

AGENCY NAME:	South Carolina School for the Deaf and the Blind		
AGENCY CODE:	H750	SECTION:	6



Fiscal Year 2019-20 Agency Budget Plan

FORM A - BUDGET PLAN SUMMARY

OPERATING REQUESTS (FORM B1)	For FY 2019-20, my agency is (mark "X"): <input 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 2019-20, 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 2019-20, 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 2019-20, 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>
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 2019-20 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:		
TYPE/PRINT NAME:	Page B. McCraw, PhD President	Mr. Robert A. Dobson, III Board Chairman

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

Fiscal Year 2019-20 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	Increase Authorization - Campus Master Plan (Demolition/Maintenance)			1,500,000		1,500,000					0.00
2	B1 - Recurring	Personnel Development Collaboration		600,000			600,000					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			0	600,000	1,500,000	0	2,100,000	0.00	0.00	0.00	0.00	0.00

AGENCY NAME:	SC SCHOOL FOR THE DEAF AND THE BLIND		
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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	Increase Authorization – Campus Master Plan (Demolition/Maintenance)
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Provide a brief, descriptive title for this request.

AMOUNT	General: Federal: Other: \$1,500,000 Total: \$1,500,000
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What is the net change in requested appropriations for FY 2019-20? 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 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 # _____

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 checked="" 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>These funds will be used in accordance with the Campus Master Plan Safety and Facilities Study that has been commissioned. As the first step toward fulfillment of the Master Plan, demolition and related maintenance is needed.</p>
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What specific strategy, as outlined in the FY 2018-19 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>SCSDB will procure the needed services to complete projects to include providers of such services as construction and demolition contractors, engineering firms, architectural firms, and other service providers, as needed.</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 for budget authority. SCSDB has planned for this and has the cash on hand to carry out this demolition process. However, SCSDB lacks the ability to move forward in spending these dollars without the budget authority to match. Without the matching authority, plans to move forward with the Campus Master Plan to enhance the safety and security, as well as learning environment for our students, will be impacted.</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 – Form #14255
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Provide the Agency Priority Ranking from the Executive Summary.

TITLE	Personnel Development Collaboration
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Provide a brief, descriptive title for this request.

AMOUNT	General: Federal: \$600,000 Other: Total: \$600,000
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What is the net change in requested appropriations for FY 2019-20? This amount should correspond to the total for all funding sources on the Executive Summary.

NEW POSITIONS	N/A
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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 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 # _____	

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 3 focuses on Outreach Services and this expansion allows for SCSDB to continue to meet the needs of children with sensory disabilities across SC.</p>
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What specific strategy, as outlined in the FY 2018-19 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>The federal funding is used to support the SC School for the Deaf and the Blind with providing programs and training for students who are blind and/or deaf/hard of hearing.</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>The Personnel Development Collaboration exists through grant funding and an Inter-Agency contractual agreement between the SC Department of Education and the SC School for the Deaf and the Blind to maintain and/or expand the State's Instructional Resource Center; lead statewide vision technical assistance trainings to local educational agencies (LEAs); lead statewide deaf/hard of hearing technical assistance trainings to LEAs; support Project Magnify, which provides services to low-vision students to enhance their reading rates; and oversee the newly established Teacher of the Visually Impaired Mentor Program. The programs have grown incrementally since fiscal year 2016 and the funding to support the initiatives have increased respectively.</p> <p>The funding does not require a cost percentage match. However, if the funds were not received, there would be severe limitations on the capacity to provide the aforementioned programs and trainings to students who are blind and/or deaf/hard of hearing along with the teachers and staff that provide the services.</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 D – PROVISIO REVISION REQUEST

NUMBER	6.1
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Cite the proviso according to the renumbered list for FY 2019-20 (or mark "NEW").

TITLE	SDB: Student Activity Fee
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Provide the title from the FY 2018-19 Appropriations Act or suggest a short title for any new request.

BUDGET PROGRAM	N/A
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Identify the associated budget program(s) by name and budget section.

RELATED BUDGET REQUEST	N/A
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Is this request associated with a budget request you have submitted for FY 2019-20? If so, cite it here.

