

<b>AGENCY NAME:</b>	The South Carolina School for the Deaf and the Blind		
<b>AGENCY CODE:</b>	H75	<b>SECTION:</b>	006



## Fiscal Year 2016-17 Agency Budget Plan

### FORM A – SUMMARY

<b>RECURRING FUNDS (FORM B DECISION PACKAGES)</b>	<b>My agency is submitting the following recurring decision packages (Form B):</b> Base Allocations/Pay Plan & Health Insurance Allocation Outreach Program Service Request	
	<b>For FY 2016-17, my agency is (mark "X"):</b>	
	<input checked="" type="checkbox"/>	Requesting a net increase in recurring General Fund appropriations.
	<input type="checkbox"/>	Not requesting a net increase in recurring General Fund Appropriations.

<b>CAPITAL &amp; NON-RECURRING FUNDS (FORM C DECISION PACKAGES)</b>	<b>My agency is submitting the following one-time decision packages (Form C):</b> Early Childhood Center Construction	
	<b>For FY 2016-17, my agency is (mark "X"):</b>	
	<input checked="" type="checkbox"/>	Requesting capital and/or non-recurring funds.
	<input type="checkbox"/>	Not requesting capital and/or non-recurring funds.

<b>PROVISOS</b>	<b>For FY 2016-17, my agency is (mark "X"):</b>	
	<input checked="" type="checkbox"/>	Requesting a new proviso and/or substantive changes to existing provisos.
	<input type="checkbox"/>	Only requesting technical proviso changes (such as date references).
	<input type="checkbox"/>	Not requesting any proviso changes.

Please identify your agency's preferred contacts for this year's budget process.

	<u>Name</u>	<u>Phone</u>	<u>Email</u>
<b>PRIMARY CONTACT:</b>	Page B. McCraw	864-577-7500	pmccraw@scsdb.org
<b>SECONDARY CONTACT:</b>	Scott Ramsey	864-577-7522	sramsey@scsdb.org

I have reviewed and approved the enclosed FY 2016-17 Agency Budget Plan, which is complete and accurate to the extent of my knowledge.

	<u>Agency Director</u>	<u>Board or Commission Chair</u>
<b>SIGN/DATE:</b>		
<b>TYPE/PRINT NAME:</b>	Page B. McCraw, PhD	Mr. Robert A. Dobson, III

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

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**FORM B – PROGRAM REVISION REQUEST**

<b>DECISION PACKAGE</b>	<b>7788</b>
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*Provide the decision package number issued by the PBF system (“Governor’s Request”).*

<b>TITLE</b>	<b>Base Allocations/Pay Plan &amp; Health Insurance Allocation</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>\$60,240</b>
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*What is the net change in requested appropriations for FY 2015-16? This amount should correspond to the decision package’s total in PBF across all funding sources.*

<b>ENABLING AUTHORITY</b>	Pay Plan and Health Insurance Allocations per State Budget Office
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*What state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority?*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark “X” for all that apply:</b>
	<input checked="" type="checkbox"/> (Base Adjustment) Allocation of statewide employee benefits.
	<input type="checkbox"/> (Base Adjustment) Realignment within existing programs and lines.
	<input type="checkbox"/> (Base Adjustment) Restructuring of agency programs – <i>requires pre-approval.</i>
	<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.	

<b>RECIPIENTS OF FUNDS</b>	Allocations are to be used for staff salaries to include teacher step increases and increases in employee benefits.
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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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<b>RELATED REQUEST(S)</b>	No
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*Is this decision package associated with other decision packages requested by your agency or other agencies this year? Is it associated with a specific capital or non-recurring request?*

<b>MATCHING FUNDS</b>	No
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*Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source, amount, and terms of the match requirement.*

<b>FUNDING ALTERNATIVES</b>	N/A
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*What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.*

<b>SUMMARY</b>	Request covers Allocation of State Funds for Pay Plan and Health Insurance for fiscal year.	
	Information Technology /Security	Y/N
	Consulted DTO during development	Y/N

*Provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.*

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<b>METHOD OF CALCULATION</b>	<p>Calculations were based upon the number of positions and related benefit/pay increases.</p>
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*How was the amount of the request calculated? What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?*

<b>FUTURE IMPACT</b>	<p>N/A</p>
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*Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?*

<b>PRIORITIZATION</b>	<p>Use of Fund Balances</p>
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*If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2015-16?*

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<b>INTENDED IMPACT</b>	N/A
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*What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?*

<b>PROGRAM EVALUATION</b>	N/A
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*How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?*

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**FORM B – PROGRAM REVISION REQUEST**

<b>DECISION PACKAGE</b>	<b>7632</b>
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*Provide the decision package number issued by the PBF system ("Governor's Request").*

<b>TITLE</b>	Outreach Program Service Increase
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>\$950,000</b>
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*What is the net change in requested appropriations for FY 2015-16? This amount should correspond to the decision package's total in PBF across all funding sources.*

<b>ENABLING AUTHORITY</b>	Proviso 6.5 and 6.9 FY 15-16 Appropriation Act.
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*What state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority?*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark "X" for all that apply:</b>
	<input type="checkbox"/> (Base Adjustment) Allocation of statewide employee benefits.
	<input type="checkbox"/> (Base Adjustment) Realignment within existing programs and lines.
	<input type="checkbox"/> (Base Adjustment) Restructuring of agency programs – <i>requires pre-approval.</i>
	<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 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.	

<b>RECIPIENTS OF FUNDS</b>	Sensory impaired individuals (Deaf/Hard of Hearing and/or Blind/Visual Impaired) served through Outreach Services across the State of South Carolina.
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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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<b>RELATED REQUEST(S)</b>	N/A
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*Is this decision package associated with other decision packages requested by your agency or other agencies this year? Is it associated with a specific capital or non-recurring request?*

<b>MATCHING FUNDS</b>	<p>This request is to use currently available agency cash funds that are available from reimbursements from district contracts, service contracts, and school district contracts. The expansion of Outreach Services would generate funds through payments for services and Medicaid reimbursements.</p>
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*Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source, amount, and terms of the match requirement.*

<b>FUNDING ALTERNATIVES</b>	<p>This request is to use currently available agency cash funds that are available from reimbursements from district contracts, service contracts, and school district contracts. The expansion of Outreach Services would generate funds through payments for services and Medicaid reimbursements.</p>
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*What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.*

<b>SUMMARY</b>	<p>This request for increase in spending authority to support Outreach Services for sensory impaired individuals (Deaf/Hard of Hearing and/or Blind/Visual Impaired) in South Carolina is based upon the increased need for such services under existing program guidelines. SCSDB has realized an inability to meet the increasing need for services and service requests based upon current budget authority. SCSDB is requesting to use current agency cash funds to support an increase in services provided across the state of South Carolina through expanding early intervention services to include 4 and 5 year old children across South Carolina (Medicaid Reimbursable). SCSDB currently only serves children ages 0-3 through in home, early intervention services and targeted case management. The additional services would be eligible for Medicaid reimbursement. Additionally, SCSDB Outreach will work to increase the availability of interpreting services in South Carolina (Fee Based Service through Contracts for Services). Currently, SCSDB is unable to meet the number of requests for interpreting services as well as SCSDB is now finding difficulty to meet all district requests for teachers. Thus, SCSDB Outreach would increase the availability of Deaf/Hard of Hearing and Blind/Visual Impaired services to school districts in South Carolina (Fee Based Service through District Contracts for Services). In the areas of accessible materials, SCSDB outreach would increase services through the Braille Production Center to include additional program management and increased production of braille materials. Currently,</p>	
Information Technology /Security	Y/N	
Consulted DTO during development	Y/N	

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		<p>SCSDB has one employee in place to supervise the current program at the Leath Correctional Facility. A need exists to provide additional support to insure that materials can be produced on a daily basis. Additional funding is also needed to support the increased production of braille materials that includes tactile graphics. It is important to note that an increase in materials would also realize an increase in reimbursement funds for such materials.</p>
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*Provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.*

