

|                     |   |                 |    |
|---------------------|---|-----------------|----|
| <b>AGENCY NAME:</b> | South Carolina Vocational Rehabilitation Department |                 |    |
| <b>AGENCY CODE:</b> | H730  | <b>SECTION:</b> | 32 |



**Fiscal Year 2018-19  
Agency Budget Plan**

**FORM A - BUDGET PLAN SUMMARY**

|   |   |   |
|---|---|---|
| <b>OPERATING<br/>REQUESTS<br/>(FORM B1)</b> | <b>For FY 2018-19, my agency is (mark "X"):</b> |   |
|   | <input checked="" type="checkbox"/>             | Requesting General Fund Appropriations. |
|   | <input checked="" type="checkbox"/>             | Requesting Federal/Other Authorization. |
|   | <input type="checkbox"/>                        | Not requesting any changes.             |

|   |   |   |
|---|---|---|
| <b>NON-RECURRING<br/>REQUESTS<br/>(FORM B2)</b> | <b>For FY 2018-19, my agency is (mark "X"):</b> |   |
|   | <input checked="" type="checkbox"/>             | Requesting Non-Recurring Appropriations.              |
|   | <input type="checkbox"/>                        | Requesting Non-Recurring Federal/Other Authorization. |
|   | <input type="checkbox"/>                        | Not requesting any changes.                           |

|  |   |  |
|--|---|--|
| <b>CAPITAL<br/>REQUESTS<br/>(FORM C)</b> | <b>For FY 2018-19, my agency is (mark "X"):</b> |  |
|  | <input type="checkbox"/>                        | Requesting funding for Capital Projects. |
|  | <input checked="" type="checkbox"/>             | Not requesting any changes.              |
|  | <input type="checkbox"/>                        |  |

|                              |   |   |
|------------------------------|---|---|
| <b>PROVISOS<br/>(FORM D)</b> | <b>For FY 2018-19, my agency is (mark "X"):</b> |   |
|                              | <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>     |
|---------------------------|-------------|--------------|------------------|
| <b>PRIMARY CONTACT:</b>   | Denise Koon | 803-896-0303 | Dkoon@scvrd.net  |
| <b>SECONDARY CONTACT:</b> | Eric Moore  | 803-896-6504 | Emoore@scvrd.net |

I have reviewed and approved the enclosed FY 2018-19 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>       | <i>Felicia W. Johnson</i> | <i>Roxzanne B. Breland, D.C.</i> |
| <b>TYPE/PRINT NAME:</b> | Felicia W. Johnson        | Dr. Roxzanne B. Breland          |

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

Fiscal Year 2018-19 Budget Request Executive Summary

Agency Code:  
Agency Name:  
Section:

