with other decision packages requested by your agency or other agencies this year? Is it associated with a specific capital or non-recurring request?

MATCHING FUNDS A portion of the salaries and fringe will be matched by "Other" Funds and Federal Funds.

Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source, amount, and terms of the match requirement.

FUNDING ALTERNATIVES The funding is based on the allocation of employees' salaries and fringe as to the source of the funding to be used for the expenditure.

What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.

SUMMARY		A review of the salaries and fringe corresponding to each employee determined that additional funding is required to cover the expenditures and to fill the vacant positions. It has been determined that the vacant positions are needed and will be more cost-effective for the positions to be managed by the Lieutenant Governor's Office on Aging. The requested amount is required to accomplish the mission of the Lieutenant Governor's Office and Lieutenant Governor's Office on Aging.
Information Technology /Security	N	
Consulted DTO during development	N	

Provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.

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METHOD OF CALCULATION	<p>Evaluated all 58.5 positions to determine the salary requirements and compared to the current expenditures to determine the net adjustment needed for salaries and fringe by classification. Chose the most cost saving measure in evaluation.</p>
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How was the amount of the request calculated? What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?

FUTURE IMPACT	<p>Only impact would occur if general salary increases were granted.</p>
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Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?

PRIORITIZATION	<p>Having sufficient funds to cover FTE salaries will ensure sufficient staff to accomplish the mission of the Lieutenant Governor's Office and Lieutenant Governor's Office on Aging and to the constituents of South Carolina.</p>
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If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2016-17?

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INTENDED IMPACT	<p>This would provide sufficient staff to respond to external requests in a timely manner and to accomplish the mission of the Lieutenant Governor's Office and Lieutenant Governor's Office on Aging in an efficient and effective manner.</p>
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What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?

PROGRAM EVALUATION	<p>Not applicable.</p>
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How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?

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FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	6253
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Other Operating Expense
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Provide a brief, descriptive title for this request.

AMOUNT	\$1,184,632 Request (net increase \$822,203)
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What is the net change in requested appropriations for FY 2016-17? This amount should correspond to the decision package's total in PBF across all funding sources.

ENABLING AUTHORITY	Title 1, Chapter 3, Article 9 Lieutenant Governor Office, 43-21-10 Lieutenant Governor Office on Aging, and S 764 Sec. 43-35-290.
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What state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority?

FACTORS ASSOCIATED WITH THE REQUEST	Mark "X" for all that apply:
	<input type="checkbox"/> (Base Adjustment) Allocation of statewide employee benefits.
	<input type="checkbox"/> (Base Adjustment) Realignment within existing programs and lines.
	<input type="checkbox"/> (Base Adjustment) Restructuring of agency programs – <i>requires pre-approval.</i>
	<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.	

RECIPIENTS OF FUNDS	Lieutenant Governor's Office and Lieutenant Governor's Office on Aging.
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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?

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RELATED REQUEST(S)	6218 and 6242
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Is this decision package associated with other decision packages requested by your agency or other agencies this year? Is it associated with a specific capital or non-recurring request?

MATCHING FUNDS	<p>"Other" and Federal Funds potentially will be used in conjunction with the General Funds based on each program's allocation requirements.</p>
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Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source, amount, and terms of the match requirement.

FUNDING ALTERNATIVES	The agency determined the most cost-efficient method to control cost including collaboration and modifying in-house software to meet each program's requirements.
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What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.

