

AGENCY NAME:	South Carolina Commission for the Blind		
AGENCY CODE:	L240	SECTION:	39



**Fiscal Year 2020-21
Agency Budget Plan**

FORM A - BUDGET PLAN SUMMARY

**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 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 2020-21, my agency is (mark "X"):

<input checked="" type="checkbox"/>	Requesting funding for Capital Projects.
<input type="checkbox"/>	Not requesting any changes.

**PROVISOS
(FORM D)**

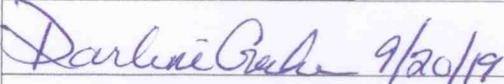
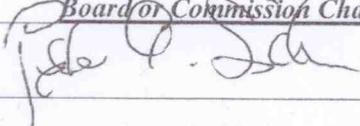
For FY 2020-21, my agency is (mark "X"):

<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.

	<u>Name</u>	<u>Phone</u>	<u>Email</u>
PRIMARY CONTACT:	Elaine Robertson	803-898-1049	Elaine.robertson@sccb.sc.gov
SECONDARY CONTACT:			

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

	<u>Agency Director</u>	<u>Board or Commission Chair</u>
SIGN/DATE:	 9/20/19	 09/20/19
TYPE/PRINT NAME:	Darline Graham, Commissioner	Peter Smith, Chair

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

Fiscal Year 2020-21 Budget Request Executive Summary

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

BUDGET REQUESTS			FUNDING					FTES				
Priority	Request Type	Request Title	State	Federal	Earmarked	Restricted	Total	State	Federal	Earmarked	Restricted	Total
1	B1 - Recurring	Salary Alignment	350,000				350,000					0.00
2	B1 - Recurring	Additional Program Support Staff	353,600				353,600	9.00				9.00
3	B2 - Non-Recurring	Customize AWARE System and purchase AWARE Quality Assurance Module	300,000				300,000					0.00
4	C - Capital	Complex Renovations and Improvements	5,101,685				5,101,685					0.00
5	B1 - Recurring	Children's Services Increase	150,000				150,000					0.00
6	B1 - Recurring	Prevention of Blindness Increase	150,000				150,000	1.00				1.00
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			6,405,285	0	0	0	6,405,285	10.00	0.00	0.00	0.00	10.00

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FORM B1 – RECURRING OPERATING REQUEST

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

TITLE	Salary Alignment
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Provide a brief, descriptive title for this request.

AMOUNT	General: \$350,000 Federal: Other: Total: \$350,000
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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.

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

FACTORS ASSOCIATED WITH THE REQUEST	Mark “X” for all that apply:	
	<input type="checkbox"/>	Change in cost of providing current services to existing program audience
	<input type="checkbox"/>	Change in case load/enrollment under existing program guidelines
	<input type="checkbox"/>	Non-mandated change in eligibility/enrollment for existing program
	<input type="checkbox"/>	Non-mandated program change in service levels or areas
	<input type="checkbox"/>	Proposed establishment of a new program or initiative
	<input type="checkbox"/>	Loss of federal or other external financial support for existing program
	<input checked="" type="checkbox"/>	Exhaustion of fund balances previously used to support program
	<input type="checkbox"/>	IT Technology/Security related
	<input type="checkbox"/>	Consulted DTO during development
<input type="checkbox"/>	Related to a Non-Recurring request – If so, Priority # _____	

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES	Mark “X” for primary applicable Statewide Enterprise Strategic Objective:	
	<input 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>Strategy/Measure 3.1.2; Reduce turnover by improving retention.</p> <p>Aligning salary for SCCB employees with salaries of state employees in same positions at other state agencies would assist in retention.</p> <p>The funds would be evaluated by demonstration of increased retention.</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?

RECIPIENTS OF FUNDS	<p>Recipients of funds will be the staff of SCCB. Research on salaries for like positions will be utilized to provide parity to all SCCB staff with these funds.</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?

JUSTIFICATION OF REQUEST	<p>This request is to bring parity to staff salary wise. The Compensation Study completed for Department of Administration in 2016 studied 15 agencies with similar positions across the state. SCCB fell at number 14 with salaries well-below state average for all positions. Without providing a parity increase to staff the turnover rate will continue to be high as staff leaves for similar positions at other state agencies that pay a higher salary. This affects services to consumers as there is a decrease in consistency with constantly changing staff.</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 B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY	2
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Provide the Agency Priority Ranking from the Executive Summary.