H730  
SC VOCATIONAL REHABILITATION DEPARTMENT

| BUDGET REQUESTS              |                    |   | FUNDING          |                  |           |            | FTES             |             |             |             |             |             |
|------------------------------|--------------------|---|------------------|------------------|-----------|------------|------------------|-------------|-------------|-------------|-------------|-------------|
| Priority                     | Request Type       | Request Title                               | State            | Federal          | Earmarked | Restricted | Total            | State       | Federal     | Earmarked   | Restricted  | Total       |
| 1                            | B1 - Recurring     | Client Services - Client Training           | 426,000          | 1,574,000        |           |            | 2,000,000        |             |             |             |             | 0.00        |
| 2                            | B2 - Non-Recurring | IT Technology/Security - Computer Purchases | 900,000          |                  |           |            | 900,000          |             |             |             |             | 0.00        |
| 3                            |                    |   |                  |                  |           |            | 0                |             |             |             |             | 0.00        |
| 4                            |                    |   |                  |                  |           |            | 0                |             |             |             |             | 0.00        |
| 5                            |                    |   |                  |                  |           |            | 0                |             |             |             |             | 0.00        |
| 6                            |                    |   |                  |                  |           |            | 0                |             |             |             |             | 0.00        |
| 7                            |                    |   |                  |                  |           |            | 0                |             |             |             |             | 0.00        |
| 8                            |                    |   |                  |                  |           |            | 0                |             |             |             |             | 0.00        |
| 9                            |                    |   |                  |                  |           |            | 0                |             |             |             |             | 0.00        |
| 10                           |                    |   |                  |                  |           |            | 0                |             |             |             |             | 0.00        |
| 11                           |                    |   |                  |                  |           |            | 0                |             |             |             |             | 0.00        |
| 12                           |                    |   |                  |                  |           |            | 0                |             |             |             |             | 0.00        |
| 13                           |                    |   |                  |                  |           |            | 0                |             |             |             |             | 0.00        |
| 14                           |                    |   |                  |                  |           |            | 0                |             |             |             |             | 0.00        |
| 15                           |                    |   |                  |                  |           |            | 0                |             |             |             |             | 0.00        |
| 16                           |                    |   |                  |                  |           |            | 0                |             |             |             |             | 0.00        |
| 17                           |                    |   |                  |                  |           |            | 0                |             |             |             |             | 0.00        |
| 18                           |                    |   |                  |                  |           |            | 0                |             |             |             |             | 0.00        |
| 19                           |                    |   |                  |                  |           |            | 0                |             |             |             |             | 0.00        |
| 20                           |                    |   |                  |                  |           |            | 0                |             |             |             |             | 0.00        |
| 21                           |                    |   |                  |                  |           |            | 0                |             |             |             |             | 0.00        |
| 22                           |                    |   |                  |                  |           |            | 0                |             |             |             |             | 0.00        |
| 23                           |                    |   |                  |                  |           |            | 0                |             |             |             |             | 0.00        |
| 24                           |                    |   |                  |                  |           |            | 0                |             |             |             |             | 0.00        |
| 25                           |                    |   |                  |                  |           |            | 0                |             |             |             |             | 0.00        |
| 26                           |                    |   |                  |                  |           |            | 0                |             |             |             |             | 0.00        |
| 27                           |                    |   |                  |                  |           |            | 0                |             |             |             |             | 0.00        |
| 28                           |                    |   |                  |                  |           |            | 0                |             |             |             |             | 0.00        |
| 29                           |                    |   |                  |                  |           |            | 0                |             |             |             |             | 0.00        |
| 30                           |                    |   |                  |                  |           |            | 0                |             |             |             |             | 0.00        |
| <b>TOTAL BUDGET REQUESTS</b> |                    |   | <b>1,326,000</b> | <b>1,574,000</b> | <b>0</b>  | <b>0</b>   | <b>2,900,000</b> | <b>0.00</b> | <b>0.00</b> | <b>0.00</b> | <b>0.00</b> | <b>0.00</b> |

|                     |   |                 |    |
|---------------------|---|-----------------|----|
| <b>AGENCY NAME:</b> | South Carolina Vocational Rehabilitation Department |                 |    |
| <b>AGENCY CODE:</b> | H730  | <b>SECTION:</b> | 32 |

**FORM B1 – RECURRING OPERATING REQUEST**

|                        |                        |
|------------------------|------------------------|
| <b>AGENCY PRIORITY</b> | <b>1 – Form #13272</b> |
|------------------------|------------------------|

*Provide the Agency Priority Ranking from the Executive Summary.*

|              |  |
|--------------|--|
| <b>TITLE</b> | <b>Client Services – Client Training</b> |
|--------------|--|

*Provide a brief, descriptive title for this request.*

|               |  |
|---------------|--|
| <b>AMOUNT</b> | <b>General: 426,000</b><br><b>Federal: 1,574,000</b><br><b>Other:</b><br><b>Total: 2,000,000</b> |
|---------------|--|

*What is the net change in requested appropriations for FY 2018-19? This amount should correspond to the total for all funding sources on the Executive Summary.*

|                      |     |
|----------------------|-----|
| <b>NEW POSITIONS</b> | N/A |
|----------------------|-----|

*Please provide the total number of new positions needed for this request.*

|  |  |   |
|--|--|---|
| <b>FACTORS ASSOCIATED WITH THE REQUEST</b> | <b>Mark “X” for all that apply:</b>                          |   |
|  | <input 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 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 # _____ |   |

|  |  |  |
|--|--|--|
| <b>STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES</b> | <b>Mark “X” for primary applicable Statewide Enterprise Strategic Objective:</b> |  |
|  | <input checked="" 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 type="checkbox"/>                         | Government and Citizens  |  |

|                     |  |                 |           |
|---------------------|--|-----------------|-----------|
| <b>AGENCY NAME:</b> | <b>South Carolina Vocational Rehabilitation Department</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>H730</b>  | <b>SECTION:</b> | <b>32</b> |

|                                |  |
|--------------------------------|--|
| <b>ACCOUNTABILITY OF FUNDS</b> | <p>Objectives 1.1.1 – 1.1.4, 1.2.1 – 1.2.5, 1.3.1 – 1.3.2 to support the goal of successful employment outcomes for South Carolinians with disabilities through specialized and individualized services.</p> <p>This decision package is expected to increase service outcomes for youth with disabilities. We expect outcomes to increase proportionately to the increase in youth served over the next two fiscal years, and to sustain that service level in future years. The majority of transition-aged youth referred for services remain in the VR service delivery system for 13 – 36 months before case closure.</p> <p>We are also expected to increase training services to eligible South Carolinians with disabilities as our new federal regulations have placed an emphasis on skill gains and credential attainment.</p> <p>Use of funds would be evaluated against outcomes achieved. Performance measures to be used include: Successful employment outcomes for SCVRD clients, percentage of rehabilitated clients entering competitive employment, return on state’s investment via employment of program participants, percentage of successfully rehabilitated clients working 35+ hours per week, growth in the Business Partnership Network which promotes employment of people with disabilities, increase of clients who become self-supportive, and an increase in the rehabilitation rate for clients receiving services through SCVRD work training centers.</p> |
|--------------------------------|--|