SUMMARY	<p>Act 162 of 2013 established Section 43-35-290 and that "[t]he General Assembly shall provide the funds necessary for the Vulnerable Adult Guardian ad Litem Program to carry out the provisions. Section 43-35-45(C') states "Within ten days following the filing of a petition pursuant to this section, the court shall appoint a guardian ad litem and an attorney for the vulnerable adult; and an attorney for a lay guardian ad litem." This program is experiencing increased demand in Fiscal Year 2016, and even higher demand is expected in Fiscal year 2017, resulting in an increase in appointment of attorneys for vulnerable adults and lay guardians ad litem. The fiscal impact statement for Act 162 failed to fully account for the cost of these attorneys.</p> <p>Summary of Expenditures:</p> <table border="0"> <tr> <td>Guardian ad Litem Attorney:</td> <td>\$547,200</td> </tr> <tr> <td>Information Technology</td> <td>\$185,300</td> </tr> <tr> <td>Lieutenant Governor's Office:</td> <td>\$2,044</td> </tr> <tr> <td>Senior Services:</td> <td>\$87,659</td> </tr> </table>		Guardian ad Litem Attorney:	\$547,200	Information Technology	\$185,300	Lieutenant Governor's Office:	\$2,044	Senior Services:	\$87,659
Guardian ad Litem Attorney:	\$547,200									
Information Technology	\$185,300									
Lieutenant Governor's Office:	\$2,044									
Senior Services:	\$87,659									
Information Technology /Security	Y									
Consulted DTO during development	Y	Information Technology expenditures are for security, licenses, storage, and general maintenance of the computer system. Senior Services includes Guardian ad Litem normal operating expenditures and for the Lieutenant Governor's Office on Aging support staff as well as match funds for grants.								

Provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the

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agency's security or technology plan.

METHOD OF CALCULATION	<p>Information Technology Director with the Department of Technology and Security determined the recurring expenditure for the computer systems at our agency would cost \$185,300.</p> <p>Based on trend analysis of current cases and expanding services to state wide coverage current fiscal year, the projected cost for providing Attorneys will be \$547,200 in Fiscal Year 2017.</p> <p>Factored filling all vacant positions along with the current expenditure with increase of rent, phones, and operating expenditures will be \$87,659 for Fiscal Year 2017.</p>
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How was the amount of the request calculated? What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?

FUTURE IMPACT	<p>If the case load increases for the Guardian ad Litem Program, the amount of funds to cover the Attorneys will also increase. The cost of security, licenses, maintenance, and storage for technology will increase over time. Operating funds is a critical component for the agency to accomplish the mission.</p>
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Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?

PRIORITIZATION	<p>The General Assembly should establish an interest bearing fund or source of revenue, such as committing a percentage of taxes or fees to a South Carolina Vulnerable Adult Guardian ad Litem trust account, to fund operating and attorney expenses. Regarding the Information Technology requirements, it is essential that funding is provided.</p>
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If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2016-17?

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INTENDED IMPACT	<p>To provide Attorneys (as statutorily required) to the Vulnerable Adult Guardian ad Litem Program. Also, to provide the necessary resources to the Information Technology computer systems to secure, maintain, and provide storage space for the agency's data. Other operating is to provide the necessary funds to cover normal operating expenditures.</p>
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What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?

PROGRAM EVALUATION	<p>Vulnerable Adult Guardian ad Litem Program will evaluate the Attorneys to ensure proper services are rendered and meeting the requirement. The Information Technology director will evaluate and maintain the computer systems to ensure compliance.</p>
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How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?

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FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	6256
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Home and Community Based Services
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Provide a brief, descriptive title for this request.

AMOUNT	\$11,447,000 Request (net increase \$1,975,000)
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What is the net change in requested appropriations for FY 2016-17? This amount should correspond to the decision package's total in PBF across all funding sources.

ENABLING AUTHORITY	43-21-40 (i) awards grants and contracts to public and private organizations for the purpose of planning, coordinating, administering, developing, and delivering aging programs and services.
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What state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority?

FACTORS ASSOCIATED WITH THE REQUEST	Mark "X" for all that apply:
	<input type="checkbox"/> (Base Adjustment) Allocation of statewide employee benefits.
	<input type="checkbox"/> (Base Adjustment) Realignment within existing programs and lines.
	<input type="checkbox"/> (Base Adjustment) Restructuring of agency programs – <i>requires pre-approval.</i>
	<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 checked="" 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.	

