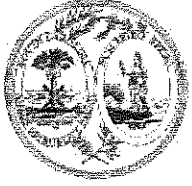


Agency Name:	Area Health Education Consortium		
Agency Code:	H530	Section:	24



Fiscal Year FY 2021-2022

Agency Budget Plan

FORM A - BUDGET PLAN SUMMARY

OPERATING REQUESTS <i>(FORM B1)</i>	For FY 2021-2022, 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 <i>(FORM B2)</i>	For FY 2021-2022, 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 <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.

PROVISOS <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.

	<u>Name</u>	<u>Phone</u>	<u>Email</u>
PRIMARY CONTACT:	Ann Lefebvre	(843) 792-4431	lefebvre@musc.edu
SECONDARY CONTACT:	Denise White	(843) 792-5418	whitede@musc.edu

I have reviewed and approved the enclosed FY 2021-2022 Agency Budget Plan, which is complete and accurate to the extent of my knowledge.

SIGN/DATE: TYPE/PRINT NAME:	<u>Agency Director</u> <i>Ann Lefebvre</i> 9/21/2020	<u>Board or Commission Chair</u>
	Ann Lefebvre	

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

Agency Name:	Area Health Education Consortium		
Agency Code:	H530	Section:	24

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

TITLE	Agency Cost Savings and General Fund Reduction Contingency Plan
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AMOUNT	\$334,578
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What is the General Fund 3% reduction amount? This amount should correspond to the reduction spreadsheet prepared by EBO.

ASSOCIATED FTE REDUCTIONS	No planned FTE reductions
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How many FTEs would be reduced in association with this General Fund reduction?

PROGRAM / ACTIVITY IMPACT	The SC AHEC Program Office, the four regional AHEC Centers, the eight family medicine residency training programs in South Carolina, the Rural Physician Program and the South Carolina Office for Healthcare Workforce.
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What programs or activities are supported by the General Funds identified?

SUMMARY	If a 3% reduction was implemented, the SC AHEC would reduce each program and service across the board by 3%. It is difficult to project which services would be affected in the four regional AHEC Centers or the eight family medicine residency training programs. The South Carolina Office for Healthcare Workforce would need to reduce the scope of health workforce studies and the Rural Physician Program would be forced to reduce the number of incentive grants to providers who practice in rural and underserved areas.
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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**

The SC AHEC does not have any fees, fines or regulations which would burden South Carolina businesses or citizens. We strive to be efficient and will continue to take steps to use technology and remote access to our programming and other offerings to ensure that we are as efficient and effective as possible. Any savings from increased efficiency will allow us to reduce the cost of programming and provide more services.

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:	Area Health Education Consortium		
Agency Code:	H530	Section:	24

FORM F – REDUCING COST AND BURDEN TO BUSINESSES AND CITIZENS

TITLE	N/A
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Provide a brief, descriptive title for this request.

EXPECTED SAVINGS TO BUSINESSES AND CITIZENS	South Carolina AHEC has no fees, fines or regulations that impose costs or burdens on businesses or 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.

FACTORS ASSOCIATED WITH THE REQUEST	Mark "X" for all that apply:	
	<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

METHOD OF CALCULATION	N/A
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Describe the method of calculation for determining the expected cost or time savings to businesses or citizens.


REDUCTION OF FEES OR FINES	N/A
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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?

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

SUMMARY	N/A
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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?