

Agency Name:	Governor's School for Science and Mathematics		
Agency Code:	H650	Section:	10



**Fiscal Year FY 2022-2023**

**Agency Budget Plan**

**FORM A - BUDGET PLAN SUMMARY**

<b>OPERATING REQUESTS</b> <i>(FORM B1)</i>	<b>For FY 2022-2023, my agency is (mark "X"):</b>	
	<input checked="" type="checkbox"/>	Requesting General Fund Appropriations.
	<input type="checkbox"/>	Requesting Federal/Other Authorization.
	<input type="checkbox"/>	Not requesting any changes.

<b>NON-RECURRING REQUESTS</b> <i>(FORM B2)</i>	<b>For FY 2022-2023, my agency is (mark "X"):</b>	
	<input type="checkbox"/>	Requesting Non-Recurring Appropriations.
	<input type="checkbox"/>	Requesting Non-Recurring Federal/Other Authorization.
	<input checked="" type="checkbox"/>	Not requesting any changes.

<b>CAPITAL REQUESTS</b> <i>(FORM C)</i>	<b>For FY 2022-2023, my agency is (mark "X"):</b>	
	<input type="checkbox"/>	Requesting funding for Capital Projects.
	<input checked="" type="checkbox"/>	Not requesting any changes.

<b>PROVISOS</b> <i>(FORM D)</i>	<b>For FY 2022-2023, my agency is (mark "X"):</b>	
	<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>
<b>PRIMARY CONTACT:</b>	Brock Heron	(843) 383-3906	bheron@governors.school
<b>SECONDARY CONTACT:</b>	Daniel Dorsel	(843) 383-3901	dorsel@governors.school

I have reviewed and approved the enclosed FY 2022-2023 Agency Budget Plan, which is complete and accurate to the extent of my knowledge.

	<u>Agency Director</u>	<u>Board or Commission Chair</u>
<b>SIGN/DATE:</b>		
<b>TYPE/PRINT NAME:</b>	Daniel S. Dorsel, President	Robert Brown, Chairman

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

Agency Name:	Governor's School for Science and Mathematics
Agency Code:	H650
Section:	10

BUDGET REQUESTS			FUNDING					FTES				
Priority	Request Type	Request Title	State	Federal	Earmarked	Restricted	Total	State	Federal	Earmarked	Restricted	Total
1	B1 - Recurring	Support costs with the Department of Administration	295,470	0	0	0	295,470	0.00	0.00	0.00	0.00	0.00
2	B1 - Recurring	Chief Diversity Officer	149,700	0	0	0	149,700	1.00	0.00	0.00	0.00	1.00
3	B1 - Recurring	4 additional teachers	404,900	0	0	0	404,900	4.00	0.00	0.00	0.00	4.00
4	B1 - Recurring	2 additional Outreach instructors	144,400	0	0	0	144,400	2.00	0.00	0.00	0.00	2.00
5	B1 - Recurring	Additional funding to increase mental wellness staff	19,000	0	0	0	19,000	0.18	0.00	0.00	0.00	0.18
6	B1 - Recurring	Additional operational expenses	132,000	0	0	0	132,000	0.00	0.00	0.00	0.00	0.00
TOTALS			1,145,470	0	0	0	1,145,470	7.18	0.00	0.00	0.00	7.18

Agency Name:	Governor's School for Science and Mathematics		
Agency Code:	H650	Section:	10

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

<b>AGENCY PRIORITY</b>	<b>1</b>
------------------------	----------

*Provide the Agency Priority Ranking from the Executive Summary.*

<b>TITLE</b>	<b>Support costs with the Department of Administration</b>
--------------	--

*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>General: \$295,470</b> <b>Federal: \$0</b> <b>Other: \$0</b> <b>Total: \$295,470</b>
---------------	--

*What is the net change in requested appropriations for FY 2022-2023? This amount should correspond to the total for all funding sources on the Executive Summary.*

