

AGENCY NAME:	South Carolina Commission for the Blind		
AGENCY CODE:	L240	SECTION:	39



Fiscal Year 2017-18 Agency Budget Plan

FORM A – SUMMARY

**RECURRING FUNDS
(FORM B
DECISION PACKAGES)**

My agency is submitting the following recurring decision packages listed in priority order (Form B): 9994, 9991, 10006, 9997, 10028, 10031, 10034, 10037	
For FY 2017-18, my agency is (mark "X"):	
<input checked="" type="checkbox"/>	Requesting a net increase in recurring General Fund appropriations.
<input type="checkbox"/>	Not requesting a net increase in recurring General Fund Appropriations.

**CAPITAL &
NON-RECURRING
FUNDS
(FORM C
DECISION PACKAGES)**

My agency is submitting the following one-time decision packages listed in priority order (Form C): 10025, 10022	
For FY 2017-18, my agency is (mark "X"):	
<input checked="" type="checkbox"/>	Requesting capital and/or non-recurring funds.
<input type="checkbox"/>	Not requesting capital and/or non-recurring funds.

**PROVISOS
(FORM D)**

For FY 2017-18, my agency is (mark "X"):	
<input 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:	Juan Sims	898-7701	jsims@sccb.sc.gov
SECONDARY CONTACT:	Carrie Morris	898-8835	cmorris@sccb.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:	 9-30-16	
TYPE/PRINT NAME:	James Kirby	Mary Sanksen

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

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FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	9991
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Provide the decision package number issued by the PBF system (“Governor’s Request”).

TITLE	Older Blind Counselor
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Provide a brief, descriptive title for this request.

AMOUNT	48,000
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What is the net change in requested appropriations for FY 2017-18? This amount should correspond to the decision package’s total in PBF across all funding sources.

ENABLING AUTHORITY	Federal Department of Education, Rehabilitative Services Administration administers this program following the Federal Code of Regulations.
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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 checked="" type="checkbox"/> Change in case load / enrollment under existing program guidelines.
	<input type="checkbox"/> Non-mandated change in eligibility / enrollment for existing program.
	<input type="checkbox"/> Non-mandated program change in service levels or areas.
	<input type="checkbox"/> Proposed establishment of a new program or initiative.
<input type="checkbox"/> Loss of federal or other external financial support for existing program.	
<input type="checkbox"/> Exhaustion of fund balances previously used to support program.	

RECIPIENTS OF FUNDS	These funds would support one Older Blind Counselor’s salary and fringe benefits.
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What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

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ACCOUNTABILITY OF FUNDS	<p>The addition of 1 FTE in the role of Older Blind Counselor will assist in meeting Objectives 2.1.1; 3.1.1; 3.1.2; 4.2.2. These objectives focus on increasing opportunities for the Older Blind population of this state to remain independent in their homes. The objectives also address efficiency and strengthening the Older Blind Program. An additional counselor will decrease/eliminate the current waiting list and allow the agency to serve many more citizens who are eligible for this program. With the older population in SC growing each year, the fact that most severe visual conditions occur after age 50, and the evidence of an increase in applicants for this program, an additional counselor is necessary to meet the increasing demand as well.</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>No potential offsets available.</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>None</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>There are no funding alternatives available.</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>Our Older Blind Program received 800 referrals this past fiscal year, and our average caseload for an Older Blind Program counselor is about 70 consumers, with some areas of our state actually experiencing even larger caseload sizes (ex. the Upstate has an active caseload of over 90 consumers). To effectively work with each consumer, the counselors need sufficient time to address training needs within the home settings, coordinate other appropriate services and resources, conduct follow up home visits, and ensure case documentation is routinely completed as required. Some home visits can range up to two hours per meeting. As the number of referrals increase, it is becoming more of a challenge to effectively provide the various necessary assistance. Moreover, research indicates the senior population is expected to double by the year 2030, and “as the last of the baby boomers turn age 65 in 2029, researchers estimate the number of people with vision problems will double to more than 8 million in 2050.” – Newsleader, May 2016. Therefore, we can only anticipate our caseloads will steadily increase as well.</p> <p>Providing adjustment to vision loss skills training for maintaining independence is the primary focus of our Older Blind Program. While we continue to offer modifications and various adaptive equipment for the home setting, there is an increasing dependency on technology. The consumer base is changing to include more individuals who depend on technology for online transactions and as a source of communication with businesses, family and friends.</p> <p>We currently have five Older Blind Program counselors working to provide services for a growing number of seniors across the state. The current waiting list includes a total of approximately 200 individuals, with some wait times as lengthy as four months. If we were awarded the funding to hire one additional employee, this would permit us to redistribute the service territories, which would subsequently reduce the caseload size for each counselor, the duration of travel, and ultimately give us the opportunity to more timely address the essential needs of the visually impaired senior population in our state.</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.

