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| AGENCY NAME: | SC School for the Deaf and the Blind | | |
| AGENCY CODE: | H75 | SECTION: | 006 |



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

FORM A - BUDGET PLAN SUMMARY

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| OPERATING REQUESTS (FORM B1) | For FY 2018-19, my agency is (mark "X"): | |
| | <input type="checkbox"/> | Requesting General Fund Appropriations. |
| | <input type="checkbox"/> | Requesting Federal/Other Authorization. |
| | <input checked="" type="checkbox"/> | Not requesting any changes. |
| NON-RECURRING REQUESTS (FORM B2) | For FY 2018-19, my agency is (mark "X"): | |
| | <input type="checkbox"/> | Requesting Non-Recurring Appropriations. |
| | <input type="checkbox"/> | Requesting Non-Recurring Federal/Other Authorization. |
| | <input checked="" type="checkbox"/> | Not requesting any changes. |
| CAPITAL REQUESTS (FORM C) | For FY 2018-19, my agency is (mark "X"): | |
| | <input type="checkbox"/> | Requesting funding for Capital Projects. |
| | <input checked="" type="checkbox"/> | Not requesting any changes. |
| PROVISOS (FORM D) | For FY 2018-19, 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: | Ben Riddle | 864-577-7544 | briddle@scsdb.org |
| SECONDARY CONTACT: | Scott Ramsey | 864-577-7522 | sramsey@scsdb.org |

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

| | <u>Agency Director</u> | <u>Board or Commission Chair</u> |
|-------------------------|------------------------|----------------------------------|
| SIGN/DATE: | | |
| TYPE/PRINT NAME: | Dr. Page McCraw | Mr. Robert A. Dobson, III |

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

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| AGENCY NAME: | South Carolina School for the Deaf and the Blind | | |
| AGENCY CODE: | H750 | SECTION: | |

FORM B1 – RECURRING OPERATING REQUEST

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| AGENCY PRIORITY | 1 |
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Provide the Agency Priority Ranking from the Executive Summary.

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| TITLE | 12 FTE’s funded by Other Funds |
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Provide a brief, descriptive title for this request.

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| AMOUNT | General: \$0 Federal: \$0 Other:\$0 Total: \$0 |
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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.

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| NEW POSITIONS | 12 |
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Please provide the total number of new positions needed for this request.

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| FACTORS ASSOCIATED WITH THE REQUEST | Mark “X” for all that apply: | |
| | <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 |
| | <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 # _____ |

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| STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES | Mark “X” for primary applicable Statewide Enterprise Strategic Objective: | |
| | <input checked="" 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 type="checkbox"/> | Government and Citizens |

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| ACCOUNTABILITY OF FUNDS | <p>The Agency is not asking for additional funds to support the requested positions.</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?

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| RECIPIENTS OF FUNDS | <p>The Agency is not asking for additional funds to support the requested positions.</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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| JUSTIFICATION OF REQUEST | <p>The Agency recently conducted an internal study to reallocate its existing budget to more closely resemble its current configuration. We found that we lacked the flexibility to realign personnel from a funding standpoint based on the lack of available Other Funded FTE's. This request will allow the Agency to restructure its personnel budget to more properly reflect the current structure. Due to the lack of available Other Funded FTE's we would be unable to complete this reconfiguration without the requested positions. This request is for positions only and will not result in overall payroll growth. The Agency will fund the positions with currently available cash/Other Fund budget.</p> |
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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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| SUMMARY | <p>SCSDB will reduce the operating budget by \$451,646 to cover this 3% general fund reduction.</p> |
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Please provide a detailed summary of service delivery impact caused by a reduction in General Fund Appropriations and provide the method of calculation for anticipated reductions. Agencies should prioritize reduction in expenditures that have the least significant impact on service delivery.

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| AGENCY COST SAVINGS PLANS | <p>Should the need arise, SCSDB will implement an across the board 3% reduction in operating expenditures by reducing operating budgets in each area of operations. Upon implementation, expenditures will be reviewed to ensure that funds are being spent on essential needs corresponding to Agency goals and objectives outlined in the most recent accountability report.</p> |
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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?

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FORM F – REDUCING COST AND BURDEN TO BUSINESSES AND CITIZENS

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| TITLE | NA |
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Provide a brief, descriptive title for this request.

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| EXPECTED SAVINGS TO BUSINESSES AND CITIZENS | NA |
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What is the expected savings to South Carolina’s businesses and citizens that is generated by this proposal? The savings could be related to time or money.

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| FACTORS ASSOCIATED WITH THE REQUEST | <p>Mark “X” for all that apply:</p> <input type="checkbox"/> Repeal or revision of regulations. <input type="checkbox"/> Reduction of agency fees or fines to businesses or citizens. <input type="checkbox"/> Greater efficiency in agency services or reduction in compliance burden. <input type="checkbox"/> Other |
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| METHOD OF CALCULATION | The SC School for the Deaf and the Blind charges a fee for services provided to businesses, school districts and citizens of the State of South Carolina. These fees are at or below market rate for services such as Interpreting, braille production and vision services. |
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Describe the method of calculation for determining the expected cost or time savings to businesses or citizens.

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| REDUCTION OF FEES OR FINES | NA |
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Which fees or fines does the agency intend to reduce? What was the fine or fee revenue for the previous fiscal year? What was the associated program expenditure for the previous fiscal year? What is the enabling authority for the issuance of the fee or fine?

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| REDUCTION OF REGULATION | NA |
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Which regulations does the agency intend to amend or delete? What is the enabling authority for the regulation?

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SUMMARY

The South Carolina School for the Deaf and the Blind does not issue regulations.

*Provide an explanation of the proposal and its positive results on businesses or citizens.
How will the request affect agency operations?*