

<b>AGENCY NAME:</b>	Division of Aeronautics		
	U300	<b>SECTION:</b>	87



## Fiscal Year 2017-18 Agency Budget Plan

### FORM A – SUMMARY

**RECURRING FUNDS  
(FORM B  
DECISION PACKAGES)**

My agency is submitting the following recurring decision packages listed in priority order (Form B):	
1) #11126 Other funds Authorization increase 2) #1455 Allocation of State Funds 3) #11108 Program Authorization Realignment	
For FY 2017-18, my agency is (mark "X"):	
<input type="checkbox"/>	Requesting a net increase in recurring General Fund appropriations.
<input checked="" 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 listed in priority order (Form C):	
1) 10737 State Authorization Fund Supplement 2) 10773 Airport Facilities Security System	
For FY 2017-18, 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  
(FORM D)**

For FY 2017-18, 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.

	<u>Name</u>	<u>Phone</u>	<u>Email</u>
<b>PRIMARY CONTACT:</b>	James D. Stephens	803-896-6272	jstephens@aeronautics.sc.gov
<b>SECONDARY CONTACT:</b>	Melody Mikell	803-896-6279	memikell@aeronautics.sc.gov

I have reviewed and approved the enclosed FY 2017-18 Agency Budget Plan, which is complete and accurate to the extent of my knowledge.

	<u>Agency Director</u>	<u>Board or Commission Chair</u>
<b>SIGN/DATE:</b>	9/30/16	9/30/16
<b>TYPE/PRINT NAME:</b>	James D. Stephens	Delphin A. Gantt, Jr.

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

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**FORM B – PROGRAM REVISION REQUEST**

<b>DECISION PACKAGE</b>	<b>9455</b>
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*Provide the decision package number issued by the PBF system ("Governor's Request").*

<b>TITLE</b>	<b>Allocation of State Funds (FY 2016-17)</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>\$38,463</b>
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*What is the net change in requested appropriations for FY 2017-18? This amount should correspond to the decision package's total in PBF across all funding sources.*

<b>ENABLING AUTHORITY</b>	<p>State appropriations allocated in September, 2016 to cover costs associated with 1) 3.25% Base Pay Increase &amp; associated employer contributions 2) .5% Retirement Rate Increase 3) Health &amp; Dental Insurance Increase</p> <ul style="list-style-type: none"> <li>- 2016 Act 284, Part IB Proviso 117.118</li> <li>- SC Code of Laws Section 9-4-45</li> </ul>
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*What specific 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? Please avoid citing general provisions of law where possible, and instead cite to the most specific legal authority supporting the request.*

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

<b>RECIPIENTS OF FUNDS</b>	N/A
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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*

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*formula, through a competitive process, based upon predetermined eligibility criteria?*

<b>ACCOUNTABILITY OF FUNDS</b>	N/A
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*What specific agency objective, as outlined in the agency's accountability report, does this funding request support? How would this request advance that objective?*

<b>POTENTIAL OFFSETS</b>	N/A
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*For decision packages that request non-mandatory funding increases to programs or initiatives, please identify a potential offset within an existing lower priority or ineffective program(s).*

<b>MATCHING FUNDS</b>	N/A
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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.*

<b>FUNDING ALTERNATIVES</b>	N/A
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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.*

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<b>SUMMARY</b>	<p>State appropriations allocated in September, 2016 to cover costs associated with 1) 3.25% Base Pay Increase &amp; associated employer contributions 2) .5% Retirement Rate Increase 3) Health &amp; Dental Insurance Increase</p>
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*Using as much detail as necessary to make an informed decision regarding this request, 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.*

<b>METHOD OF CALCULATION</b>	N/A
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*How was the amount of the request calculated? List the per unit or per FTE costs of implementation. What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?*

<b>FUTURE IMPACT</b>	N/A
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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?*

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<b>PRIORITIZATION</b>	N/A
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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 2017-18? Please be specific.*

<b>INTENDED IMPACT</b>	N/A
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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?*

<b>PROGRAM EVALUATION</b>	N/A
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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