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METHOD OF CALCULATION	<p>We are asking for the anticipated cost of one FTE and the associated fringe benefits.</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>Without the approval of this decision package, we will continue to have a waiting list for the program. With a growing senior population, this will continue over time and will not provide timely services to the citizens of South Carolina.</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?

PRIORITIZATION	<p>Defer action.</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>We currently have five Older Blind Program counselors working to provide services for a growing number of seniors across the state. The current waiting list includes a total of approximately 200 individuals, with some wait times as lengthy as four months. If we were awarded the funding to hire one additional employee, this would permit us to redistribute the service territories, which would subsequently reduce the caseload size for each counselor, the duration of travel, and ultimately give us the opportunity to more timely address the essential needs of the visually impaired senior population in our state.</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?

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PROGRAM EVALUATION	<p>The agency will monitor the waiting list for the program, consumers served by the program, and the number of successful case closures.</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	9994
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Provide the decision package number issued by the PBF system (“Governor’s Request”).

TITLE	Training and Employment - Employment Consultant
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Provide a brief, descriptive title for this request.

AMOUNT	48,000
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What is the net change in requested appropriations for FY 2017-18? This amount should correspond to the decision package’s total in PBF across all funding sources.

ENABLING AUTHORITY	The South Carolina Commission for the Blind is authorized to provide vocational rehabilitation services under Code of Federal Regulation 361.13(a) Title 1, Part B of the Rehabilitation Act and Title VI, Part B of the Rehabilitation Act.
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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 checked="" type="checkbox"/> Change in case load / enrollment under existing program guidelines.
	<input type="checkbox"/> Non-mandated change in eligibility / enrollment for existing program.
	<input type="checkbox"/> Non-mandated program change in service levels or areas.
	<input type="checkbox"/> Proposed establishment of a new program or initiative.
<input type="checkbox"/> Loss of federal or other external financial support for existing program.	
<input type="checkbox"/> Exhaustion of fund balances previously used to support program.	

RECIPIENTS OF FUNDS	These funds would support one Employment Consultant’s salary and fringe benefits.
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What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

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ACCOUNTABILITY OF FUNDS	<p>The addition of 1 FTE in the role of Employment Consultant will assist in meeting Objectives 1.1.1; 1.1.2, 3.1.1, 3.1.2; 4.1.1; 4.2.2. These objectives concern increasing community and business partnerships, increasing opportunities for consumers, reducing staff turnover, especially from work stress, and implementing WIOA regulations. Adding this staff member will allow for greater coverage across the state, smaller regions for each Consultant to reduce work stress, and will improve efficiency and productivity within the program as well as increase competitive employment outcomes.</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>No potential offsets available.</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>These funds would not require match.</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>There are no funding alternatives available.</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 position would replace the position lost during the Reduction in Force of 2008/2009, which resulted in lost business contacts, and a reduction of SCCB consumers for competitive integrated employment opportunities.</p> <p>The FTE, for the Employment Consultant position would cover one quarter of our state in developing and maintaining partner relationships in relieving barriers to employment.</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>We are asking for the anticipated cost of one FTE and the associated fringe benefits.</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>Funding this request will bring this particular service back to pre-budget cut levels. We could reestablish the necessary relationships to place more consumers in competitive integrated employment.</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	Defer action.
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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>Within the first year, the Employment Consultant should reestablish lost contacts with employers, increase consumer referrals, and increase business awareness of services, not only in job development, but also with job retention, ADA Awareness and services, and Diversity transition in the workplace for employers.</p> <p>In accordance with the Workforce Innovation and Opportunity Act (WIOA), the Employment Consultant will work closely with other employment driven State Agencies (SC Department of Employment & Workforce, SC Department of Vocational Rehabilitation, Etc.). Also in accordance, an extra Employment Consultant position will allow for the ability to service the underserved in Rural areas of the state.</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>The performance of the position will be measured upon the following:</p> <ol style="list-style-type: none"> 1. Monthly reports on: Number of presentations conducted, number of sensitivity and awareness trainings to employers, number of consumers worked with each month, and the number of community events attended/hosted each month 2. Quality of each placement
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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	9997
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Federal Training Grant Replacement
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Provide a brief, descriptive title for this request.

