

Agency Name:	State Fiscal Accountability Authority		
Agency Code:	E550	Section:	104



**Fiscal Year FY 2024-2025  
Agency Budget Plan**

**FORM A - BUDGET PLAN SUMMARY**

<b>OPERATING REQUESTS</b> <i>(FORM B1)</i>	For FY 2024-2025, my agency is (mark "X"):	
	<input type="checkbox"/>	Requesting General Fund Appropriations.
	<input type="checkbox"/>	Requesting Federal/Other Authorization.
	<input checked="" type="checkbox"/>	Not requesting any changes.

<b>NON-RECURRING REQUESTS</b> <i>(FORM B2)</i>	For FY 2024-2025, 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.


<b>CAPITAL REQUESTS</b> <i>(FORM C)</i>	For FY 2024-2025, my agency is (mark "X"):	
	<input type="checkbox"/>	Requesting funding for Capital Projects.
	<input checked="" type="checkbox"/>	Not requesting any changes.

<b>PROVISOS</b> <i>(FORM D)</i>	For FY 2024-2025, my agency is (mark "X"):	
	<input type="checkbox"/>	Requesting a new proviso and/or substantive changes to existing provisos.
	<input type="checkbox"/>	Only requesting technical proviso changes (such as date references)
	<input checked="" type="checkbox"/>	Not requesting any proviso changes.

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

	<i>Name</i>	<i>Phone</i>	<i>Email</i>
<b>PRIMARY CONTACT:</b>	Denise Carraway	(803) 737-3019	Denise.Carraway@sfaa.sc.gov
<b>SECONDARY CONTACT:</b>	Grant Gillespie	(803) 737-4381	Grant.Gillespie@sfaa.sc.gov

I have reviewed and approved the enclosed FY 2024-2025 Agency Budget Plan, which is complete and accurate to the extent of my knowledge.

	<i>Agency Director</i>	<i>Board or Commission Chair</i>
<b>SIGN/DATE:</b>		—
<b>TYPE/PRINT NAME:</b>	Grant Gillespie	—

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

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

<b>TITLE</b>	State Fiscal Accountability Authority
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<b>AMOUNT</b>	\$54,783
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*What is the General Fund 3% reduction amount? This amount should correspond to the reduction spreadsheet prepared by EBO.*

<b>ASSOCIATED FTE REDUCTIONS</b>	1.0
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*How many FTEs would be reduced in association with this General Fund reduction?*

<b>PROGRAM / ACTIVITY IMPACT</b>	Procurement Audit & Certification; Office of the State Engineers
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*What programs or activities are supported by the General Funds identified?*

<b>SUMMARY</b>	A 3% reduction in the General Fund Appropriations is expected to have a minimal service delivery impact to the State Fiscal Accountability Authority.
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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**

The State Fiscal Accountability Authority had successfully limited costs and operating growth requiring the use of General Fund Appropriations since it began in July of 2015. The average annual increase over the last nine years is less than \$30k per year. The assigned number of FTEs (18.5) remains constant. Funds are used primarily for Personal Service and Employee Benefit costs. If the agency had to reduce expenses incurred in the General Fund Appropriation, it may have to combine or discontinue some duties and reduce the current level of service delivery by 1 FTE.

*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?*