

|                     |                                           |                 |           |
|---------------------|-------------------------------------------|-----------------|-----------|
| <b>AGENCY NAME:</b> | <b>Department of Archives and History</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>H790</b>                               | <b>SECTION:</b> | <b>26</b> |



## Fiscal Year 2017-18 Agency Budget Plan

### FORM A – SUMMARY

|                                                           |                                                                                                                    |                                                                         |
|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| <b>RECURRING FUNDS<br/>(FORM B<br/>DECISION PACKAGES)</b> | <b>My agency is submitting the following recurring decision packages listed in <u>priority order</u> (Form B):</b> |                                                                         |
|                                                           | 9906 & 9909                                                                                                        |                                                                         |
|                                                           | <b>For FY 2017-18, my agency is (mark "X"):</b>                                                                    |                                                                         |
|                                                           | <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. |

|                                                                                     |                                                                                                                   |                                                    |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|
| <b>CAPITAL &amp;<br/>NON-RECURRING<br/>FUNDS<br/>(FORM C<br/>DECISION PACKAGES)</b> | <b>My agency is submitting the following one-time decision packages listed in <u>priority order</u> (Form C):</b> |                                                    |
|                                                                                     | 10441                                                                                                             |                                                    |
|                                                                                     | <b>For FY 2017-18, my agency is (mark "X"):</b>                                                                   |                                                    |
|                                                                                     | <input checked="" type="checkbox"/>                                                                               | Requesting capital and/or non-recurring funds.     |
|                                                                                     | <input type="checkbox"/>                                                                                          | Not requesting capital and/or non-recurring funds. |

|                              |                                                 |                                                                           |
|------------------------------|-------------------------------------------------|---------------------------------------------------------------------------|
| <b>PROVISOS<br/>(FORM D)</b> | <b>For FY 2017-18, 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.

|                           | <u>Name</u>            | <u>Phone</u> | <u>Email</u>          |
|---------------------------|------------------------|--------------|-----------------------|
| <b>PRIMARY CONTACT:</b>   | W. Eric Emerson, Ph.D. | 803-896-6185 | eemerson@scdah.sc.gov |
| <b>SECONDARY CONTACT:</b> | Pamela M. Greene       | 803-896-6163 | pgreene@scdah.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>       |                        |                                  |
| <b>TYPE/PRINT NAME:</b> | W. Eric Emerson, Ph.D. | A.V. Huff, Jr., Ph.D.            |

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

|                     |                                                            |                 |           |
|---------------------|------------------------------------------------------------|-----------------|-----------|
| <b>AGENCY NAME:</b> | <b>South Carolina Department of Archives &amp; History</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>H790</b>                                                | <b>SECTION:</b> | <b>26</b> |

**FORM B – PROGRAM REVISION REQUEST**

|                         |             |
|-------------------------|-------------|
| <b>DECISION PACKAGE</b> | <b>9906</b> |
|-------------------------|-------------|

*Provide the decision package number issued by the PBF system (“Governor’s Request”).*

|              |                                 |
|--------------|---------------------------------|
| <b>TITLE</b> | <b>Base Allocation Pay Plan</b> |
|--------------|---------------------------------|

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

|               |                 |
|---------------|-----------------|
| <b>AMOUNT</b> | <b>\$64,260</b> |
|---------------|-----------------|

*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> | State Appropriations Act |
|---------------------------|--------------------------|

*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> | The Administration and Archives and Records Management Divisions of SCDAH would receive these funds for employee benefits in those divisions. |
|----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|

*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 Department of Archives &amp; History</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>H790</b>                                                | <b>SECTION:</b> | <b>26</b> |

|                                |     |
|--------------------------------|-----|
| <b>ACCOUNTABILITY OF FUNDS</b> | N/A |
|--------------------------------|-----|

*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 |
|--------------------------|-----|

*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> | No |
|-----------------------|----|

*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 |
|-----------------------------|-----|