TITLE	Additional Program Support Staff
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Provide a brief, descriptive title for this request.

AMOUNT	General: \$353,600 {\$260,000 salary \$93,600 fringes @ 36%} Federal: Other: Total: \$353,600
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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.

NEW POSITIONS	9
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Please provide the total number of new positions needed for this request.

FACTORS ASSOCIATED WITH THE REQUEST	Mark "X" for all that apply:	
	<input type="checkbox"/>	Change in cost of providing current services to existing program audience
	<input 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 checked="" type="checkbox"/>	Non-mandated program change in service levels or areas
	<input checked="" type="checkbox"/>	Proposed establishment of a new program or initiative
	<input checked="" 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 checked="" type="checkbox"/>	IT Technology/Security related
	<input type="checkbox"/>	Consulted DTO during development
<input type="checkbox"/>	Related to a Non-Recurring request – If so, Priority # _____	

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES	Mark "X" for primary applicable Statewide Enterprise Strategic Objective:	
	<input 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>This request reflects critical strategic areas for complying with federal regulations for data collection, youth services, and services to employers. Also, will impact services to children and prevention services, both expanding programs. These programs would allow the agency to meet strategic goals and objectives across all programs. Funds would be monitored in the monthly budget to ensure use in critical areas.</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?

RECIPIENTS OF FUNDS	<p>Citizens of the state who are hired for these positions will be the recipient of the funds.</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?

JUSTIFICATION OF REQUEST	<p>Federal performance measures require all state VR agencies to document and report in greater detail and more frequently than in the past. This has placed undue burden on front end staff and administrative staff. With the requirement for providing more youth services and services to businesses, there has been increased burden on these programs. To provide all of the necessary services to consumers, reduce staff burnout and increase retention, and to increase accuracy of data entry and reporting, these positions are necessary. Currently the areas we are looking to add staff are understaffed and overworked. These positions would be utilized as follows:</p> <ul style="list-style-type: none"> 1 Quality Assurance Case Reviewer (QA does not have this position at this time) 2 Prevention of Blindness Counselors (currently agency only has 1) 1 Children's Services Counselor (Necessary due to rising caseloads) 1 Employment Consultant Team Leader (Increase services to businesses) 2 Low Vision Specialists (Currently only one and agency has 5 clinics across the state) 2 VR Assistants (Would allow for one in each office)
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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 B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY	5
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Provide the Agency Priority Ranking from the Executive Summary.

TITLE	Children’s Services Assistive Technology
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Provide a brief, descriptive title for this request.

AMOUNT	General: \$150,000 Federal: Other: Total: \$150,000
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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.

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

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

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES	Mark “X” for primary applicable Statewide Enterprise Strategic Objective:	
	<input 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>Goal 4. Aligning programs with WIOA regulations. Caseloads in this program have increased with the implementation of youth services under WIOA. Students begin receiving services in elementary school but federal funds do not support services until age 14. The funds would be evaluated by the number of students served.</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?

RECIPIENTS OF FUNDS	<p>Children of the State of South Carolina who qualify for our children's services visually impaired services.</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?

JUSTIFICATION OF REQUEST	<p>WIOA mandates a percentage of federal funds support consumers ages 14 to 24. This has caused an increase in the number of children referred to SCCB but many are under age 14. Ensuring that Blind and Visually impaired children receive the necessary services as early as possible will assist in leading them to a life of independence and self-sufficiency. With no federal funding to support visually impaired children under age 14 and provide them with the necessary assistive technology, it becomes more difficult to lead them on a path of independence. Each year the cost of this technology rises and limits the number of students SCCB can assist, leaving many without the tools for early success.</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 B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY	6
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Provide the Agency Priority Ranking from the Executive Summary.

TITLE	Prevention of Blindness Increase
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Provide a brief, descriptive title for this request.

AMOUNT	General: \$150,000 Federal: Other: Total: \$150,000
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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.

NEW POSITIONS	1
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Please provide the total number of new positions needed for this request.