<b>DECISION PACKAGE</b>	<b>11108</b>
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*Provide the decision package number issued by the PBF system (“Governor’s Request”).*

<b>TITLE</b>	<b>Program Authorization Realignments</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>\$0</b>
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*What is the net change in requested appropriations for FY 2017-18? This amount should correspond to the decision package’s total in PBF across all funding sources.*

<b>ENABLING AUTHORITY</b>	Decision package involves numerous programs, but simply aligns existing authorization levels within multiple programs to the most recent expenditure projections and staffing levels. This decision package has no impact on overall authorization levels between state and other funds or FTEs, and is intended to align funding needs with program objectives for FY 2018.
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*What specific 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? Please avoid citing general provisions of law where possible, and instead cite to the most specific legal authority supporting the request.*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark “X” for all that apply:</b>
	<input type="checkbox"/> (Base Adjustment) Allocation of statewide employee benefits.
	<input checked="" 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"/> IT Technology/Security related
	<input type="checkbox"/> Consulted DTO during development
	<input type="checkbox"/> Related to a Non-Recurring request – If so, Decision Package # _____
	<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.	

<b>RECIPIENTS OF FUNDS</b>	N/A. Decision Package realigns existing authorization and does not result in additional funding requests for the agency or FTE requests for the agency.
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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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<b>ACCOUNTABILITY OF FUNDS</b>	<p>Realignment request does not relate to a specific objective in the accountability report.</p>
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*What specific agency objective, as outlined in the agency's accountability report, does this funding request support? How would this request advance that objective?*

<b>POTENTIAL OFFSETS</b>	<p>Decision package is intended to meet program initiatives requiring additional authorization by offsetting authorization within other programs without impacting overall agency objectives.</p>
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*For decision packages that request non-mandatory funding increases to programs or initiatives, please identify a potential offset within an existing lower priority or ineffective program(s).*

<b>MATCHING FUNDS</b>	<p>N/A</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.*

<b>FUNDING ALTERNATIVES</b>	<p>The objective of this decision package is to maximize the use of existing funding and authorization levels within the agency to meet our programs' objectives.</p>
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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.*

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<b>SUMMARY</b>	<p>This decision package is intended to maximize the use of existing authorization levels within the agency to meet individual program objectives without asking for additional authorization through the budget process.</p>
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*Using as much detail as necessary to make an informed decision regarding this request, 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.*

<b>METHOD OF CALCULATION</b>	<p>No additional funds are being requested. The realignments were determined based on a detailed revenue and expenditure analysis of each program to determine where authorization levels could be reduced to meet agency needs in other program areas without requesting additional authorization through the budget process.</p>
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*How was the amount of the request calculated? List the per unit or per FTE costs of implementation. What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?*

<b>FUTURE IMPACT</b>	<p>No.</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?*

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<b>PRIORITIZATION</b>	Decision Package does not involve a request for new funds.
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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 2017-18? Please be specific.*

<b>INTENDED IMPACT</b>	N/A
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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?*

<b>PROGRAM EVALUATION</b>	N/A
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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**

<b>DECISION PACKAGE</b>	<b>11120</b>
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*Provide the decision package number issued by the PBF system ("Governor's Request").*

<b>TITLE</b>	<b>Other Funds Authorization Increase (FY 2017-18)</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>\$1,447,528</b>
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*What is the net change in requested appropriations for FY 2017-18? This amount should correspond to the decision package's total in PBF across all funding sources.*

<b>ENABLING AUTHORITY</b>	<ul style="list-style-type: none"> <li>- SC Code of Laws Section 55-5-70</li> <li>- SC Code of Laws Section 55-5-280</li> </ul>
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*What specific 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? Please avoid citing general provisions of law where possible, and instead cite to the most specific legal authority supporting the request.*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark "X" for all that apply:</b>
	<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 type="checkbox"/> IT Technology/Security related
	<input type="checkbox"/> Consulted DTO during development
	<input type="checkbox"/> Related to a Non-Recurring request – If so, Decision Package # _____
	<input checked="" type="checkbox"/> Change in cost of providing current services to existing program audience.
	<input checked="" 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 checked="" type="checkbox"/> Exhaustion of fund balances previously used to support program.	