RECIPIENTS OF FUNDS	Funds would be allocated to the Area Agencies on Aging who contract for services to accomplish the part of the agency's mission of keeping seniors in their homes rather than expensive institutional placement.
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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?

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RELATED REQUEST(S) Not applicable.

Is this decision package associated with other decision packages requested by your agency or other agencies this year? Is it associated with a specific capital or non-recurring request?

MATCHING FUNDS No match has been identified at this time.

Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source, amount, and terms of the match requirement.

FUNDING ALTERNATIVES The Lieutenant Governor's Office on Aging is looking for ways to partner and collaborate with private and public entities to accomplish the mission but currently have not found other sources of funds at this time.

What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.

SUMMARY The majority of the seniors unable to remain at home are so situated because of a lack of nutrition, transportation, and home care assistance. With a rapidly growing senior population, it is cheaper to find ways to keep seniors at home instead of paying for more expensive institutional care. These funds would purchase home delivered meals, group dining meals, transportation, and home care.

Information Technology /Security	Y/N N
Consulted DTO during development	Y/N N

Provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.

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METHOD OF CALCULATION	<p>The calculation took in many factors and considered the impact of a growing senior population, the demand of services, and expenditure analysis throughout the State.</p>
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How was the amount of the request calculated? What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?

FUTURE IMPACT	<p>No future impacts as the funds are utilized to procure services based on availability of the funds.</p>
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Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?

PRIORITIZATION	<p>If new funds are not available, seniors will require more expensive services such as Medicaid institutionalization. The Lieutenant Governor's Office on Aging will be unable to meet the senior's requests for services, and it will be necessary to expand our waiting list for services.</p>
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If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2016-17?

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INTENDED IMPACT	<p>Assist seniors to remain at home and out of more expensive institutional care.</p>
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What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?

PROGRAM EVALUATION	<p>The Lieutenant Governor's Office on Aging management works closely with the Area Agencies on Aging to select the most efficient use of the funds to accomplish the goal of keeping seniors out of the expensive institutional care.</p>
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How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?

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FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	6284
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Case Service
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Provide a brief, descriptive title for this request.

AMOUNT	\$2,825,000 Requested (Net increase of \$100,000)
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What is the net change in requested appropriations for FY 2016-17? This amount should correspond to the decision package's total in PBF across all funding sources.

ENABLING AUTHORITY	43-21-50 Receipt of grants-in-aid, gifts, or the like. The agency may receive on behalf of the State any grant or grant-in-aid from government sources.
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What state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority?

FACTORS ASSOCIATED WITH THE REQUEST	Mark "X" for all that apply:
	<input type="checkbox"/> (Base Adjustment) Allocation of statewide employee benefits.
	<input type="checkbox"/> (Base Adjustment) Realignment within existing programs and lines.
	<input type="checkbox"/> (Base Adjustment) Restructuring of agency programs – <i>requires pre-approval.</i>
	<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.	

RECIPIENTS OF FUNDS	Funds would be distributed to constituents for case services that meet the established requirements for assistance.
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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?

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RELATED REQUEST(S)	Not Applicable.
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Is this decision package associated with other decision packages requested by your agency or other agencies this year? Is it associated with a specific capital or non-recurring request?

MATCHING FUNDS	No matching funds are required.
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Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source, amount, and terms of the match requirement.

FUNDING ALTERNATIVES	Not Applicable.
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What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.

SUMMARY	<p>The Lieutenant Governor's Office on Aging is asking for an increase in appropriation authorization equal to the amount increased to provide for case services. The Emergency Rental Program of the Lieutenant Governor's Office on Aging has received additional funding of \$100,000 from the South Carolina State Housing Finance and Development Authority. There is no General Fund impact.</p>	
Information Technology /Security	N	
Consulted DTO during development	N	

Provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.

AGENCY NAME:	Lieutenant Governor Office		
AGENCY CODE:	E040	SECTION:	95

METHOD OF CALCULATION	Not applicable.
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How was the amount of the request calculated? What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?

