

**Fiscal Year FY 2021-2022  
 Agency Budget Plan**

**FORM A - BUDGET PLAN SUMMARY**

<b>OPERATING REQUESTS</b> <i>(FORM B1)</i>	For FY 2021-2022, my agency is (mark "X"):	
	<input checked="" type="checkbox"/>	Requesting General Fund Appropriations.
	<input checked="" type="checkbox"/>	Requesting Federal/Other Authorization.
	<input type="checkbox"/>	Not requesting any changes.
<b>NON-RECURRING REQUESTS</b> <i>(FORM B2)</i>	For FY 2021-2022, my agency is (mark "X"):	
	<input checked="" type="checkbox"/>	Requesting Non-Recurring Appropriations.
	<input type="checkbox"/>	Requesting Non-Recurring Federal/Other Authorization.
	<input type="checkbox"/>	Not requesting any changes.
<b>CAPITAL REQUESTS</b> <i>(FORM C)</i>	For FY 2021-2022, my agency is (mark "X"):	
	<input type="checkbox"/>	Requesting funding for Capital Projects.
	<input checked="" type="checkbox"/>	Not requesting any changes.
<b>PROVISOS</b> <i>(FORM D)</i>	For FY 2021-2022, 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.

	<i>Name</i>	<i>Phone</i>	<i>Email</i>
<b>PRIMARY CONTACT:</b>	Katherine (Katie) Harrison	(803) 896-1121	katie@sctuitiongrants.org
<b>SECONDARY CONTACT:</b>	Zachary Christian	(803) 896-1122	zachary@sctuitiongrants.org

I have reviewed and approved the enclosed FY 2021-2022 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>Katherine Harrison 9/22/2020</i>	<i>[Signature] 9-15-2020</i>
<b>TYPE/PRINT NAME:</b>	Katherine Harrison	Darrell Parker

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

Agency Name:	Higher Education Tuition Grants Commission
Agency Code:	H060
Section:	12

BUDGET REQUESTS			FUNDING					FTES				
Priority	Request Type	Request Title	State	Federal	Earmarked	Restricted	Total	State	Federal	Earmarked	Restricted	Total
1	B1 - Recurring	Tuition Grants	1,128,792	0	0	0	1,128,792	0.00	0.00	0.00	0.00	0.00
2	B2 - Non-Recurring	Student Information System	200,000	0	0	0	200,000	0.00	0.00	0.00	0.00	0.00
3	B1 - Recurring	Student Information System Annual Fees	270,000	0	0	0	270,000	0.00	0.00	0.00	0.00	0.00
4	B1 - Recurring	State Employer Contributions	5,000	0	0	0	5,000	0.00	0.00	0.00	0.00	0.00
5	B1 - Recurring	Classified Employees	4,165	0	0	0	4,165	0.00	0.00	0.00	0.00	0.00
6	B1 - Recurring	Tuition Grants	0	0	200,000	0	200,000	0.00	0.00	0.00	0.00	0.00
TOTALS			1,607,957	0	200,000	0	1,807,957	0.00	0.00	0.00	0.00	0.00

Agency Name:	Higher Education Tuition Grants Commission		
Agency Code:	H060	Section:	12

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

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

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

<b>AMOUNT</b>	<b>General: \$1,128,792</b> <b>Federal: \$0</b> <b>Other: \$0</b> <b>Total: \$1,128,792</b>
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*What is the net change in requested appropriations for FY 2021-2022? This amount should correspond to the total for all funding sources on the Executive Summary.*

<b>NEW POSITIONS</b>	<b>0.00</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 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

<b>ACCOUNTABILITY OF FUNDS</b>	<p>1.1, 1.2, 1.3, 1.4, 2.1, 2.2, 3.1</p> <p>These strategies are advanced as students receive sufficient funding to afford to pay college tuition. Additionally, the request advances these strategies by increasing the maximum and average Tuition Grant funds provided to eligible college students.</p> <p>Evaluation of funds occurs in the form of compliance audits at each institution enrolling eligible students. Agency management will continue to provide sound policies and procedures for managing program funds and will provide training, at least annually, to financial aid personnel who administer the program for their institution.</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>	Post-Secondary students eligible for the Program per Statute
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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**

An increase of \$1,128,792 in grants funding is being requested for 2021-22 to provide a \$3,700 program-wide maximum grant for an estimated 13,000 eligible students. This request enables the Maximum Grant to be increased by \$100 from the current 2020-2021 Maximum Grant of \$3,600. This increase of \$1.1 million would enable the Maximum Grant to take an incremental step toward matching the Statutory maximum as found in SC Code of Laws, Title 59, Chapter 113, Section 30, Subsection C: "The maximum amount may not exceed the average state appropriation for each full-time student enrolled in the state-supported institutions of higher learning with four-year undergraduate degree programs in the previous year" (for the most recent academic year, the average state appropriation for FTE in the public college sector was \$4,392).

