

AGENCY NAME:	South Carolina School for the Deaf and the Blind		
AGENCY CODE:	H75	SECTION:	006



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 <u>priority order</u> (Form B): Base Allocations/Pay Plan & Health Insurance Allocation- 10521 FF&E – Furniture, Fixtures and Equipment- 10416	
	For FY 2017-18, my agency is (mark "X"):	
	<input checked="" type="checkbox"/>	Requesting a net increase in recurring General Fund appropriations.
	<input 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 <u>priority order</u> (Form C): SCSDB Campus Master Plan / Facilities Study- 10533	
	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 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>
PRIMARY CONTACT:	Page B. McCraw	864-577-7500	pmccraw@scsdb.org
SECONDARY CONTACT:	Scott Ramsey	864-577-7522	sramsey@scsdb.org

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>
SIGN/DATE:		
TYPE/PRINT NAME:	Page B. McCraw	Robert A Dobson, III

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

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FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	N/A—Late Submission
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Provide the decision package number issued by the PBF system (“Governor’s Request”).

TITLE	Request for Additional Other Funds Authorization
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Provide a brief, descriptive title for this request.

AMOUNT	1,000,000
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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.

ENABLING AUTHORITY	SC Code Title 59, Chapter 47
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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.

FACTORS ASSOCIATED WITH THE REQUEST	Mark “X” for all that apply:
	<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 type="checkbox"/> Exhaustion of fund balances previously used to support program.	

RECIPIENTS OF FUNDS	These funds will be used to supplement existing agency programs. Recipients would include agency employees, contractors, vendors and school districts services. Funds will be allocated using the agency’s internal budget process.
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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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ACCOUNTABILITY OF FUNDS	All Objectives
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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?

POTENTIAL OFFSETS	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).

MATCHING FUNDS	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.

FUNDING ALTERNATIVES	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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SUMMARY	<p>This request will allow SCSDB to spend cash on hand that we currently do not have budget authority to spend. The increase in authority will be used to ensure that SCSDB will have the ability to provide requested services, especially to meet those needs in school districts seeking services and those in the area of early intervention. In addition, campus programs such as athletics, residential, food service, and maintenance will have the ability to more effectively meet campus needs for the unique children we serve. SCSDB's education services, schools, special education and related services will be greatly impacted by the additional dollars that will be available for assistive technology in the classroom, increased needs for differentiation to improve student literacy and academic performance overall. Finally, this addition will allow SCSDB to be more competitive with local school districts for critical positions that are difficult to fill, especially in the area of transportation as SCSDB continues to struggle to attract bus drivers and bus attendants.</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.

METHOD OF CALCULATION	<p>Calculation for this request was based on cash available.</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?

FUTURE IMPACT	<p>This package will assist South Carolina in meeting its Maintenance of Effort obligation to the Federal Department of Education for IDEA spending.</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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PRIORITIZATION	<p>This request is for authorization to spend cash on hand and is not a request for new state appropriation dollars.</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.

INTENDED IMPACT	<p>This request will enhance the ability of SCSDDB to meet ongoing needs of local school districts across South Carolina, enhance educational and residential programs for students, provide for more robust security, and increase the availability of assistive technology to meet the unique learning needs of students for years to come. Essentially this will allow the school to increase key services in each programmatic function.</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?

PROGRAM EVALUATION	<p>Results of this could be measured by the success criteria established by overall agency objectives.</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 B – PROGRAM REVISION REQUEST

DECISION PACKAGE	10521
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Base Allocations/Pay Plan & Health Insurance Allocation
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Provide a brief, descriptive title for this request.

AMOUNT	243,068
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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.

ENABLING AUTHORITY	Pay Plan and Health Insurance Allocations per State Budget Office
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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.

FACTORS ASSOCIATED WITH THE REQUEST	Mark "X" for all that apply:
	<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.	