FUTURE IMPACT	No future impact. The funds are strictly based on the projected amount for case services provided.
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Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?

PRIORITIZATION	The Lieutenant Governor's Office on Aging would receive cash but would not have appropriation authority to use the funds for case services.
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If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2016-17?

AGENCY NAME:	Lieutenant Governor Office		
AGENCY CODE:	E040	SECTION:	95

INTENDED IMPACT	Funds are provided to increase the number of constituents assisted by case services requirements.
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What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?

PROGRAM EVALUATION	The Lieutenant Governor's Office on Aging evaluates and monitors the case service funding to ensure the funds are distributed in accordance with the requirements.
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How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?

AGENCY NAME:	Lieutenant Governor Office		
AGENCY CODE:	E040	SECTION:	95

FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	6268 <i>Provide the decision package number issued by the PBF system ("Governor's Request").</i>
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TITLE	Family Caregivers <i>Provide a brief, descriptive title for this request.</i>
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AMOUNT	\$2,600,000 Requested (net increase \$1,600,000) <i>What is the net change in requested appropriations for FY 2016-17? This amount should correspond to the decision package's total in PBF across all funding sources.</i>
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ENABLING AUTHORITY	43-21-40(g) engage in any other activity deemed necessary by the division to promote the health and well-being of the aging citizens of this State, not inconsistent with the purposes of this chapter or the public policies of the State; (i) award grants and contracts to public and private organizations for the purpose of planning, coordinating, administering, developing, and delivering aging programs and services. <i>What state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority?</i>
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FACTORS ASSOCIATED WITH THE REQUEST	Mark "X" for all that apply:
	<input type="checkbox"/> (Base Adjustment) Allocation of statewide employee benefits.
	<input type="checkbox"/> (Base Adjustment) Realignment within existing programs and lines.
	<input type="checkbox"/> (Base Adjustment) Restructuring of agency programs – <i>requires pre-approval.</i>
	<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.	

RECIPIENTS OF FUNDS	Funds would be allocated to the Area Agencies on Aging who contract for services to be provided to caregivers, which would allow the seniors to remain at home and out of more expensive institutional placement. <i>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?</i>
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AGENCY NAME:	Lieutenant Governor Office		
AGENCY CODE:	E040	SECTION:	95

RELATED REQUEST(S) Not applicable.

Is this decision package associated with other decision packages requested by your agency or other agencies this year? Is it associated with a specific capital or non-recurring request?

MATCHING FUNDS No match has been identified currently.

Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source, amount, and terms of the match requirement.

FUNDING ALTERNATIVES There are no alternatives currently available.

What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.

SUMMARY		<p>Funding would provide caregivers for seniors and adults with disabilities and allow such seniors and adults with disabilities to remain at home instead of placement in a more expensive institutional facility, which would add additional expenses to Medicaid programs.</p> <p>The first year that the Family Caregivers program was established, the program only incurred \$719,605 of expenditures, which resulted in funds being carried forward. The Lieutenant Governor's Office on Aging had to establish policies and procedures as well as educate the providers on the program. In Fiscal Year 2015, Family Caregivers is fully operational and incurred \$2,596,034 in expenditures. Projected expenditures are the same for Fiscal Year 2016. Due to the reduction to \$1,000,000 in Fiscal Year 2016, all of the carry forward funds are projected to be expended in Fiscal Year 2016.</p>
Information Technology /Security	Y/N N	<p>Because the program is on track to spend down its carry forward in Fiscal Year 2016, no carry forward funds will be available for Fiscal Year 2017. If the additional \$1,600,000 is not approved, there will be a \$1,600,000 reduction in services in Fiscal Year 2017 compared to those provided in Fiscal Year 2016.</p>
Consulted DTO during development	Y/N N	

Provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.

