

<b>AGENCY NAME:</b>	South Carolina Commission for Minority Affairs		
<b>AGENCY CODE:</b>	L460	<b>SECTION:</b>	071



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

**FORM A - BUDGET PLAN SUMMARY**

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

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

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

<b>PROVISOS (FORM D)</b>	<b>For FY 2018-19, my agency is (mark "X"):</b>	
	<input type="checkbox"/>	Requesting a new proviso and/or substantive changes to existing provisos.
	<input type="checkbox"/>	Only requesting technical proviso changes (such as date references).
	<input checked="" type="checkbox"/>	Not requesting any proviso changes.

Please identify your agency's preferred contacts for this year's budget process.

	<i>Name</i>	<i>Phone</i>	<i>Email</i>
<b>PRIMARY CONTACT:</b>	Thomas Smith	803-832-8160	<a href="mailto:tsmith@cfma.sc.gov">tsmith@cfma.sc.gov</a>
<b>SECONDARY CONTACT:</b>	Lauretha Whaley	803-832-8161	<a href="mailto:lwhaley@cfma.sc.gov">lwhaley@cfma.sc.gov</a>

I have reviewed and approved the enclosed FY 2018-19 Agency Budget Plan, which is complete and accurate to the extent of my knowledge.

	<i>Agency Director</i>	<i>Board or Commission Chair</i>
<b>SIGN/DATE:</b>	<i>Thomas J. Smith 9-19-17</i>	<i>Kenneth E. Battle 9-19-17</i>
<b>TYPE/PRINT NAME:</b>	Thomas Smith	Kenneth Battle

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

Fiscal Year 2018-19 Budget Request Executive Summary

Agency Code: L460  
 Agency Name: South Carolina Commission for Minority Affairs  
 Section:

BUDGET REQUESTS			FUNDING					FTES				
Priority	Request Type	Request Title	State	Federal	Earmarked	Restricted	Total	State	Federal	Earmarked	Restricted	Total
1	B1 - Recurring	Research Program Expansion	231,360				231,360	3.00				3.00
2	B1 - Recurring	Small & Minority Business Program Expansion	75,000				75,000					0.00
3							0					0.00
4							0					0.00
5							0					0.00
6							0					0.00
7							0					0.00
8							0					0.00
9							0					0.00
10							0					0.00
11							0					0.00
12							0					0.00
13							0					0.00
14							0					0.00
15							0					0.00
16							0					0.00
17							0					0.00
18							0					0.00
19							0					0.00
20							0					0.00
21							0					0.00
22							0					0.00
23							0					0.00
24							0					0.00
25							0					0.00
26							0					0.00
27							0					0.00
28							0					0.00
29							0					0.00
30							0					0.00
<b>TOTAL BUDGET REQUESTS</b>			<b>306,360</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>306,360</b>	<b>3.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>3.00</b>

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**FORM B1 – RECURRING OPERATING REQUEST**

<b>AGENCY PRIORITY</b>	<b>1 – Form #13378</b>
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*Provide the Agency Priority Ranking from the Executive Summary.*

<b>TITLE</b>	<b>I. Administration. Research Program Expansion. Research &amp; Policy Services</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>General: \$231,360</b> <b>Federal:</b> <b>Other:</b> <b>Total: \$ 231,360</b>
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*What is the net change in requested appropriations for FY 2018-19? This amount should correspond to the total for all funding sources on the Executive Summary.*

<b>NEW POSITIONS</b>	<b>Three (3) New Positions</b>
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*Please provide the total number of new positions needed for this request.*

