



**Fiscal Year FY 2022-2023  
Agency Budget Plan**

**FORM A - BUDGET PLAN SUMMARY**

**OPERATING  
REQUESTS  
(FORM B1)**

For FY 2022-2023, 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.

**NON-RECURRING  
REQUESTS  
(FORM B2)**

For FY 2022-2023, 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  
(FORM C)**

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

**PROVISOS  
(FORM D)**

For FY 2022-2023, my agency is (mark "X"):	
<input checked="" 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 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>	Matt Daugherty	(803) 898-8835	matthew.daugherty@sccb.sc.gov
<b>SECONDARY CONTACT:</b>	Carrie Morris	(803) 898-8807	carrie.morris@sccb.sc.gov

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>	<i>Darlene Graham 9/16/21</i>	<i>Judith E Johnson 9/17/21</i>
<b>TYPE/PRINT NAME:</b>	Darlene Graham	Judith E Johnson

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

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

BUDGET REQUESTS			FUNDING					FTES				
Priority	Request Type	Request Title	State	Federal	Earmarked	Restricted	Total	State	Federal	Earmarked	Restricted	Total
1	B1 - Recurring	Prevention of Blindness	466,000	0	0	0	466,000	3.00	0.00	0.00	0.00	3.00
2	B1 - Recurring	Improving Children's Services	127,000	0	0	0	127,000	1.00	0.00	0.00	0.00	1.00
3	B1 - Recurring	Earmarked Authorization Increase	0	0	40,000,000	0	40,000,000	0.00	0.00	0.00	0.00	0.00
4	B1 - Recurring	Federal Authorization Increase	0	162,569	0	0	162,569	0.00	0.00	0.00	0.00	0.00
TOTALS			593,000	162,569	40,000,000	0	40,755,569	4.00	0.00	0.00	0.00	4.00

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

## **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>Prevention of Blindness</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>General: \$466,000</b> <b>Federal: \$0</b> <b>Other: \$0</b> <b>Total: \$466,000</b>
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*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>3.00</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 checked="" 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 type="checkbox"/>	Education, Training, and Human Development
	<input checked="" 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>Strategic Plan: Goal #2 - Strengthen services within the Older Blind Program, Children's Services, Prevention, and Low Vision Clinic.</p> <p>Strategic Plan: Goal #5 - Foster and grow relationships with community partners, businesses, and other state agencies.</p> <p>The requested funds would advance these goals by increasing the presence of SCCB Prevention staff across the state. This would enable the program to provide a greater number of educational opportunities for SC citizens, provide services to prevent blindness to citizens much faster, and allow for outreach to rural areas that are currently underserved.</p> <p>The funds would be evaluated by the increase in the number of citizens served and the number of events attended to educate citizens on how to prevent blindness.</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?*

	This funding would cover three (3) FTEs, case services, and operating costs to fund
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**RECIPIENTS OF FUNDS**

surgeries and treatments for individuals who have correctable visual impairments.

*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**

To expand the Prevention program’s services to assist with a broader range of preventative eye care treatments and sight restoring procedures will require additional staff to handle anticipated caseloads and effectively coordinate services, work with community resources, partner with medical and other service providers to offer vision screenings and participate in community awareness events.

Given the increasing number of Prevention cases, combined with sponsoring more types of treatments and eye procedures (such as diabetic retinopathy, macular degeneration), additional funding is essential. For example, in the past year we aided with corneal cross-linking, a treatment for keratoconus, which—if uncorrected—can lead to blindness, for more than 20 consumers. The average cost of this treatment was \$4,000.

To provide valuable and much needed services to a greater number of consumers, SCCB is requesting an additional three (3) FTEs and an increase in program case service funds (\$163,486). This would allow SCCB to serve all four regions in the state, (instead of one counselor primarily serving only one region). It would also enable the agency to offer a greater number of educational opportunities for SC citizens, provide services to prevent blindness to citizens much faster, and improve outreach to rural areas that are currently underserved.

Prior to the economic recession, Prevention served an average of 1,100 cases per year with a budget of nearly \$600,000. In each of the three years prior to 2020 (and the pandemic), Prevention expended an average of \$90,871 for case services. With the addition of three FTEs, this amount is projected to increase by \$163,486. The case services increase would also bring funding closer to the pre-2008 operating levels, as recommended by the Legislative Oversight Committee in 2017. Finally, the increase in case services funds will help address the significant rise in the cost of providing services to restore vision and/or prevent vision loss to for a greater number of citizens.

