

|              |   |          |   |
|--------------|---|----------|---|
| Agency Name: | Governor's School for Arts and Humanities |          |   |
| Agency Code: | H640                                      | Section: | 9 |



**Fiscal Year FY 2022-2023**

**Agency Budget Plan**

**FORM A - BUDGET PLAN SUMMARY**

**OPERATING  
REQUESTS**  
*(FORM B1)*

|   |   |
|---|---|
| <b>For FY 2022-2023, my agency is (mark "X"):</b> |   |
| <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)*

|   |   |
|---|---|
| <b>For FY 2022-2023, my agency is (mark "X"):</b> |   |
| <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)*

|   |  |
|---|--|
| <b>For FY 2022-2023, my agency is (mark "X"):</b> |  |
| <input checked="" type="checkbox"/>               | Requesting funding for Capital Projects. |
| <input type="checkbox"/>                          | Not requesting any changes.              |

**PROVISOS**  
*(FORM D)*

|   |   |
|---|---|
| <b>For FY 2022-2023, my agency is (mark "X"):</b> |   |
| <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>   | Betsy J Beam        | (864) 282-3738 | betsybeam@scgsah.org |
| <b>SECONDARY CONTACT:</b> | Dr. Cedric Adderley | (864) 282-3785 | cadderley@scgsah.org |

I have reviewed and approved the enclosed FY 2022-2023 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> | Dr. Cedric Adderley, President | Chad Prosser, Board Chairman     |

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

|              |   |
|--------------|---|
| Agency Name: | Governor's School for Arts and Humanities |
| Agency Code: | H640                                      |
| Section:     | 9   |

| BUDGET REQUESTS |                |   | FUNDING    |         |           |            |            | FTES  |         |           |            |       |
|-----------------|----------------|---|------------|---------|-----------|------------|------------|-------|---------|-----------|------------|-------|
| Priority        | Request Type   | Request Title   | State      | Federal | Earmarked | Restricted | Total      | State | Federal | Earmarked | Restricted | Total |
| 1               | B1 - Recurring | SCGSAH Move from SCDE to Department of Administration (Proviso 1.100) | 260,590    | 0       | 0         | 0          | 260,590    | 0.00  | 0.00    | 0.00      | 0.00       | 0.00  |
| 2               | C - Capital    | Residence Hall Renovation   | 10,000,000 | 0       | 0         | 0          | 10,000,000 | 0.00  | 0.00    | 0.00      | 0.00       | 0.00  |
| 3               | C - Capital    | Dining Hall Expansion and Furniture Replacment                        | 1,025,900  | 0       | 0         | 0          | 1,025,900  | 0.00  | 0.00    | 0.00      | 0.00       | 0.00  |
| 4               | B1 - Recurring | Athletic and Activities Coordinator                                   | 80,774     | 0       | 0         | 0          | 80,774     | 1.00  | 0.00    | 0.00      | 0.00       | 1.00  |
| 5               | B1 - Recurring | Digital Resource Coordinator  | 77,861     | 0       | 0         | 0          | 77,861     | 1.00  | 0.00    | 0.00      | 0.00       | 1.00  |
| 6               | B1 - Recurring | Increase FTE positions: 3 unclassified positions                      | 0          | 0       | 0         | 0          | 0          | 3.00  | 0.00    | 0.00      | 0.00       | 3.00  |
| 7               | B1 - Recurring | Staff Salary to Mirror Teacher STEP increase (1.5%)                   | 65,503     | 0       | 0         | 0          | 65,503     | 0.00  | 0.00    | 0.00      | 0.00       | 0.00  |
| 8               | C - Capital    | Gymnasium Renovation Upgrade  | 400,000    | 0       | 0         | 0          | 400,000    | 0.00  | 0.00    | 0.00      | 0.00       | 0.00  |
| 9               | B1 - Recurring | Field Liaison-5 Positions from Temp to Perm                           | 264,046    | 0       | 0         | 0          | 264,046    | 5.00  | 0.00    | 0.00      | 0.00       | 5.00  |
| 10              | B1 - Recurring | Outreach Program Sustainability                                       | 295,000    | 0       | 0         | 0          | 295,000    | 5.00  | 0.00    | 0.00      | 0.00       | 5.00  |
| TOTALS          |                |   | 12,469,674 | 0       | 0         | 0          | 12,469,674 | 15.00 | 0.00    | 0.00      | 0.00       | 15.00 |

|              |   |          |   |
|--------------|---|----------|---|
| Agency Name: | Governor's School for Arts and Humanities |          |   |
| Agency Code: | H640                                      | Section: | 9 |

## **FORM B1 – RECURRING OPERATING REQUEST**

|                        |   |
|------------------------|---|
| <b>AGENCY PRIORITY</b> | 1 |
|------------------------|---|

