

<b>AGENCY NAME:</b>	Education Oversight Committee		
<b>AGENCY CODE:</b>	A850	<b>SECTION:</b>	4



## Fiscal Year 2019-20 Agency Budget Plan

### FORM A - BUDGET PLAN SUMMARY

<b>OPERATING REQUESTS (FORM B1)</b>	<b>For FY 2019-20, my agency is (mark "X"):</b> <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 (FORM B2)</b>	<b>For FY 2019-20, my agency is (mark "X"):</b> <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 (FORM C)</b>	<b>For FY 2019-20, my agency is (mark "X"):</b> <input type="checkbox"/> Requesting funding for Capital Projects. <input checked="" type="checkbox"/> Not requesting any changes.
<b>PROVISOS (FORM D)</b>	<b>For FY 2019-20, my agency is (mark "X"):</b> <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>	Melanie D. Barton	(803) 734-6148	mbarton@eoc.sc.gov
<b>SECONDARY CONTACT:</b>	Lisa B. Nichols	(803) 734-6148	lbnichols@eoc.sc.gov

I have reviewed and approved the enclosed FY 2019-20 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>	Melanie D. Barton	Neil C. Robinson, Jr.

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