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Agency Name:	Commission For The Blind		
Agency Code:	L240	Section:	39

Fiscal Year FY 2027-2028

Agency Budget Plan

FORM A - BUDGET PLAN SUMMARY

	For FY 2027-2028, my agency is (mark "X"):	
OPERATING REQUESTS *(FORM B1)*	X	Requesting General Fund Appropriations.
		Requesting Federal/Other Authorization.
		Not requesting any changes.

	For FY 2027-2028, my agency is (mark "X"):	
NON-RECURRING REQUESTS *(FORM B2)*		Requesting Non-Recurring Appropriations.
		Requesting Non-Recurring Federal/Other Authorization.
	X	Not requesting any changes.

	For FY 2027-2028, my agency is (mark "X"):	
CAPITAL REQUESTS *(FORM C)*		Requesting funding for Capital Projects.
	X	Not requesting any changes.

	For FY 2027-2028, my agency is (mark "X"):	
PROVISOS *(FORM D)*	X	Requesting a new proviso and/or substantive changes to existing provisos.
		Only requesting technical proviso changes (such as date references).
		Not requesting any proviso changes.

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

	Name	***Phone***	***Email***
PRIMARY CONTACT:	Kenneth Burton	(803) 667-8141	kenneth.burton@sccb.sc.gov
SECONDARY CONTACT:	Mark Christopher	(803) 898-7701	Mark.Christopher@sccb.sc.gov

I have reviewed and approved the enclosed FY 2027-2028 Agency Budget Plan, which is complete and accurate to the extent of my knowledge.

	Agency Director		***Board or Commission Chair***	
SIGN/DATE:	Luis Mendoza	9/29/2026	Susan L. John	9/29/2026
TYPE/PRINT NAME:	Luis Gamarra Mendoza		Susan L. John	

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

Agency Name:	Commission For The Blind
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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	Federal Grant State Match	225,619	0	0	0	225,619	0.00	0.00	0.00	0.00	0.00
2	B1 - Recurring	Allocation to Private Entities	1,000,000	0	0	0	1,000,000	0.00	0.00	0.00	0.00	0.00
TOTALS			1,225,619	0	0	0	1,225,619	0.00	0.00	0.00	0.00	0.00

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FORM B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY

1

Provide the Agency Priority Ranking from the Executive Summary.

TITLE

Federal Grant State Match

Provide a brief, descriptive title for this request.

AMOUNT

General: $225,619

Federal: $0

Other: $0

Total: $225,619

What is the net change in requested appropriations for FY 2027-2028? 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
	Exhaustion of fund balances previously used to support program
	IT Technology/Security related
	HR/Personnel Related
	AI Related
	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

The state matching funds would allow the agency to secure additional federal funds to provide goods and services to our consumers across the state of South Carolina. We have federal reporting requirements that would capture the program and finanical data to reflect the services provided to the consumers.

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

State matching funds will be directly allocated across the agency's core programs, Vocational Rehabilitation, the Business Enterprise Program, Youth Services, and the Training Center, expanding employment, skill-building, and career placement services

FUNDS	for citizens who are blind and low-vision statewide.

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	Without the requested state matching funds, the agency will be unable to draw down its full Title I Federal Vocational Rehabilitation grant allotment. Because federal VR funding requires a 21.3% state match, yielding $3.69 in federal support for every $1 of state investment, this would limit the specialized employment and independence services the agency is able to provide to citizens who are blind and low vision.

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

AGENCY PRIORITY

2

Provide the Agency Priority Ranking from the Executive Summary.

TITLE

Allocation to Private Entities

Provide a brief, descriptive title for this request.

AMOUNT

General: $1,000,000

Federal: $0

Other: $0

Total: $1,000,000

What is the net change in requested appropriations for FY 2027-2028? 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:	
	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
X	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
	HR/Personnel Related
	AI Related
	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

Under our federal Vocational Rehabilitation grant, we cannot serve adults who are blind or low vision and who do not express a desire to go to work; the VR funding is to support services for employment. Under our federal Older Blind grant, we can only serve individuals who are 55 and older who are not working. Individuals under 55 often need assistance with adjustment to blindness and independent living training in order to gain the confidence and skills needed to eventually even consider employment.

