

AGENCY NAME:	Comptroller General's Office		
AGENCY CODE:	E120	SECTION:	97



**Fiscal Year 2024-25
Agency Budget Plan**

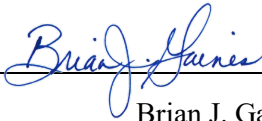
FORM A - BUDGET PLAN SUMMARY

OPERATING REQUESTS (FORM B1)	For FY 2024-25, my agency is (mark "X"):	
	<input checked="" type="checkbox"/>	Requesting General Fund Appropriations.
	<input type="checkbox"/>	Requesting Federal/Other Authorization.
	<input type="checkbox"/>	Not requesting any changes.
NON-RECURRING REQUESTS (FORM B2)	For FY 2024-25, my agency is (mark "X"):	
	<input type="checkbox"/>	Requesting Non-Recurring Appropriations.
	<input type="checkbox"/>	Requesting Non-Recurring Federal/Other Authorization.
	<input checked="" type="checkbox"/>	Not requesting any changes.
CAPITAL REQUESTS (FORM C)	For FY 2024-25, my agency is (mark "X"):	
	<input type="checkbox"/>	Requesting funding for Capital Projects.
	<input checked="" type="checkbox"/>	Not requesting any changes.
PROVISOS (FORM D)	For FY 2024-25, 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:	Allison Williams	734-5011	awilliams@cg.sc.gov
SECONDARY CONTACT:	Brian J. Gaines	734-2141	bgaines@cg.sc.gov

I have reviewed and approved the enclosed FY 2024-25 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:	 9-28-23	
TYPE/PRINT NAME:	Brian J. Gaines	

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

Agency Name:	Comptroller General's Office
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BUDGET REQUESTS			FUNDING					FTES				
Priority	Request Type	Request Title	State	Federal	Earmarked	Restricted	Total	State	Federal	Earmarked	Restricted	Total
1	B1 - Recurring	Continuation of Office Rehabilitation	500,000	0	0	0	500,000	0.00	0.00	0.00	0.00	0.00
TOTALS			500,000	0	0	0	500,000	0.00	0.00	0.00	0.00	0.00

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FORM B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY	1
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Provide the Agency Priority Ranking from the Executive Summary.

TITLE	Continuation of Office Rehabilitation
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Provide a brief, descriptive title for this request.

AMOUNT	General: \$500,000 Federal: \$0 Other: \$0 Total: \$500,000
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What is the net change in requested appropriations for FY 2024-2025? This amount should correspond to the total for all funding sources on the Executive Summary.

NEW POSITIONS	0.00
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Please provide the total number of new positions needed for this request.

FACTORS ASSOCIATED WITH THE REQUEST	Mark "X" for all that apply:	
	<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 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
	<input type="checkbox"/>	IT Technology/Security related
	<input type="checkbox"/>	Consulted DTO during development
<input type="checkbox"/>	Related to a Non-Recurring request – If so, Priority #	

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES	Mark "X" for primary applicable Statewide Enterprise Strategic Objective:	
	<input type="checkbox"/>	Education, Training, and Human Development
	<input type="checkbox"/>	Healthy and Safe Families
	<input type="checkbox"/>	Maintaining Safety, Integrity, and Security
	<input type="checkbox"/>	Public Infrastructure and Economic Development
	<input checked="" type="checkbox"/>	Government and Citizens

ACCOUNTABILITY OF FUNDS	The funding impacts all of the agency's strategies as it seeks to stabilize the funding source from which employees are paid.
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What specific strategy, as outlined in the most recent Strategic Planning and Performance Measurement template of agency's accountability report, does this funding request support? How would this request advance that strategy? How would the use of these funds be evaluated?

RECIPIENTS OF	The recipients will be new and existing employees of the agency.
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FUNDS

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?

JUSTIFICATION OF REQUEST

The Comptroller General's Office has seven remaining positions that are either partially or fully funded from the agency's other fund revenue sources. Two of the agency's other fund revenue sources, Payroll Deduction Processing Fee and Child Support Processing Fee, have declined by 28% and 36%, respectively, over the last six fiscal years. This request seeks to transition the agency's remaining personal services expenses from the declining other fund revenue sources to the general fund. This transition began with the funds received in the prior fiscal year for "Office Rehabilitation." This funding would transition the balance of employees to a more stable fund source.

Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. If new positions have been requested, explain why existing vacancies are not sufficient.

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FORM D – PROVISO REVISION REQUEST

NUMBER	117.168
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Cite the proviso according to the renumbered list (or mark "NEW").

TITLE	Comptroller General Financial Accountability & Remediation Task Force
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Provide the title from the renumbered list or suggest a short title for any new request.

BUDGET PROGRAM	I. Administration/Office Rehabilitation
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Identify the associated budget program(s) by name and budget section.

RELATED BUDGET REQUEST	
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Is this request associated with a budget request you have submitted for FY 2024-2025? If so, cite it here.

