

AGENCY NAME:	CONFEDERATE RELIC ROOM AND MILITARY MUSEUM COMMISSION		
AGENCY CODE:	H96	SECTION:	30



Fiscal Year 2017-18 Agency Budget Plan

FORM A – SUMMARY

RECURRING FUNDS (FORM B) DECISION PACKAGES)	<p>My agency is submitting the following recurring decision packages listed in <u>priority order</u> (Form B): DP#10589, DP#9458, DP#10779</p> <p>For FY 2017-18, my agency is (mark "X"):</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;"><input checked="" type="checkbox"/></td> <td>Requesting a net increase in recurring General Fund appropriations.</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Not requesting a net increase in recurring General Fund Appropriations.</td> </tr> </table>	<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.		
<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)	<p>My agency is submitting the following one-time decision packages listed in <u>priority order</u> (Form C): DP#10618, DP#10615</p> <p>For FY 2017-18, my agency is (mark "X"):</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;"><input checked="" type="checkbox"/></td> <td>Requesting capital and/or non-recurring funds.</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Not requesting capital and/or non-recurring funds.</td> </tr> </table>	<input checked="" type="checkbox"/>	Requesting capital and/or non-recurring funds.	<input type="checkbox"/>	Not requesting capital and/or non-recurring funds.		
<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)	<p>For FY 2017-18, my agency is (mark "X"):</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;"><input type="checkbox"/></td> <td>Requesting a new proviso and/or substantive changes to existing provisos.</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Only requesting technical proviso changes (such as date references).</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Not requesting any proviso changes.</td> </tr> </table>	<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.
<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>
PRIMARY CONTACT:	Jason Epting	737-3061	Jason.Epting@admin.sc.gov
SECONDARY CONTACT:	Allen Roberson	737-8096	arobers@crr.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>
SIGN/DATE:	<i>W. Allen Roberson</i>	<i>Martha R. Van Schaick</i>
TYPE/PRINT NAME:	Allen Roberson	Martha Van Schaick

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FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	9458
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Provide the decision package number issued by the PBF system ("Governor's Request").

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

AMOUNT	\$15,604
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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	<p>State appropriations allocated in September, 2016 to cover costs associated with 1) 3.25% Base Pay Increase & associated employer contributions 2) .5% Retirement Rate Increase 3) Health & Dental Insurance Increase</p> <ul style="list-style-type: none"> - 2016 Act 284, Part IB Proviso 117.118 - SC Code of Laws Section 9-4-45
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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	N/A
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What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing

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

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

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>State appropriations allocated in September, 2016 to cover costs associated with 1) 3.25% Base Pay Increase & associated employer contributions 2) .5% Retirement Rate Increase 3) Health & Dental Insurance Increase</p>
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Using as much detail as necessary to make an informed decision regarding this request, provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.

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

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	N/A
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If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2017-18? Please be specific.

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	10589
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Hire Program Manager 1, Pay Band 7 (Assistant Director for Operations or Chief Curator over Exhibits, Programs, Education, Membership, and Collections). Fill existing unfunded vacant position.
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Provide a brief, descriptive title for this request.

AMOUNT	\$67,622
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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 of Laws 60-17-20 (A)
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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 checked="" 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	Additional Funds will be used to hire a Program Manager I, Band 7 at the band minimum (\$48,622) to serve as the Assistant Director for Operation and/or Chief Curator over exhibits, programs, education, membership, and collections. Request includes estimated employee benefits (\$19,000).
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What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing

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

ACCOUNTABILITY OF FUNDS	I.C. This position would free the Executive Director to build the Foundation and Membership program to increase fundraising and revenue, or raise donations for specific projects, such as textile conservation, exhibits, and acquisition of significant SC military history material culture.
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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	No
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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	The museum's current general fund appropriation totals \$825,772. Prior to the mid-year budget reductions in Fiscal year 2008-09, the recurring general fund appropriation was \$920,870. As a result of these budget reductions, the museum has not been able to fill this needed position. If the Director can relinquish part of his duties to concentrate on fundraising, the museum projects it can raise its annual revenue \$154,180. The Director currently spends less than ten percent of his time on fundraising.
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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>The SC Confederate Relic Room and Military Museum Executive Director currently supervises all programs which include Exhibits, Collections, Archives, Historical Research, Education, Programs, Advertising and Marketing, Media Relations, Gift Shop, Admissions, Fundraising, Membership, the Museum Foundation and the Southern Maritime Collection. The museum currently has seven authorized FTEs, but only four are filled with full-time staff, the lowest staff level in over twenty years. The SC Confederate Relic Room and Military Museum has a ten hour-per-week part-time professional handling marketing and advertising, as well as exhibit design and installation, and the Executive Director can spend only approximately 10% of his time on fundraising and support building. Hiring a Program Manager I, will free the Director of some of his daily duties, allowing him to concentrate on designing the Confederate battle flag exhibit, working with the new Commission, promotion, media relations, increasing partnerships and broadening support, building the Membership program and Foundation, and fundraising, while continuing to oversee the direction of the museum, including exhibits and programs to increase visitation, as well as the administration of the museum.</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>The requested amount was determined by using the minimum salary for a Program Manager I (pay band 7) plus employer contributions.</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>Adopting this decision package will allow the museum to focus its efforts on fundraising activities and generating additional revenue, potentially reducing future requests for additional state appropriations for activities critical to the success of the museum. It will free the director from day to day management to work with the new museum Commission, and design and build exhibit of the Confederate battle flag from the state house for a resolution of the battle flag controversy.</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>The Museum will defer action on this request because a recurring funding source is not available to meet this need. Without this position funding, the museum will not be able to fundraise and increase the museum’s annual revenue. The museum will stagnate at a time, after leaving the Budget and Control Board and becoming an independent entity under a State appointed commission. The museum must aggressively move forward to compete with other museums and attractions. Controversies regarding the State House Confederate Battle Flag and a now deleted proposed study on a possible relocation to Charleston, has already had a major negative impact on the SC Confederate Relic Room & Military Museum.</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>It should increase revenue, specifically, donations and membership revenue annually. The museum conservatively projects an immediate increase of a minimum of 18% revenue in relations to its new, requested appropriated budget, from revenue comprising 9% of its existing budget.</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>It improves the museum’s operation by providing the Director a daily program and operations director. Evaluation would be inherent in increased attendance, increased revenue from attendance and gift shop sales, and increased fundraising. Nevertheless, the SC Confederate Relic Room and Military Museum is scheduled to repeat an American Association of State and Local History survey and evaluation program for FY2015-16 that it undertook in FY07-08, just before its pre-Recession height of greatest attendance and revenue.</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	10779
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Provide the decision package number issued by the PBF system (“Governor’s Request”).

TITLE	Program Authorization Realignments
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Provide a brief, descriptive title for this request.

AMOUNT	\$0.00
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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	Decision package involves numerous programs, but simply aligns existing authorization levels within multiple programs to the most recent expenditure projections and staffing levels. This decision package has no impact on overall authorization levels between state and other funds or FTEs, and is intended to align funding needs with program objectives for FY 2018.
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What specific state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority? Please avoid citing general provisions of law where possible, and instead cite to the most specific legal authority supporting the request.

FACTORS ASSOCIATED WITH THE REQUEST	Mark “X” for all that apply:
	<input type="checkbox"/> (Base Adjustment) Allocation of statewide employee benefits.
	<input checked="" type="checkbox"/> (Base Adjustment) Realignment within existing programs and lines.
	<input type="checkbox"/> (Base Adjustment) Restructuring of agency programs – <i>requires pre-approval.</i>
	<input type="checkbox"/> IT Technology/Security related
	<input type="checkbox"/> Consulted DTO during development
	<input type="checkbox"/> Related to a Non-Recurring request – If so, Decision Package # _____
	<input type="checkbox"/> Change in cost of providing current services to existing program audience.
	<input type="checkbox"/> Change in case load / enrollment under existing program guidelines.
	<input type="checkbox"/> Non-mandated change in eligibility / enrollment for existing program.
	<input type="checkbox"/> Non-mandated program change in service levels or areas.
	<input type="checkbox"/> Proposed establishment of a new program or initiative.
	<input type="checkbox"/> Loss of federal or other external financial support for existing program.
<input type="checkbox"/> Exhaustion of fund balances previously used to support program.	

RECIPIENTS OF FUNDS	N/A. Decision Package realigns existing authorization and does not result in additional funding requests for the agency or FTE requests for the agency.
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What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

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ACCOUNTABILITY OF FUNDS	<p>Realignment request does not relate to a specific objective in the accountability report.</p>
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What specific agency objective, as outlined in the agency's accountability report, does this funding request support? How would this request advance that objective?

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

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

FUNDING ALTERNATIVES	<p>The objective of this decision package is to maximize the use of existing funding and authorization levels within the agency to meet our programs' objectives.</p>
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What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.