AGENCY NAME:	Lieutenant Governor Office		
AGENCY CODE:	E040	SECTION:	95

METHOD OF CALCULATION	<p>All factors were considered, such as prior expenditure trends, growth of senior population, and demands on services.</p>
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How was the amount of the request calculated? What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?

FUTURE IMPACT	<p>There is no future impact as funds are utilized to procure services based on availability of funds.</p>
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Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?

PRIORITIZATION	<p>If funds are not provided, caregivers may not be able to continue providing care to seniors, opting to use an institutional service provider, which is more expensive than assisting seniors remaining at home utilizing Lieutenant Governor's Office on Aging funding.</p>
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If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2016-17?

AGENCY NAME:	Lieutenant Governor Office		
AGENCY CODE:	E040	SECTION:	95

INTENDED IMPACT	<p>The intended impact is to support the caregiver and to allow the senior to remain in the home instead of a more expensive alternative of institutional care.</p>
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What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?

PROGRAM EVALUATION	<p>The Lieutenant Governor's Office on Aging will monitor and evaluate the success of the program.</p>
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How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?

AGENCY NAME:	Lieutenant Governor Office		
AGENCY CODE:	E040	SECTION:	95

FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	6281
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Silver Haired Legislature
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Provide a brief, descriptive title for this request.

AMOUNT	\$20,000 Request (net increase \$5,000)
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What is the net change in requested appropriations for FY 2016-17? This amount should correspond to the decision package's total in PBF across all funding sources.

ENABLING AUTHORITY	43-21-190 created South Carolina Silver Haired Legislature, Inc. to (1) identify issues, concerns, and possible solutions for problems facing the aging population in South Carolina; (2) make recommendations to the Lieutenant Governor and members of the General Assembly and the Joint Legislative Committee on Aging; (3) arrange educational forums to explore issues related to older South Carolinians; and (4) promote good government for all South Carolinians.
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What state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority?

FACTORS ASSOCIATED WITH THE REQUEST	Mark "X" for all that apply:
	<input type="checkbox"/> (Base Adjustment) Allocation of statewide employee benefits.
	<input type="checkbox"/> (Base Adjustment) Realignment within existing programs and lines.
	<input type="checkbox"/> (Base Adjustment) Restructuring of agency programs – <i>requires pre-approval.</i>
	<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.	

RECIPIENTS OF FUNDS	South Carolina Silver Haired Legislature, Inc.
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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?

AGENCY NAME:	Lieutenant Governor Office		
AGENCY CODE:	E040	SECTION:	95

RELATED REQUEST(S)	Not Applicable.
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Is this decision package associated with other decision packages requested by your agency or other agencies this year? Is it associated with a specific capital or non-recurring request?

MATCHING FUNDS	Not Applicable.
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Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source, amount, and terms of the match requirement.

FUNDING ALTERNATIVES	Not Applicable.
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What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.

SUMMARY	<p>The expenditures in Fiscal Year 2015 and projected in Fiscal Year 2016 expenditures will be \$20,000. In Fiscal Year 2013, the Silver Haired Legislature, Inc. was \$13,500 and this was increased to \$15,000 in Fiscal Year 2014, with no adjustments since. The expenditures were \$20,000 in Fiscal Year 2015 and the same in 2016, with the additional \$5,000 coming out of Lieutenant Governor's Office on Aging operating account.</p>	
Information Technology /Security	Y/N	N
Consulted DTO during development	Y/N	N

Provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.

AGENCY NAME:	Lieutenant Governor Office		
AGENCY CODE:	E040	SECTION:	95

METHOD OF CALCULATION	Based on past history and current expenditure trends.
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How was the amount of the request calculated? What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?

FUTURE IMPACT	No future impact. The funds will not exceed the appropriated amount for the Silver Haired Legislature, Inc.
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Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?

PRIORITIZATION	If no new funds are available, the Silver Haired Legislature would have to reduce the services provided and make necessary adjustments.
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If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2016-17?