**METHOD OF CALCULATION:** The amount was calculated using current funding levels with the current number of eligible students and accounting for a potential 0.5% increase in eligible students. A difference in actual eligible students versus those projected to be eligible would be the only deviation.

**FUTURE IMPACT:** The impact of adopting this request would be the need to maintain this amount annually to maintain the Maximum Grant established using these funds. The impact of not honoring the request is that Maximum Grants remain at or near current year levels, potentially leading to increased student loan debt levels as students search for ways to make up the difference. There are only two sources of funds available for this request; recurring state appropriations and lottery funds.

*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:	Higher Education Tuition Grants Commission		
Agency Code:	H060	Section:	12

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

<b>AGENCY PRIORITY</b>	<b>3</b>
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*Provide the Agency Priority Ranking from the Executive Summary.*

<b>TITLE</b>	<b>Student Information System Annual Fees</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>General: \$270,000</b> <b>Federal: \$0</b> <b>Other: \$0</b> <b>Total: \$270,000</b>
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*What is the net change in requested appropriations for FY 2021-2022? This amount should correspond to the total for all funding sources on the Executive Summary.*

<b>NEW POSITIONS</b>	<b>0.00</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 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 checked="" type="checkbox"/>	IT Technology/Security related
<input checked="" type="checkbox"/>	Consulted DTO during development	
<input checked="" type="checkbox"/>	Related to a Non-Recurring request – If so, Priority # 2	

<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>1.1, 1.2, 1.3, 1.4, 2.1</p> <p>The purpose of these requested funds is to fund the annual fees of a fully supported Student Information System to replace the agency's in-house Microsoft Access-based database. If funding for this system is approved, the agency seeks to provide enhanced security of South Carolina residents' personal data and to increase the efficiency of the administration of the South Carolina Tuition Grants Program.</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>	Third-party vendor as determined by State procurement code and competitive bid process.
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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**

If approved, this request will provide the funding needed for the agency to pay for annual maintenance fees for a Student Information System geared specifically toward state grant programs, such as the South Carolina Tuition Grants Program, providing: increased data security, efficiencies in the administrative process, streamlined electronic correspondence between the agency and the population it serves. The amount requested will cover all fees associated with secure hosting, annual software licensing, disaster recovery mechanisms, hardware and software maintenance, maintenance of system documentation, help desk support, and emergency support, among other services provided by the third-party vendor.

Not receiving the funding will result in the agency having to rely on an outdated and less secure system, creating greater risk to the personal and financial records of thousands of South Carolina residents.

*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:	Higher Education Tuition Grants Commission		
Agency Code:	H060	Section:	12

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

<b>AGENCY PRIORITY</b>	4
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*Provide the Agency Priority Ranking from the Executive Summary.*

<b>TITLE</b>	<b>State Employer Contributions</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>General: \$5,000</b> <b>Federal: \$0</b> <b>Other: \$0</b> <b>Total: \$5,000</b>
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*What is the net change in requested appropriations for FY 2021-2022? 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 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	

<b>ACCOUNTABILITY OF FUNDS</b>	1.1, 1.2, 1.3, 1.4, 2.1, 2.2, 3.1  These funds are used to directly support the administration of the Tuition Grants program by providing State employee benefits to eligible employees who qualify for benefits for themselves and their dependents.
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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>	Agency personnel
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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**

An increase of \$5,000 in state employer contributions is being requested for 2021-22 to cover the increased cost of providing State employee benefits to eligible employees who qualify for benefits for themselves and their dependents. The agency previously employed personnel who opted out of State benefits or who chose individual coverage and now employs personnel who have opted in to State benefits and who qualify for dependent or family coverage.

**METHOD OF CALCULATION:** The amount was calculated by comparing the Base Employer Contributions allocation for FY2020 plus the FY2020 Retirement Rate Increase and Health Insurance Increase received by the Executive Budget Office to the actual amount needed to cover these costs for all currently eligible employees based on current benefits coverage. The difference between these amounts is being requested. As a result of the current Continuing Resolution, FY2020 base numbers have been utilized in the absence of firm FY2021 numbers.