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

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES	Mark "X" for primary applicable Statewide Enterprise Strategic Objective:	
	<input type="checkbox"/>	Education, Training, and Human Development
	<input 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	

AGENCY NAME:	South Carolina Commission for the Blind		
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ACCOUNTABILITY OF FUNDS	<p>Strategy 2.1; Provide services to increase self-sufficiency for Blind and Visually Impaired Citizens.</p> <p>The additional funding would increase the number of citizens the agency could assist in restoring vision loss or preventing blindness. The funds would be tracked monthly to ensure compliance and documentation will be maintained to demonstrate services provided and the number of citizens served.</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?

RECIPIENTS OF FUNDS	<p>Citizens of South Carolina with correctable visual impairments. Funds are allocated through predetermined eligibility criteria.</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?

JUSTIFICATION OF REQUEST	<p>Recurring funds for the Prevention of Blindness Services to bring funding closer to pre-2008 operating levels as recommended by the Legislative Oversight Committee. The cost of services to restore vision and/or prevent vision loss have significantly increased. Without increased funding the agency will be restricted on the number of South Carolina residents we can serve in this program. Prevention services assist residents in restoring vision through surgery or preventing vision loss through education and precautionary measures. These services increase the ability for citizens to remain employed, obtain employment, and also remain independent putting less burden on other state social services as well as increasing contributions to the local economy and state income tax fund. .</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 B2 – NON-RECURRING OPERATING REQUEST

AGENCY PRIORITY	3
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Provide the Agency Priority Ranking from the Executive Summary.

TITLE	AWARE Quality Assurance Module
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Provide a brief, descriptive title for this request.

AMOUNT	\$300,000.00
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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.

FACTORS ASSOCIATED WITH THE REQUEST	Mark "X" for all that apply:	
	<input type="checkbox"/>	Change in cost of providing current services to existing program audience
	<input type="checkbox"/>	Change in case load/enrollment under existing program guidelines
	<input type="checkbox"/>	Non-mandated change in eligibility/enrollment for existing program
	<input type="checkbox"/>	Non-mandated program change in service levels or areas
	<input 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 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 #	

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	

ACCOUNTABILITY OF FUNDS	4.1 Implement information tracking systems. The current case management system is not set up to efficiently collect and report on required data components for federal reporting. Customizing the system would allow the agency to create a process within the current case management program to collect and report accurately and efficiently. The Quality Assurance Module will assist in maintaining federal compliance with documentation requirements.
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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	Recipients of funds will be contract vendor (AWARE/ALLIANCE)
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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?

JUSTIFICATION OF REQUEST	<p>Customizing the current case management system will streamline and increase efficiency for counselors and assistants who must enter all data concerning consumer services. This will reduce the time burden on front end staff and allow more time to be dedicated to consumer contact and improve services to consumers. The Quality Assurance Module provides the ability for case reviews to be completed quickly and easily for information concerning federal compliance in documentation. This process is extremely important to be prepared for Federal monitoring visits and reduce the risk of findings that could affect agency federal funding. Without the funds for this tool and customization the front end staff will continue to spend a greater number of hours entering data, affecting services to consumers, and compliance with federal regulations will be harder to track, (as it is now), and the agency will risk sanctions from a monitoring visit.</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. Does this non-recurring appropriation request create an annualization or need for recurring funds?

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FORM C – CAPITAL REQUEST

AGENCY PRIORITY	4
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Provide the Agency Priority Ranking from the Executive Summary.

TITLE	Complex Renovations and Improvements
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Provide a brief, descriptive title for this request.

AMOUNT	\$ 5,101,685
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How much is requested for this project in FY 2020-21? This amount should correspond to the total for all funding sources on the Executive Summary.

CPIP PRIORITY	CPIP Plan Year 2021 Priority 1: Without the funding the agency will continue to struggle with constant repairs and consumer complaints & illnesses caused by lack of heat/air conditioning in dormitories.
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Identify the project's CPIP plan year and priority number, along with the first year in which the project was included in the agency's CPIP. If not included in the agency's CPIP, please provide an explanation. If the project involves a request for appropriated state funding, briefly describe the agency's contingency plan in the event that state funding is not made available in the amount requested.