RECIPIENTS OF FUNDS	Allocations are to be used for staff salaries and increases in employee benefits.
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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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ACCOUNTABILITY OF FUNDS	All Objectives
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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?

POTENTIAL OFFSETS	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).

MATCHING FUNDS	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.

FUNDING ALTERNATIVES	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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SUMMARY	Request covers Allocation of State Funds for Pay Plan and Health Insurance for fiscal year.
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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.

METHOD OF CALCULATION	Calculations were based upon the number of positions and related benefit/pay increases.
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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?

FUTURE IMPACT	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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PRIORITIZATION	Use of Fund Balances
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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.

INTENDED IMPACT	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?

PROGRAM EVALUATION	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

DECISION PACKAGE	10416
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Upgrade Furniture, Fixtures, and Equipment for ADA Compliance
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Provide a brief, descriptive title for this request.

AMOUNT	250,000
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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.

ENABLING AUTHORITY	SC Code Title 59, Chapter 47
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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.

FACTORS ASSOCIATED WITH THE REQUEST	Mark "X" for all that apply:
	<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 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 checked="" 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.	

RECIPIENTS OF FUNDS	Recipients of these funds would be Vendors and Contractors registered with the state of South Carolina. These funds will be allocated based on criteria established to ensure accessibility and safety in each of SCSDB's facilities.
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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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ACCOUNTABILITY OF FUNDS	<p>This funding request is in support of the overall outcome of the agency’s mission as detailed in the accountability report. This request will enable SCSDB to further insure the safety and security of the agency’s students and employees.</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?

POTENTIAL OFFSETS	<p>N/A</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).

MATCHING FUNDS	<p>No</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.

FUNDING ALTERNATIVES	<p>Fund Balances. This request could not be sustained throughout multiple fiscal years using fund balances.</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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SUMMARY	<p>At this time, SCSDB finds that a need exists to update and replace furniture, fixtures, and equipment to ensure a safe environment for students and to meet accessibility needs for our disabled students. SCSDB is requesting \$250,000 in recurring funds to replace broken and outdated furniture, fixtures, and equipment. These funds will also be used to support the ever changing accessibility needs of the students we serve and to assist in assuring SCSDB is providing an environment that is compliant with ADA requirements. Ongoing funds will also allow SCSDB to furnish buildings from current construction projects and to establish a replacement cycle for furniture in classrooms and residential halls. Funds will also enable SCSDB to provide accessibility tools/fixtures to ensure assistive devices are provided to enable students to access restrooms, dining areas, and other environments where access is limited without such equipment.</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.

METHOD OF CALCULATION	<p>Estimation based on market prices and needs.</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?

FUTURE IMPACT	<p>This request will not mandate a maintenance of effort obligation. This would be a recurring request and would continue to be a part of SCSDB's yearly operating budget.</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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PRIORITIZATION	Fund Balances
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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.

INTENDED IMPACT	By improving campus safety, security, and accessibility, this request would have a measurable impact on the overall outcome of each program at SCSDB for an indefinite period of time.
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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?

PROGRAM EVALUATION	Results of this program could be measured by the success criteria established by overall agency objectives.
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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

DECISION PACKAGE	10533
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Campus Master Plan / Facility Study
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Provide a brief, descriptive title for this request.

AMOUNT	150,000
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How much is requested for this project in FY 2017-18?

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

FACTORS ASSOCIATED WITH THE REQUEST	Mark "X" for all that apply:
	<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 checked="" type="checkbox"/> Capital Request
	<input checked="" type="checkbox"/> Included in CPIP – If so, CPIP Priority # _____
	<input type="checkbox"/> Non-recurring request for funding
<input type="checkbox"/> Non-recurring request for authorization to spend existing cash/revenue	