**FUTURE IMPACT:** The impact of adopting this request would be the need to maintain this amount annually to allow the agency to continue paying the employer portion of employee benefits. The impact of not honoring the request is that benefit payment liabilities will need to be transferred from other potentially available sources, such as Operating Expenses or Tuition Grants. Transferring funds from Tuition Grants would be detrimental to our agency's primary program audience. The agency is required to pay the employer portion of employee benefits for all eligible employees.

*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:	Higher Education Tuition Grants Commission		
Agency Code:	H060	Section:	12

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

<b>AGENCY PRIORITY</b>	5
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*Provide the Agency Priority Ranking from the Executive Summary.*

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

<b>AMOUNT</b>	<b>General: \$4,165</b> <b>Federal: \$0</b> <b>Other: \$0</b> <b>Total: \$4,165</b>
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*What is the net change in requested appropriations for FY 2021-2022? 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 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	

<b>ACCOUNTABILITY OF FUNDS</b>	1.1, 1.2, 1.3, 1.4, 2.1, 2.2, 3.1  These funds are used to directly support the administration of the Tuition Grants program, including employee compliance with statute, program policies, and data and information security, as outlined in each agency objective.
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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>	Agency personnel
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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**

An increase of \$4,165 in funding for the agency’s Classified employee budget is being requested. These funds are being requested to replenish the Classified budget back to the level it was prior to funds being used to cover an increase to the Director’s salary at the request of the Agency Head Salary Commission upon realignment of agency head salaries.

**METHOD OF CALCULATION:** The amount was calculated by subtracting the Director’s salary prior to the increase from the Director’s salary after the AHSC-approved increase and comparing that result to the total amount necessary to fund the remaining Classified salaries of agency employees.

**FUTURE IMPACT:** The impact of adopting this request would be the need to maintain this amount annually to ensure the agency is able to cover the payroll for classified employees. The impact of not honoring the request is that payroll liabilities will need to be transferred from other potentially available sources, such as employee benefits or Tuition Grants. Transferring funds from Tuition Grants would be detrimental to our agency’s primary program audience.

*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:	Higher Education Tuition Grants Commission		
Agency Code:	H060	Section:	12

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

<b>AGENCY PRIORITY</b>	<b>6</b>
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*Provide the Agency Priority Ranking from the Executive Summary.*

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

<b>AMOUNT</b>	<b>General: \$0</b> <b>Federal: \$0</b> <b>Other: \$200,000</b> <b>Total: \$200,000</b>
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*What is the net change in requested appropriations for FY 2021-2022? This amount should correspond to the total for all funding sources on the Executive Summary.*

<b>NEW POSITIONS</b>	<b>0.00</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 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 checked="" 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 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	

<b>ACCOUNTABILITY OF FUNDS</b>	<b>AUTHORITY REQUEST ONLY - NO NEW FUNDS</b>
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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>	<b>AUTHORITY REQUEST ONLY - NO NEW FUNDS</b>
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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**

THIS IS NOT A REQUEST FOR NEW FUNDS. The Higher Education Tuition Grants Commission is requesting an increase in "Authority to Spend" funds it receives annually through the State Funds Interest Account. The current Spending Authority is \$50,000. In recent years, as the market has improved, the interest earnings, allowable by Statute, have increased to well beyond that amount. In the current year, the agency has been appropriated over \$200,000 in State Funds Interest but is unable to expend these funds due to the current Authority cap of \$50,000.

All State Interest Fund earnings are used to fund need-based Tuition Grants for eligible college students. These funds do not support agency operations, administration, employee payroll or benefits.

FUTURE IMPACT: The impact of adopting this request would be to allow the agency the authority to spend an increase in appropriations received through state interest earnings. The impact of not honoring the request is that the agency would be required to cap annual spending at its current Spending Authority until authorization is received from the Other Funds Oversight Committee. Approving this increase in Spending Authority now will eliminate the need for appearance before the Committee to request authority to spend funds that have already been appropriated to the agency.