*What specific agency objective, as outlined in the agency’s accountability report, does this funding request support? How would this request advance that objective? How would the use of these funds be evaluated?*

|                            |   |
|----------------------------|---|
| <b>RECIPIENTS OF FUNDS</b> | <p>These funds would be used to provide pre-employment transition services to assist students with disabilities in making the transition from secondary school to postsecondary education/training programs and competitive integrated employment. Funds would be used to purchase direct case services from vendors, such as postsecondary tuition, books, durable medical equipment and other items as allowed by regulations and agency policy.</p> <p>The funds would also be used for the general client population to purchase direct client services from vendors for post-secondary training, job tryouts, on-the job training, occupational and vocational training, customized employment, demand driven training and other services to support credential attainment.</p> <p>State funds would be matched by federal funds at a ratio of 21.3% state funds to 78.7% federal funds.</p> |
|----------------------------|---|

*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?*

|                     |  |                 |           |
|---------------------|--|-----------------|-----------|
| <b>AGENCY NAME:</b> | <b>South Carolina Vocational Rehabilitation Department</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>H730</b>  | <b>SECTION:</b> | <b>32</b> |

|                                 |  |
|---------------------------------|--|
| <b>JUSTIFICATION OF REQUEST</b> | <p>The Amendments to the Rehabilitation Act of 1973 under Title IV of the Workforce Innovation and Opportunity Act (WIOA) of 2014 require an increased emphasis on provision of services to youth with disabilities and people with disabilities to obtain skill gains, attain credentials and enhance post-secondary outcomes.</p> <p>The funds will help SCVRD increase our presence in the business community to build client job marketability and generate new opportunities for clients in all aspects of SCVRD services and job preparation, and to identify SCVRD clients who are suitable, qualified and well-prepared for available jobs in that area.</p> <p>It will also help us identify specific employer needs in the community and develop demand-driven training, and other job trainings geared to meet employer needs.</p> <p>In SFY 2017 we spent over \$2,000,000 in purchased training services. We anticipate that our training costs will continue to increase over the next year as we enhance focus on client training milestones and skill attainment, post secondary outcomes, and credentialing attainment as required by the common performance requirements for all WIOA core partners. We will continue to serve all eligible persons with disabilities with existing funds.</p> |
|---------------------------------|--|

*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.*

---

|                     |   |                 |    |
|---------------------|---|-----------------|----|
| <b>AGENCY NAME:</b> | South Carolina Vocational Rehabilitation Department |                 |    |
| <b>AGENCY CODE:</b> | H730  | <b>SECTION:</b> | 32 |

**FORM B2 – NON-RECURRING OPERATING REQUEST**

|                        |                        |
|------------------------|------------------------|
| <b>AGENCY PRIORITY</b> | <b>2 – Form #13273</b> |
|------------------------|------------------------|

*Provide the Agency Priority Ranking from the Executive Summary.*

|              |   |
|--------------|---|
| <b>TITLE</b> | IT Technology/Security – Computer Purchases |
|--------------|---|

*Provide a brief, descriptive title for this request.*

|               |                  |
|---------------|------------------|
| <b>AMOUNT</b> | <b>\$900,000</b> |
|---------------|------------------|

*What is the net change in requested appropriations for FY 2018-19? This amount should correspond to the total for all funding sources on the Executive Summary.*

|  |  |
|--|--|
| <b>FACTORS ASSOCIATED WITH THE REQUEST</b>   | <b>Mark “X” for all that apply:</b>  |
|  | <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            |
|  | <input checked="" type="checkbox"/> IT Technology/Security related                                 |
|  | <input type="checkbox"/> Consulted DTO during development  |
|  | <input type="checkbox"/> Request for Non-Recurring Appropriations                                  |
| <input type="checkbox"/> Request for Federal/Other Authorization to spend existing funding |  |
| <input type="checkbox"/> Related to a Recurring request – If so, Priority # _____          |  |

