

AGENCY NAME:	SC Department of Commerce		
AGENCY CODE:	P320	SECTION:	50



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): 361,1277,1283,351	
For FY 2014-15, my agency is (mark "X"):	
<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)**

My agency is submitting the following one-time decision packages (Form C):	
For FY 2014-15, my agency is (mark "X"):	
<input type="checkbox"/>	Requesting capital and/or non-recurring funds.
<input checked="" type="checkbox"/>	Not requesting capital and/or non-recurring funds.

PROVISOS

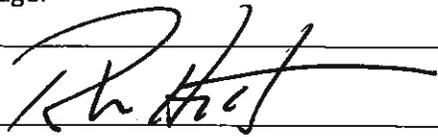
For FY 2014-15, my agency is (mark "X"):	
<input type="checkbox"/>	Requesting a new proviso and/or substantive changes to existing provisos.
<input checked="" type="checkbox"/>	Only requesting technical proviso changes (such as date references).
<input type="checkbox"/>	Not requesting any proviso changes.

Please identify your agency's preferred contacts for this year's budget process.

	<u>Name</u>	<u>Phone</u>	<u>Email</u>
PRIMARY CONTACT:	Chris Huffman	803-737-0462	chuffman@scommerce.com
SECONDARY CONTACT:	Michael McInerney	803-737-3949	mmcinerney@scommerce.com

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):**


Bobby Hitt

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