*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:	Higher Education Tuition Grants Commission		
Agency Code:	H060	Section:	12

## **FORM B2 – NON-RECURRING OPERATING REQUEST**

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

<b>TITLE</b>	Student Information System
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	\$200,000
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*What is the net change in requested appropriations for FY 2021-2022? This amount should correspond to the total for all funding sources on the Executive Summary.*

<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 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 checked="" type="checkbox"/>	IT Technology/Security related
	<input checked="" type="checkbox"/>	Consulted DTO during development
<input checked="" type="checkbox"/>	Request for Non-Recurring Appropriations	
<input type="checkbox"/>	Request for Federal/Other Authorization to spend existing funding	
<input checked="" type="checkbox"/>	Related to a Recurring request – If so, Priority # Student Information System Annual Fees	

<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>	1.1, 1.2, 1.3, 1.4, 2.1
	The purpose of these requested funds is to procure a state of the art, fully supported Student Information System to replace the agency's in-house Microsoft Access-based database. If funding for this system is approved, the agency seeks to provide enhanced security of South Carolina residents' personal data and to increase the efficiency of the administration of the South Carolina Tuition Grants Program.

*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 FUNDS</b>	Third-party vendor as determined by State procurement code and competitive bid process.
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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?*

**JUSTIFICATION  
OF REQUEST**

If approved, this request will provide the funding needed for the agency to begin the competitive bid process for a Student Information System geared specifically toward state grant programs, such as the South Carolina Tuition Grants Program, providing: increased data security, efficiencies in the administrative process, streamlined electronic correspondence between the agency and the population it serves.

Not receiving the funding will result in the agency having to rely on an outdated and less secure system, creating greater risk to the personal and financial records of thousands of South Carolina residents.

*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:	Higher Education Tuition Grants Commission		
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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>	\$837,093
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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>	None
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*How many FTEs would be reduced in association with this General Fund reduction?*

<b>PROGRAM / ACTIVITY IMPACT</b>	Tuition Grants Program
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*What programs or activities are supported by the General Funds identified?*

<b>SUMMARY</b>	<p>The 3% reduction would effectively reduce the Tuition Grant amount by just over \$65 for over 12,800 students. While some students and families may be able to absorb this reduction in their tuition grant amount, many others could not. The neediest students would be required to replace this amount with some other source of funding, if available. One likely solution to the problem would be that these students would need to increase the amount of their student loans, if they are not already receiving the maximum amount available. This would cause a burden by increasing the students' debt level and required loan payment amounts upon graduation, which would also have an impact on the state's overall average student loan indebtedness numbers.</p> <p>Method of calculation: General Fund 3% Reduction amount divided by the total number of Tuition Grant recipients from the most recent academic year</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.

## AGENCY COST SAVINGS PLANS

Due to the size of our agency, our most recent annual operating costs being less than \$100,000, there is no one measure the agency could take to reduce expenses by \$50,000 or more. However, the agency does regularly review monthly and annual expenditures to determine if reductions can be made in operating expenses. Examples of these types of savings include:

- Creating online, electronic versions of certain forms used by students and documents used by the agency's other customers creates more efficiency and has eliminated printing costs.
- Continuing to notify applicants of their eligibility status electronically saves the agency \$16,000 annually, not counting the cost of paper and postage that would be required if notices could not be sent electronically.
- Last year, the agency relocated to an office building with pre-existing state network fiber connectivity, which created a net savings of over \$4500 during the first year.

The agency has invested some of these savings into information technology-related training and certifications for agency personnel and has in turn eliminated the need for an IT contractor. In recent years, this has resulted in a savings of \$11,000-\$15,000 per year.

*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?*



Agency Name:	Higher Education Tuition Grants Commission		
Agency Code:	H060	Section:	12

## **FORM F – REDUCING COST AND BURDEN TO BUSINESSES AND CITIZENS**

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

<b>EXPECTED SAVINGS TO BUSINESSES AND CITIZENS</b>	At this time, the Tuition Grants Commission does not have any recommendations to reduce cost or burden to businesses and citizens.
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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 type="checkbox"/> Other
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<b>METHOD OF CALCULATION</b>	N/A
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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>	Agency does not assess fees or fines to any customers and does not generate fee revenue
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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>	Agency does not intend to amend or delete any regulations
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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>	<p>A previous recommendation concerning the requirement for students to complete an affidavit of eligibility annually has proven to be unsustainable without a statutory change.</p> <p>The agency does not assess fees or fines which could be reduced, as there is no fee to apply for the Tuition Grants Program. As long as the agency can maintain its relationship with the Federal Department of Education which allows it to access electronic FAFSA (Free Application for Federal Student Aid) applications of South Carolina residents, there will be no fee assessed to apply for the Tuition Grant.</p> <p>The agency currently operates on less than 1% of its overall budget and implements cost controls and efficiency in administration as standard practice.</p>
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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?*