AMOUNT	22,000
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What is the net change in requested appropriations for FY 2017-18? This amount should correspond to the decision package's total in PBF across all funding sources.

ENABLING AUTHORITY	The Federal Training Grant has been discontinued, but the need for training will always continue.
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What specific state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority? Please avoid citing general provisions of law where possible, and instead cite to the most specific legal authority supporting the request.

FACTORS ASSOCIATED WITH THE REQUEST	Mark "X" for all that apply:
	<input type="checkbox"/> (Base Adjustment) Allocation of statewide employee benefits.
	<input type="checkbox"/> (Base Adjustment) Realignment within existing programs and lines.
	<input type="checkbox"/> (Base Adjustment) Restructuring of agency programs – <i>requires pre-approval.</i>
	<input type="checkbox"/> IT Technology/Security related
	<input type="checkbox"/> Consulted DTO during development
	<input type="checkbox"/> Related to a Non-Recurring request – If so, Decision Package # _____
	<input type="checkbox"/> Change in cost of providing current services to existing program audience.
	<input type="checkbox"/> Change in case load / enrollment under existing program guidelines.
	<input type="checkbox"/> Non-mandated change in eligibility / enrollment for existing program.
	<input type="checkbox"/> Non-mandated program change in service levels or areas.
	<input type="checkbox"/> Proposed establishment of a new program or initiative.
	<input checked="" 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	The recipients of these funds would be staff. Funds would be used to replace our Department of Education Rehabilitation Services Training Grant. There are changes and updates to federal regulations that staff need to be trained on.
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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>Under the new federal WIOA regulations each agency must be able to provide ongoing training to maintain well qualified staff to serve people with disabilities. Within our agency we have two objectives that examine this need, 3.1.1 and 3.1.2. Both address the need to revise program positions and descriptions to meet the new performance standards and indicators and also to assist in reducing turnover as well-trained staff will remain in their jobs as long as they have the skills and tools to provide the best services to their consumers.</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>No potential offsets available.</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>Funds would not be matched.</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>No funding alternatives available.</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>The funds would be used for training purposes for staff. There are many changes in federal regulations and staff needs be abreast of to meet federal requirements.</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>We are asking for approximately the same amount as the grant that has been discontinued.</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>The agency will have to reduce services to consumers to fund the required training.</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	The agency would have to reduce Vocational Rehabilitation services to fund the required training for staff.
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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	This decision package will maintain important training for staff, keep the agency up to date with the rapidly changing federal regulations, and keep consumer services in compliance with the federal regulations.
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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	The funds would be monitored by the number of employees trained, number of training sessions held each year, and state and federal audit results that could show a lack of training due to preventable errors.
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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	10006
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Federal Authorization Increase
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Provide a brief, descriptive title for this request.

AMOUNT	231,563
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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	The South Carolina Commission for the Blind is authorized to provide vocational rehabilitation services under Code of Federal Regulation 361.13(a) Title 1, Part B of the Rehabilitation Act and Title VI, Part B of the Rehabilitation Act.
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What specific state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority? Please avoid citing general provisions of law where possible, and instead cite to the most specific legal authority supporting the request.