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

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

<b>AGENCY NAME:</b>	<b>South Carolina Commission for Minority Affairs</b>		
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<b>ACCOUNTABILITY OF FUNDS</b>	<p>This funding request will be used to support several strategic planning objectives in the Commission’s Agency Accountability Report. These objectives include:</p> <ul style="list-style-type: none"> <li>• Strategic Objectives 1.1.1, 1.1.2, 1.1.3</li> <li>• Strategic Objectives 2.1.2, 2.1.3</li> <li>• Strategic Objectives 3.1.2, 3.3.2</li> <li>• Strategic Objectives 4.2.1, 4.3.2, 4.3.3, 4.3.41.1, 1.1.2, 1.1.3</li> </ul> <p>These objectives will advance the agency’s role of information dissemination, some (detailed) level of research and analysis, and production of various statistical reports. Each of these objectives is critical to the agency’s ability to meet its statutory requirements. The effectiveness of the use of these funds would be determined by the increase in the agency’s research and the production and dissemination of statistical data and publications as required.</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? How would the use of these funds be evaluated?*

<b>RECIPIENTS OF FUNDS</b>	<p>This funding request would be used to create three Statistical and Research Analyst III positions in order to expand research services. Additional funding is needed and sought to conduct newly identified specialized studies with the state’s research universities and Historically Black Colleges and Universities (HBCU’s). The Research Program Manager will be undertaking four major research initiatives during the 2018-2019 Fiscal Year that would be occurring on an annual to eighteen-month basis. In addition to these research initiatives, the (three) Research Analyst positions would assist the Research Program Manager and the Program Coordinators in our three main program initiatives: African American, Native American Indian, and Hispanic Affairs with identifying, writing, and conducting preliminary analysis. The Research Analysts will also interpret and analyze secondary data collected from our minority communities. In addition, the Research Analysts will assist in field studies and related specialized studies unique to each of our populations. An additional research need involves the assessment of current needs, forecasting trends, and determining any future action needed by citizens as well as our stakeholders. Finally, these Research positions will enable the staff to more definitively determine the impact of current and proposed legislation, and its effects on each population that the Commission is charged to serve by statute.</p>
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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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<b>JUSTIFICATION OF REQUEST</b>	<p>The Commission for Minority Affairs statute mandates that the agency serves as a single point of contact for the collection and dissemination of statistical data for the African-American, Native American Indian, Hispanic-Latino and Asian populations. In addition, the statute mandates that research be provided to minority officials, the business community, state and local municipal government(s), the general public, as well as members of the General Assembly on an as needed basis. We currently have only one FTE in our research program area to fulfill this mandate. There are no matching funds available. This request is in keeping with the major goals in the agency's Accountability Report related to current and ongoing systemic research. These funds will significantly increase our ability to provide research services according to our mandate. The amount of the request was calculated as follows:</p> <table style="margin-left: 20px;"> <tr> <td>3 FTE @ \$42,000/ea.</td> <td style="text-align: right;">\$126,000</td> </tr> <tr> <td>Related Fringe</td> <td style="text-align: right;">\$45,360</td> </tr> <tr> <td>Research Consultants</td> <td style="text-align: right;">\$45,000</td> </tr> <tr> <td>Supplies/Travel</td> <td style="text-align: right;"><u>\$15,000</u></td> </tr> <tr> <td>Total</td> <td style="text-align: right;">\$231,360</td> </tr> </table>	3 FTE @ \$42,000/ea.	\$126,000	Related Fringe	\$45,360	Research Consultants	\$45,000	Supplies/Travel	<u>\$15,000</u>	Total	\$231,360
3 FTE @ \$42,000/ea.	\$126,000										
Related Fringe	\$45,360										
Research Consultants	\$45,000										
Supplies/Travel	<u>\$15,000</u>										
Total	\$231,360										

*Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. If new positions have been requested, explain why existing vacancies are not sufficient.*

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**FORM B1 – RECURRING OPERATING REQUEST**

<b>AGENCY PRIORITY</b>	<b>2 – Form #13379</b>
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*Provide the Agency Priority Ranking from the Executive Summary.*

