

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



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:	Ben Riddle	(803) 261-7926	briddle@scsdb.org
SECONDARY CONTACT:	Scott Ramsey	(864) 761-6952	sramsey@scsdb.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.

	<u>Agency Director</u>	<u>Board or Commission Chair</u>
SIGN/DATE:		
TYPE/PRINT NAME:		

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	General Fund Increase	2,000,000	0	0	0	2,000,000	0.00	0.00	0.00	0.00	0.00
TOTALS			2,000,000	0	0	0	2,000,000	0.00	0.00	0.00	0.00	0.00

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FORM B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY	1
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Provide the Agency Priority Ranking from the Executive Summary.

TITLE	General Fund Increase
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Provide a brief, descriptive title for this request.

AMOUNT	<p>General: \$2,000,000</p> <p>Federal: \$0</p> <p>Other: \$0</p> <p>Total: \$2,000,000</p>
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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.

NEW POSITIONS	0.00
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Please provide the total number of new positions needed for this request.

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

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES	Mark "X" for primary applicable Statewide Enterprise Strategic Objective:	
	<input type="checkbox"/>	Education, Training, and Human Development
	<input type="checkbox"/>	Healthy and Safe Families
	<input checked="" type="checkbox"/>	Maintaining Safety, Integrity, and Security
	<input type="checkbox"/>	Public Infrastructure and Economic Development
<input type="checkbox"/>	Government and Citizens	

	N/A
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**ACCOUNTABILITY
OF FUNDS**

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**

These funds would be used to supplement funds available to support salaries and fringe benefits of current employees.

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 request will enable SCADB to continue to provide services at the current level to individuals identified as Deaf, Blind, or with multiple sensory impairments. SCADB has been able to absorb mandatory teacher step increases as well as an increase in campus safety costs, bus driver salary increases, staff performance increases, and an increase in operating cost without requesting an increase in appropriated General Funds. SCADB has incurred significant expense as a result of the teacher salary increase. Should funds not be appropriated the number of teachers, associate teachers, and other education staff could potentially be reduced.

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.

FORM D – PROVISO REVISION REQUEST

NUMBER

NEW

*Cite the proviso according to the renumbered list (or mark "NEW").***TITLE**

Transfer of remaining capital project appropriations

*Provide the title from the renumbered list or suggest a short title for any new request.***BUDGET PROGRAM**

Deferred Maintenance (Part 1A Sec. 4 2012-13), Robertson Hall Wing Construction (Part 1B Sec. 90 90.20 B17 2012-13), Early Childhood Center Construction (Part 1A Sec. 4 2012-13)

*Identify the associated budget program(s) by name and budget section.***RELATED BUDGET REQUEST***Is this request associated with a budget request you have submitted for FY 2021-2022? If so, cite it here.***REQUESTED ACTION**

Add

*Choose from: Add, Delete, Amend, or Codify.***OTHER AGENCIES AFFECTED**

N/A

*Which other agencies would be affected by the recommended action? How?***SUMMARY & EXPLANATION**

The SCSDB has three existing capital projects with balances remaining. The three projects are the Early Childhood Center Construction (9547), Robertson Hall Wing Construction (9548) and an older Deferred Maintenance project (9544). We propose closing these projects and transferring the remaining balance to a new Deferred Maintenance Project. The establishment of a new Deferred Maintenance Project will ensure that all buildings and facilities located on the main campus will continue to function as designed.

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

N/A

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 School for the Deaf and the Blind is authorized to establish a Deferred Maintenance Project for the upkeep and maintenance of campus facilities and to transfer remaining balances from The Early Childhood Center Construction (Part 1A Sec. 4 2012-13), Robertson Hall Wing Construction (Part 1B Sec. 90 90.20 B17 2012-13), and Deferred Maintenance (Part 1A Sec. 4 2012-13).

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	Agency Cost Savings and General Fund Reduction Contingency Plan
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AMOUNT	\$465,493
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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	None
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How many FTEs would be reduced in association with this General Fund reduction?

PROGRAM / ACTIVITY IMPACT	The operating budget from the general fund at SCSDB will be reduced. The reduction will be realized from each division/department.
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What programs or activities are supported by the General Funds identified?

SUMMARY	SCSDB will reduce the operating budget by \$465,493 to cover this 3% general fund reduction.
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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**

Should the need arise, SCADB will implement an across the board 3% reduction in operating expenditures by reducing operating budgets in each area of operations. Upon implementation, expenditures will be reviewed to ensure funds are being spent on essential needs corresponding to the agency goals and objectives outlined in the most recent 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?

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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	N/A
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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 type="checkbox"/>	Other	

METHOD OF CALCULATION	The SC School for the Deaf and the Blind charges a fee for services provided to businesses, school districts, and citizens of the State of South Carolina. These fees are at or below market rate for services such as interpreting, Braille production, and vision services.
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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	The SC School for the Deaf and the Blind does not issue regulations.
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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?