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SUMMARY	<p>This decision package is intended to maximize the use of existing authorization levels within the agency to meet individual program objectives without asking for additional authorization through the budget process.</p>
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Using as much detail as necessary to make an informed decision regarding this request, provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.

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

FUTURE IMPACT	<p>No.</p>
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Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?

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PRIORITIZATION	Decision Package does not involve a request for new funds.
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If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2017-18? Please be specific.

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 C – CAPITAL OR NON-RECURRING APPROPRIATION REQUEST

DECISION PACKAGE	10618
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	50th Anniversary of SC in the Vietnam War Exhibit
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Provide a brief, descriptive title for this request.

AMOUNT	\$300,000
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How much is requested for this project in FY 2017-18?

BUDGET PROGRAM	I. CONFEDERATE RELIC ROOM AND MILITARY MUSEUM
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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 type="checkbox"/> Capital Request
	<input type="checkbox"/> Included in CPIP – If so, CPIP Priority # _____
	<input checked="" type="checkbox"/> Non-recurring request for funding
<input checked="" type="checkbox"/> Non-recurring request for authorization to spend existing cash/revenue	

SUMMARY	<p>The SC Confederate Relic Room respectfully requests partial funding (75%) for the estimated cost of a major exhibit honoring the 50th Anniversary of South Carolina's participation in the Vietnam War, scheduled to open in early 2018. The budget for the 2500 square foot exhibit is \$400,000 which will allow the museum to collect Vietnam War artifacts, photographs, maps, and archival collections, and interview SC Vietnam Veterans. The museum would commit \$100,000 from its revenue account to supplement this \$300,000 appropriation for the exhibit. The exhibit would be available to the public for a year and a half to two years, and then would become part of a permanent Vietnam War exhibit. The exhibit will be promoted to SC public, private, and home school organizations. The museum also plans to apply for a SC Humanities Council grant to plan the exhibit and reach out to Vietnam Veterans, and would be interested in working with the Governor's Office of Veterans Affairs and the Lieutenant Governor's Office of Aging, to contact Vietnam War veterans and honor them at our museum. The SC Confederate Relic Room and Military Museum is part of the United States of America Vietnam War Commemorative Commission and as a member is certified to present each Vietnam Veteran with a the official national lapel pin commemorating the U.S. 50th Anniversary of the Vietnam War.</p>
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Provide a summary of the project and explain why it is necessary. If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.

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CLASSIFICATION OF FUNDS	Not a capital budget request. One time appropriation request.
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Is this request in support of a capital project or is it in support of other non-recurring expenditures? If this request is for a capital project, is it included in the agency's CPIP (please include CPIP year and priority)? How does this project rank in priority to all other nonrecurring agency requests?

MATCHING FUNDS	\$100,000 from the Museum's existing revenue accounts (ticket sales, gift shop sales, donations)
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Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source and amount.

FUNDING ALTERNATIVES	None Available
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What other possible funding sources were considered?

LONG-TERM PLANNING AND SUSTAINABILITY	I am not aware of any other SC museum that is planning a major overview of SC in the Vietnam War. Roughly 1000 South Carolinians died in the Vietnam War, and there are roughly 5 million Vietnam era veterans alive in the US, today. A good many of those live in SC. This exhibit and accompanying programs would allow the museum to reach out to these veterans and honor them, while at the same time, building a much broader support group for the SC Confederate Relic Room and Military Museum among these veterans and their families. On a much smaller scale, our museum has already achieved a similar level of artifact and ongoing monetary support from the WWII veterans and their children of the USS <i>Columbia</i> Association, commemorating the light cruiser that fought in the Pacific War.
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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	N/A The museum also plans to apply for a SC Humanities Council grant to plan the exhibit and reach out to Vietnam Veterans, and would be interested in working with the Lieutenant Governor's Department of Aging.
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What approvals have already been obtained? Are there additional approvals that must be secured in order for the project to succeed? (Institutional board, JBRC, BCB, etc.)

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FORM C – CAPITAL OR NON-RECURRING APPROPRIATION REQUEST

DECISION PACKAGE	10615
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Museum Security
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Provide a brief, descriptive title for this request.

AMOUNT	\$25,000
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How much is requested for this project in FY 2017-18?

BUDGET PROGRAM	I. CONFEDERATE RELIC ROOM & MILITARY MUSEUM
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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 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	

SUMMARY	<p>\$15,000 to hire a Security Guard from a commercial agency or supplement the State Museum's very reduced security force to provide security during operating hours because of the museum housing the State House Confederate battle flag. \$10,000 for the installation of two roll down doors to protect the museum's Cistern Gallery, for the entrance to the gallery from the atrium, and for museum's back glass double doors and two roll down window coverings to cover the museum's only exposed windows - also part of that gallery - to safeguard the museum's unique and extremely valuable SC history collection, the oldest collection in South Carolina.</p>
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Provide a summary of the project and explain why it is necessary. If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.