<b>METHOD OF CALCULATION</b>	<p>This request is to use currently available agency cash funds that are available from reimbursements from district contracts, service contracts, and school district contracts. The expansion of Outreach Services would generate funds through payments for services and Medicaid reimbursements. The amount requested includes early intervention, interpreting, production of braille materials and the supplying of teachers to local schools districts.</p>
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*How was the amount of the request calculated? What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?*

<b>FUTURE IMPACT</b>	<p>Although SCSDB is requesting to use agency cash funds for this request, expansion of services will occur based upon need in the individual Outreach Program Area, which in turn will realize payment/reimbursement for the specific service provided by the Program Area.</p>
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*Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?*

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<b>PRIORITIZATION</b>	<p>This request is to use currently available agency cash funds that are available from reimbursements from district contracts, service contracts, and school district contracts. The expansion of Outreach Services would generate funds through payments for services and Medicaid reimbursements.</p>
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*If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2015-16?*

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<b>INTENDED IMPACT</b>	<p>The expansion of Outreach services will afford SCSDB the ability to meet the vast needs of children with sensory impairments across South Carolina.</p>
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*What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?*

<b>PROGRAM EVALUATION</b>	<p>SCSDB will closely monitor requests to insure services are only expanded as needed. Although SCSDB is requesting to use agency cash funds for this request, expansion of services will occur based upon need in the individual Outreach Program Area, which in turn will realize payment/reimbursement for the specific service provided by the Program Area.</p>
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*How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?*

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**FORM C – CAPITAL OR NON-RECURRING APPROPRIATION REQUEST**

<b>DECISION PACKAGE</b>	<b>7719</b>
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*Provide the decision package number issued by the PBF system ("Governor's Request").*

<b>TITLE</b>	<b>Early Childhood Center Construction</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>\$500,000</b>
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*How much is requested for this project in FY 2016-17?*

<b>BUDGET PROGRAM</b>	<b>Total Capital Project Agency Request for 2016-2017 Budget:</b>	
	<b>Request</b>	<b>Amount</b>
	Increase to Child Development Center Capital Project Budget from Current Agency Cash Funds	\$500,000
<b>TOTAL REQUEST for Capital Project:     \$500,000</b>		

*Identify the associated budget program(s) by name and budget section.*

<b>SUMMARY</b>	<p><b>Capital Project Request:</b> The South Carolina School for the Deaf and the Blind (SCSDB) currently has an open capital project budget to build a new Early Childhood Center on the Spartanburg Campus. The original intent of this request was to build the Early Childhood Center to serve early childhood students for the Kelly's Kids Program (Birth to age 3), and 4K/5K students from the Blind School, the Deaf School, and Cedar Springs Academy. However, based upon current early childhood enrollment and building capacity of the current individual school facilities, SCSDB has a greater need to build this facility to house a new Deaf Elementary School (education classrooms) which would also include the Kelly's Kids Program that is now housed in the current Deaf Elementary School (Thackston). The agency currently has available \$500,000 in cash we wish to move into this project.</p>	
	<b>Request</b>	<b>Amount</b>
	Increase to Child Development Center Capital Project Budget from Current Agency Cash Funds	\$500,000
<b>TOTAL REQUEST for Capital Project:     \$500,000</b>		

*Provide a summary of the project and explain why it is necessary. If the request is related to information security or information technology, explain its relationship to the*

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*agency's security or technology plan.*

<b>CLASSIFICATION OF FUNDS</b>	<p>This request is in support of Capital Project # 9547 Early Childhood Center Construction. This project was included in the 2015 CPIP. This project ranks as number one in priority of SCSDB nonrecurring agency request.</p>
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*Is this request in support of a capital project or is it in support of other non-recurring expenditures? If this request is for a capital project, is it included in the agency's CPIP (please include CPIP year and priority)? How does this project rank in priority to all other nonrecurring agency requests?*

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<b>RELATED REQUEST(S)</b>	N/A
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*Is this decision package associated with other decision packages requested by your agency or other agencies this year? Is it associated with a specific capital or non-recurring request?*

<b>MATCHING FUNDS</b>	This request is to use currently available agency cash funds (\$500,000).
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*Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source and amount.*