*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.*

|                     |                                                            |                 |           |
|---------------------|------------------------------------------------------------|-----------------|-----------|
| <b>AGENCY NAME:</b> | <b>South Carolina Department of Archives &amp; History</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>H790</b>                                                | <b>SECTION:</b> | <b>26</b> |

|                |                                                                                                                                                               |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SUMMARY</b> | <p>This adjustment constitutes the Base Adjustment Allocation of statewide employee benefits for this agency in the forthcoming fiscal year (FY 2017-18).</p> |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|

*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>N/A</p> |
|------------------------------|------------|

*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>N/A</p> |
|----------------------|------------|

*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?*

|                     |                                                            |                 |           |
|---------------------|------------------------------------------------------------|-----------------|-----------|
| <b>AGENCY NAME:</b> | <b>South Carolina Department of Archives &amp; History</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>H790</b>                                                | <b>SECTION:</b> | <b>26</b> |

|                       |     |
|-----------------------|-----|
| <b>PRIORITIZATION</b> | N/A |
|-----------------------|-----|

*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 |
|------------------------|-----|

*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 |
|---------------------------|-----|

*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?*

|                     |                                                            |                 |           |
|---------------------|------------------------------------------------------------|-----------------|-----------|
| <b>AGENCY NAME:</b> | <b>South Carolina Department of Archives &amp; History</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>H790</b>                                                | <b>SECTION:</b> | <b>26</b> |

**FORM B – PROGRAM REVISION REQUEST**

|                         |             |
|-------------------------|-------------|
| <b>DECISION PACKAGE</b> | <b>9909</b> |
|-------------------------|-------------|

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

|              |                                                                                           |
|--------------|-------------------------------------------------------------------------------------------|
| <b>TITLE</b> | <b>Hiring a full-time Director of South Carolina African American Heritage Commission</b> |
|--------------|-------------------------------------------------------------------------------------------|

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

|               |                 |
|---------------|-----------------|
| <b>AMOUNT</b> | <b>\$50,000</b> |
|---------------|-----------------|

*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>This program was established in SC Code 60-11-110.<br/> This decision package was not prompted by the establishment of/or a revision to that authority.</p> |
|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|

*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 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.           |                                                                                                             |

|                            |                                                                                                                                                                                                                                                                                                            |
|----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>RECIPIENTS OF FUNDS</b> | <p>The State Historic Preservation Office of the South Carolina Department of Archives and History would receive these funds. The agency would hire a director for the South Carolina African American Heritage Commission utilizing standard hiring practices for state government in South Carolina.</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 Department of Archives &amp; History</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>H790</b>                                                | <b>SECTION:</b> | <b>26</b> |

|                                |                                                                                                                                                                                                   |
|--------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>ACCOUNTABILITY OF FUNDS</b> | <p>The hiring of a full-time director of the South Carolina African American Heritage Commission does not meet a specific agency objective as outlined in the agency's accountability report.</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?*

|                          |             |
|--------------------------|-------------|
| <b>POTENTIAL OFFSETS</b> | <p>N/A.</p> |
|--------------------------|-------------|

*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 would not be matched by federal, institutional, philanthropic, or other resources.</p> |
|-----------------------|-------------------------------------------------------------------------------------------------------|

*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>There are no funding alternatives for the creation of this position. This request would not be met in whole or in part with the use of other resources.</p> |
|-----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|

*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.*

|                     |                                                            |                 |           |
|---------------------|------------------------------------------------------------|-----------------|-----------|
| <b>AGENCY NAME:</b> | <b>South Carolina Department of Archives &amp; History</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>H790</b>                                                | <b>SECTION:</b> | <b>26</b> |

|                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SUMMARY</b> | <p>The South Carolina African American Heritage Commission (SCAAHC) is requesting recurring funding to hire and retain a full-time director of the South Carolina African American Heritage Commission. Organizationally this position would fall within the State Historic Preservation Office and would report to the Deputy State Historic Preservation Officer. Duties for this position would include serving as a coordinator for the SCAAHC and assisting that body with its mission to identify and promote the preservation of historic sites, structures, buildings, and culture of the African American experience in South Carolina. To date the SCAAHC has relied upon the volunteer efforts of its commissioners to pursue its mission. The SCAAHC believes that it could be far more effective in the pursuit of its mission with a permanent full-time staff member coordinating and assisting the SCAAHC with its mission. This request is not related to information security or technology.</p> |
|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