<b>RECIPIENTS OF FUNDS</b>	Local Counties and Municipalities will be allocated grant funding for airport improvements and maintenance as approved by the SC Aeronautics Commission.
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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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<b>ACCOUNTABILITY OF FUNDS</b>	<p>South Carolina Aeronautics Commission grant assurances and per the agency’s accountability report stated strategy to “continue to provide grant funding for approved Capital Improvement projects for State Airports”.</p> <p>This additional authorization will allow the agency to expend matching funds that have been approved and committed to local airports.</p>
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*What specific agency objective, as outlined in the agency’s accountability report, does this funding request support? How would this request advance that objective?*

<b>POTENTIAL OFFSETS</b>	None
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*For decision packages that request non-mandatory funding increases to programs or initiatives, please identify a potential offset within an existing lower priority or ineffective program(s).*

<b>MATCHING FUNDS</b>	<p>These funds are utilized to match Federal Aviation Administration (FAA) grants whose awards have increased causing the need for additional authorization per the grant and aid program of the Division. FAA grants typically represent 90% of a total project cost, with the local community providing 5%, and Aeronautics providing the remaining 5%. These funds are also utilized to support programs that are State eligible, but not FAA eligible. These programs include capital and maintenance projects that are matched with local funding.</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.*

<b>FUNDING ALTERNATIVES</b>	None
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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.*

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<b>SUMMARY</b>	<p>South Carolina’s airports continue to be successful in their efforts to secure additional federal funding. As a result, the need for State matching money has increased, causing the need for additional authorization to spend from the State Aviation Fund. All of the funding available in the State Aviation Fund is utilized for the State’s airport system, and are managed per SC Code Section 55-5-280(C), and as approved by the South Carolina Aeronautics Commission.</p> <p>The Division has recently experienced cash and authorization limitations that have delayed airport improvements across the State. In an effort to better serve our customers, maintain the safety of our airports, improve the functionality, maintain the economic benefits, and take advantage of as many Federal grant dollars as possible, the Division is requesting this authorization increase.</p>
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*Using as much detail as necessary to make an informed decision regarding this request, 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.*

<b>METHOD OF CALCULATION</b>	<p>Based on planned Capital Improvement programs for the South Carolina Airport System in the coming years, the needs are increasing.</p> <p>Airports could potentially lose or delay federal funding due to the fact that State matching funds are unavailable.</p>
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*How was the amount of the request calculated? List the per unit or per FTE costs of implementation. What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?*

<b>FUTURE IMPACT</b>	<p>The State Aviation Fund’s annual operating budget will have to further limit approved projects causing increased delays to the planned capital and maintenance projects at the State’s airports. Once airport projects are funded, completed, and closed out, there will be no future obligations, and the airports will maintain their facilities.</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?*

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<b>PRIORITIZATION</b>	<p>Each eligible project is funded and prioritized per the South Carolina State Airport System Plan priority ranking system, and if funds are not available, projects may not get funded, or significant delays may occur.</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 2017-18? Please be specific.*

<b>INTENDED IMPACT</b>	<p>South Carolina’s airports will be maintained at levels that continue to provide safe, reliable access to the National Airspace System. As a result, the local airports will continue to be able to provide the economic benefits to their local communities and the State for the future.</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?*

<b>PROGRAM EVALUATION</b>	<p>Annually, the Division Airport Development programs are evaluated to make sure dollars are spent wisely, and this evaluation is completed per our goals and strategies as laid out in our annual accountability report. Also, each project that is funded is done so only after the Airport Development staff has completed an assessment of need based on the scope of work requested.</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 C – CAPITAL OR NON-RECURRING APPROPRIATION REQUEST**

<b>DECISION PACKAGE</b>	<b>10737</b>
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*Provide the decision package number issued by the PBF system ("Governor's Request").*

<b>TITLE</b>	<b>State Aviation Fund Supplement</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>\$7,000,000</b>
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*How much is requested for this project in FY 2017-18?*