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

*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 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>	
	<b>X</b>	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>This request will support all of the Strategic Planning and Performance measures. We are planning to become our own fiscal agent in FY2023 and we will need the help of the Department of Administration to perform some of the Human Resources, Procurement and Financial duties.</p>
--------------------------------	---

*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>	Department of Administration. Funds are allocated based on the Department of Administration's services to the school.
----------------------	---

**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**

We are working with the Department of Administration and the State Department of Education to become our own fiscal agent. The Department of Administration has a division dedicated to supporting smaller state agencies with operational areas such as Human Resources, Procurement and Accounting. While we were not charged with any cost by the State Department of Education, the Department of Administration does charge for this support. \$295,470 is the estimate the Department of Administration has given us to carry out these services. If we do not receive this funding, we will have to use current funding, which could require us to cut other services.

*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:	Governor's School for Science and Mathematics		
Agency Code:	H650	Section:	10

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

<b>AGENCY PRIORITY</b>	2
------------------------	---

*Provide the Agency Priority Ranking from the Executive Summary.*

<b>TITLE</b>	Chief Diversity Officer
--------------	-------------------------

*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<p><b>General: \$149,700</b></p> <p><b>Federal: \$0</b></p> <p><b>Other: \$0</b></p> <p><b>Total: \$149,700</b></p>
---------------	---

*What is the net change in requested appropriations for FY 2022-2023? This amount should correspond to the total for all funding sources on the Executive Summary.*

<b>NEW POSITIONS</b>	1.00
----------------------	------

*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 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>	
	<b>X</b>	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>1.2.1 Identify and attract larger pools of talented students to reach through outreach programs, 3.2.1 Increase programs targeted to specific age and demographic groups, 3.2.2 Increase Outreach partners, both at schools &amp; districts, and with business partners.</p> <p>GSSM is making a concerted effort toward making our programs accessible to students and teachers across the state. We need an individual to coordinate and lead GSSM's efforts to create a more diverse population of employees and students. We would evaluate the use of funds by diversity measures established by the school.</p>
--------------------------------	--

*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>	Chief Diversity Officer
----------------------	-------------------------

**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**

GSSM represents the state of South Carolina. Our programs need to be accessible to students and teachers across the state and we need to be supportive of the students and teachers we serve. We also need to dedicate resources focused on accessibility and support systems so that we can fully live out our mission to transform the lives of students and teachers from all backgrounds. If this funding is not received, it could hinder our ability to access students and teachers across the state.

*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:	Governor's School for Science and Mathematics		
Agency Code:	H650	Section:	10

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

<b>AGENCY PRIORITY</b>	<b>3</b>
------------------------	----------

*Provide the Agency Priority Ranking from the Executive Summary.*

<b>TITLE</b>	<b>4 additional teachers</b>
--------------	------------------------------

*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>General: \$404,900</b> <b>Federal: \$0</b> <b>Other: \$0</b> <b>Total: \$404,900</b>
---------------	--

*What is the net change in requested appropriations for FY 2022-2023? This amount should correspond to the total for all funding sources on the Executive Summary.*

<b>NEW POSITIONS</b>	<b>4.00</b>
----------------------	-------------

*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 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>	
	<b>X</b>	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 Hire teachers with minimum Master's degrees, PhD's preferred in their areas - appropriate to full-capacity growth of student body, 1.1.2 Maintain low student to teacher ratio, reported as average number of students per teacher, 1.2.4 Identify and attract larger pools of talented students to reach through virtual programs. This will allow us to continue to reach more students without sacrificing the current high-level education we have. We would evaluate by the success of growing our programs and making them more accessible to more students across the state.</p>
--------------------------------	--

*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>	Four additional teachers.
----------------------	---------------------------

**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**

Teachers would be in Math, Computer Science, Engineering and English. In the fall of 2021, GSSM launched the STEM Foundations program which admits students to GSSM for their junior and senior year and allows them to remain at home while taking synchronous online classes from GSSM teachers to complete their high school curriculum. GSSM continues to expand the synchronous online engineering program in which we partner with 22 school districts to provide an engineering-focused curriculum awarding between 50-60 college credit hours to students. GSSM continues to expand the synchronous online beginning-level high school math classes (Algebra I and II and Geometry) in which we currently partner with six schools across the state. These funds would allow us to expand our offerings to additional students. If this funding is not received, we will be slowed in growing our virtual programs.