*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>The amount to hire and retain a full-time director for the South Carolina African American Heritage Commission was calculated based upon the pay and benefits of a Program Coordinator I. The figure also includes sufficient funds to cover the costs of other expenses associated with the position.</p> <p>SCAAHC Director (Program Coordinator I) salary with benefits-\$40,000-\$45,000<br/> Associated Expenses (IT, Phone, Supplies, and Training)-\$5,000</p> <p>There are no factors that could cause a deviation between the requested amount and what would ultimately be required in order to perform the underlying work.</p> |
|------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

*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 adoption of this decision package would require recurring funding for the position. If this request is not honored, there will be no impact on future capital and/or operating budgets. No other source of these funds has been identified and/or obtained by this agency.</p> |
|----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

*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?*

|                     |                                                            |                 |           |
|---------------------|------------------------------------------------------------|-----------------|-----------|
| <b>AGENCY NAME:</b> | <b>South Carolina Department of Archives &amp; History</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>H790</b>                                                | <b>SECTION:</b> | <b>26</b> |

|                       |                                                                                                                                                                     |
|-----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>PRIORITIZATION</b> | <p>If there are no or insufficient new funds available to meet this need, the agency would defer action on this request until such time as funds are available.</p> |
|-----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|

*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>The decision package should result in the increased effectiveness of the SCAAHC in the pursuit of their mission. This increased effectiveness should be evident within the first year of hiring for the position.</p> |
|------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

*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>The new Director of the SCAAHC would be evaluated based upon their performance as outlined in their planning stages. Specific performance measures would include a corresponding increase in the number of State Historical Markers and National Register Sites dealing with African American history, as well as an increase in the number of speaking engagements throughout the state dealing with African American history.</p> |
|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

*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?*

|                     |                                    |                 |    |
|---------------------|------------------------------------|-----------------|----|
| <b>AGENCY NAME:</b> | Department of Archives and History |                 |    |
| <b>AGENCY CODE:</b> | H790                               | <b>SECTION:</b> | 26 |

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

|                         |              |
|-------------------------|--------------|
| <b>DECISION PACKAGE</b> | <b>10441</b> |
|-------------------------|--------------|

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

|              |                                                       |
|--------------|-------------------------------------------------------|
| <b>TITLE</b> | <b>Conservation of South Carolina's Constitutions</b> |
|--------------|-------------------------------------------------------|

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

|               |                  |
|---------------|------------------|
| <b>AMOUNT</b> | <b>\$200,000</b> |
|---------------|------------------|

*How much is requested for this project in FY 2017-18?*

|                       |                                           |
|-----------------------|-------------------------------------------|
| <b>BUDGET PROGRAM</b> | Archives and Records Management; 15000000 |
|-----------------------|-------------------------------------------|

*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 Department of Archives and History is undertaking the complete conservation of the state's seven constitutions. SCDAH is the repository for all seven of the state's constitutions beginning with the Constitution of 1776 and subsequent constitutions in 1778, 1790, 1861, 1865, and 1868. The Constitution of 1895 is the most recent, under which South Carolina is still governed to this day.</p> <p>These constitutions are a valuable historical record of our state during the time in which each was created. They are the state's foundational documents, which document the people of South Carolina's efforts to create a just and effective means of self government. As such, they comprise perhaps the most important holdings in the agency's care.</p> <p>Each constitution is in need of conservation, and two are in need of considerable repair. Much of the conservation work that will be performed is being undertaken to reverse previous conservation work, which was performed nearly fifty years ago using methods that have now been proven to damage the documents. The reversal of those previous conservation efforts is vital to ensuring the long-term protection and preservation of these vital records documenting the history of the Palmetto State.</p> |
|----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