<b>TITLE</b>	<b>I. Administration. Small &amp; Minority Business Program Expansion</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>General: \$75,000.00</b> <b>Federal:</b> <b>Other:</b> <b>Total: \$75,000.00</b>
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*What is the net change in requested appropriations for FY 2018-19? This amount should correspond to the total for all funding sources on the Executive Summary.*

<b>NEW POSITIONS</b>	<b>0</b>
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*Please provide the total number of new positions needed for this request.*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark “X” for all that apply:</b>
	<input type="checkbox"/> Change in cost of providing current services to existing program audience
	<input 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 type="checkbox"/> Proposed establishment of a new program or initiative
	<input type="checkbox"/> Loss of federal or other external financial support for existing program
	<input type="checkbox"/> Exhaustion of fund balances previously used to support program
	<input type="checkbox"/> IT Technology/Security related
	<input type="checkbox"/> Consulted DTO during development
<input type="checkbox"/> Related to a Non-Recurring request – If so, Priority # _____	

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

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<b>ACCOUNTABILITY OF FUNDS</b>	<p>This funding request will be used to support several strategic planning objectives in the Agency Accountability Report: These objectives include:</p> <p>Goal 4, Strategy 4.3          Goal 3, Strategy 3.1          Address the needs of minority populations through technical assistance, capacity building, outreach and program initiatives.          Reduce the contributing factors causing poverty among South Carolina’s minority populations.</p> <p>The program will develop clear and precise goals and objectives that will address the intent of the Micro Business Development program. These goals and objectives will be communicated by way of a Request for Proposal (RFP) from qualified contractor/consultants. The successful contractor/consultant awarded the project will be responsible to providing to the agency details on how and by what measure do they proposed to meet the program’s intent. The contractor will make a quantitative and qualitative report on a quarterly and annually basis as to what was accomplished during the reporting period (i.e., number of business plans completed, amount of business loan applications submitted and loan dollars obtained, etc.).</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? How would the use of these funds be evaluated?*

<b>RECIPIENTS OF FUNDS</b>	<p>The SC Commission for Minority Affairs will expand a Statewide Micro Business Development program designed to meet the business needs of aspiring and existing micro businesses around the state with emphasis on parts of the state where unemployment and poverty are pervasive. The program will include, but not limited to, the following:</p> <p>The Commission will hire qualified consultants capable of:</p> <ul style="list-style-type: none"> <li>i. Providing <i>Business Management and Technical Assistance</i> to aspiring and existing entrepreneurs around the state. This will have included business plans, Marketing plans, Business Technical Assistance, Business Management Assistance, Loan Packaging, Financial Literacy, Bonding and Financial Assistance, General Management Assistance, Business Education and Training, Contractor and Subcontractor technical education and training, and business conferences/workshops.</li> <li>ii. Providing <i>Business Education and Training</i> to entrepreneurs interested in starting a business or those interested in expanding their knowledge on how to run a more successful business. The education and training program will be designed to teach participants technical skills that are essential for managing a competitive business. The program of choice is the NxLevel® for Micro Entrepreneurs.</li> </ul> <p>This hands-on training program will boost Micro businesses ability to compete in the market place, efficiently. Participants will learn how to choose a business</p>
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idea, develop a marketing plan, explore financing options, and develop a customer service philosophy, as well as other relevant entrepreneurial skills. The NxLevel education program will also include education/training for agricultural business owners. The course targets entrepreneurs who have started or are thinking about starting an agricultural venture that is not tied to large-scale, commodity-style production.

iii. Providing *Contractor/Subcontractor Education/Training*. This training program will teach contractors and sub-contractors skills that are essential for managing a competitive construction business in today's market. The Contractor/Subcontractor Education/Training program will consist of the following:

- Identifying challenges of being a contractor;
- Understanding fundamentals of estimating and bidding;
- Learning effective methods for locating, obtaining, managing, and scheduling work;
- Understanding key concepts of contract management
- Locating resources within the construction industry.