These funds would allow the agency to fill these gaps in service provision by utilizing contractors to provide adjustment to blindness services to adults under 55 who are not employed or currently seeking employment.

To provide oversight of funding and prevent duplication of services, SCCB utilizes the State of South Carolina Contribution Expenditure Report and specific program reports to collect data related to services provided by contractors. In addition, by providing oversight of this funding the agency will be able to ensure that the types of services provided support but do not duplicate those provided by other public or private

organizations.

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	Contractors such as the Association for the Blind and Visually Impaired (ABVI), Lions Vision Services, and Sight Savers of America would receive funds designated by the South Carolina Commission for the Blind to provide adjustment to blindness services to individuals under 55 who are not employed or currently seeking employment. These services will assist individuals with gaining the skills and confidence to live independently and safely with vision loss and create a foundation for future employment-related opportunities. The funds will be allocated based on the capacity of the vendor and assessment of the vendor by the agency to provide the services needed.

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	Due to federal grant requirements for the Vocational Rehabilitation program, the agency is unable to serve working age adults who are blind or low vision and who do not express a desire to go to work. Similarly, federal grant requirements for the Older Blind program mean that the agency cannot serve individuals under 55 who are not employed. These funds will have a life-changing impact on adults who are blind or low vision. They will allow individuals who otherwise would not receive assistance with adjustment to blindness and independent living training. Investing in their independence and well-being will create a foundation for future opportunities, whether educational, employment-related, or personal. Non-recurring funds in this amount were provided in SFY27 by agreement of the House and the Senate. The agency is asking for the funds to be recurring in SFY28.

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 D – PROVISO REVISION REQUEST

NUMBER	39.5
	Cite the proviso according to the renumbered list (or mark "NEW").
TITLE	Carry Forward
	Provide the title from the renumbered list or suggest a short title for any new request.
BUDGET PROGRAM	Vocational Rehabilitation, Business Enterprise Program, Training Center, Transition Services, Prevention of Blindness, Older Blind, and Children Services
	Identify the associated budget program(s) by name and budget section.
RELATED BUDGET REQUEST	No
	Is this request associated with a budget request you have submitted for FY 2027-2028? If so, cite it here.
REQUESTED ACTION	Amend
	Choose from: Add, Delete, Amend, or Codify.
OTHER AGENCIES AFFECTED	No other agency is impacted by the proviso.
	Which other agencies would be affected by the recommended action? How?
SUMMARY & EXPLANATION	We would like to clarify the language to ensure any unused program funds are allowed to be carried forward into the next fiscal year.

Summarize the existing proviso. If requesting a new proviso, describe the current state of affairs without it. Explain the need for your requested action. For deletion requests due to recent codification, please identify SC Code section where language now appears.

FISCAL IMPACT

No fiscal impact associated with this provision unless program has funds available to provide additional goods or services in the next fiscal year.

Provide estimates of any fiscal impacts associated with this proviso, whether for state, federal, or other funds. Explain the method of calculation.

PROPOSED PROVISO TEXT

The Commission for the Blind is authorized to carry forward any unspent **program** funds appropriated ~~for direct services~~ into the current fiscal year to be expended for the same purpose.

Paste existing text above, then bold and underline insertions and strikethrough deletions. For new proviso requests, enter requested text above.

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

TITLE	General Fund Reduction Contingency Plan
AMOUNT	$230,142 *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	This reduction would impact the Vocational Rehabiliation Program and reduce case services to blind consumers in the State of South Carolina. *What programs or activities are supported by the General Funds identified?*
SUMMARY	The South Carolina Commission for the Blind operates on a conservative budget and, over the past seven years, has requested only the amount needed to achieve its mission. A 3% reduction in the Vocational Rehabilitation case services budget would greatly impact the services the agency delivers to consumers. Consumers in the Vocational Rehabilitation program need specialized training, and often medical services, to obtain, maintain, regain, or advance in competitive integrated employment. A reduction in the program could also affect the agency's ability to comply with federal regulations that set forth the services the agency is to provide to consumers.

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

The leadership of the South Carolina Commission for the Blind continously evaluates the agency's structure that it has the appropriate staff to maximize services delivered to consumers. They agency proactively seeks ways to save on the cost of services, supplies, and goods throughout the year. We evaluate and implement methods of utilizing technology and process improvement to work more efficiently and effectively for our consumers.

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?