<b>FUNDING ALTERNATIVES</b>	This request is to use currently available agency cash funds (\$500,000).
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*What other possible funding sources were considered?*

<b>LONG-TERM PLANNING AND SUSTAINABILITY</b>	Current funds that have been invested thus far are for professional fees in the amount of \$146,287.29. With the approval of the \$500,000 transfer requested above combined with a transfer of \$500,000 from deferred maintenance (Form D, proviso 118.14 amendment request) SCSDB does not anticipate that additional funding will be needed for this capital improvement project.
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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?*

<b>OTHER APPROVALS</b>	SCSDB will need final approval of project plans from the State Engineer's Office and Office of School Facilities (OSF) for changes in construction plans to accommodate the Deaf Elementary School.
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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, BCB, etc.)*

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**FORM D – PROVISO REVISION REQUEST**

<b>NUMBER</b>	<b>118.14</b>
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*Cite the proviso according to the renumbered list for FY 2016-17 (or mark "NEW").*

<b>TITLE</b>	<b>Thackston Hall Roof Replacement</b>
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*Provide the title from the FY 2015-16 Appropriations Act or suggest a short title for any new request.*

<b>BUDGET PROGRAM</b>	<b>Part 1B Section 118 X91 Statewide Revenue 2015-2016 Appropriation Act.</b>
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*Identify the associated budget program(s) by name and budget section.*

<b>DECISION PACKAGE</b>	
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*Is this request associated with a decision package you have submitted for FY 2016-17? If so, cite it here.*

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

<b>OTHER AGENCIES AFFECTED</b>	NA
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*Which other agencies would be affected by the recommended action? How?*

<b>SUMMARY</b>	<p>Proviso 118. 14 provides funding for the replacement of the roof on Thackston Hall among other things</p>
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*Summarize the existing proviso. If requesting a new proviso, describe the current state of affairs without it.*

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<b>EXPLANATION</b>	<p>Transfer 500,000 in deferred maintenance from Thackston Hall roof replacement to Capital Project number 9547 Early Childhood Center Construction.</p> <p>The South Carolina School for the Deaf and the Blind (SCSDB) currently has an open capital project budget to build a new Early Childhood Center on the Spartanburg Campus. The original intent of this request was to build the Early Childhood Center to serve early childhood students for the Kelly’s Kids Program (Birth to age 3), and 4K/5K students from the Blind School, the Deaf School, and Cedar Springs Academy. However, based upon current early childhood enrollment and building capacity of the current individual school facilities, SCSDB has a greater need to build this facility to house a new Deaf Elementary School (education classrooms) which would also include the Kelly’s Kids Program that is now housed in the current Deaf Elementary School (Thackston). The agency currently has available \$500,000 of deferred maintenance funding to the replace the roof on the Thackston facility. The Thackston building was constructed in 1956 and is in constant need of repair. Classrooms are extremely small and the building is a two-story structure creating safety and accessibility concerns for our sensory impaired students. This facility will eventually need to be demolished in future years thus a new roof at this time is not a best use of state dollars. Recently, a facilities study was completed on the cost to build a new Thackston facility (education classrooms and dorms) and the estimated costs exceeded \$18 million dollars. Thus, the agency believes a better use of state dollars would be to build the Child Development Center to house the Deaf Elementary School and makes the following request based upon a new cost estimate for this capital project.</p>
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*Explain the need for your requested action. For deletion requests due to recent codification, please identify SC Code section where language now appears.*

<b>FISCAL IMPACT</b>	<p>NA</p>
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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.*

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<b>PROPOSED PROVISO TEXT</b>	5) H75 - School for the Deaf and the Blind		
	(a) <del>Thackston</del> Hall Roof Replacement	\$	500,000
	(b) School Buses	\$	250,000
	5) H75 - School for the Deaf and the Blind		
	(a) <u>Early Childhood Development Center</u>	\$	500,000
	(b) School Buses	\$	250,000

*Paste FY 2015-16 text above, then bold and underline insertions and strikethrough deletions. For new proviso requests, enter requested text above.*