$\$145,113$  (3 FTEs) +  $\$65,301$  (fringes) +  $\$163,486$  (case services) +  $\$92,100$  (operating) =  $\$466,000$

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

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

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

<b>TITLE</b>	<b>Improving Children's Services</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>General: \$127,000</b> <b>Federal: \$0</b> <b>Other: \$0</b> <b>Total: \$127,000</b>
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*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
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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 checked="" 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>Strategic Plan: Goal #2 - Strengthen services within the Older Blind Program, Children's Services, Prevention, and Low Vision Clinic.</p> <p>Strategic Plan: Goal #5 - Foster and grow relationships with community partners, businesses, and other state agencies.</p> <p>This request would advance the strategy by increasing support to children with visual impairments and their families, especially in rural areas of the state. An additional staff member would reduce travel for program staff and increase the presence of SCCB in the schools which would also provide SCCB the opportunity to serve a greater number of children.</p> <p>The use of these funds would be evaluated by an increase in the number of children served as well as an increase in the number of opportunities presented to the families and educators. These opportunities would assist families in supporting their children in educational success and future independence.</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?*

**RECIPIENTS OF FUNDS**

This funding would cover one(1) FTE, case services, and operating costs to fund services for children with visual impairments.

*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**

SCCB currently employs two (2) counselors who serve children. Each serves 23 counties, or half the state. The average number of consumers served for the three years prior to the pandemic was 122 per year. The caseload size for Children’s Services is growing and the number of counties currently served by each counselor, combined with their caseload sizes, restricts their ability to have a strong presence in the schools and in the community.

Effective relationships with our schools provide outreach opportunities for SCCB. By interacting with school staff, families of students, and the local community, our counselors can serve as a point of contact and facilitate referrals for all SCCB programs. This will increase the continuity of service delivery and strengthen each consumer’s relationship with their counselor and the agency. This will also provide Teachers of the Visually Impaired (TVI) with one point of contact to work with SCCB for referrals and services. TVIs typically serve entire districts, all grades, and ages.

In addition, Children’s Service counselors work closely with SCCB Transition counselors to ensure continuous, seamless service delivery when children age out of Children’s Services and into Transition Services. The foundation for success in school established in Children’s Services is built upon with Transition Services, helping consumers develop the skills they need to achieve their future academic and employment goals.

To address the growth in the number of consumers served and improve the quality of services to schools and districts, SCCB is requesting one (1) additional FTE to serve as a counselor. This will allow each counselor to provide more intensive services to consumers and increase engagement in the schools.

In the three years prior to 2020 (and the pandemic), Children’s Services expended an average of \$69,280, exceeding its budget in each year. Additionally, the Children’s Services budget was supplemented with state carry forward funds that had not originally been allocated for the program. Therefore, we are requesting an additional \$54,000 for the case services budget along with the FTE. This will enable SCCB to provide needed Assistive Technology, low vision devices, and adaptive aids to a greater number of consumers, resulting in increased independence and facilitating educational goals.

\$40,000 (1 FTE) + \$18,000 (fringes) + \$54,000 (case services) + \$15,000 (operating) = \$127,000

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

## **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>Earmarked Authorization Increase</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: \$40,000,000</b> <b>Total: \$40,000,000</b>
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*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>
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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 type="checkbox"/>	Education, Training, and Human Development
	<input type="checkbox"/>	Healthy and Safe Families
	<input type="checkbox"/>	Maintaining Safety, Integrity, and Security
	<input checked="" type="checkbox"/>	Public Infrastructure and Economic Development
<input type="checkbox"/>	Government and Citizens	

<b>ACCOUNTABILITY OF FUNDS</b>	<p>Strategic Plan: Goal #5 - Foster and grow relationships with community partners, businesses, and other state agencies.</p> <p>The use of funds would be evaluated by the number of federal contracts obtained by the agency and the number of new blind vendors licensed annually.</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>	Under the Randolph-Sheppard Act (R-S), SCCB acts as the State Licensing Agency (SLA) for South Carolina. The contracts are held by SCCB, and funds flow through the agency to the blind licensed vendors who operate the facilities.
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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**

Increasing the earmarked fund spending for BEP federal contracts will assist with attracting qualified Blind individuals to train and bid on these contracts. This will increase self-employment opportunities for Blind individuals and assist with the growth of the Randolph-Sheppard program in South Carolina.

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

## **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>Federal Authorization Increase</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>General: \$0</b> <b>Federal: \$162,569</b> <b>Other: \$0</b> <b>Total: \$162,569</b>
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*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>	0.00
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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>	<p>To increase federal spending levels would apply to all aspects of the Strategic Plan.</p> <p>The use of funds would be evaluated through the meeting of the projected outcome values on the agency strategic plan at the end of the year.</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>	Agency programs and services will receive portions of the increase to aid in the accomplishment of goals laid out in the strategic plan.
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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 in grant funding would enable the agency to increase effectiveness and efficiency in providing consumer services through improved staffing, streamlined processes, increased retention, and training in best practices.