FACTORS ASSOCIATED WITH THE REQUEST	Mark "X" for all that apply:
	<input type="checkbox"/> (Base Adjustment) Allocation of statewide employee benefits.
	<input type="checkbox"/> (Base Adjustment) Realignment within existing programs and lines.
	<input type="checkbox"/> (Base Adjustment) Restructuring of agency programs – <i>requires pre-approval.</i>
	<input type="checkbox"/> IT Technology/Security related
	<input type="checkbox"/> Consulted DTO during development
	<input type="checkbox"/> Related to a Non-Recurring request – If so, Decision Package # _____
	<input checked="" type="checkbox"/> Change in cost of providing current services to existing program audience.
	<input 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	Vendors, through the SRM process.
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What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

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ACCOUNTABILITY OF FUNDS	This supports the entire Accountability Report.
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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	No potential offset available.
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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 new matching funds required.
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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	There are no funding alternatives available.
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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>South Carolina Commission for the Blind is requesting additional federal spending authority to be able to fully utilize the federal funds available to our agency.</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>This request is for the increase in our grant award in the two most recent years.</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>There will be no MOE obligations due to this package. If this request is not honored, the agency will not have sufficient authorization to use all of the federal funds available.</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>If the agency runs out of federal spending authority during the year, off cycle authorization requests would be required.</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>The agency needs this to be able to use all federal funds available.</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>SCCB will monitor the use of these funds by reviewing the numbers of consumers with blindness served, the number of consumers with blindness closed successfully rehabilitated, and by maintaining the current service delivery levels and consumer satisfaction of consumers with blindness.</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	10028
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Pay Plan Allocation
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Provide a brief, descriptive title for this request.

AMOUNT	57,200
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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	Required decision package.
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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	Employees
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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?

AGENCY NAME:	SC Commission for the Blind		
AGENCY CODE:	L240	SECTION:	39

ACCOUNTABILITY OF FUNDS	Required decision package
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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	Required decision package
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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	Required decision package
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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	Required decision package
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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.

AGENCY NAME:	SC Commission for the Blind		
AGENCY CODE:	L240	SECTION:	39

SUMMARY	Required decision package to spread the pay plan allocation
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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	Required decision package
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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	Required decision package
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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?

AGENCY NAME:	SC Commission for the Blind		
AGENCY CODE:	L240	SECTION:	39

PRIORITIZATION	Required decision package
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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	Required decision package
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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	Required decision package
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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?

AGENCY NAME:	SC Commission for the Blind		
AGENCY CODE:	L240	SECTION:	39

FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	10031
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	SCRS and PORS .5% Rate Increase Allocation
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Provide a brief, descriptive title for this request.

AMOUNT	7,325
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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	Required decision package
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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	Employees
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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?

AGENCY NAME:	SC Commission for the Blind		
AGENCY CODE:	L240	SECTION:	39

ACCOUNTABILITY OF FUNDS	Required decision package
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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	Required decision package
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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	Required decision package
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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	Required decision package
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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.

AGENCY NAME:	SC Commission for the Blind		
AGENCY CODE:	L240	SECTION:	39

SUMMARY	Required decision package to spread employee retirement increase allocation
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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	Required decision package
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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	Required decision package
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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?

AGENCY NAME:	SC Commission for the Blind		
AGENCY CODE:	L240	SECTION:	39

PRIORITIZATION	Required decision package
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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	Required decision package
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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	Required decision package
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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?

AGENCY NAME:	SC Commission for the Blind		
AGENCY CODE:	L240	SECTION:	39

FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	10034
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Health and Dental Insurance Allocation
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Provide a brief, descriptive title for this request.

AMOUNT	8,207
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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	Required decision package
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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	Employees
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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?

AGENCY NAME:	SC Commission for the Blind		
AGENCY CODE:	L240	SECTION:	39

ACCOUNTABILITY OF FUNDS	Required decision package
--------------------------------	---------------------------

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	Required decision package
--------------------------	---------------------------

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	Required decision package
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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	Required decision package
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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.

AGENCY NAME:	SC Commission for the Blind		
AGENCY CODE:	L240	SECTION:	39

SUMMARY	Required decision package to spread health and dental insurance allocation
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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	Required decision package
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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	Required decision package
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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?