AGENCY NAME:	Lieutenant Governor Office		
AGENCY CODE:	E040	SECTION:	95

INTENDED IMPACT	To identify issues and to ensure that concerns of the senior population are communicated with possible solutions to the General Assembly and Lieutenant Governor's Office.
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What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?

PROGRAM EVALUATION	Through the feedback provided by the Silver Haired Legislature to the General Assembly and Lieutenant Governor's Office.
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How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?

AGENCY NAME:	Lieutenant Governor's Office		
AGENCY CODE:	E040	SECTION:	95

FORM C – CAPITAL OR NON-RECURRING APPROPRIATION REQUEST

DECISION PACKAGE **6218**

Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE **Information Technology**

Provide a brief, descriptive title for this request.

AMOUNT **\$824,650**

How much is requested for this project in FY 2016-17?

BUDGET PROGRAM **I. A. Senior Services**

Identify the associated budget program(s) by name and budget section.

SUMMARY

The agency needs to upgrade the current computer system that is 16 years old to meet the Federal and State reporting requirements for grants and other agencies request. The New Client Service Tracking System is currently projected to cost \$750,000 and Vulnerable Adult Guardian ad Litem Program needs a tracking system estimated to cost \$20,000. There is a total cost of \$54,650 associated in implementing and installing the new systems along, with necessary equipment and licenses.

Provide a summary of the project and explain why it is necessary. If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.

CLASSIFICATION OF FUNDS

The classification of funds is to support other non-recurring expenditures. This is a high priority for the agency because the current computer system is 16 years old. As reporting requirements for grants and other agencies continue, the upgrades will allow the data to be more flexible and more effective in reporting required data as well as to improve security.

Is this request in support of a capital project or is it in support of other non-recurring expenditures? If this request is for a capital project, is it included in the agency's CPIP (please include CPIP year and priority)? How does this project rank in priority to all other nonrecurring agency requests?

AGENCY NAME:	Lieutenant Governor's Office		
AGENCY CODE:	E040	SECTION:	95

RELATED REQUEST(S) 6253 – Recurring expenses related to Information Technology for Fiscal Year 2017.

Is this decision package associated with other decision packages requested by your agency or other agencies this year? Is it associated with a specific capital or non-recurring request?

MATCHING FUNDS Due to the stipulations, it was not the most cost effective method to obtain the computer system upgrade.

Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source and amount.

FUNDING ALTERNATIVES The agency has looked for other sources of funds to match; however, the stipulations for the funds would not be the most cost effective method to accomplish the system up-grades.

What other possible funding sources were considered?

LONG-TERM PLANNING AND SUSTAINABILITY The agency is requesting recurring funds to maintain the system on an annual basis to extend the life span of the new computer system as well as maintain the proper level of security and up-grades to meet the agency requirements.

What other funds have already been invested in this project (source/type, amount, timeframe)? Will other capital and/or operating funds for this project be requested in the future? If so, how much, and in which fiscal years? Has a source for those funds been identified/secured?

OTHER APPROVALS This is not a capital project.

What approvals have already been obtained? Are there additional approvals that must be secured in order for the project to succeed? (Institutional board, JBRC, BCB, etc.)

AGENCY NAME:	Lieutenant Governor's Office		
AGENCY CODE:	E040	SECTION:	95

FORM C – CAPITAL OR NON-RECURRING APPROPRIATION REQUEST

DECISION PACKAGE	6242
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Vulnerable Adult Guardian ad Litem
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Provide a brief, descriptive title for this request.

AMOUNT	\$16,525
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How much is requested for this project in FY 2016-17?

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

SUMMARY	<p>Currently, the Vulnerable Adult Guardian ad Litem Program is using furniture and equipment from the University of South Carolina. There will be non-recurring expenditures to purchase office furniture and for the set up cost to relocate the program into the Lieutenant Governor's Office on Aging. S. 764 Section 43-35-290 provides funds for the Vulnerable Adult Guardian ad Litem Program to carry out the provision.</p>
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Provide a summary of the project and explain why it is necessary. If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.