*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>Department of Archives and History</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>H790</b>                               | <b>SECTION:</b> | <b>26</b> |

|                                |                                                                |
|--------------------------------|----------------------------------------------------------------|
| <b>CLASSIFICATION OF FUNDS</b> | <p>This is the agency's only non-recurring agency request.</p> |
|--------------------------------|----------------------------------------------------------------|

*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 would not be matched by federal, institutional, philanthropic, or other resources. Funds would be augmented, however, by donations from the South Carolina Archives and History Foundation.</p> |
|-----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

|                             |                                                                                                                                                                                                                                            |
|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>FUNDING ALTERNATIVES</b> | <p>The agency considered a number of funding sources including NHPRC, IMLS, and non-profit organizations. The conservation of the state's constitutions, however, does not fit within the parameters of any of those granting sources.</p> |
|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

*What other possible funding sources were considered?*

|                                              |                                                                                                                                                                                                                                                                                                                                                                                                                              |
|----------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>LONG-TERM PLANNING AND SUSTAINABILITY</b> | <p>General funds were used for the conservation of the state's constitutions nearly fifty years ago, and general funds have been used for their continued preservation with all other historic records in the agency's care. Following the successful efforts to reverse the conservation work of the 1960s, these foundational state documents will need no further conservation for at least the next 75 to 100 years.</p> |
|----------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

*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>The Department of Archives and History has received approval for the project from the South Carolina Commission of Archives and History.</p> |
|------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|

*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> | Department of Archives and History |                 |    |
| <b>AGENCY CODE:</b> | H790                               | <b>SECTION:</b> | 26 |

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

|                         |              |
|-------------------------|--------------|
| <b>DECISION PACKAGE</b> | <b>10200</b> |
|-------------------------|--------------|

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

|              |                                               |
|--------------|-----------------------------------------------|
| <b>TITLE</b> | <b>Agency General Fund Reduction Analysis</b> |
|--------------|-----------------------------------------------|

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

|               |                 |
|---------------|-----------------|
| <b>AMOUNT</b> | <b>\$78,488</b> |
|---------------|-----------------|

*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> | The method of calculation was to take 3% of the FY 2016-17 Recurring General Fund Appropriations to account for the reduction. |
|------------------------------|--------------------------------------------------------------------------------------------------------------------------------|

*Describe the method of calculation for determining the reduction in General Funds.*

|                                  |                                                                                                                                                                |
|----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>ASSOCIATED FTE REDUCTIONS</b> | Two recently vacated FTE positions (Records Analyst I and Administrative Coordinator I) would remain unfilled in association with this General Fund Reduction. |
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*How many FTEs would be reduced in association with this General Fund reduction?*

|                                |                                                                                                                                                                                                                                                                                                                            |
|--------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>PROGRAM/ACTIVITY IMPACT</b> | The operation of the State Records Center, which is part of the Archives and Records Management Division, would be affected by reduction of the Records Analyst I position. The Micrographics area of the Archives and Records Management Division would be affected by the reduction of the Administrative Coordinator I. |
|--------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

*What programs or activities are supported by the General Funds identified?*

|                     |                                           |                 |           |
|---------------------|-------------------------------------------|-----------------|-----------|
| <b>AGENCY NAME:</b> | <b>Department of Archives and History</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>H790</b>                               | <b>SECTION:</b> | <b>26</b> |

**SUMMARY**

The Department of Archives and History is proposing to leave unfilled two recently vacated positions to meet the 3% reduction, which totals \$78,488. The agency would not fill the recently vacated position of Records Analyst I at the State Records Center, which would leave one full-time employee at that facility. The agency would continue to augment Records Center staffing needs with more work/study students from the University of South Carolina. The agency also would leave unfilled an Administrative Coordinator I position in the Micrographics area of the Archives and Records Management Division. The agency will compensate for the loss of that position through the reassigning of an Archivist III (Digital Archivist) to assume the digital duplication responsibilities of the departed staff member.

*Please provide a detailed summary of service delivery impact caused by a reduction in General Fund Appropriations.*