*Provide the Agency Priority Ranking from the Executive Summary.*

|              |  |
|--------------|--|
| <b>TITLE</b> | <b>SCGSAH Move from SCDE to Department of Administration (Proviso 1.100)</b> |
|--------------|--|

*Provide a brief, descriptive title for this request.*

|               |   |
|---------------|---|
| <b>AMOUNT</b> | <p><b>General: \$260,590</b></p> <p><b>Federal: \$0</b></p> <p><b>Other: \$0</b></p> <p><b>Total: \$260,590</b></p> |
|---------------|---|

*What is the net change in requested appropriations for FY 2022-2023? This amount should correspond to the total for all funding sources on the Executive Summary.*

|                      |      |
|----------------------|------|
| <b>NEW POSITIONS</b> | 0.00 |
|----------------------|------|

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

|  |  |   |
|--|--|---|
| <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"/>                               | 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 # |   |

|  |  |  |
|--|--|--|
| <b>STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES</b> | <b>Mark "X" for primary applicable Statewide Enterprise Strategic Objective:</b> |  |
|  | <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  |  |

|                                |               |
|--------------------------------|---------------|
| <b>ACCOUNTABILITY OF FUNDS</b> | Proviso 1.100 |
|--------------------------------|---------------|

*What specific strategy, as outlined in the most recent 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?*

|                      |   |
|----------------------|---|
| <b>RECIPIENTS OF</b> | The Department of Administration would be the sole recipient of these funds as the fiscal agent for SCGSAH. |
|----------------------|---|

**FUNDS**

*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**

Pursuant to Proviso 1.100 (SDE: Governor's Schools Transfer Plan) The Governor's School for the Arts and Humanities and the Governor's School for Science and Mathematics shall each work with the Department of Administration, Executive Budget Office, in consultation with the Department of Education, to develop a plan to operate their school independently from the Department of Education. The plans should include, but are not limited to, proposed program structure, the amount of personal services, operating expenses, and employer contributions funding which will be transferred from the Department of Education, and personnel required to perform human resource and accounting functions. SCGSAH received an initial annual cost estimate from the Department of Administration that the costs for provision of these services would be \$260,590.

*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.*

|              |   |          |   |
|--------------|---|----------|---|
| Agency Name: | Governor's School for Arts and Humanities |          |   |
| Agency Code: | H640                                      | Section: | 9 |

## **FORM B1 – RECURRING OPERATING REQUEST**

|                        |   |
|------------------------|---|
| <b>AGENCY PRIORITY</b> | 4 |
|------------------------|---|

*Provide the Agency Priority Ranking from the Executive Summary.*

|              |  |
|--------------|--|
| <b>TITLE</b> | <b>Athletic and Activities Coordinator</b> |
|--------------|--|

*Provide a brief, descriptive title for this request.*

|               |  |
|---------------|--|
| <b>AMOUNT</b> | <b>General: \$80,774</b><br><b>Federal: \$0</b><br><b>Other: \$0</b><br><b>Total: \$80,774</b> |
|---------------|--|

*What is the net change in requested appropriations for FY 2022-2023? This amount should correspond to the total for all funding sources on the Executive Summary.*

|                      |      |
|----------------------|------|
| <b>NEW POSITIONS</b> | 1.00 |
|----------------------|------|

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

|  |  |   |
|--|--|---|
| <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"/>                               | 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 # |   |

|  |  |  |
|--|--|--|
| <b>STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES</b> | <b>Mark "X" for primary applicable Statewide Enterprise Strategic Objective:</b> |  |
|  | <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  |  |

|                                |  |
|--------------------------------|--|
| <b>ACCOUNTABILITY OF FUNDS</b> | <p>This request is aligned with Strategy I, goal 1, tactics 1, 2, and 3 of the institutional long-range strategic plan 2020-2025. Measures also include alignment with goals 1 and 2; strategies 1.1; 1.2; 2.1; 2.3 and measures 1.1.4; 1.2.2; 2.1.1; and 2.3.3 of the 2020-2021 Accountability Report.</p> <p>In compliance with the expectations for the SCGSAH Strategic Plan, this funding request will be evaluated annually and included in the formal assessment plan submitted to the Board of Directors. Measures of success include student participation in athletic activities, new student recruitment, and success in student health initiatives. Additional measures include expansion of diversity in full-time permanent employee base.</p> |
|--------------------------------|--|

*What specific strategy, as outlined in the most recent 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?*

|                      |                            |
|----------------------|----------------------------|
| <b>RECIPIENTS OF</b> | Funding for a new position |
|----------------------|----------------------------|

**FUNDS**

*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**

As a residential school, having a robust campus life environment is an essential component of our commitment to students. For many years, planning for athletic and physical opportunities has been added to various employee's job duties. The school seeks to grow its physical activity offerings to better meet the needs of current students as well as attract new students. This includes intramural offerings, outdoor recreational activities, and fitness programs. In meeting the needs of the whole child as outlined in our school values, these elements are crucial to our long-term success.

