

AGENCY NAME:	John De La Howe School		
AGENCY CODE:	L120	SECTION:	



## Fiscal Year 2014-15 Agency Budget Plan

### FORM A – SUMMARY

<b>RECURRING FUNDS (FORM B DECISION PACKAGES)</b>	My agency is submitting the following recurring decision packages (Form B):	
	For FY 2014-15, my agency is (mark "X"):	
	<input type="checkbox"/>	Requesting a net increase in recurring General Fund appropriations.
	<input checked="" type="checkbox"/>	Not requesting a net increase in recurring General Fund Appropriations.
<b>CAPITAL &amp; NON-RECURRING FUNDS (FORM C DECISION PACKAGES)</b>	My agency is submitting the following one-time decision packages (Form C):	
	For FY 2014-15, my agency is (mark "X"):	
	<input type="checkbox"/>	Requesting capital and/or non-recurring funds.
	<input checked="" type="checkbox"/>	Not requesting capital and/or non-recurring funds.
<b>PROVISOS</b>	For FY 2014-15, 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>
<b>PRIMARY CONTACT:</b>	Viola Robinson Faust	864-391-0418	Viola.Faust@delahowe.k12.sc.us
<b>SECONDARY CONTACT:</b>	Thomas W. Mayer	864-391-0413	Thomas.Mayer@delahowe.k12.sc.us

I have reviewed and approved the enclosed FY 2014-15 Agency Budget Plan, which is complete and accurate to the extent of my knowledge.

<b>AGENCY DIRECTOR (SIGN/DATE):</b>		
<b>AGENCY DIRECTOR (TYPE/PRINT NAME):</b>	Thomas W. Mayer	10/8/2013

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