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

|                                |  |
|--------------------------------|--|
| <b>ACCOUNTABILITY OF FUNDS</b> | Objective 3.3.1: I.T and System Security in the Agency’s Accountability Report is directly related to this request for purchasing new computers. The use of these funds will be solely for the purchase of up to 1,000 computers for the agency. It is essential for our agency to maintain the most up to date technology for the safety and security of Personally Identifiable Information (PII). With Microsoft support for our agency’s current operating system, Windows 7, ending after January 2020, we will no longer receive security updates that can help protect the Agency’s computers from harmful viruses, spyware, and other malicious software that can endanger personal information. |
|--------------------------------|--|

*What specific agency objective, as outlined in the agency’s accountability report, does this funding request support? How would this request advance that objective? How would the use of these funds be evaluated?*

|                     |  |                 |           |
|---------------------|--|-----------------|-----------|
| <b>AGENCY NAME:</b> | <b>South Carolina Vocational Rehabilitation Department</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>H730</b>  | <b>SECTION:</b> | <b>32</b> |

|                            |  |
|----------------------------|--|
| <b>RECIPIENTS OF FUNDS</b> | <p>The Agency will follow all state procurement laws when purchasing the new computers. All Agency staff with Windows 7 operating systems will receive a new computer to complete Agency work. When the computers were last replaced in 2014, we purchased 360 laptop and 660 desktop computers.</p> |
|----------------------------|--|

*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?*

|                                 |  |
|---------------------------------|--|
| <b>JUSTIFICATION OF REQUEST</b> | <p>With Microsoft support for Windows 7 ending after January 2020, we will no longer receive security updates that can help protect the Agency’s computers from harmful viruses, spyware, and other malicious software that can endanger personal information. With the State of South Carolina implementing new security measures to ensure data protection for our clients’ and staffs’ personal information, the purchases of computers with a supported operating system is necessary. This request is consistent with our priorities established in the information and technology plan.</p> <p>No other recurring funding sources are available for this purchase. Without State funding, existing Federal funds will have to be used for the purchase of the new computers, which could negatively impact the level of services provided to clients seeking successful employment outcomes.</p> <p>South Carolina Vocational Rehabilitation Department purchases new computers every five to seven years; therefore, this would not create a need for recurring funds/annualizations.</p> |
|---------------------------------|--|

*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. Does this non-recurring appropriation request create an annualization or need for recurring funds?*

|                     |   |                 |    |
|---------------------|---|-----------------|----|
| <b>AGENCY NAME:</b> | South Carolina Vocational Rehabilitation Department |                 |    |
| <b>AGENCY CODE:</b> | H730  | <b>SECTION:</b> | 32 |

**FORM D – PROVISIO REVISION REQUEST**

|               |        |
|---------------|--------|
| <b>NUMBER</b> | 32.NEW |
|---------------|--------|

*Cite the proviso according to the renumbered list for FY 2018-19 (or mark "NEW").*

|              |  |
|--------------|--|
| <b>TITLE</b> | SCVRD: Deferred Maintenance, Capital Projects, Ordinary Repair and Maintenance |
|--------------|--|

*Provide the title from the FY 2017-18 Appropriations Act or suggest a short title for any new request.*

|                       |     |
|-----------------------|-----|
| <b>BUDGET PROGRAM</b> | N/A |
|-----------------------|-----|

*Identify the associated budget program(s) by name and budget section.*

|                               |     |
|-------------------------------|-----|
| <b>RELATED BUDGET REQUEST</b> | N/A |
|-------------------------------|-----|

*Is this request associated with a budget request you have submitted for FY 2018-19? If so, cite it here.*

|                         |     |
|-------------------------|-----|
| <b>REQUESTED ACTION</b> | Add |
|-------------------------|-----|

*Choose from: Add, Delete, Amend, or Codify.*

|                                |      |
|--------------------------------|------|
| <b>OTHER AGENCIES AFFECTED</b> | None |
|--------------------------------|------|

*Which other agencies would be affected by the recommended action? How?*

|                                  |  |
|----------------------------------|--|
| <b>SUMMARY &amp; EXPLANATION</b> | <p>We are respectfully requesting to add a proviso that would allow our department to establish a fund with the State Treasurer to deposit funds appropriated for the purpose of deferred maintenance, capital projects, and ordinary repair and maintenance. We have over 900,000 square feet of buildings. In our 2017-2018 Capital Project Improvement Plan, we have over \$10 million in Year 2 through Year 5 for reroofing, repaving and bathroom renovations.</p> |
|----------------------------------|--|

*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.*



|                     |  |                 |           |
|---------------------|--|-----------------|-----------|
| <b>AGENCY NAME:</b> | <b>South Carolina Vocational Rehabilitation Department</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>H730</b>  | <b>SECTION:</b> | <b>32</b> |

|                      |  |
|----------------------|--|
| <b>FISCAL IMPACT</b> | <p>There is no fiscal impact associated with this proviso.</p> |
|----------------------|--|