SUMMARY	<p>The main campus of SCSDB is located in Spartanburg, SC. This campus provides a home away from home for some of South Carolina's most needy students. The campus is comprised of over 160 acres and 38 buildings. These buildings serve as educational facilities, residential facilities and support facilities for South Carolina's sensory disabled students. Many of the buildings are fifty years old or older and are in need of constant repair. In most facilities, building codes of today were not required at the time of construction of these facilities, and this continues to create mobility challenges for campus students. The aged facilities on campus contribute to higher energy cost, expensive maintenance cost, and challenges in serving students in effective living and learning spaces.</p> <p>In SCSDB's current CPIP on page 2, it is noted that SCSDB is currently working to build a vocational center and to build a child development center to be used for the deaf elementary students. The CPIP notes that completion of these two projects will afford SCSDB time to begin the development of a new campus wide plan. At this time, construction has begun on the vocational project, and SCSDB received the funding needed this past budget cycle to move forward with a facility for our deaf elementary students. Thus, the next step in this plan is for SCSDB to conduct a facility study and develop a new campus master plan. The last development of a campus master plan occurred in 2000; however, in addition to the basic need to conduct a needs assessment for campus facilities, SCSDB has</p>
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faced tremendous challenges with the current vocational facility that is under construction. Already, technology infrastructure was disrupted and new fiber optic cabling was required to maintain campus operations. Additionally, SCSDB experienced three gas line breaks with the last rupture requiring a campus evacuation. Thus, SCSDB recognizes that this facility study will need to go beyond the traditional architecture plan to include detailed engineering of campus infrastructure.

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.

CLASSIFICATION OF FUNDS
 This is the only request for non-recurring funds for FY18. This project was included in the CPIP and is essential to the vision and execution of our Campus Master Plan for the renovation and replacement of aging structures.

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?

MATCHING FUNDS
 No

Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source and amount.

FUNDING ALTERNATIVES
 Fund Balances

What other possible funding sources were considered?

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LONG-TERM PLANNING AND SUSTAINABILITY	<p>SCSDB has not invested in a new campus Master Plan/ Facility study in the last ten years. This is a one-time request and will not require future investment beyond the initial allocation.</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?

OTHER APPROVALS	<p>MMO, EBO, SCSDB Board of Directors</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, SFAA, etc.)

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EXPLANATION	<p>SCSDB wishes to delete this proviso. The Adult Vocational Program is no longer offered at SCSDB.</p>
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Explain the need for your requested action. For deletion requests due to recent codification, please identify SC Code section where language now appears.

FISCAL IMPACT	<p>None</p>
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Provide estimates of any fiscal impacts associated with this proviso, whether for state, federal, or other funds. Explain the method of calculation.

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~~6.4. (SDB: Adult Vocational Program Fees) The School for the Deaf and the Blind is authorized to charge appropriate tuition, room and board, and other fees to students accepted into the Adult Vocational Program. Such fees will be determined by the School Board of Commissioners, and such revenue shall be retained and carried forward~~

**PROPOSED
PROVISO TEXT**

Paste FY 2016-17 text above, then bold and underline insertions and strikethrough deletions. For new proviso requests, enter requested text above.

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FORM E – 3% GENERAL FUND REDUCTION

DECISION PACKAGE	10514
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Agency General Fund Reduction Analysis
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Provide a brief, descriptive title for this request.

AMOUNT	\$-449,057
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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.

METHOD OF CALCULATION	SCSDB will make this reduction through a reduction in operations.
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Describe the method of calculation for determining the reduction in General Funds.

ASSOCIATED FTE REDUCTIONS	None
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How many FTEs would be reduced in association with this General Fund reduction?

PROGRAM/ACTIVITY IMPACT	The operating budget from the general fund at SCSDB will be reduced. The reduction will be realized from each division/department.
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What programs or activities are supported by the General Funds identified?

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SUMMARY	<p>SCSDB will reduce the operating budget by \$441,764 to cover this 3% general fund reduction.</p>
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Please provide a detailed summary of service delivery impact caused by a reduction in General Fund Appropriations.