OTHER APPROVALS	No approvals have been obtained at this time. Only an estimate for services.
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What approvals have already been obtained? Are there additional approvals that must be secured in order for the project to succeed? (Institutional board, JBRC, SFAA, etc.)

LONG-TERM PLANNING AND SUSTAINABILITY	There have been no other funds invested in this project. This is not a project that can be done in increments or stages as it affects the entire agency complex. The expected useful life of a new HVAC system would be at least 25 to 30 years.
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What other funds have already been invested in this project (source/type, amount, timeframe)? Will other capital and/or operating funds for this project be requested in the future? If so, how much, and in which fiscal years? Has a source for those funds been identified/secured? What is the agency's expectation with regard to additional annual costs or savings associated with this capital improvement? What source of funds will be impacted by those costs or savings? What is the expected useful life of the capital improvement?

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SUMMARY	<p>The current HVAC system at the SCCB Columbia complex has been in place for over 50 years, it was installed when the buildings were originally constructed. It is not energy efficient which creates much higher utility bills and is no longer efficient at heating or cooling the buildings in this complex. Staff and consumers suffer on a daily basis from extreme heat or extreme cold all over the complex. Several times a year the agency has to call a repair technician to fix compressors and fans. Staff and consumers have suffered illnesses from the inconsistencies in temperatures. It has also created a situation where small portable heaters and fans must be in use for staff to work comfortably. In one building in the winter it can be 70 degrees on one side of the hall and 95 on the other, or 70 on one side and 45 on the other. In the summer it can be 55 on one side and 90 on the other, and this is just across the hall. Repair technicians have checked duct work, vents, lines, and the system is so old that it isn't possible to create consistency and energy efficiency from this HVAC system.</p>
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Provide a summary of the project and explain why it is necessary. Please refer to the budget guidelines for appropriate questions and thoroughly answer all related items.

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

TITLE	Agency Cost Savings and General Fund Reduction Contingency Plan
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AMOUNT	\$120,331 <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	0 <i>How many FTEs would be reduced in association with this General Fund reduction?</i>
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PROGRAM/ACTIVITY IMPACT	Prevention Program—reduced sight restoration services to SC citizens. Children’s Program—reduced services to children with visual impairments under age 14.
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What programs or activities are supported by the General Funds identified?

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SUMMARY

. This reduction would severely impact the state funded programs within the agency. Especially services for Prevention and Children. Fewer citizens in SC would receive sight restoring procedures and fewer children would receive necessary assistive technology, both situations decreasing levels of self-sufficiency and potentially increasing the burden on other state social service programs.

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

Implement a financial interface with our case management software to increase accuracy in budget management.

What measures does the agency plan to implement to reduce its costs and operating expenses by more than \$50,000? Provide a summary of the measures taken and the estimated amount of savings. How does the agency plan to repurpose the savings?

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FORM F – REDUCING COST AND BURDEN TO BUSINESSES AND CITIZENS

TITLE	We do not charge any fees for our services nor do we change any fines.
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Provide a brief, descriptive title for this request.

EXPECTED SAVINGS TO BUSINESSES AND CITIZENS	We do not charge any fees for our services nor do we change 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.

FACTORS ASSOCIATED WITH THE REQUEST	Mark “X” for all that apply: <input type="checkbox"/> Repeal or revision of regulations. <input type="checkbox"/> Reduction of agency fees or fines to businesses or citizens. <input type="checkbox"/> Greater efficiency in agency services or reduction in compliance burden. <input type="checkbox"/> Other
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METHOD OF CALCULATION	We do not charge any fees for our services nor do we change any fines.
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Describe the method of calculation for determining the expected cost or time savings to businesses or citizens.

REDUCTION OF FEES OR FINES	
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Which fees or fines does the agency intend to reduce? What was the fine or fee revenue for the previous fiscal year? What was the associated program expenditure for the previous fiscal year? What is the enabling authority for the issuance of the fee or fine?

REDUCTION OF REGULATION	We do not charge any fees for our services nor do we change any fines.
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Which regulations does the agency intend to amend or delete? What is the enabling authority for the regulation?

AGENCY NAME:	South Carolina Commission for the Blind		
AGENCY CODE:	L240	SECTION:	39

SUMMARY

We do not charge any fees for our services nor do we charge any fines.

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