REQUESTED ACTION	Delete
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Choose from: Add, Delete, Amend, or Codify.

OTHER AGENCIES AFFECTED	None
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Which other agencies would be affected by the recommended action? How?

SUMMARY & EXPLANATION	<p>This proviso is obsolete. SCSDB does not collect student activity fees.</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.

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FISCAL IMPACT	N/A
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Provide estimates of any fiscal impacts associated with this proviso, whether for state, federal, or other funds. Explain the method of calculation.

PROPOSED PROVISIO TEXT	<p>6.1. —(SDB: Student Activity Fee) The School for the Deaf and the Blind is authorized to charge to the parents of students at the school a student activity fee, differentiated according to the income of the family. The required student activity fee shall not exceed \$40.00. Such revenue may be retained and carried forward into the current fiscal year and expended for the purpose of covering expenses for student activities.</p>
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Paste FY 2018-19 text above, then bold and underline insertions and strikethrough deletions. For new proviso requests, enter requested text above.

AGENCY NAME:	South Carolina School for the Deaf and the Blind		
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FORM D – PROVISIO REVISION REQUEST

NUMBER	6.3
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Cite the proviso according to the renumbered list for FY 2019-20 (or mark "NEW").

TITLE	SDB: Admissions
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Provide the title from the FY 2018-19 Appropriations Act or suggest a short title for any new request.

BUDGET PROGRAM	N/A
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Identify the associated budget program(s) by name and budget section.

RELATED BUDGET REQUEST	N/A
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Is this request associated with a budget request you have submitted for FY 2019-20? If so, cite it here.

REQUESTED ACTION	Delete
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Choose from: Add, Delete, Amend, or Codify.

OTHER AGENCIES AFFECTED	None
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Which other agencies would be affected by the recommended action? How?

SUMMARY & EXPLANATION	<p>This proviso is obsolete. SCSDB admission criteria is defined in the SCSDB Admission Board Policy and established by the SC School for the Deaf and the Blind Board of Commissioners in accordance to SC Law.</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.

AGENCY NAME:	South Carolina School for the Deaf and the Blind		
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FISCAL IMPACT	None
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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	<p>6.3. — (SDB: Admissions) Deaf, blind, multi-disabled and other disabled students identified by the Board of Commissioners as target groups for admission to the South Carolina School for the Deaf and the Blind may be admitted by the School either through direct application by parents or on referral from the local school district. The Board of Commissioners shall define the appropriate admissions criteria including mental capacity, degree of disability, functioning level, age, and other factors deemed necessary by the board. All placement hearings for admission to the South Carolina School for the Deaf and the Blind shall be organized by the School. The South Carolina School for the Deaf and the Blind shall obtain information from the local school district concerning the needs of the student and shall prepare an Individualized Education Plan for each student admitted. All parents applying for admission of their children must sign a statement certifying that they feel the South Carolina School for the Deaf and the Blind is the most appropriate placement which constitutes the least restrictive environment for the individual student, based upon needs identified in the placement meeting and the Individualized Education Plan. The decision concerning placement and least restrictive environment shall be reviewed annually at the IEP Conference.</p>
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Paste FY 2018-19 text above, then bold and underline insertions and strikethrough deletions. For new proviso requests, enter requested text above.

AGENCY NAME:	South Carolina School for the Deaf and the Blind		
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FORM D – PROVISIO REVISION REQUEST

NUMBER	6.4
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Cite the proviso according to the renumbered list for FY 2019-20 (or mark "NEW").

TITLE	SDB: Mobility Instructor Service Fee
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Provide the title from the FY 2018-19 Appropriations Act or suggest a short title for any new request.

BUDGET PROGRAM	N/A
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Identify the associated budget program(s) by name and budget section.

RELATED BUDGET REQUEST	N/A
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Is this request associated with a budget request you have submitted for FY 2019-20? If so, cite it here.

REQUESTED ACTION	Delete
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Choose from: Add, Delete, Amend, or Codify.