CLASSIFICATION OF FUNDS	<p>Non-recurring expenditure. This is a priority for the agency to provide proper oversight of the program.</p>
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Is this request in support of a capital project or is it in support of other non-recurring expenditures? If this request is for a capital project, is it included in the agency's CPIP (please include CPIP year and priority)? How does this project rank in priority to all other nonrecurring agency requests?

AGENCY NAME:	Lieutenant Governor's Office		
AGENCY CODE:	E040	SECTION:	95

RELATED REQUEST(S) 6253 - Recurring Operating Expenditure for Fiscal Year 2017.

Is this decision package associated with other decision packages requested by your agency or other agencies this year? Is it associated with a specific capital or non-recurring request?

MATCHING FUNDS None.

Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source and amount.

FUNDING ALTERNATIVES None.

What other possible funding sources were considered?

LONG-TERM PLANNING AND SUSTAINABILITY The office furniture will have a long term life span.

What other funds have already been invested in this project (source/type, amount, timeframe)? Will other capital and/or operating funds for this project be requested in the future? If so, how much, and in which fiscal years? Has a source for those funds been identified/secured?

OTHER APPROVALS This is not a capital project.

What approvals have already been obtained? Are there additional approvals that must be secured in order for the project to succeed? (Institutional board, JBRC, BCB, etc.)

AGENCY NAME:	Lieutenant Governor's Office		
AGENCY CODE:	E040	SECTION:	95

FORM C – CAPITAL OR NON-RECURRING APPROPRIATION REQUEST

DECISION PACKAGE	
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	
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Provide a brief, descriptive title for this request.

AMOUNT	
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How much is requested for this project in FY 2016-17?

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

SUMMARY	
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Provide a summary of the project and explain why it is necessary. If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.

CLASSIFICATION OF FUNDS	
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Is this request in support of a capital project or is it in support of other non-recurring expenditures? If this request is for a capital project, is it included in the agency's CPIP (please include CPIP year and priority)? How does this project rank in priority to all other nonrecurring agency requests?

AGENCY NAME:	Lieutenant Governor's Office		
AGENCY CODE:	E040	SECTION:	95

RELATED REQUEST(S)	
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Is this decision package associated with other decision packages requested by your agency or other agencies this year? Is it associated with a specific capital or non-recurring request?

MATCHING FUNDS	
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Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source and amount.

FUNDING ALTERNATIVES	
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What other possible funding sources were considered?

LONG-TERM PLANNING AND SUSTAINABILITY	
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What other funds have already been invested in this project (source/type, amount, timeframe)? Will other capital and/or operating funds for this project be requested in the future? If so, how much, and in which fiscal years? Has a source for those funds been identified/secured?

OTHER APPROVALS	
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What approvals have already been obtained? Are there additional approvals that must be secured in order for the project to succeed? (Institutional board, JBRC, BCB, etc.)

AGENCY NAME:	Lieutenant Governor's Office		
AGENCY CODE:	E040	SECTION:	95

FORM D – PROVISIO REVISION REQUEST

NUMBER	New
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Cite the proviso according to the renumbered list for FY 2016-17 (or mark "NEW").

TITLE	Vulnerable Adult Guardian ad Litem Carry Forward
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Provide the title from the FY 2015-16 Appropriations Act or suggest a short title for any new request.

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

DECISION PACKAGE	
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Is this request associated with a decision package you have submitted for FY 2016-17? If so, cite it here.

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

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

SUMMARY	<p>Any unexpended funds for the Vulnerable Adult Guardian ad Litem Program would be consolidated with other general funds, which have a 10% carry forward restriction for the new fiscal year. Then, the funds would not be required to be used for the same purpose. The agency requests that the funds for Vulnerable Adult Guardian ad Litem Program be allowed to be carried forward for the use of the same purpose in future fiscal years.</p>
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Summarize the existing proviso. If requesting a new proviso, describe the current state of affairs without it.