*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:	Governor's School for Science and Mathematics		
Agency Code:	H650	Section:	10

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

<b>AGENCY PRIORITY</b>	4
------------------------	---

*Provide the Agency Priority Ranking from the Executive Summary.*

<b>TITLE</b>	<b>2 additional Outreach instructors</b>
--------------	--

*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>General: \$144,400</b> <b>Federal: \$0</b> <b>Other: \$0</b> <b>Total: \$144,400</b>
---------------	--

*What is the net change in requested appropriations for FY 2022-2023? This amount should correspond to the total for all funding sources on the Executive Summary.*

<b>NEW POSITIONS</b>	2.00
----------------------	------

*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 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>	
	<b>X</b>	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>	3.1.2 Provide research opportunities for virtual students, 3.2.2 Increase Outreach partners, both at schools & districts, and with business partners, 3.2.3 Continue to grow Accelerate Engineering Statewide 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</b>	2 Outreach instructors
----------------------	------------------------

**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**

GSSM continues to expand school-year and summer educational opportunities for students and teachers across the state. GSSM offers elementary, middle and high school week-long and day programs for students. GSSM provides professional development opportunities for elementary, middle and high school teachers. If we do not receive this funding, we will be not be able to expand these opportunities for students and teachers at their schools as well as on the GSSM campus.

*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:	Governor's School for Science and Mathematics		
Agency Code:	H650	Section:	10

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

<b>AGENCY PRIORITY</b>	5
------------------------	---

*Provide the Agency Priority Ranking from the Executive Summary.*

<b>TITLE</b>	<b>Additional funding to increase mental wellness staff</b>
--------------	---

*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<p><b>General: \$19,000</b></p> <p><b>Federal: \$0</b></p> <p><b>Other: \$0</b></p> <p><b>Total: \$19,000</b></p>
---------------	---

*What is the net change in requested appropriations for FY 2022-2023? This amount should correspond to the total for all funding sources on the Executive Summary.*

<b>NEW POSITIONS</b>	0.18
----------------------	------

*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 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>	
	<b>X</b>	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>2.3.1 Provide mental health licensed professionals to support mental health of the students. We are requesting to extend the work year for one of our counselors from 10 months to 12 months. This funding would allow us to add summer duties to this person. We are currently contracting for these services.</p>
--------------------------------	--

*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>	<p>One current mental health counselor. Change in contract from 10 months to 12 months.</p>
----------------------	---

**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**

GSSM employs two mental wellness counselors for 10 months each and would like to extend one of the counselors to work 12 months. GSSM offers a bridge program for incoming residential students during which the students reside on campus for 2 to 3 weeks in the summer to take classes and adjust to living away from home. We also currently stipend one of the Wellness Counselors during the summer to review admitted student background information in order to assist the students as they transition from living at home to on campus. If this funding is not available, we will continue to pay stipends for these services.

*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:	Governor's School for Science and Mathematics		
Agency Code:	H650	Section:	10

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

<b>AGENCY PRIORITY</b>	<b>6</b>
------------------------	----------

*Provide the Agency Priority Ranking from the Executive Summary.*

<b>TITLE</b>	<b>Additional operational expenses</b>
--------------	--

*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>General: \$132,000</b> <b>Federal: \$0</b> <b>Other: \$0</b> <b>Total: \$132,000</b>
---------------	--

*What is the net change in requested appropriations for FY 2022-2023? This amount should correspond to the total for all funding sources on the Executive Summary.*

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

*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 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>	
	<b>X</b>	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>	1.3.1 Schedule facility repair in teaching spaces to allow for zero teaching downtime for instruction. This would be for all educational and operational services and supplies.
--------------------------------	---

*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>	Vendors.
----------------------	----------

**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**

Other than operational expenses associated with hiring additional personnel, GSSM has not requested any operational expenses since the 2016 – 2017 fiscal year. We are requesting a 3% increase for FY2022 – 2023. If this funding is not received, we will continue to use the current budget, but inflation is eroding our ability to provide and receive these supplies and services.

