



**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 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 checked="" type="checkbox"/>	Requesting Non-Recurring Appropriations.
<input type="checkbox"/>	Requesting Non-Recurring Federal/Other Authorization.
<input 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 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.

**PRIMARY  
 CONTACT:**  
**SECONDARY  
 CONTACT:**

<i>Name</i>	<i>Phone</i>	<i>Email</i>
Delores Dacosta	(803) 240-6433	DDacosta@cma.sc.gov
Brenton Brown	(803) 563-1411	BBrown@cma.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.

	<i>Agency Director</i>	<i>Board or Commission Chair</i>
<b>SIGN/DATE:</b>	<i>Delores Dacosta 9/20/21</i>	<i>[Signature]</i>
<b>TYPE/PRINT NAME:</b>	Delores DACOSTA	Kenneth E. Battle

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

Agency Name:	Commission On Minority Affairs
Agency Code:	L460
Section:	71

BUDGET REQUESTS			FUNDING					FTES				
Priority	Request Type	Request Title	State	Federal	Earmarked	Restricted	Total	State	Federal	Earmarked	Restricted	Total
1	B1 - Recurring	Addition of Statistician III and Administrative Assistant Positions	222,560	0	0	0	222,560	4.00	0.00	0.00	0.00	4.00
2	B1 - Recurring	Prison Re-Entry Initiative	129,325	0	0	0	129,325	2.00	0.00	0.00	0.00	2.00
3	B1 - Recurring	Printing and Publication	50,000	0	0	0	50,000	0.00	0.00	0.00	0.00	0.00
4	B2 - Non-Recurring	Technological infrastructure upgrades	100,000	0	0	0	100,000	0.00	0.00	0.00	0.00	0.00
TOTALS			501,885	0	0	0	501,885	6.00	0.00	0.00	0.00	6.00

Agency Name:	Commission On Minority Affairs		
Agency Code:	L460	Section:	71

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

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

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

<b>TITLE</b>	<b>Addition of Statistician III and Administrative Assistant Positions</b>
--------------	--

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

<b>AMOUNT</b>	<p><b>General: \$222,560</b></p> <p><b>Federal: \$0</b></p> <p><b>Other: \$0</b></p> <p><b>Total: \$222,560</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>	4.00
----------------------	------

*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 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 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>	<ul style="list-style-type: none"> <li>This funding request supports the agency's current statutory mandate to "provide the minority community... with a single point of contact for statistical and technical assistance in the areas of research and planning for a greater economic future...".</li> <li>This requests would provide additional support to the Commission to provide analytical and research information to better assist elected officials, the business community, and the state's residents with information on the socio-economic progress on the Commission's constituent communities.</li> <li>Use of these funds will be evaluated based on work-product, efficiency, and other metrics pertaining to the provision of this statutorily mandated information to requesting entities.</li> </ul>
--------------------------------	---

*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?*

	These funds would become a part of the agency's normal operating budget, as
--	---

**RECIPIENTS OF FUNDS**

would any other personnel 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**

- Addition of two (2) Statistician III Positions (\$50,000 base salary and \$19,550 fringe benefits each) for the agency's Research and Planning Division to provide detailed statistical analysis and research assistance, in addition to assisting with the preparation of descriptive statistical reports and publications as required by the agency's statute.
- Addition of two (2) Administrative Assistants (\$30,000 base salary and \$11,730 fringe benefits each) to serve as support staff for the Research and Planning and African American Affairs Divisions.

*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 On Minority Affairs		
Agency Code:	L460	Section:	71

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

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

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

<b>TITLE</b>	<b>Prison Re-Entry Initiative</b>
--------------	-----------------------------------

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

<b>AMOUNT</b>	<b>General: \$129,325</b> <b>Federal: \$0</b> <b>Other: \$0</b> <b>Total: \$129,325</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 checked="" 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 # 4	

<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>	<ul style="list-style-type: none"> <li>This funding request supports the agency's current statutory mandate to "provide the minority community... with a single point of contact for statistical and technical assistance in the areas of research and planning for a greater economic future...".</li> <li>This requests would provide additional support to the Commission to provide analytical and research information to better assist elected officials, the business community, and the state's residents with information on the socio-economic progress on the Commission's constituent communities.</li> <li>Use of these funds will be evaluated based on work-product, efficiency, and other metrics pertaining to the provision of this statutorily mandated information to requesting entities.</li> </ul>
--------------------------------	---

*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?*

	These funds would become a part of the agency's normal operating budget.
--	--

**RECIPIENTS OF 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**

A request for the agency's partnership with the South Carolina Department of Corrections to aid in anti-recidivism initiatives that will establish an exit review council to assist individuals transitioning from incarceration back into society. This council will be responsible for reviewing exit packets and making recommendations to ensure successful transitions. The budget for this request is to cover one (1) Program Coordinator I (\$62,595, including base salary and fringe), one (1) Administrative Assistant (\$41,730, including base salary and fringe), with the balance of funds (\$25,000) going to technology upgrades (e.g., computer, printer, data management software, etc.) for program tracking purposes, and technical assistance.