<b>BUDGET PROGRAM</b>	State Aviation Fund
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*Identify the associated budget program(s) by name and budget section.*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark "X" for all that apply:</b>
	<input type="checkbox"/> IT Technology/Security related
	<input type="checkbox"/> Consulted DTO during development
	<input type="checkbox"/> Related to a Recurring request – If so, Decision Package # _____
	<input type="checkbox"/> Capital Request
	<input type="checkbox"/> Included in CPIP – If so, CPIP Priority # _____
	<input checked="" type="checkbox"/> Non-recurring request for funding
<input type="checkbox"/> Non-recurring request for authorization to spend existing cash/revenue	

<b>SUMMARY</b>	<p>The South Carolina Aeronautics Commission would like to supplement the State Aviation Fund by way of a General Fund Appropriation. Title 55-5-280 (A)(1) states that "All monies received from licensing of airports, landing fields, or funds appropriated for aviation grants, the tax on aviation fuel, and fees for other licenses issued under this chapter must be paid into the State Treasury and credited to the fund known as the 'State Aviation Fund'."</p> <p>Currently, the money received into the State Aviation Fund is from tax on aviation fuel and an airline property tax. The ten-year average from the fuel revenue is \$2,059,036, and to date, no monies have been received from the airline property tax. The Division does however estimate receiving \$1,600,000 from the airline property tax during the current fiscal year. However, the total from both sources is not enough to sustain the airport development and maintenance needs of the state. During a normal year, the State Aviation Fund needs approximately \$2M for airport maintenance/administrative support programs, and \$2M to \$3M for the FAA grant matching program. Apart from these two programs, additional money is planned to be used for airport projects that are not FAA grant eligible, including airport terminal reconstruction and aviation educational initiatives.</p> <p>A General Fund Supplement would allow the Aeronautics Commission to continue to meet the needs of the Airport System and allow for the rebuilding of the State Aviation</p>
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	<p>Fund to meet future airport improvement and maintenance needs.</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.*

<b>CLASSIFICATION OF FUNDS</b>	<p>Aviation Grants – to be credited to the State Aviation Fund.  Per Title 55-5-280 (A)(1): "All monies received from licensing of airports, landing fields, or funds appropriated for aviation grants, the tax on aviation fuel, and fees for other licenses issued under this chapter must be paid into the State Treasury and credited to the fund known as the 'State Aviation Fund'."</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?*

<b>MATCHING FUNDS</b>	<p>These funds are matched by federal and local funds. For projects that are federally approved, the Federal Aviation Administration will fund 90% of the total project cost, leaving 5% funded by the state, and 5% funded locally. These funds are also matched for airport maintenance programs that are not federally eligible, and are split 75% state, and 25% locally.</p>
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*Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source and amount.*

<b>FUNDING ALTERNATIVES</b>	<p>None</p>
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*What other possible funding sources were considered?*

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<b>LONG-TERM PLANNING AND SUSTAINABILITY</b>	<p>This appropriation will result in a long-term program whereby the Aeronautics Commission will not have to come back for a request from the Legislature for 5 to 10 years. This appropriation allows any revenues that are received from aircraft fuel sales taxes or airline taxes to be paid into the State Aviation Fund for the following fiscal year, therefore making a long-term impact and creating a system that is repeatable and based on the system of users.</p>
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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?*

<b>OTHER APPROVALS</b>	<p>Authorization of expenditures from "other funds" should be adjusted to meet the new normal expenses (\$5,000,000) of the budget year.</p>
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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.)*

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**FORM C – CAPITAL OR NON-RECURRING APPROPRIATION REQUEST**

<b>DECISION PACKAGE</b>	<b>10773</b>
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*Provide the decision package number issued by the PBF system ("Governor's Request").*

<b>TITLE</b>	<b>Airport Facilities Security System Replacement</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>\$100,000</b>
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*How much is requested for this project in FY 2017-18?*