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

|                               |   |
|-------------------------------|---|
| <b>PROPOSED PROVISIO TEXT</b> | <p>The Department of Vocational Rehabilitation is authorized to establish an interest bearing fund with the State Treasurer to deposit funds appropriated for deferred maintenance and other one-time funds from any source. After receiving any required approvals, the department is authorized to expend these funds for the purpose of deferred maintenance, capital projects, and ordinary repair and maintenance. These funds may be carried forward from the prior fiscal year into the current fiscal year to be used for the same purpose.</p> |
|-------------------------------|---|

|                     |   |                 |    |
|---------------------|---|-----------------|----|
| <b>AGENCY NAME:</b> | South Carolina Vocational Rehabilitation Department |                 |    |
| <b>AGENCY CODE:</b> | H730  | <b>SECTION:</b> | 32 |

**FORM D – PROVISIO REVISION REQUEST**

|               |       |
|---------------|-------|
| <b>NUMBER</b> | 93.19 |
|---------------|-------|

*Cite the proviso according to the renumbered list for FY 2018-19 (or mark "NEW").*

|              |                                    |
|--------------|------------------------------------|
| <b>TITLE</b> | DOA: Sale of Surplus Real Property |
|--------------|------------------------------------|

*Provide the title from the FY 2017-18 Appropriations Act or suggest a short title for any new request.*

|                       |     |
|-----------------------|-----|
| <b>BUDGET PROGRAM</b> | N/A |
|-----------------------|-----|

*Identify the associated budget program(s) by name and budget section.*

|                               |     |
|-------------------------------|-----|
| <b>RELATED BUDGET REQUEST</b> | N/A |
|-------------------------------|-----|

*Is this request associated with a budget request you have submitted for FY 2018-19? If so, cite it here.*

|                         |       |
|-------------------------|-------|
| <b>REQUESTED ACTION</b> | Amend |
|-------------------------|-------|

*Choose from: Add, Delete, Amend, or Codify.*

|                                |      |
|--------------------------------|------|
| <b>OTHER AGENCIES AFFECTED</b> | None |
|--------------------------------|------|

*Which other agencies would be affected by the recommended action? How?*

|                                  |  |
|----------------------------------|--|
| <b>SUMMARY &amp; EXPLANATION</b> | <p>We are respectfully requesting removal of the section relating to the Department of Vocational Rehabilitation being authorized to retain the net proceeds from the sale of 3.205 acres located at 22861 Highway 76 East in Clinton, South Carolina to be used for capital projects and deferred maintenance.</p> <p>This property was sold to Laurens County Health Care System at a price approved by the Department of Administration totaling \$146,000. Net proceeds of the sale were \$146,000. These funds were designated to capital project #9554, Lyman VR Center – Land Purchase/Building Construction, the last phase of which was recently completed.</p> |
|----------------------------------|--|

*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.*

|                     |  |                 |           |
|---------------------|--|-----------------|-----------|
| <b>AGENCY NAME:</b> | <b>South Carolina Vocational Rehabilitation Department</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>H730</b>  | <b>SECTION:</b> | <b>32</b> |

|                      |  |
|----------------------|--|
| <b>FISCAL IMPACT</b> | <p>There is no fiscal impact associated with removing this portion of the provision.</p> |
|----------------------|--|

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

|                               |   |
|-------------------------------|---|
| <b>PROPOSED PROVISIO TEXT</b> | <p><b>93.19.</b> (DOA: Sale of Surplus Real Property) Up to fifty percent of the proceeds, net of selling expenses, from the sale of surplus real properties shall be retained by the Department of Administration and used for the deferred maintenance of state-owned buildings. The remaining fifty percent of the net proceeds shall be returned to the agency that the property is owned by, under the control of, or assigned to and shall be used by that agency for nonrecurring purposes. This provision applies to all state agencies and departments except: institutions of higher learning; the Public Service Authority; the Ports Authority; the MUSC Hospital Authority; the Myrtle Beach Air Force Redevelopment Authority; the Department of Transportation; the Columbia State Farmers Market; the Department of Agriculture’s Columbia Metrology Lab building and property; the Charleston Naval Complex Redevelopment Authority; the Department of Commerce’s Division of Public Railways; the Midlands Technical College Enterprise Campus Authority; the Trident Technical College Enterprise Campus Authority; the Commissioners residence at the Department of Corrections and the Educational Television Commission’s Key Road property.</p> <p>The Educational Television Commission shall be authorized to retain the net proceeds from the sale of its property on Key Road, and such proceeds may be used for the renovation of the ETV Telecommunications Center and other maintenance and operating expenses. If it is determined that sufficient net proceeds are not to be derived from the sale of its property on Key Road to cover the cost of all renovations of the Telecommunications Center, the property on Key Road shall not be sold. Any proposed sale hereunder shall, prior to said sale, be submitted to the Department of Administration for approval as being in compliance with the requirements of this subsection.</p> <p>The Department of Corrections shall be authorized to retain the net proceeds from the sale of the residence provided for the Commissioner of the Department of Corrections and use such proceeds for deferred maintenance needs at the Department of Corrections.</p> <p>The Forestry Commission shall be authorized to retain the net proceeds from the sale of surplus land for use in firefighting operations and replacement of firefighting equipment.</p> <p>The Department of Natural Resources shall be authorized to retain the net proceeds from the sale of existing offices originally purchased with a federal grant or with restricted revenue from hunting and fishing license sales for the improvement,</p> |
|-------------------------------|---|

