

Agency Name:	Commission On Minority Affairs		
Agency Code:	L460	Section:	71



**Fiscal Year FY 2024-2025  
Agency Budget Plan**

**FORM A - BUDGET PLAN SUMMARY**

**OPERATING  
REQUESTS  
(FORM B1)**

<b>For FY 2024-2025, 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.

**NON-RECURRING  
REQUESTS  
(FORM B2)**

<b>For FY 2024-2025, 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.

**CAPITAL  
REQUESTS  
(FORM C)**

<b>For FY 2024-2025, my agency is (mark "X"):</b>	
<input type="checkbox"/>	Requesting funding for Capital Projects.
<input checked="" type="checkbox"/>	Not requesting any changes.

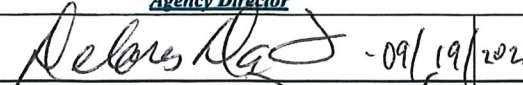
**PROVISOS  
(FORM D)**

<b>For FY 2024-2025, my agency is (mark "X"):</b>	
<input type="checkbox"/>	Requesting a new proviso and/or substantive changes to existing provisos.
<input type="checkbox"/>	Only requesting technical proviso changes (such as date references).
<input checked="" type="checkbox"/>	Not requesting any proviso changes.

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

	<u>Name</u>	<u>Phone</u>	<u>Email</u>
<b>PRIMARY CONTACT:</b>	Dr. Delores Dacosta	(803) 240-6433	DDacosta@cma.sc.gov
<b>SECONDARY CONTACT:</b>	Brenton Brown	(803) 832-8163	BBrown@cma.sc.gov

I have reviewed and approved the enclosed FY 2024-2025 Agency Budget Plan, which is complete and accurate to the extent of my knowledge.

<b>SIGN/DATE:</b>	<u>Agency Director</u>	<u>Board or Commission Chair</u>
<b>TYPE/PRINT NAME:</b>	 -09/19/2023	
	Dr. Delores Dacosta	

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

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BUDGET REQUESTS			FUNDING					FTES				
Priority	Request Type	Request Title	State	Federal	Earmarked	Restricted	Total	State	Federal	Earmarked	Restricted	Total
1	B1 - Recurring	Operations support	127,842	0	0	0	127,842	2.00	0.00	0.00	0.00	2.00
2	B1 - Recurring	Funding for South Carolina state-recognized Native American Tribes and Groups	250,000	0	0	0	250,000	0.00	0.00	0.00	0.00	0.00
TOTALS			377,842	0	0	0	377,842	2.00	0.00	0.00	0.00	2.00

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## **FORM B1 – RECURRING OPERATING REQUEST**

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

<b>TITLE</b>	<b>Operations support</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>General: \$127,842</b> <b>Federal: \$0</b> <b>Other: \$0</b> <b>Total: \$127,842</b>
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*What is the net change in requested appropriations for FY 2024-2025? This amount should correspond to the total for all funding sources on the Executive Summary.*

<b>NEW POSITIONS</b>	2.00
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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 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
	<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>ACCOUNTABILITY OF FUNDS</b>	<p>This request impacts all strategies of the annual Agency Accountability Report. This funding would allow the agency to continue to grow to meet the needs of its constituents by allowing for it to hire more staff to meet the needs of stakeholders.</p>
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*What specific strategy, as outlined in the most recent Strategic Planning and Performance Measurement template of agency's accountability report, does this funding request support? How would this request advance that strategy? How would the use of these funds be evaluated?*

<b>RECIPIENTS OF</b>	<p>The agency would receive these funds to hire FTEs to assist in its various program areas.</p>
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**FUNDS**

*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**

Funding will be used to cover the costs of hiring two (2) new full-time employees (FTEs) to meet the expanding needs of the agency's operations. This request impacts the agency's operation. Funding would allow it to continue to grow to meet the needs of its constituents by allowing for it to hire more staff to meet the needs of stakeholders.

The request is as follows:

Administrative Assistant (Band 4) Total: \$40,000 (salary) + 43% (fringe rate - \$17,200) = \$57,200

Database Specialist (Band 5) Total: \$49,400 (salary) + 43% (fringe rate - \$21,242) = \$70,642

Overall totals: \$127,842

*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>	2
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*Provide the Agency Priority Ranking from the Executive Summary.*

<b>TITLE</b>	<b>Funding for South Carolina state-recognized Native American Tribes and Groups</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<p><b>General: \$250,000</b></p> <p><b>Federal: \$0</b></p> <p><b>Other: \$0</b></p> <p><b>Total: \$250,000</b></p>
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*What is the net change in requested appropriations for FY 2024-2025? This amount should correspond to the total for all funding sources on the Executive Summary.*