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

OTHER AGENCIES AFFECTED	None
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Which other agencies would be affected by the recommended action? How?

SUMMARY & EXPLANATION	<p>The proviso directed the Comptroller General's Office, in consultation with the Department of Administration, to conduct a study to evaluate the compensation and staffing of the Office and recommend the required minimum appropriations needed for the operation of the Office. It further directed the Office to present a plan for salary and staffing adjustments and other operating expenses to the Joint Bond Review Committee for review and comment before expending the funds appropriated for Office Rehabilitation.</p> <p>All requirements have been met from this proviso.</p>
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Summarize the existing proviso. If requesting a new proviso, describe the current state of affairs without it. 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

None

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

**PROPOSED
PROVISO TEXT**

117.168. (GP: Comptroller General Financial Accountability & Remediation Task Force) For Fiscal Year 2023-24, with the funds appropriated and/or authorized to the Office of the Comptroller General, the Office shall work, in consultation with the Department of Administration, to conduct a study to evaluate the compensation and staffing of the Office. The study shall review all necessary components of compensation and staffing and shall recommend the required minimum appropriations needed for the operation of the Office. The results of the study shall be provided to the Chairman of the Senate Finance Committee, Chairman of the House Ways and Means Committee, and the Governor by December 1, 2023. The amount recommended shall be the minimum appropriations requested, net of any funding authorized in this proviso, for the Office by January 1, 2024.

Of the funds appropriated for office rehabilitation, the Office of the Comptroller General shall work in conjunction with the Division of State Human Resources to present a plan for salary and staffing adjustments and other operating expenses to the Joint Bond Review Committee for review and comment. The Executive Budget Office shall not approve any transfers from office rehabilitation until the plan has been presented before the committee. Any additional FTEs necessary as part of this request shall be deemed approved upon transfer of funding.

Paste existing text above, then bold and underline insertions and strikethrough deletions. For new proviso requests, enter requested text above.

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FORM D – PROVISO REVISION REQUEST

NUMBER	118.1
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Cite the proviso according to the renumbered list (or mark "NEW").

TITLE	Year End Cutoff
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Provide the title from the renumbered list or suggest a short title for any new request.

BUDGET PROGRAM	II. Statewide Payroll/Accounts Payable & V. Statewide Accounting Services
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Identify the associated budget program(s) by name and budget section.

RELATED BUDGET REQUEST	N/A
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Is this request associated with a budget request you have submitted for FY 2024-2025? If so, cite it here.

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

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

SUMMARY & EXPLANATION	<p>The proviso establishes the year-end deadline for agencies to submit input documents and electronic workflow supporting their fiscal year expenditures to the Comptroller General's Office for processing. The requested change updates the fiscal year date references.</p>
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Summarize the existing proviso. If requesting a new proviso, describe the current state of affairs without it. 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

None

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

**PROPOSED
PROVISO TEXT**

Unless specifically authorized herein, the appropriations provided in Part IA of this act as ordinary expenses of the State Government shall lapse on July 31, ~~2024~~ **2025**. State agencies are required to submit all current fiscal year input documents and all electronic workflow for accounts payable transactions to the Office of Comptroller General by ~~July 12, 2024~~ **July 14, 2025**. Appropriations for Permanent Improvements, now outstanding or hereafter provided, shall lapse at the end of the second fiscal year in which such appropriations were provided, unless definite commitments shall have been made, with the approval of the State Fiscal Accountability Authority and Joint Bond Review Committee, toward the accomplishment of the purposes for which the appropriations were provided. Appropriations for other specific purposes aside from ordinary operating expenses, now outstanding or hereafter provided, shall lapse at the end of the second fiscal year in which such appropriations were provided, unless definite commitments shall have been made, with the approval of the State Fiscal Accountability Authority, toward the accomplishment of the purposes for which the appropriations were provided.

Paste existing text above, then bold and underline insertions and strikethrough deletions. For new proviso requests, enter requested text above.

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FORM D – PROVISO REVISION REQUEST

NUMBER	97.6
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Cite the proviso according to the renumbered list (or mark "NEW").

TITLE	Annual Mapping Report
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Provide the title from the renumbered list or suggest a short title for any new request.

BUDGET PROGRAM	III. Statewide Financial Reporting
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Identify the associated budget program(s) by name and budget section.

RELATED BUDGET REQUEST	
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Is this request associated with a budget request you have submitted for FY 2024-2025? If so, cite it here.

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

OTHER AGENCIES AFFECTED	None
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Which other agencies would be affected by the recommended action? How?