|                     |  |                 |           |
|---------------------|--|-----------------|-----------|
| <b>AGENCY NAME:</b> | <b>South Carolina Vocational Rehabilitation Department</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>H730</b>  | <b>SECTION:</b> | <b>32</b> |

consolidation, and/or establishment of regional offices and related facilities.

~~—The Department of Vocational Rehabilitation shall be authorized to retain the net proceeds from the sale of 3.205 acres located at 22861 Highway 76 East in Clinton, South Carolina to be used for capital projects and deferred maintenance.~~

The Department of Agriculture, the Educational Television Commission, the Department of Corrections, the Department of Natural Resources, the Forestry Commission, and the Department of Vocational Rehabilitation shall annually submit a report, within sixty days after the close of the fiscal year, to the Senate Finance Committee and the House Ways and Means Committee on the status of the sale of the identified property and a detailed accounting on the expenditure of funds resulting from such sale.

This provision is comprehensive and supersedes any conflicting provisions concerning disposition of state-owned real property whether in permanent law, temporary law or by provision elsewhere in this act.

Any unused portion of these funds may be carried forward into succeeding fiscal years and used for the same purposes.

*Paste FY 2017-18 text above, then bold and underline insertions and strikethrough deletions. For new proviso requests, enter requested text above.*

|                     |   |                 |    |
|---------------------|---|-----------------|----|
| <b>AGENCY NAME:</b> | South Carolina Vocational Rehabilitation Department |                 |    |
| <b>AGENCY CODE:</b> | H730  | <b>SECTION:</b> | 32 |

**FORM D – PROVISO REVISION REQUEST**

|               |         |
|---------------|---------|
| <b>NUMBER</b> | 117.130 |
|---------------|---------|

*Cite the proviso according to the renumbered list for FY 2018-19 (or mark "NEW").*

|              |                                       |
|--------------|---------------------------------------|
| <b>TITLE</b> | GP: Equestrian Center Therapy Program |
|--------------|---------------------------------------|

*Provide the title from the FY 2017-18 Appropriations Act or suggest a short title for any new request.*

|                       |  |
|-----------------------|--|
| <b>BUDGET PROGRAM</b> |  |
|-----------------------|--|

*Identify the associated budget program(s) by name and budget section.*

|                               |     |
|-------------------------------|-----|
| <b>RELATED BUDGET REQUEST</b> | N/A |
|-------------------------------|-----|

*Is this request associated with a budget request you have submitted for FY 2018-19? If so, cite it here.*

|                         |        |
|-------------------------|--------|
| <b>REQUESTED ACTION</b> | Delete |
|-------------------------|--------|

*Choose from: Add, Delete, Amend, or Codify.*

|                                |                    |
|--------------------------------|--------------------|
| <b>OTHER AGENCIES AFFECTED</b> | Lander University. |
|--------------------------------|--------------------|

*Which other agencies would be affected by the recommended action? How?*

|                                  |   |
|----------------------------------|---|
| <b>SUMMARY &amp; EXPLANATION</b> | <p>SCVRD respectfully requests removal of Proviso 117.130. Based on our budget structure in the Appropriations Act, we do not have the authority in the General Funds, Other Operating for this expenditure amount. Our federal regulations require that SCVRD service funds must be used for eligible clients of the agency in accordance with 34 CFR 361.42; therefore; the agency cannot utilize Federal or Other (program income) funding for this transfer designated specifically for the operation of the equestrian center. Consequently, the agency must utilize General Funds, reducing the amount of state funding that is eligible for federal matching funds. A continued reduction in General Funds would also impact our Maintenance of Effort levels that could lead to a federal match penalty in future state fiscal years.</p> |
|----------------------------------|---|

