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| AGENCY NAME: | SC School for the Deaf and the Blind | | |
| AGENCY CODE: | H750 | SECTION: | 6 |



Fiscal Year 2020-21 Agency Budget Plan

FORM A - BUDGET PLAN SUMMARY

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| OPERATING REQUESTS (FORM B1) | For FY 2020-21, 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 2020-21, 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 2020-21, 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 2020-21, 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.

| | <i>Name</i> | <i>Phone</i> | <i>Email</i> |
|-------------------------------|--------------|--------------|--|
| PRIMARY CONTACT: | Ben Riddle | 803-261-7926 | briddle@scsdb.org |
| SECONDARY CONTACT: | Scott Ramsey | 864-577-7522 | sramsey@scsdb.org |

I have reviewed and approved the enclosed FY 2020-21 Agency Budget Plan, which is complete and accurate to the extent of my knowledge.

| | <i>Agency Director</i> | <i>Board of Commission Chair</i> |
|-------------------------|---------------------------|----------------------------------|
| SIGN/DATE: | | |
| TYPE/PRINT NAME: | Page B. McCraw, President | W. Scott Brawley, Vice Chairman |

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

Fiscal Year 2020-21 Budget Request Executive Summary

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

| BUDGET REQUESTS | | | FUNDING | | | | | FTES | | | | |
|-----------------------|----------------|-----------------------|-----------|---------|-----------|------------|-----------|-------|---------|-----------|------------|-------|
| Priority | Request Type | Request Title | State | Federal | Earmarked | Restricted | Total | State | Federal | Earmarked | Restricted | Total |
| 1 | B1 - Recurring | General Fund Increase | 1,500,000 | | | | 1,500,000 | | | | | 0.00 |
| 2 | | | | | | | 0 | | | | | 0.00 |
| 3 | | | | | | | 0 | | | | | 0.00 |
| 4 | | | | | | | 0 | | | | | 0.00 |
| 5 | | | | | | | 0 | | | | | 0.00 |
| 6 | | | | | | | 0 | | | | | 0.00 |
| 7 | | | | | | | 0 | | | | | 0.00 |
| 8 | | | | | | | 0 | | | | | 0.00 |
| 9 | | | | | | | 0 | | | | | 0.00 |
| 10 | | | | | | | 0 | | | | | 0.00 |
| 11 | | | | | | | 0 | | | | | 0.00 |
| 12 | | | | | | | 0 | | | | | 0.00 |
| 13 | | | | | | | 0 | | | | | 0.00 |
| 14 | | | | | | | 0 | | | | | 0.00 |
| 15 | | | | | | | 0 | | | | | 0.00 |
| 16 | | | | | | | 0 | | | | | 0.00 |
| 17 | | | | | | | 0 | | | | | 0.00 |
| 18 | | | | | | | 0 | | | | | 0.00 |
| 19 | | | | | | | 0 | | | | | 0.00 |
| 20 | | | | | | | 0 | | | | | 0.00 |
| 21 | | | | | | | 0 | | | | | 0.00 |
| 22 | | | | | | | 0 | | | | | 0.00 |
| 23 | | | | | | | 0 | | | | | 0.00 |
| 24 | | | | | | | 0 | | | | | 0.00 |
| 25 | | | | | | | 0 | | | | | 0.00 |
| 26 | | | | | | | 0 | | | | | 0.00 |
| 27 | | | | | | | 0 | | | | | 0.00 |
| 28 | | | | | | | 0 | | | | | 0.00 |
| 29 | | | | | | | 0 | | | | | 0.00 |
| 30 | | | | | | | 0 | | | | | 0.00 |
| TOTAL BUDGET REQUESTS | | | 1,500,000 | 0 | 0 | 0 | 1,500,000 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

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FORM B1 – RECURRING OPERATING REQUEST

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

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

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| AMOUNT | General: 1,500,000 Federal: Other: Total: 1,500,000 |
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What is the net change in requested appropriations for FY 2020-21? This amount should correspond to the total for all funding sources on the Executive Summary.

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| NEW POSITIONS | 0 |
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Please provide the total number of new positions needed for this request.

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| FACTORS ASSOCIATED WITH THE REQUEST | Mark "X" for all that apply: | |
| | <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 checked="" type="checkbox"/> | Exhaustion of fund balances previously used to support program |
| | <input type="checkbox"/> | IT Technology/Security related |
| | <input type="checkbox"/> | Consulted DTO during development |
| | Related to a Non-Recurring request – If so, Priority # _____ | |

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| STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES | Mark "X" for primary applicable Statewide Enterprise Strategic Objective: | |
| | <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 |

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| ACCOUNTABILITY OF FUNDS | <p>The funding request supports all goals of the SCSDB strategic plan. This request for an increase in General Fund Appropriations is needed to provide the necessary professional staff to achieve the mission of the agency to provide statewide services to children with sensory disabilities in South Carolina.</p> |
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What specific strategy, as outlined in the FY 2019-20 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?

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| RECIPIENTS OF FUNDS | <p>These funds would be used to support the salaries and fringe benefits of current employees.</p> |
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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?

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| JUSTIFICATION OF REQUEST | <p>This request will enable SCSDB to continue to provide needed services at the current level to children identified with sensory disabilities in South Carolina. SCSDB has been able to absorb the mandatory annual teacher step increases and degree advancement increases as well as the increase in campus safety costs, bus driver salary increases, staff performance increases, transition services/job coaches, reading coach, school based mental health counselor, and an increase in operating costs without requesting an increase in appropriated General Funds since FY 11-12. SCSDB has recently incurred significant expense as a result of the teacher salary increase. This funding increase is necessary to continue to meet the needs of children with sensory disabilities in South Carolina. Without the increase, SCSDB will be challenged to continue services at the current level ultimately impacting employment of staff and the services provided to children.</p> |
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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.

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

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| TITLE | Agency Cost Savings and General Fund Reduction Contingency Plan |
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| AMOUNT | \$465,493 <i>What is the General Fund 3% reduction amount (minimum based on the FY 2019-20 recurring appropriations)? This amount should correspond to the reduction spreadsheet prepared by EBO.</i> |
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| ASSOCIATED FTE REDUCTIONS | None <i>How many FTEs would be reduced in association with this General Fund reduction?</i> |
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| PROGRAM/ACTIVITY IMPACT | The operating budget from the general fund at SCSDDB will be reduced. The reduction will be realized from each division/department. <i>What programs or activities are supported by the General Funds identified?</i> |
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| SUMMARY | SCSDDB will reduce the operating budget by \$465,493 to cover this 3% general fund reduction. <i>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.</i> |
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| AGENCY COST SAVINGS PLANS | Should the need arise, SCSDDB will implement an across the board 3% reduction in operating expenditures by reducing operating budgets in each area of operations. Upon implementation, expenditures will be reviewed to ensure that funds are being spent on essential needs corresponding to agency goals and objectives outlined in the most recent accountability report <i>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?</i> |
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