SUMMARY & EXPLANATION	<p>The proviso directed the Comptroller General's office to provide detailed plan for how the agency would conduct an annual review of the funds and how they are mapped and what automations could be accomplished via the state's accounting system.</p> <p>All requirements have been met from this proviso.</p>
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Summarize the existing proviso. If requesting a new proviso, describe the current state of affairs without it. 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

None

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

**PROPOSED
PROVISO TEXT**

~~**97.6.** (CG: Annual Mapping Report) The Comptroller General shall provide to the Chairman of the House Ways and Means Committee and the Chairman of the Senate Finance Committee an implementation plan for creating and conducting an annual mapping report of funds for component units, also known as Audited Financial Statement Agencies or "Lump Sum" Agencies, by January 1, 2024. The plan shall include a detailed list of procedural steps for compiling the report, a determination of which steps will or will not be automated within SCEIS, which accounts will or will not be included, and any other relevant information required to conduct the report.~~

Paste existing text above, then bold and underline insertions and strikethrough deletions. For new proviso requests, enter requested text above.

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FORM D – PROVISIO REVISION REQUEST

NUMBER	97.7
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Cite the proviso according to the renumbered list (or mark "NEW").

TITLE	Comptroller General Account List
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Provide the title from the renumbered list or suggest a short title for any new request.

BUDGET PROGRAM	III. Statewide Financial Reporting
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Identify the associated budget program(s) by name and budget section.

RELATED BUDGET REQUEST	
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Is this request associated with a budget request you have submitted for FY 2024-2025? If so, cite it here.

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

OTHER AGENCIES AFFECTED	None
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Which other agencies would be affected by the recommended action? How?

SUMMARY & EXPLANATION	<p>The proviso directed the Comptroller General's Office to provide a list of all accounts within SCEIS that have been created by the agency to the Chairman of the House Ways and Means Committee and the Chairman of the Senate Finance Committee. The list shall include whether the account is included in the compilation of the Annual Comprehensive Financial Report (ACFR) and an explanation for this condition.</p> <p>All requirements have been met from this proviso.</p>
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Summarize the existing proviso. If requesting a new proviso, describe the current state of affairs without it. 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

None

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

**PROPOSED
PROVISO TEXT**

97.7. ~~(CG: Comptroller General Account List) The Comptroller General shall provide a list of all accounts within SCEIS that have been created by the staff of the Comptroller General to the Chairman of the House Ways and Means Committee and the Chairman of the Senate Finance Committee. The list shall include whether the account is included in the compilation of the Annual Comprehensive Financial Report (ACFR) and an explanation for this condition.~~

Paste existing text above, then bold and underline insertions and strikethrough deletions. For new proviso requests, enter requested text above.

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FORM E – AGENCY COST SAVINGS AND GENERAL FUND REDUCTION CONTINGENCY PLAN

TITLE	Agency Cost Savings and General Fund Reduction Contingency Plan
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AMOUNT	\$114,449
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What is the General Fund 3% reduction amount? This amount should correspond to the reduction spreadsheet prepared by EBO.

ASSOCIATED FTE REDUCTIONS	1
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How many FTEs would be reduced in association with this General Fund reduction?

PROGRAM / ACTIVITY IMPACT	Administration Services
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What programs or activities are supported by the General Funds identified?

SUMMARY	<p>If mandated, the Office of Comptroller General would attempt to absorb a 3% general fund reduction by delaying the filling of our vacant IT Business Analyst III position in our Administration Services division. The balance would come from reducing agency operating expenses.</p>
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Please provide a detailed summary of service delivery impact caused by a reduction in General Fund Appropriations and provide the method of calculation for anticipated reductions. Agencies should prioritize reduction in expenditures that have the least significant impact on service delivery.

AGENCY COST SAVINGS PLANS

N/A

What measures does the agency plan to implement to reduce its costs and operating expenses by more than \$50,000? Provide a summary of the measures taken and the estimated amount of savings. How does the agency plan to repurpose the savings?

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FORM F – REDUCING COST AND BURDEN TO BUSINESSES AND CITIZENS

TITLE	We do not have fees/fines or regulations to reduce the burden to businesses and citizens since we serve as a support agency for state government.
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Provide a brief, descriptive title for this request.

EXPECTED SAVINGS TO BUSINESSES AND CITIZENS	N/A
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What is the expected savings to South Carolina's businesses and citizens that is generated by this proposal? The savings could be related to time or money.

FACTORS ASSOCIATED WITH THE REQUEST	Mark "X" for all that apply:	
	<input type="checkbox"/>	Repeal or revision of regulations.
	<input type="checkbox"/>	Reduction of agency fees or fines to businesses or citizens.
	<input type="checkbox"/>	Greater efficiency in agency services or reduction in compliance burden.
	<input type="checkbox"/>	Other

METHOD OF CALCULATION	N/A
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Describe the method of calculation for determining the expected cost or time savings to businesses or citizens.


REDUCTION OF FEES OR FINES	N/A
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Which fees or fines does the agency intend to reduce? What was the fine or fee revenue for the previous fiscal year? What was the associated program expenditure for the previous fiscal year? What is the enabling authority for the issuance of the fee or fine?

REDUCTION OF REGULATION	N/A
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Which regulations does the agency intend to amend or delete? What is the enabling authority for the regulation?

SUMMARY	N/A
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Provide an explanation of the proposal and its positive results on businesses or citizens. How will the request affect agency operations?