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

## **FORM D – PROVISO REVISION REQUEST**

<b>NUMBER</b>	New
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*Cite the proviso according to the renumbered list (or mark "NEW").*

<b>TITLE</b>	Reallotment Funds
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*Provide the title from the renumbered list or suggest a short title for any new request.*

<b>BUDGET PROGRAM</b>	Section 39, II. Rehabilitative Services
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*Identify the associated budget program(s) by name and budget section.*

<b>RELATED BUDGET REQUEST</b>	
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*Is this request associated with a budget request you have submitted for FY 2022-2023? If so, cite it here.*

<b>REQUESTED ACTION</b>	Add
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*Choose from: Add, Delete, Amend, or Codify.*

<b>OTHER AGENCIES AFFECTED</b>	None
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*Which other agencies would be affected by the recommended action? How?*

<b>SUMMARY &amp; EXPLANATION</b>	<p>This will allow for the agency to expend reallotment dollars that may be received after the budget/spending authority has been approved.</p>
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*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**

To maximize utilization of federal funding and prevent the loss of funding awards to other states in the Basic Service Program.

*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**

(BLIND: Reallotment Funds) To maximize utilization of federal funding and prevent the loss of such funding awards to other states in the Basic Service Program, the SC Commission for the Blind will be allowed to budget reallotment and other funds received in excess of original projections in following State fiscal years.

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

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

## **FORM D – PROVISO REVISION REQUEST**

**NUMBER**

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

**TITLE**

Deferred Maintenance, Capital Projects, Ordinary Repair and Maintenance Account  
*Provide the title from the renumbered list or suggest a short title for any new request.*

**BUDGET PROGRAM**

Section 39, I. Administration  
*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 2022-2023? If so, cite it here.*

**REQUESTED ACTION**

Add  
*Choose from: Add, Delete, Amend, or Codify.*

**OTHER AGENCIES AFFECTED**

SC Treasurer's office - to establish a new fund account.  
*Which other agencies would be affected by the recommended action? How?*

**SUMMARY & EXPLANATION**

This request will provide for the establishment of an account with the SC Treasurer's Office where appropriate dollars can be stored for upcoming deferred maintenance, capital projects, ordinary repair, and maintenance. The account will allow funds to be carried forward year-to-year until needed.

*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**

None

*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**

(BLIND: Deferred Maintenance, Capital Projects, Ordinary Repair and Maintenance) The SC Commission for the Blind is authorized to establish an interest bearing fund with the State Treasurer to deposit funds appropriated for deferred maintenance and other one-time funds from any source. After receiving any required approvals, the commission is authorized to expend these funds for the purpose of deferred maintenance, capital projects, and ordinary repair and maintenance. These funds may be carried forward from the prior fiscal year into the current fiscal year to be used for the same purpose.

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

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

## **FORM D – PROVISO REVISION REQUEST**

<b>NUMBER</b>	New
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*Cite the proviso according to the renumbered list (or mark "NEW").*

<b>TITLE</b>	Remodeling
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*Provide the title from the renumbered list or suggest a short title for any new request.*

<b>BUDGET PROGRAM</b>	Section 39, I. Administration
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*Identify the associated budget program(s) by name and budget section.*

<b>RELATED BUDGET REQUEST</b>	
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*Is this request associated with a budget request you have submitted for FY 2022-2023? If so, cite it here.*

<b>REQUESTED ACTION</b>	Add
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*Choose from: Add, Delete, Amend, or Codify.*

<b>OTHER AGENCIES AFFECTED</b>	None
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*Which other agencies would be affected by the recommended action? How?*

<b>SUMMARY &amp; EXPLANATION</b>	<p>This request is being made to move dollars allocated to a bathroom remodel project, which was cancelled, to capital improvement projects that are currently in development.</p>
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*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**

None

*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**

(BLIND: Remodeling) The SC Commission for the Blind shall utilize the \$30,000 appropriated in Part 1B Section 118 - X910 - Statewide Revenue of the 2019-2020 Appropriation Act H. 4000, by proviso 118.16, item (30), for agency facility remodeling and renovation needs.

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

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

## **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>	\$136,141
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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>	<p>This reduction would impact the Vocational Rehabilitation Program. It would be seen as a reduction to the case service funds available to spend for consumers.</p>
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*What programs or activities are supported by the General Funds identified?*

<b>SUMMARY</b>	<p>A 3% reduction to the case services budget would greatly impact the service delivery to SCCB consumers.</p> <p>Consumers in the Vocational Rehabilitation Program need training, and often medical services, to retain or obtain employment. A reduction in the program could create problems for the agency in being able to comply with the Federal regulations that set forth the services that the agency is to provide to consumers.</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**

None

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

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

<b>TITLE</b>	Reducing Cost and Burden to Businesses and Citizens
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*Provide a brief, descriptive title for this request.*

<b>EXPECTED SAVINGS TO BUSINESSES AND CITIZENS</b>	SCCB does not charge any fees for its services, nor does it charge any fines.
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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 checked="" type="checkbox"/>	Other

<b>METHOD OF CALCULATION</b>	SCCB does not charge any fees for its services, nor does it charge any fines.
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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>	SCCB does not charge any fees for its services, nor does it charge any fines.
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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>	SCCB does not charge any fees for its services, nor does it charge any fines.
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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>	SCCB does not charge any fees for its services, nor does it charge any fines.
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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?*