

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



Fiscal Year 2015-16
Agency Budget Plan

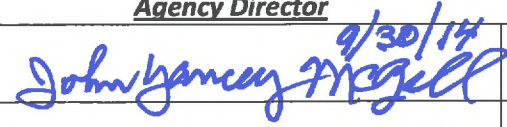
FORM A – SUMMARY

RECURRING FUNDS (FORM B DECISION PACKAGES)	My agency is submitting the following recurring decision packages (Form B): 3771, 3849, 3873, 3876, 3879, 3897, 3926, 3879	
	For FY 2015-16, 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): 3858	
	For FY 2015-16, 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 2015-16, my agency is (mark "X"):	
	<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.

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

	<u>Name</u>	<u>Phone</u>	<u>Email</u>
PRIMARY CONTACT:	Marie Waller	(803) 896-2080	mariewaller@scstatehouse.gov
SECONDARY CONTACT:	Tony Kester	(803) 734-9910	kester@aging.sc.gov

I have reviewed and approved the enclosed FY 2015-16 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:	 9/30/14	
TYPE/PRINT NAME:	Lieutenant Governor J. Yancey McGill	NA

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