

H71 JK

<b>AGENCY NAME:</b>	Wil Lou Gray Opportunity School		
<b>AGENCY CODE:</b>	H710	<b>SECTION:</b>	5



## Fiscal Year 2014-15 Agency Budget Plan

OCT 01 2013

### FORM A – SUMMARY

<b>RECURRING FUNDS (FORM B DECISION PACKAGES)</b>	My agency is submitting the following recurring decision packages (Form B): 1160-Network Systems	
	For FY 2014-15, my agency is (mark "X"):	
	<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>	My agency is submitting the following one-time decision packages (Form C): 49 Non-recurring Campus Wide Paving 52-Campus Wide Projects	
	For FY 2014-15, my agency is (mark "X"):	
	<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>	For FY 2014-15, 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>
<b>PRIMARY CONTACT:</b>	Pat G Smith	803-896-6484	smithp@wlgos.sc.gov
<b>SECONDARY CONTACT:</b>	Melissa Rae Thurstin	803-896-6486	thurstinm@wlgos.sc.gov

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>	Pat G. Smith

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

<b>AGENCY NAME:</b>	<b>Wil Lou Gray Opportunity School</b>		
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**FORM B – PROGRAM REVISION REQUEST**

<b>DECISION PACKAGE</b>	<b>1160</b>
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*Provide the decision package number issued by the PBF system ("Governor's Request").*

<b>TITLE</b>	<b>Network Systems</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>\$130,000</b>
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*What is the net change in requested appropriations for FY 2014-15? This amount should correspond to the decision package's total in PBF across all funding sources.*

<b>ENABLING AUTHORITY</b>	
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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"/>	Change in cost of providing current services to existing program audience.
	<input type="checkbox"/>	Non-mandated change in eligibility / enrollment for existing program.
	<input checked="" type="checkbox"/>	Change in case load / enrollment under existing program guidelines.
	<input type="checkbox"/>	Non-mandated program change in service levels or areas.
	<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"/>	Proposed establishment of a new program or initiative.

<b>RECIPIENTS OF FUNDS</b>	The funds will be used to support and improve our internal network. The students, teachers, and staff will receive direct benefits from these improvements.
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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>	52
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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 Matching funds
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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>	No other funding sources available
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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>With additional technology in the classroom and offices, we have gone from approximately 100 desktops to 100 desktops, 12 SmartBoards, 150 iPads, 30 laptops, and other mobile technology. We are looking to add Chromebooks in the next few months. Our Information Technology staff is one Systems Support Technician. Our current information technology load is beyond the capability of any one person to handle.</p> <p>Additionally, as a result of security breaches at other state agencies, the state is developing multiple policies to increase safeguards in the systems. Those policies will create a massive increase in a workload that is already unmanageable. We are currently working through Beeline and Tapfin (the State Contract holders of Information Technology Temporary Services) to hire extra staff. The hourly rates for a Network Administrator under that contract start at \$61. A year contract would cost the state \$118,000 for a full time position. We are hoping to save \$28,000 by creating the FTE.</p> <p>The other operating funds are necessary to buy software and hardware in order to comply with the new security information technology standards.</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?*

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<b>METHOD OF CALCULATION</b>	<p>We looked at the average pay for a Application Analyst II for the state and added 30% fringes to the average salary to determine the amount for the FTE.</p> <p>The other operating funds were determined by a needs analysis done by a Network Administrator brought in for two days. Based on the number of hardware and mobile devices, we calculated a reasonable cost.</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>Yes, we see this request affecting current and future years.</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>If this request were not granted, we would be required to cut direct services to students or face security breaches.</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 2014-15?*

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<b>INTENDED IMPACT</b>	The intended impact is that the school will have a safe and reliable network.
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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>	Amount of down time due to Network issues should decrease. The ability to comply with state security guidelines.
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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>2172</b>
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*Provide the decision package number issued by the PBF system ("Governor's Request").*

<b>TITLE</b>	<b>Transfer of State Agency Match to SCDHHS Base Budget– WLG</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>General Fund Decrease \$12,000</b>
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*What is the net change in requested appropriations for FY 2014-15? This amount should correspond to the decision package's total in PBF across all funding sources.*

<b>ENABLING AUTHORITY</b>	42 CFR §431.10 and §44-6-30 of the South Carolina State Code.
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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"/> Change in cost of providing current services to existing program audience.
	<input type="checkbox"/> Non-mandated change in eligibility / enrollment for existing program.
	<input type="checkbox"/> Change in case load / enrollment under existing program guidelines.
	<input checked="" type="checkbox"/> Non-mandated program change in service levels or areas.
	<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"/> Proposed establishment of a new program or initiative.	

