Agency Name:	School For The Deaf And The Blind		
Agency Code:	H750	Section:	6

Fiscal Year FY 2026-2027

Agency Budget Plan

FORM A - BUDGET PLAN SUMMARY

	For FY 2026-2027, my agency is (mark "X"):	
OPERATING REQUESTS *(FORM B1)*	X	Requesting General Fund Appropriations.
		Requesting Federal/Other Authorization.
		Not requesting any changes.

	For FY 2026-2027, my agency is (mark "X"):	
NON-RECURRING REQUESTS *(FORM B2)*	X	Requesting Non-Recurring Appropriations.
		Requesting Non-Recurring Federal/Other Authorization.
		Not requesting any changes.

	For FY 2026-2027, my agency is (mark "X"):	
CAPITAL REQUESTS *(FORM C)*		Requesting funding for Capital Projects.
	X	Not requesting any changes.

	For FY 2026-2027, my agency is (mark "X"):	
PROVISOS *(FORM D)*		Requesting a new proviso and/or substantive changes to existing provisos.
		Only requesting technical proviso changes (such as date references).
	X	Not requesting any proviso changes.

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

	Name	*Phone*	*Email*
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 2026-2027 Agency Budget Plan, which is complete and accurate to the extent of my knowledge.

	Agency Director	*Board or Commission Chair*
SIGN/DATE:	Jolene L. Madison	
TYPE/PRINT NAME:	Jolene L. Madison	Andrew P. Dobson

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

Agency Name:	School For The Deaf And The Blind
Agency Code:	H750
Section:	6

BUDGET REQUESTS			FUNDING					FTES				
Priority	Request Type	Request Title	State	Federal	Earmarked	Restricted	Total	State	Federal	Earmarked	Restricted	Total
1	B1 - Recurring	Personnel increase	2,500,000	0	0	0	2,500,000	0.00	0.00	0.00	0.00	0.00
2	B2 - Non-Recurring	Maintenance Equipment replacement	300,000	0	0	0	300,000	0.00	0.00	0.00	0.00	0.00
3	B2 - Non-Recurring	Student Activities Center Improvements	75,000	0	0	0	75,000	0.00	0.00	0.00	0.00	0.00
TOTALS			2,875,000	0	0	0	2,875,000	0.00	0.00	0.00	0.00	0.00

Agency Name:	School For The Deaf And The Blind		
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FORM B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY

1

Provide the Agency Priority Ranking from the Executive Summary.

TITLE

Personnel increase

Provide a brief, descriptive title for this request.

AMOUNT

General: $2,500,000

Federal: $0

Other: $0

Total: $2,500,000

What is the net change in requested appropriations for FY 2026-2027? This amount should correspond to the total for all funding sources on the Executive Summary.

NEW POSITIONS

0.00

Please provide the total number of new positions needed for this request.

FACTORS ASSOCIATED WITH THE REQUEST

Mark "X" for all that apply:	
X	Change in cost of providing current services to existing program audience
	Change in case load/enrollment under existing program guidelines
	Non-mandated change in eligibility/enrollment for existing program
	Non-mandated program change in service levels or areas
	Proposed establishment of a new program or initiative
	Loss of federal or other external financial support for existing program
X	Exhaustion of fund balances previously used to support program
	IT Technology/Security related
X	HR/Personnel Related
	Consulted DTO during development
	Related to a Non-Recurring request – If so, Priority #

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES

Mark "X" for primary applicable Statewide Enterprise Strategic Objective:	
X	Education, Training, and Human Development
	Healthy and Safe Families
	Maintaining Safety, Integrity, and Security
	Public Infrastructure and Economic Development
	Government and Citizens

ACCOUNTABILITY OF FUNDS

This request is core to our Mission of ensuring that the individuals we serve realize maximum success through high quality educational programs, outreach services and partnerships and our Vison of being the statewide leader in education and accessibility for individuals who are deaf, blind, or sensory multi-disabled.

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?

SCSDB will utilize the funding to maintain current salary and fringe benefits for current

RECIPIENTS OF FUNDS	faculty and staff.

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	SCSDB's request for additional personnel funding is based on the annual cost of state mandated Teacher Step Increases as well as the recently revised state job classification and compensation system mandate from State OHR.

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.

Agency Name:	School For The Deaf And The Blind		
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FORM B2 – NON-RECURRING OPERATING REQUEST

AGENCY PRIORITY

2

Provide the Agency Priority Ranking from the Executive Summary.

TITLE

Maintenance Equipment replacement

Provide a brief, descriptive title for this request.

AMOUNT

$300,000

What is the net change in requested appropriations for FY 2026-2027? This amount should correspond to the total for all funding sources on the Executive Summary.