*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.*

|                     |  |                 |           |
|---------------------|--|-----------------|-----------|
| <b>AGENCY NAME:</b> | <b>South Carolina Vocational Rehabilitation Department</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>H730</b>  | <b>SECTION:</b> | <b>32</b> |

|                      |  |
|----------------------|--|
| <b>FISCAL IMPACT</b> | <p>The Basic Service Program is a federally mandated program with a 78.7% federal and 21.3% state match. A continued reduction totaling \$500,000 in general fund money could lead to a reduction in available federal dollars totaling \$1,847,417 (combined loss of funding totaling \$2,247,417).</p> <p>In addition, a continued reduction in General Funds would impact our Maintenance of Effort levels that could lead to a federal match penalty in future state fiscal years.</p> |
|----------------------|--|

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

|                               |  |
|-------------------------------|--|
| <b>PROPOSED PROVISIO TEXT</b> | <p><del>—117.130.(GP: Equestrian Center Therapy Program) The Department of Vocational Rehabilitation shall transfer \$500,000 to Lander University for the Lander Equestrian Center. These funds shall be used for the operation of the Equestrian Center and to create a Herd 2 Human pilot program to provide equine assisted psychotherapy geared towards military members as a method of treating post traumatic stress disorder (PTSD) and other similar disorders. These funds shall be used solely for the Equestrian Center and shall not be transferred and used for any other purpose.</del></p> |
|-------------------------------|--|

*Paste FY 2017-18 text above, then bold and underline insertions and strikethrough deletions. For new proviso requests, enter requested text above.*

|                     |   |                 |    |
|---------------------|---|-----------------|----|
| <b>AGENCY NAME:</b> | South Carolina Vocational Rehabilitation Department |                 |    |
| <b>AGENCY CODE:</b> | H730  | <b>SECTION:</b> | 32 |

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

|              |   |
|--------------|---|
| <b>TITLE</b> | Agency Cost Savings and General Fund Reduction Contingency Plan |
|--------------|---|

|               |  |
|---------------|--|
| <b>AMOUNT</b> | <p><b>\$480,102</b></p> <p><i>What is the General Fund 3% reduction amount (minimum based on the FY 2017-18 recurring appropriations)? This amount should correspond to the reduction spreadsheet prepared by EBO.</i></p> |
|---------------|--|

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

|                                |  |
|--------------------------------|--|
| <b>PROGRAM/ACTIVITY IMPACT</b> | <p>The Basic Service program makes purchases to assist our clients in achieving a successful employment outcome. A reduction in our General Fund dollars totaling \$480,102 would impact our general client population and reduce the number of purchases from vendors for post-secondary training, on-the job training, occupational and vocational training, customized employment, demand driven training and other services to support credential attainment.</p> <p>In addition, a reduction in General Funds would impact our Maintenance of Effort levels that could lead to a federal match penalty in future state fiscal years.</p> <p><i>What programs or activities are supported by the General Funds identified?</i></p> |
|--------------------------------|--|

|                     |  |                 |           |
|---------------------|--|-----------------|-----------|
| <b>AGENCY NAME:</b> | <b>South Carolina Vocational Rehabilitation Department</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>H730</b>  | <b>SECTION:</b> | <b>32</b> |

**SUMMARY**

The Amendments to the Rehabilitation Act of 1973 under Title IV of the Workforce Innovation and Opportunity Act (WIOA) of 2014 require an increased emphasis on provision of services to youth with disabilities and people with disabilities to obtain skill gains, attain credentials and enhance post-secondary outcomes.

A reduction in the Basic Service Program client services purchases would have an impact on objectives within the School-to-work Transition Services strategy. These funds would not be available to serve additional clients in areas of postsecondary tuition, skilled work apprenticeships, and other on-the-job training opportunities.

In addition, funding that would also be used for the general client population to purchase direct client services from vendors for post-secondary training, on-the job training, occupational and vocational training, customized employment, demand driven training and other services to support credential attainment would be impacted.

The Basic Service Program is a federal mandated program with a 78.7% federal and 21.3% state match. A reduction totaling \$480,102 in general fund money could lead to a reduction in federal dollars totaling \$1,773,898 (combined loss of funding totaling \$2,254,000). In SFY 2017, the average cost per successful rehabilitation was \$11,025.85. Accordingly, with a combined loss of \$2,254,000, the agency could experience a decrease of approximately 200 successful employment outcomes for its clients.

However, we believe this approach would be less disruptive in continuation of service delivery to students with disabilities than a reduction in full-time professional staff serving that population.