AGENCY NAME:	SC Commission for the Blind		
AGENCY CODE:	L240	SECTION:	39

PRIORITIZATION	Required decision package
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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	Required decision package
------------------------	---------------------------

What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?

PROGRAM EVALUATION	Required decision package
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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?

AGENCY NAME:	South Carolina Commission for the Blind		
AGENCY CODE:	L240	SECTION:	39

FORM C – CAPITAL OR NON-RECURRING APPROPRIATION REQUEST

DECISION PACKAGE	10022
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Mobile Unit
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Provide a brief, descriptive title for this request.

AMOUNT	195,000
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How much is requested for this project in FY 2017-18?

BUDGET PROGRAM	05000000, 10030000, 15000000
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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>Purchase a customized mobile unit to travel the state of South Carolina to provide assessments, vision screenings, testing and to allow a team to bring services to rural area consumers of 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:	South Carolina Commission for the Blind		
AGENCY CODE:	L240	SECTION:	39

CLASSIFICATION OF FUNDS	<p>This is a non-recurring request. This is our second in priority for non-recurring requests.</p>
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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	<p>None</p>
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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	<p>Vocational Rehabilitation grant funds were considered, but due to grant regulations and restrictions that means that we would have to limit what consumers we are able to serve.</p>
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What other possible funding sources were considered?

LONG-TERM PLANNING AND SUSTAINABILITY	<p>There are no funds already invested in this project. The only recurring funds needed for this project are operating funds that are already available from the individual programs.</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	
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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:	South Carolina Commission for the Blind		
AGENCY CODE:	L240	SECTION:	39

FORM C – CAPITAL OR NON-RECURRING APPROPRIATION REQUEST

DECISION PACKAGE	10025
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Software Customization
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Provide a brief, descriptive title for this request.

AMOUNT	100,000
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How much is requested for this project in FY 2017-18?

BUDGET PROGRAM	01000000, 05000000, 10030000, 15000000
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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>Customizing our case management software, AWARE, will reduce time needed for counselors and service providers to enter information. It will also provide better communication amongst providers which will allow for better service coordination for consumers. This would increase productivity and open up more hours for counselors and service providers to spend in face to face contact with consumers. Interfacing the case management software with financial software will reduce time needed to enter purchase authorizations and increase accuracy for federal and state reports as information would only need to be entered one time instead of individually into two systems as it is now. Interfacing the two programs would then allow AWARE to produce reports in a fraction of the time that is required to manually calculate information as it has to be done at this time. The overall process will increase consumer service provision, accuracy of services provided, and increase productivity in Quality Assurance, Counselor time, service provider time, and finance time and accuracy.</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:	South Carolina Commission for the Blind		
AGENCY CODE:	L240	SECTION:	39

CLASSIFICATION OF FUNDS	This is a non-recurring request. This is our most important non-recurring 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	None
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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
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What other possible funding sources were considered?

LONG-TERM PLANNING AND SUSTAINABILITY	There would only be the one-time cost of doing customizations and interfacing. Once complete the process of updates and maintenance would be included in our current AWARE maintenance yearly fees.
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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	
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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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Provide the decision package number issued by the PBF system ("Governor's Request").

AGENCY NAME:	South Carolina Commission for the Blind		
AGENCY CODE:	L240	SECTION:	39

FORM E – 3% GENERAL FUND REDUCTION

DECISION PACKAGE	10037
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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	-\$104,956
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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	General Fund Reduction Analysis provided by the Department of Administration.
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Describe the method of calculation for determining the reduction in General Funds.

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

PROGRAM/ACTIVITY IMPACT	This reduction will impact the Vocational Rehabilitation program. This will be seen as a reduction in case services funds available to spend for consumer needs.
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What programs or activities are supported by the General Funds identified?

AGENCY NAME:	South Carolina Commission for the Blind		
AGENCY CODE:	L240	SECTION:	39

SUMMARY	<p>This will be seen as a reduction in case services funds available to spend for consumer needs.</p>
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Please provide a detailed summary of service delivery impact caused by a reduction in General Fund Appropriations.