FACTORS ASSOCIATED WITH THE REQUEST

Mark "X" for all that apply:	
	Change in cost of providing current services to existing program audience
	Change in case load/enrollment under existing program guidelines
	Non-mandated change in eligibility/enrollment for existing program
	Non-mandated program change in service levels or areas
	Proposed establishment of a new program or initiative
	Loss of federal or other external financial support for existing program
	Exhaustion of fund balances previously used to support program
	IT Technology/Security related
	Consulted DTO during development
	HR/Personnel Related
X	Request for Non-Recurring Appropriations
	Request for Federal/Other Authorization to spend existing funding
	Related to a Recurring request – If so, Priority #

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES

Mark "X" for primary applicable Statewide Enterprise Strategic Objective:	
X	Education, Training, and Human Development
	Healthy and Safe Families
	Maintaining Safety, Integrity, and Security
	Public Infrastructure and Economic Development
	Government and Citizens

ACCOUNTABILITY OF FUNDS

SCSDB's campus consist of approximately 168 acres and 30 plus structures which require daily maintenance attention from our physical plant staff who employ the use of traditional as well as highly specialized and heavy-duty equipment.

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?

RECIPIENTS OF FUNDS

SCSDB will follow the SC Consolidated Procurement Code for the purchase of new equipment.

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

SCSDB strives to maintain our current physical plant equipment through proper use and maintenance coupled with replacement schedules for equipment that has reached maximum life expectancy.

Item:	Quantity:	Estimate:
Ford 4 Door SuperCrew Cab Truck	2	$100,000.00
John Deere Gator with cab enclosure	2	$50,000.00
John Deere Z930M riding mower 54" deck	1	$17,500.00
Dump trailer 12'	1	$10,000.00
Winch/bumper for new truck	2	$16,000.00
Grapple bucket for tractor	1	$7,000.00
Ford Transit van	1	$35,000.00
Telescopic Boon Lift	1	$50,000.00
Shop tools	1	$14,500.00

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 B2 – NON-RECURRING OPERATING REQUEST

AGENCY PRIORITY

3

Provide the Agency Priority Ranking from the Executive Summary.

TITLE

Student Activities Center Improvements

Provide a brief, descriptive title for this request.

AMOUNT

$75,000

What is the net change in requested appropriations for FY 2026-2027? This amount should correspond to the total for all funding sources on the Executive Summary.

FACTORS ASSOCIATED WITH THE REQUEST

Mark "X" for all that apply:	
	Change in cost of providing current services to existing program audience
	Change in case load/enrollment under existing program guidelines
	Non-mandated change in eligibility/enrollment for existing program
	Non-mandated program change in service levels or areas
	Proposed establishment of a new program or initiative
	Loss of federal or other external financial support for existing program
	Exhaustion of fund balances previously used to support program
	IT Technology/Security related
	Consulted DTO during development
	HR/Personnel Related
X	Request for Non-Recurring Appropriations
	Request for Federal/Other Authorization to spend existing funding
	Related to a Recurring request – If so, Priority #

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES

Mark "X" for primary applicable Statewide Enterprise Strategic Objective:	
X	Education, Training, and Human Development
	Healthy and Safe Families
	Maintaining Safety, Integrity, and Security
	Public Infrastructure and Economic Development
	Government and Citizens

ACCOUNTABILITY OF FUNDS

This request supports Residential programs. Funds will be used to update and improve the Student Activity Center on campus. This will include new gaming options, TV's, Furniture and decor.

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?

RECIPIENTS OF FUNDS

Local vendors will provide goods and services.

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

The current Activity Center is old and outdated. Entertainment options are limited. TV's are small and old. Furniture is also dated and in need of replacement. This is an area where students gather before and after sporting events, after dinner or special events and is designed to give students a space outside of their dorms. Upgrades to this area would go a long way towards improving entertainment options for residential students.

Item	Quantity	Estimate
Fitness Equipment		$36,500.00
Couch	6	$10,000.00
Pool Table	1	$2,000.00
Air Hocky Table	1	$1,000.00
TV Projector	1	$3,000.00
Projector Screen	1	$1,500.00
60" TV	3	$2,000.00
Gaming console	4	$2,500.00
Celing Tiles		$1,000.00
Paint		$10,000.00
Various games		$1,000.00
Various Items		$1,000.00
Tables	6	$2,000.00
Chairs	24	$1,500.00

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

TITLE	Cost Savings and General Fund Reduction Contingency Plan
AMOUNT	$595,567 *What is the General Fund 3% reduction amount? This amount should correspond to the reduction spreadsheet prepared by EBO.*
ASSOCIATED FTE REDUCTIONS	None *How many FTEs would be reduced in association with this General Fund reduction?*
PROGRAM / ACTIVITY IMPACT	The operating budget from the general fund will be reduced. The reduction will be shared accross each division/department. *What programs or activities are supported by the General Funds identified?*
SUMMARY	Service delivery provided by SCSDB would be impacted if this reduction took place. It would result in the overall reduction of Program supplies and matterials as well as the potential for certain services to be unavailable.

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

Should the need arise, SCSDB will implement an across the board 3% reduction in operating expenditures by reducing operating budgets in each division. Upon implementation, expenditures will be reviewed to ensure funds are being spent on essential needs corresponding to the agency's goals and objectives outlined in the accountability report.

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?