AGENCY NAME:	Lieutenant Governor's Office		
AGENCY CODE:	E040	SECTION:	95

EXPLANATION	<p>This would allow the Lieutenant Governor's Office on Aging to carry forward the funds appropriated for Vulnerable Adult Guardian ad Litem Program to use the funds for the same purpose in future fiscal years.</p>
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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	<p>The only fiscal impact applies if any funds that were appropriated were not used during a specific fiscal year.</p>
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Provide estimates of any fiscal impacts associated with this proviso, whether for state, federal, or other funds. Explain the method of calculation.

AGENCY NAME:	Lieutenant Governor's Office		
AGENCY CODE:	E040	SECTION:	95

Any unexpended funds from appropriation to the Lieutenant Governor's Office on Aging for the Vulnerable Adult Guardian ad Litem program shall be carried forward from the prior fiscal year and used for the same purpose.



**PROPOSED
PROVISO TEXT**

Paste FY 2015-16 text above, then bold and underline insertions and strikethrough deletions. For new proviso requests, enter requested text above.

AGENCY NAME:	Lieutenant Governor's Office		
AGENCY CODE:	E040	SECTION:	95

FORM D – PROVISO REVISION REQUEST

NUMBER	<input type="text"/>
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Cite the proviso according to the renumbered list for FY 2016-17 (or mark "NEW").

TITLE	<input type="text"/>
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Provide the title from the FY 2015-16 Appropriations Act or suggest a short title for any new request.

BUDGET PROGRAM	<input type="text"/>
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Identify the associated budget program(s) by name and budget section.

DECISION PACKAGE	<input type="text"/>
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Is this request associated with a decision package you have submitted for FY 2016-17? If so, cite it here.

REQUESTED ACTION	<input type="text"/>
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Choose from: Add, Delete, Amend, or Codify.

OTHER AGENCIES AFFECTED	<input type="text"/>
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Which other agencies would be affected by the recommended action? How?

SUMMARY	<input type="text"/>
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Summarize the existing proviso. If requesting a new proviso, describe the current state of affairs without it.

AGENCY NAME:

Lieutenant Governor's Office

AGENCY CODE:

E040

SECTION:

95

EXPLANATION

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

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

AGENCY NAME:	Lieutenant Governor's Office		
AGENCY CODE:	E040	SECTION:	95

PROPOSED PROVISO TEXT	
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Paste FY 2015-16 text above, then bold and underline insertions and strikethrough deletions. For new proviso requests, enter requested text above.

AGENCY NAME:	Lieutenant Governor's Office		
AGENCY CODE:	E040	SECTION:	95

FORM D – PROVISIO REVISION REQUEST

NUMBER	<input type="text"/>
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Cite the proviso according to the renumbered list for FY 2016-17 (or mark "NEW").

TITLE	<input type="text"/>
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Provide the title from the FY 2015-16 Appropriations Act or suggest a short title for any new request.

BUDGET PROGRAM	<input type="text"/>
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Identify the associated budget program(s) by name and budget section.

DECISION PACKAGE	<input type="text"/>
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Is this request associated with a decision package you have submitted for FY 2016-17? If so, cite it here.

REQUESTED ACTION	<input type="text"/>
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Choose from: Add, Delete, Amend, or Codify.

OTHER AGENCIES AFFECTED	<input type="text"/>
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Which other agencies would be affected by the recommended action? How?

SUMMARY	<input type="text"/>
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Summarize the existing proviso. If requesting a new proviso, describe the current state of affairs without it.

AGENCY NAME:	Lieutenant Governor's Office		
AGENCY CODE:	E040	SECTION:	95

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

AGENCY NAME:

Lieutenant Governor's Office

AGENCY CODE:

E040

SECTION:

95

**PROPOSED
PROVISO TEXT**

Paste FY 2015-16 text above, then bold and underline insertions and strikethrough deletions. For new proviso requests, enter requested text above.