AGENCY NAME:	CONFEDERATE RELIC ROOM AND MILITARY MUSEUM COMMISSION		
AGENCY CODE:	H960	SECTION:	30

CLASSIFICATION OF FUNDS	Not a capital budget request. One time appropriation request.
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Is this request in support of a capital project or is it in support of other non-recurring expenditures? If this request is for a capital project, is it included in the agency's CPIP (please include CPIP year and priority)? How does this project rank in priority to all other nonrecurring agency requests?

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 and amount.

FUNDING ALTERNATIVES	None available
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What other possible funding sources were considered?

LONG-TERM PLANNING AND SUSTAINABILITY	<p>No funds have been invested in museum security improvements. The \$10,000 doors and window covers will be a one-time investment and should render the museum externally protected during non-operating hours. This will offer additional protection for its valuable and irreplaceable SC artifact collection dating back to State's colonial era.</p> <p>The \$15,000 is a one-time appropriation to provide operating hours security for its employees for FY18 only, in reference to the SC Confederate Relic Room and Military Museum being mandated by the SC General Assembly to exhibit the SC State House Confederate Battle Flag. An additional request of the same or similar amount (\$15,000) may be requested for employee protection in FY19.</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	N/A
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What approvals have already been obtained? Are there additional approvals that must be secured in order for the project to succeed? (Institutional board, JBRC, BCB, etc.)

AGENCY NAME:	CONFEDERATE RELIC ROOM AND MILITARY MUSEUM COMMISSION		
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FORM E – 3% GENERAL FUND REDUCTION

DECISION PACKAGE	10627
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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	\$-25,241
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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	<p>To meet a reduction of \$25,241, or 3% of its FY17 budget, the museum would cut the following:</p> <ul style="list-style-type: none"> a. \$6004 p/t collections person assisting to ready the museum for national reaccreditation, last two quarters of FY17 b. \$3600 100th Anniversary of Fort Jackson exhibit c. \$10,000 advertising & marketing d. <u>\$5637</u> General Operating <p>\$25,241 Total Proposed Reduction</p>
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Describe the method of calculation for determining the reduction in General Funds.

ASSOCIATED FTE REDUCTIONS	N/A
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How many FTEs would be reduced in association with this General Fund reduction?

PROGRAM/ACTIVITY IMPACT	<p>The Museum will begin its national reaccreditation process in FY17 for the first times since 2004. A part time graduate assistant with Collections expertise has been hired temporarily, to assist prepare the comprehensive report, assist with storage shortages, and ready the Collection area for national inspection, summer 2017. Eliminating the funds budgeted for her position would jeopardize national reaccreditation.</p> <p>This would eliminate one of two planned exhibits for FY17. A 100th Anniversary of Fort Jackson exhibit was planned to (1) generate support for the museum from the City of Columbia, City Chamber, and the Columbia Convention Center, and (2) to increase the already substantial visitation to our museum by Fort Jackson basic training graduates and their families, that produces revenue for the museum.</p> <p>The remaining budget reduction will come from advertising, marketing, and misc. funds.</p>
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AGENCY NAME:	CONFEDERATE RELIC ROOM AND MILITARY MUSEUM COMMISSION		
AGENCY CODE:	H960	SECTION:	30

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

SUMMARY	<p>The overall impact to the museum of a 3% budget cut would be potentially catastrophic. The museum’s budget has not recovered from the Great Recession cuts of the past eight years, has major staff shortages with three empty FTEs out of seven, and lacks funds to develop and staff weekend programs to attract visitors and revenue.</p> <p>For FY17, a 3% budget cut would eliminate one of two planned exhibits for the year, designed to attract visitors, ticket sales, and city grant support. It would eliminate marketing and advertising funds to promote the one remaining exhibit, and it would eliminate a temporary position to help the museum maintain its national accreditation obtained in 2004 from the American Alliance of Museums. The SC Confederate Relic Room and Military Museum is 1 of 13 Accredited Museums out of 224 SC Museums that have successfully earned accreditation.</p> <p>The museum would also have to cut from its annual operating funding that pays for computer, telephone, supplies, and rent.</p>
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Please provide a detailed summary of service delivery impact caused by a reduction in General Fund Appropriations.