*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:	Governor's School for Science and Mathematics		
Agency Code:	H650	Section:	10

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

<b>TITLE</b>	Agency Cost Savings and General Fund Reduction Contingency Plan
--------------	---

<b>AMOUNT</b>	\$468,231
---------------	-----------

*What is the General Fund 3% reduction amount? This amount should correspond to the reduction spreadsheet prepared by EBO.*

<b>ASSOCIATED FTE REDUCTIONS</b>	To be determined – possible 1 to 4.
----------------------------------	-------------------------------------

*How many FTEs would be reduced in association with this General Fund reduction?*

<b>PROGRAM / ACTIVITY IMPACT</b>	GSSM's plan calls for a 3% reduction across all functional levels and line item assignments to achieve the reduction target. GSSM has four major functional areas – all relate to the quality of education provided for our students: Academics, Life in Residence, Virtual and Administration and Operations. With most of our funds in personnel, we could see up to a 10.6% reduction in operating costs for departments – if priority was to maintain staffing levels.
----------------------------------	--

*What programs or activities are supported by the General Funds identified?*

<b>SUMMARY</b>	<p>GSSM undertakes what if scenarios about upcoming economic impacts – to include reductions.</p> <p>Our plan would first be to:</p> <ol style="list-style-type: none"> <li>1.) Determine how much of the school's carry forward funds can be used to continue a high quality education for our students.</li> <li>2.) Determine which operational and support procedures can be reduced to lessen the impact on the classroom.</li> <li>3.) Delay staffing of non-instructional positions.</li> <li>4.) We would reduce non-instructional programs that will not affect the learning process.</li> </ol>
----------------	---

*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**

In order to guard against a downturn in the economy, GSSM plans to have a minimum of \$1.5 million in its carry forward funds. This would allow us to continue operating the school in the current year with a minimum disruption of the education process while implementing cost savings measures as outlined in the summary. If the budget reduction is greater than 3%, we will implement all measures immediately while looking at other cost savings to reduce operations. These savings, once the budget reductions are restored, will be used to increase the carry forward back to the \$1.5 million and expand opportunities in the state.

*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:	Governor's School for Science and Mathematics		
Agency Code:	H650	Section:	10

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

<b>TITLE</b>	Continue moving operational procedures from a papaerdriven to a workflow system.
--------------	--

*Provide a brief, descriptive title for this request.*

<b>EXPECTED SAVINGS TO BUSINESSES AND CITIZENS</b>	Reduced paperwork will provide better efficiency and provide staff more time for core duties.
--	---

*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 checked="" type="checkbox"/>	Greater efficiency in agency services or reduction in compliance burden.
	<input type="checkbox"/>	Other

<b>METHOD OF CALCULATION</b>	Processing time per task for parents, students and staff.
------------------------------	---

*Describe the method of calculation for determining the expected cost or time savings to businesses or citizens.*

<b>REDUCTION OF FEES OR FINES</b>	No reductions at this time. Current fees are authorized by Proviso 1.28 and are needed for operations of GSSM, include partial offset for student meals, refundable security deposits, and parking. Revenue was approximately \$300,000 for FY2021.
-----------------------------------	---

*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>	GSSM does not have regulations that burden the citizenry has a whole.
--------------------------------	---

*Which regulations does the agency intend to amend or delete? What is the enabling authority for the regulation?*

<b>SUMMARY</b>	GSSM is working with the Department of Administration and the State Department of Education to become its own fiscal agent. As we go through the transition process, we may have a unique opportunity to replace some paper bound procedures to an electronic workflow system to reduce the burden on its staff and customers. We have implemented online payments for meal fees, security deposits, PSAT, parking etc. Leave requests and time sheets are entered in the SCEIS system.
----------------	---

*Provide an explanation of the proposal and its positive results on businesses or citizens. How will the request affect agency operations?*