The total costs for this initiative are as follows:

- two (2) FTEs = \$104,325, and
- other operational expenses = \$25,000.

*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 On Minority Affairs		
Agency Code:	L460	Section:	71

## **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>Printing and Publication</b>
--------------	---------------------------------

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

<b>AMOUNT</b>	<b>General: \$50,000</b> <b>Federal: \$0</b> <b>Other: \$0</b> <b>Total: \$50,000</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 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 type="checkbox"/>	Public Infrastructure and Economic Development
	<input checked="" type="checkbox"/>	Government and Citizens

<b>ACCOUNTABILITY OF FUNDS</b>	<ul style="list-style-type: none"> <li>This funding request supports the agency's current statutory mandate to "provide the minority community... with a single point of contact for statistical and technical assistance in the areas of research and planning for a greater economic future...".</li> <li>This requests would provide additional support to the Commission to provide analytical and research information to better assist elected officials, the business community, and the state's residents with information on the socio-economic progress on the Commission's constituent communities.</li> <li>Use of these funds will be evaluated based on work-product, efficiency, and other metrics pertaining to the provision of this statutorily mandated information to requesting entities.</li> </ul>
--------------------------------	---

*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>	These funds would become a part of the agency's normal operating budget.
----------------------	--

**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 funding request supports the agency's outreach to its constituent communities as mandated by its enabling statute. This request allows for the agency to prioritize outreach to communities that lack reliable internet infrastructure and use of the funds will be evaluated by demand for services and products associated with this recurring request.

*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 On Minority Affairs		
Agency Code:	L460	Section:	71

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

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

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

<b>TITLE</b>	Technological infrastructure upgrades
--------------	---------------------------------------

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

<b>AMOUNT</b>	\$100,000
---------------	-----------

*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>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 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 type="checkbox"/>	Related to a 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 type="checkbox"/>	Public Infrastructure and Economic Development
	<input checked="" type="checkbox"/>	Government and Citizens

<b>ACCOUNTABILITY OF FUNDS</b>	<ul style="list-style-type: none"> <li>This funding request supports the agency's current statutory mandate to "provide the minority community... with a single point of contact for statistical and technical assistance in the areas of research and planning for a greater economic future...".</li> <li>This requests would provide additional support to the Commission to provide analytical and research information to better assist elected officials, the business community, and the state's residents with information on the socio-economic progress on the Commission's constituent communities.</li> <li>Use of these funds will be evaluated based on work-product, efficiency, and other metrics pertaining to the provision of this statutorily mandated information to requesting entities.</li> </ul>
--------------------------------	---

*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>	These funds would support the objectives of the agency's normal operating budget.
----------------------------	---

*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*

**JUSTIFICATION  
OF REQUEST**

Funding would be used to cover costs associated with updating the agency's technology, internet service, research software, digital media services, television and radio campaign advertisements with state agency partners, equipment for in-house production of agency program initiatives and educational information. Furthermore, funding would go towards enhancing digital publications and the distribution of the agency's electronic newsletter to increase its subscriber base.

*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 On Minority Affairs		
Agency Code:	L460	Section:	71

## **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>	\$51,910
---------------	----------

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

<b>ASSOCIATED FTE REDUCTIONS</b>	No FTEs would be reduced in association with this General Fund reduction.
----------------------------------	---

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

<b>PROGRAM / ACTIVITY IMPACT</b>	The programs / activities supported by the General Funds identified are based on the agency's Immigration Hotline.
----------------------------------	--

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

<b>SUMMARY</b>	If a three percent (3%) General Fund reduction is necessary, the agency would take the reduction for some of the operational costs as funded through the Immigration Hotline program area, to include: training and technical assistance activities, printed materials, and translation services. The Immigration Hotline is not producing at expected levels to produced intended outcomes. Thus, a 3% reduction would not interfere with the agency's direct operations.
----------------	--

*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**

To reduce agency costs and operating expenses by more than \$50,000 the agency could: 1) maintain a vacant position, or 2) reduce costs related to the outsourcing of services, whereby the agency would no longer contract out grant-writing, translation, and professional development or staff development trainings. Thus, in lieu of outsourcing, the agency would conduct in-house production of content to be shared via social media platforms, advertising campaigns, and professional development and / or other trainings.

*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 On Minority Affairs		
Agency Code:	L460	Section:	71

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

<b>TITLE</b>	Reducing Cost and Burden to Businesses and Citizens
--------------	---

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

<b>EXPECTED SAVINGS TO BUSINESSES AND CITIZENS</b>	Not applicable.
--	-----------------

*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>	Not applicable.
------------------------------	-----------------

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


<b>REDUCTION OF FEES OR FINES</b>	This agency does not levy any fees or fines.
-----------------------------------	--

*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>	Not applicable.
--------------------------------	-----------------

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

<b>SUMMARY</b>	Not applicable.
----------------	-----------------



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