OTHER AGENCIES AFFECTED	None
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Which other agencies would be affected by the recommended action? How?

SUMMARY & EXPLANATION	<p>This proviso needs to be deleted. This service fee is covered under Proviso 6.8.</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.

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FISCAL IMPACT	None
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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	<p>6.4. — (SDB: Mobility Instructor Service Fee) The School for the Deaf and the Blind is authorized to charge a fee for the services of a mobility instructor to provide service on a contractual basis to various school districts in the state, and such revenue shall be retained and carried forward into the current fiscal year and expended by the School for the purpose of covering expenses in the Blind School.</p>
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Paste FY 2018-19 text above, then bold and underline insertions and strikethrough deletions. For new proviso requests, enter requested text above.

AGENCY NAME:	South Carolina School for the Deaf and the Blind		
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FORM D – PROVISIO REVISION REQUEST

NUMBER	6.7
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Cite the proviso according to the renumbered list for FY 2019-20 (or mark "NEW").

TITLE	SDB: USDA Federal Grants
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Provide the title from the FY 2018-19 Appropriations Act or suggest a short title for any new request.

BUDGET PROGRAM	N/A
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Identify the associated budget program(s) by name and budget section.

RELATED BUDGET REQUEST	N/A
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Is this request associated with a budget request you have submitted for FY 2019-20? If so, cite it here.

REQUESTED ACTION	Delete
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Choose from: Add, Delete, Amend, or Codify.

OTHER AGENCIES AFFECTED	None
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Which other agencies would be affected by the recommended action? How?

SUMMARY & EXPLANATION	This proviso is obsolete.
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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.

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FISCAL IMPACT	None
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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	<p>6.7. — (SDB: USDA Federal Grants) All revenues generated from USDA federal grants may be retained and expended by the SCSDB in accordance with Federal regulations for the purpose of covering actual expenses in the cafeteria/food service operations of the school.</p>
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Paste FY 2018-19 text above, then bold and underline insertions and strikethrough deletions. For new proviso requests, enter requested text above.

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FORM D – PROVISIO REVISION REQUEST

NUMBER	6.14
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Cite the proviso according to the renumbered list for FY 2019-20 (or mark "NEW").

TITLE	SDB: Buildings
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Provide the title from the FY 2018-19 Appropriations Act or suggest a short title for any new request.

BUDGET PROGRAM	N/A
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Identify the associated budget program(s) by name and budget section.

RELATED BUDGET REQUEST	N/A
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Is this request associated with a budget request you have submitted for FY 2019-20? If so, cite it here.

REQUESTED ACTION	Delete
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Choose from: Add, Delete, Amend, or Codify.

OTHER AGENCIES AFFECTED	None
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Which other agencies would be affected by the recommended action? How?

SUMMARY & EXPLANATION	<p>This proviso is obsolete. SCSDB works under the state engineer as a state agency and with the SC Department of Education for school facilities in accordance to SC Law and State Board of Education Regulations.</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.

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FISCAL IMPACT	None
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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	<p>6.14. — (SDB: Buildings) For the current fiscal year, the South Carolina School for the Deaf and Blind will be subject to the same requirements as a local education agency for the purposes of building renovation and construction.</p>
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Paste FY 2018-19 text above, then bold and underline insertions and strikethrough deletions. For new proviso requests, enter requested text above.

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SUMMARY	<p>SCSDB will reduce the operating budget by \$456,446 to cover this 3% general fund reduction.</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	<p>Should the need arise, SCSDB 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.</p>
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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	N/A
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Provide a brief, descriptive title for this request.

EXPECTED SAVINGS TO BUSINESSES AND CITIZENS	N/A
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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	<p>Mark “X” for all that apply:</p> <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	The SC School for the Deaf and the Blind charges a fee for the services provided to businesses, school districts and citizens of the State of South Carolina. These fees are at or below market rate for services such as Interpreting, braille production, and vision services.
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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	N/A
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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	N/A
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Which regulations does the agency intend to amend or delete? What is the enabling authority for the regulation?

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SUMMARY

The South Carolina School for the Deaf and the Blind does not issue regulations.

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