*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.*



|                     |  |                 |           |
|---------------------|--|-----------------|-----------|
| <b>AGENCY NAME:</b> | <b>South Carolina Vocational Rehabilitation Department</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>H730</b>  | <b>SECTION:</b> | <b>32</b> |

**AGENCY COST SAVINGS PLANS**

Over the next year, South Carolina Vocational Rehabilitation Department will be impacted by the TERI program ending. Through attrition, most of the positions that will be filled will not be filled at the current salary level. Based on our evaluation, the annual compensation for employees that are in TERI equals \$2.6 million dollars in salaries alone. The agency is expecting to realize at least a \$250,000 savings by filling position at a lower salary rate.

*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?*

|                     |   |                 |    |
|---------------------|---|-----------------|----|
| <b>AGENCY NAME:</b> | South Carolina Vocational Rehabilitation Department |                 |    |
| <b>AGENCY CODE:</b> | H730  | <b>SECTION:</b> | 32 |

**FORM F – REDUCING COST AND BURDEN TO BUSINESSES AND CITIZENS**

|  |  |                          |                                    |                          |  |                          |  |                                     |       |
|--|--|--------------------------|------------------------------------|--------------------------|--|--------------------------|--|-------------------------------------|-------|
| <b>TITLE</b>                                       | <p><b>Return on Investment</b></p> <p><i>Provide a brief, descriptive title for this request.</i></p>  |                          |                                    |                          |  |                          |  |                                     |       |
| <b>EXPECTED SAVINGS TO BUSINESSES AND CITIZENS</b> | <p>In State Fiscal Year 2017, each successfully employed client will repay \$4.18 in taxes for each dollar spent on his/her rehabilitation. It will take 4.68 years for each rehabilitated client to repay the cost of their rehabilitation. The average net profit for taxpayers as a result of SCVRD services provided to clients receiving an employment outcome is \$35,076.52.</p> <p><i>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.</i></p>  |                          |                                    |                          |  |                          |  |                                     |       |
| <b>FACTORS ASSOCIATED WITH THE REQUEST</b>         | <p><b>Mark “X” for all that apply:</b></p> <table border="0"> <tr> <td><input type="checkbox"/></td> <td>Repeal or revision of regulations.</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Reduction of agency fees or fines to businesses or citizens.</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Greater efficiency in agency services or reduction in compliance burden.</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Other</td> </tr> </table>   | <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 checked="" type="checkbox"/> | Other |
| <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 checked="" type="checkbox"/>                | Other  |                          |                                    |                          |  |                          |  |                                     |       |
| <b>METHOD OF CALCULATION</b>                       | <p>The SCVRD Cost Benefit Analysis Model is used at SCVRD for determining the benefit the State of South Carolina receives from each rehabilitated client. This automated report allows for information to be pulled directly from the client services caseload summary to amortize these costs over the rehabilitation period. The result is a report that shows entire client population or by referral source, disability, sex, age, and ethnicity. A validation study in October 2007, found that the model was viable and concluded that “the factors used for the cost benefit analysis provide a very conservative look at the benefits derived from rehabilitation.”</p> <p><i>Describe the method of calculation for determining the expected cost or time savings to businesses or citizens.</i></p> |                          |                                    |                          |  |                          |  |                                     |       |
| <b>REDUCTION OF FEES OR FINES</b>                  | <p>Our agency does not charge fees or fines.</p> <p><i>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?</i></p>  |                          |                                    |                          |  |                          |  |                                     |       |
| <b>REDUCTION OF REGULATION</b>                     | <p>The Amendments to the Rehabilitation Act of 1973 under Title IV of the Workforce Innovation and Opportunity Act (WIOA) of 2014 is the federal authority that created the Vocational Rehabilitation Program. Therefore, we do not have the authority to amend or delete federal regulations.</p>   |                          |                                    |                          |  |                          |  |                                     |       |

|                     |  |                 |           |
|---------------------|--|-----------------|-----------|
| <b>AGENCY NAME:</b> | <b>South Carolina Vocational Rehabilitation Department</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>H730</b>  | <b>SECTION:</b> | <b>32</b> |

*Which regulations does the agency intend to amend or delete? What is the enabling authority for the regulation?*

|                |  |
|----------------|--|
| <b>SUMMARY</b> | <p>People with disabilities who exit the program with a successful employment outcome enhance the quality of their lives and their families' lives by earning paychecks, lessening their reliance on government assistance, and stimulating the state's economy by paying taxes, making purchases, and ultimately contributing to the state's return on its investment in their services. Based on a cost benefit analysis it is estimated that these rehabilitated clients will pay back nearly four dollars for every dollar spent on their services by becoming taxpayers instead of tax consumers.</p> |
|----------------|--|

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