<b>RECIPIENTS OF FUNDS</b>	The state match required under the Medicaid program will reside with SCDHHS rather than the contracting State Agency. The State Agency (provider or administrator) will continue to receive reimbursement for the services provided.
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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>	This decision package is related to similar decision packages for seven other state agencies.
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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>	Yes. Federal match at either the service rate (70/30) or the administrative rate (50/50).
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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 money is currently in DOC budget and these funds will be permanently transferred to DHHS.
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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>	This decision package proposes to allow the transfer of the state appropriations that Wil Lou Gray Opportunity uses for state match to draw down Federal funds back to SC DHHS. This approach will reduce the State Agency’s administrative burden and risk.
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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?*

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<b>METHOD OF CALCULATION</b>	<p>SCDHHS and the cooperating state agency worked together to determine that amount that should be transferred into the SCDHHS base budget.</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>The state will not incur any additional recurring expense obligations. This decision package will not have an impact on future requests as this is a transfer between agencies.</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>N/A</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 2014-15?*

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<b>INTENDED IMPACT</b>	<p>The decision package is intended to reduce administrative burden on State Agencies and allow SCDHHS to be fully responsible for its obligations.</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>The decision package should allow the provision of Medicaid services to Medicaid eligible beneficiaries in a more efficient manner.</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>49</b>
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*Provide the decision package number issued by the PBF system ("Governor's Request").*

<b>TITLE</b>	<b>Non-Recurring Campus Wide Paving</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>\$350,000</b>
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*How much is requested for this project in FY 2014-15?*

<b>BUDGET PROGRAM</b>	<b>98990000 IV Support Services</b>
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*Identify the associated budget program(s) by name and budget section.*

<b>SUMMARY</b>	<p>Our Campus is nearing fifty years of age. Most of our infrastructure dates back to the original construction date. Parts of our road/parking lots have been patched or covered with thin layers of milling. We would like to have the funding for a more permanent and uniform solution. We recently had an erosion problem with the front of our campus which we used other funds to fix. However, this project is beyond our means to fix.</p> <p>Our handicap ramps are made of asphalt and are beginning to show wear and require maintenance. We would prefer to have curb cuts installed to help our differently abled parents to easily access our grounds.</p> <p>These funds will enable us to pave all roads and parking lots on campus.</p>
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*Provide a summary of the project and explain why it is necessary.*

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<b>RELATED REQUEST(S)</b>	None
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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>	None
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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>	We looked at other funds and even tried to see if SCDOT was willing to do any portion of the paving. We realized that this project was beyond our fiscal means.
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*What other possible funding sources were considered?*

<b>LONG-TERM PLANNING AND SUSTAINABILITY</b>	As stated above, we have been patching the surfaces with milling in areas where the asphalt was completely gone. Once this is completed, we will not need to continue the patch jobs for a minimum of Fifteen 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?*

<b>OTHER APPROVALS</b>	No other approvals needed at this time.
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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 C – CAPITAL OR NON-RECURRING APPROPRIATION REQUEST**

<b>DECISION PACKAGE</b>	<b>52</b>
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*Provide the decision package number issued by the PBF system ("Governor's Request").*

<b>TITLE</b>	<b>Campus Wide Improvements</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>\$350,000</b>
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*How much is requested for this project in FY 2014-15?*

<b>BUDGET PROGRAM</b>	
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*Identify the associated budget program(s) by name and budget section.*

<b>SUMMARY</b>	<p>We have been using Earmarked Funds to complete small projects around campus. However, we have some infrastructure issues due to our campus nearing 50 years of age.</p> <p>1-The electrical demand of our buildings has increased because of new technologies. Our Classroom building, in particular, experiences overload on a regular basis. The building was not wired to support smartboards, computers, printers, copiers, poster makers, iPads, and Media Arts Equipment that did not exist in the 1960's.</p> <p>2- We have encapsulated or abated all our asbestos flooring except for hallways. We want to complete that project.</p> <p>3-We also want to upgrade our 10 year old Keyless entry system campuswide. The hardware and technology has become obsolete and is it getting difficult to maintain.</p> <p>4-We also need several software packages to ensure cybersecurity</p> <p>We have several other projects involving interior lighting, parking for campus vehicles and storage buildings. While not one of the projects is extremely large, combined they represent a total that we cannot handle with our current funds.</p>
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*Provide a summary of the project and explain why it is necessary.*

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<b>RELATED REQUEST(S)</b>	YES. 1160
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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 and amount.*

<b>FUNDING ALTERNATIVES</b>	We had limited options on our projects.
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*What other possible funding sources were considered?*

<b>LONG-TERM PLANNING AND SUSTAINABILITY</b>	We are trying to update 40 year old facilities to ensure a safe and stable environment. Our hope is that once some of these projects are done they will not have to be addressed for another 15 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?*

<b>OTHER APPROVALS</b>	None
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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.)*