*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?*

**JUSTIFICATION OF REQUEST**

A core mission of the South Carolina Commission for Minority Affairs (CMA) is “to serve as a liaison with community leaders, businesses, and elected officials to build the infrastructure needed to foster economic prosperity among the minority population” of the state. One of our focus areas at the Commission is the development and expansion of minority owned businesses as a means to foster economic prosperity among ethnic minorities in the state. The SC Commission for Minority Affairs Micro Business Education and Technical Assistance Program will provide needed services to existing and startup business owners around the state. The program will address those critical needs of the small and micro business owners by providing a robust business management and technical assistance, and education and training program. The program will serve the minority population for which our agency is required to serve as directed by state statute. Moreover, the program will put emphasis on those geographical areas where poverty and unemployment are high (i.e., the I-95 Corridor). The success of the program will be measureable and the impact will be realized around the state as business owners create income, jobs, and wealth for themselves and their communities

The calculations for this budget amount requested is based on average salaries, overhead costs, and indirect costs associated with administering a program that provides the services that we are proposing for this budget increase. Moreover, we took into account the level of professional expertise, experience and education



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required to carry out the duties that will be set forth in this project. Also, we considered information from other organizations around the state that provide similar proposed services, have similar staffing costs, and similar direct and indirect costs. These references are available upon request.

Contractual Services*	\$65,000.00
Program Support**	<u>\$10,000.00</u>
Total:	\$75,000.00

\*These funds will be used to hire consultants on an as needed basis to provide and deliver program services to our clients.

\*\*The program support funds will be used to provide support to the program such as marketing and advertising, travel, supplies and materials, website support, and other expenses associated with full implementation of the Micro Enterprise program.

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*Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. If new positions have been requested, explain why existing vacancies are not sufficient.*

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

<b>TITLE</b>	Agency Cost Savings and General Fund Reduction Contingency Plan
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<b>AMOUNT</b>	<b>\$38,864</b> <i>What is the General Fund 3% reduction amount (minimum based on the FY 2017-18 recurring appropriations)? This amount should correspond to the reduction spreadsheet prepared by EBO.</i>
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<b>ASSOCIATED FTE REDUCTIONS</b>	None  <i>How many FTEs would be reduced in association with this General Fund reduction?</i>
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<b>PROGRAM/ACTIVITY IMPACT</b>	<p>I. Administration. Human Trafficking Hotline Initiative.</p> <p>The Agency received funding for this new program initiative in FY 2016 – 2017. We hired a FTE June 2017 to coordinate the activities of this new program. We would take the 3% reduction from some of the operational costs funded through this program area to include training and technical assistance activities, printed materials, and translation services.</p>
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*What programs or activities are supported by the General Funds identified?*

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<b>SUMMARY</b>	<p>The Human Trafficking Hotline is intended to reduce the incidences of violations of federal immigration laws or related provisions of South Carolina law by any non-United States citizen or immigrant, and allegations of violations of any federal immigration laws or related provisions in South Carolina law against any non-United States citizen or immigrant by the reporting, investigation, and the prosecution of the same.</p> <p>We are currently in implementation phase of establishing a statewide 24-hour toll free telephone number for the receiving, recording, collecting, and reporting of allegations of violations of federal immigration laws or related provisions of South Carolina law by any non-United States citizen or immigrant, and allegations of violations of any federal immigration laws or related provisions in South Carolina law against any non-United States Citizen or immigrant. This reduction in services would impact our ability to provide awareness, outreach and technical assistance throughout the State regarding human trafficking.</p>
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*Please provide a detailed summary of service delivery impact caused by a reduction in General Fund Appropriations and provide the method of calculation for anticipated reductions. Agencies should prioritize reduction in expenditures that have the least significant impact on service delivery.*

<b>AGENCY COST SAVINGS PLANS</b>	N/A
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*What measures does the agency plan to implement to reduce its costs and operating expenses by more than \$50,000? Provide a summary of the measures taken and the estimated amount of savings. How does the agency plan to repurpose the savings?*