<b>NEW POSITIONS</b>	0.00
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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>ACCOUNTABILITY OF FUNDS</b>	<p>This request impacts performance measure 3.1.1 and 3.2.1 of the Agency Accountability Report in that it will help secure financial and technical assistance for a minority community served by the agency, which includes small business owners.</p>
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*What specific strategy, as outlined in the most recent Strategic Planning and Performance Measurement template of agency's accountability report, does this funding request support? How would this request advance that strategy? How would the use of these funds be evaluated?*

	<p>The recipient are nine state-recognized Native American tribes and four state-recognized Native American groups. The allocation of funding would include \$20,000</p>
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**RECIPIENTS OF FUNDS**

each for the state-recognized tribes (\$180,000 total) and \$17,500 each for the state-recognized groups (\$70,000) total.

*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**

Funding will be used to cover the costs of increased community-based initiatives of these communities. This request would advance the duties of the agency under state law (S.C. Code Ann. § 1-31-40(A)(6)(2003)), whereby the Commission has a duty and responsibility to "seek federal and other funding on behalf of the State of South Carolina for the express purpose of implementing various programs and services for African Americans, Native American Indians, Hispanics/Latinos, Asians, and other minority groups." The Commission also has the responsibility of overseeing the state recognition process for Native American Tribes, and the state presently has nine (9) state-recognized tribes and four (4) state-recognized groups (the Commission can no longer recognize groups under the new provision of the law [§1-31-60]). There are approximately 12,000 Native Americans in South Carolina who are considered not being mixed with other races of people. In the 2020 U.S. Census, there was an estimated 24,000 who identified as American or Alaskan Native in South Carolina. Approximately 18.4% of Native Americans in the state have graduated from college, but many often leave the state for better economic opportunities in our neighboring states of North Carolina and Georgia. Moreover, state-recognized tribal communities are ineligible for federal grants and have limited means of funding the various activities in their tribal communities. To supplement community income, many of them must conduct educational tours to school groups during the academic year, or participate in lectures at various colleges and university to teach others about their history. They all actively engage in powwows to demonstrate the rich history of their tribal cultures and beliefs. The Commission is requesting \$250,000 in recurring dollars to disseminate to the tribes in support of their educational initiatives, provide for community programs, and promote tourism to educate visitors about the Native culture in the state of South Carolina. The Commission will develop the guidelines and eligibility requirements needed to implement and report grants. Grants will be disbursed once a year on a specified date.

*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>	\$82,642
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*What is the General Fund 3% reduction amount? This amount should correspond to the reduction spreadsheet prepared by EBO.*

<b>ASSOCIATED FTE REDUCTIONS</b>	No FTEs would be reduced in association with General Fund reduction.
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*How many FTEs would be reduced in association with this General Fund reduction?*

<b>PROGRAM / ACTIVITY IMPACT</b>	The programs / activities supported by the General Funds identified are based on the agency's Immigration Hotline.
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*What programs or activities are supported by the General Funds identified?*

<b>SUMMARY</b>	If a three percent (3%) General Fund reduction is necessary, the agency would take the reduction for some of the operational costs as funded through the Immigration Hotline program area, to include: training and technical assistance activities, printed materials, and translation services. The Immigration Hotline is not producing at expected levels to produce intended outcomes. Thus, a three percent (3%) reduction would not interfere with the agency's direct operations.
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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.*

**AGENCY COST SAVINGS PLANS**

To reduce agency costs and operating expenses by more than \$50,000 the agency could: 1) maintain a vacant position, or 2) reduce costs related to the outsourcing of services, whereby the agency would no longer contract out grant-writing, translation, and professional development or staff development trainings. Thus, in lieu of outsourcing, the agency would conduct inhouse production of content to be shared via social media platforms, advertising campaigns, and professional development and / or other trainings.

*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**

<b>TITLE</b>	Reducing cost and burden to businesses and citizens
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*Provide a brief, descriptive title for this request.*

<b>EXPECTED SAVINGS TO BUSINESSES AND CITIZENS</b>	Not applicable.
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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.*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark "X" for all that apply:</b>	
	<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 checked="" type="checkbox"/>	Other

<b>METHOD OF CALCULATION</b>	Not applicable.
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*Describe the method of calculation for determining the expected cost or time savings to businesses or citizens.*


<b>REDUCTION OF FEES OR FINES</b>	The agency does not levy any fines or fees.
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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?*

<b>REDUCTION OF REGULATION</b>	Not applicable.
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*Which regulations does the agency intend to amend or delete? What is the enabling authority for the regulation?*

<b>SUMMARY</b>	Not applicable.
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*Provide an explanation of the proposal and its positive results on businesses or citizens. How will the request affect agency operations?*