<b>BUDGET PROGRAM</b>	<b>General Fund Appropriations – Annual Operating Budget</b>
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*Identify the associated budget program(s) by name and budget section.*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark "X" for all that apply:</b>
	<input type="checkbox"/> IT Technology/Security related
	<input type="checkbox"/> Consulted DTO during development
	<input type="checkbox"/> Related to a Recurring request – If so, Decision Package # _____
	<input type="checkbox"/> Capital Request
	<input type="checkbox"/> Included in CPIP – If so, CPIP Priority # _____
	<input checked="" type="checkbox"/> Non-recurring request for funding
<input type="checkbox"/> Non-recurring request for authorization to spend existing cash/revenue	

<b>SUMMARY</b>	<p>The current security system at the Division of Aeronautics facilities at the Columbia Metropolitan Airport was installed post 9/11. The system is now outdated and continues to be susceptible to weather events and irregular support. The irregular support is due to limited qualified support service companies for the equipment being maintained.</p> <p>The Division would like to install a system that includes a web-enabled monitoring software and video surveillance, along with code compliant access controls.</p> <p>The Division facilities are located at a commercial service airport. It is critical that the facility security be maintained at a level that meets the security requirements of the Transportation Security Administration and protects the aviation assets of the State.</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.*

<b>AGENCY NAME:</b>	<b>AERONAUTICS DIVISION</b>		
<b>AGENCY CODE:</b>	<b>U300</b>	<b>SECTION:</b>	<b>87</b>

<b>CLASSIFICATION OF FUNDS</b>	Non-recurring expenditure
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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?*

<b>MATCHING FUNDS</b>	N/A
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*Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source and amount.*

<b>FUNDING ALTERNATIVES</b>	None
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*What other possible funding sources were considered?*

<b>LONG-TERM PLANNING AND SUSTAINABILITY</b>	<p>Operating funds have been used for years to retain a service contract, as well as to purchase equipment as it has failed.</p> <p>The annual service contract amount is approximately \$3,000. Apart from the contractual costs, maintenance costs have continued to increase due to the age of the current system.</p> <p>No other funds will be requested in the future. The amount of securing service contracts is already included in the operating costs of the agency as requested annually. No additional funding should be needed.</p>
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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?*

<b>OTHER APPROVALS</b>	N/A
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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.)*

<b>AGENCY NAME:</b>	<b>AERONAUTICS DIVISION</b>		
<b>AGENCY CODE:</b>	<b>U30</b>	<b>SECTION:</b>	<b>87</b>

**FORM E – 3% GENERAL FUND REDUCTION**

<b>DECISION PACKAGE</b>	<b>10740</b>
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*Provide the decision package number issued by the PBF system ("Governor's Request").*

<b>TITLE</b>	<b>Agency General Fund Reduction Analysis</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>-\$62,058</b>
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*What is the General Fund reduction amount (minimum based on the FY 2016-17 recurring appropriations)? This amount should correspond to the decision package's total in PBF.*

<b>METHOD OF CALCULATION</b>	Reduction in employee travel = \$10,000 Reduction in programing & engineering services = \$40,000 Reduction in out sourcing vehicle repairs = \$2,058 Delay in purchasing office equipment = \$10,000
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*Describe the method of calculation for determining the reduction in General Funds.*

<b>ASSOCIATED FTE REDUCTIONS</b>	None
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*How many FTEs would be reduced in association with this General Fund reduction?*

<b>PROGRAM/ACTIVITY IMPACT</b>	Some of the professional services would be reduced for the coming year and either handled in house or delayed.  Employee travel would be reduced.  More vehicle repairs would be done in house instead of out sourcing.  Minor office equipment purchases would be delayed.
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*What programs or activities are supported by the General Funds identified?*

<b>AGENCY NAME:</b>	<b>AERONAUTICS DIVISION</b>		
<b>AGENCY CODE:</b>	<b>U30</b>	<b>SECTION:</b>	<b>87</b>

<b>SUMMARY</b>	<p>There would be no service delivery impacts.</p>
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*Please provide a detailed summary of service delivery impact caused by a reduction in General Fund Appropriations.*