*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.*

|              |   |          |   |
|--------------|---|----------|---|
| Agency Name: | Governor's School for Arts and Humanities |          |   |
| Agency Code: | H640                                      | Section: | 9 |

## **FORM B1 – RECURRING OPERATING REQUEST**

|                        |   |
|------------------------|---|
| <b>AGENCY PRIORITY</b> | 5 |
|------------------------|---|

*Provide the Agency Priority Ranking from the Executive Summary.*

|              |                                     |
|--------------|-------------------------------------|
| <b>TITLE</b> | <b>Digital Resource Coordinator</b> |
|--------------|-------------------------------------|

*Provide a brief, descriptive title for this request.*

|               |  |
|---------------|--|
| <b>AMOUNT</b> | <b>General: \$77,861</b><br><b>Federal: \$0</b><br><b>Other: \$0</b><br><b>Total: \$77,861</b> |
|---------------|--|

*What is the net change in requested appropriations for FY 2022-2023? This amount should correspond to the total for all funding sources on the Executive Summary.*

|                      |      |
|----------------------|------|
| <b>NEW POSITIONS</b> | 1.00 |
|----------------------|------|

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

|  |  |   |
|--|--|---|
| <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"/>                               | 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 # |   |

|  |  |  |
|--|--|--|
| <b>STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES</b> | <b>Mark "X" for primary applicable Statewide Enterprise Strategic Objective:</b> |  |
|  | <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                        |

|                                |  |
|--------------------------------|--|
| <b>ACCOUNTABILITY OF FUNDS</b> | <p>This request is aligned with Strategy I, goal 1, tactic 3 and Strategy II, goal 4, tactic 2 of the institutional long-range strategic plan 2020-2025. Measures also include alignment with goal 2, strategies 2.1; 2.2; 2.3; and measures 2.1.3; 2.2.1; 2.3.1; 2.3.2; and 2.3.3 of the 2020-2021 Accountability Report.</p> <p>In compliance with the expectations for the SCGSAH Strategic Plan, this funding request will be evaluated annually and included in the formal assessment plan submitted to the Board of Directors. Measures of success support of comprehensive Outreach initiatives both on the campus and throughout the state. Additional measures include expansion of diversity in full-time permanent employee base.</p> |
|--------------------------------|--|

*What specific strategy, as outlined in the most recent 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?*

|                      |              |
|----------------------|--------------|
| <b>RECIPIENTS OF</b> | New position |
|----------------------|--------------|

**FUNDS**

*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**

Based on 82% increase in demand for digital resources for Outreach, Community Partnerships, and Service Learning a Digital Resource Coordinator is needed. The position will develop and implement digital and virtual resources that will be launched for teachers and students statewide. These resources include instructional videos, web-based interactive learning workbooks and learning experiences, and technology driven arts education experiences. Responsibilities include all production aspects of video and web-based resources, including setting creative direction, shooting, editing, graphics, and alignment with the expectations of Governor’s School Outreach initiatives. The position will also provide direct teaching outreach services to students in media arts to align with school-wide curricular growth.

*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.*



|              |   |          |   |
|--------------|---|----------|---|
| Agency Name: | Governor's School for Arts and Humanities |          |   |
| Agency Code: | H640                                      | Section: | 9 |

## **FORM B1 – RECURRING OPERATING REQUEST**

|                        |   |
|------------------------|---|
| <b>AGENCY PRIORITY</b> | 6 |
|------------------------|---|

*Provide the Agency Priority Ranking from the Executive Summary.*

|              |   |
|--------------|---|
| <b>TITLE</b> | <b>Increase FTE positions: 3 unclassified positions</b> |
|--------------|---|

*Provide a brief, descriptive title for this request.*

|               |  |
|---------------|--|
| <b>AMOUNT</b> | <b>General: \$0</b><br><b>Federal: \$0</b><br><b>Other: \$0</b><br><b>Total: \$0</b> |
|---------------|--|

*What is the net change in requested appropriations for FY 2022-2023? This amount should correspond to the total for all funding sources on the Executive Summary.*

|                      |      |
|----------------------|------|
| <b>NEW POSITIONS</b> | 3.00 |
|----------------------|------|

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

|  |  |   |
|--|--|---|
| <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"/>                               | 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            |
|  | <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 # |   |

|  |  |  |
|--|--|--|
| <b>STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES</b> | <b>Mark "X" for primary applicable Statewide Enterprise Strategic Objective:</b> |  |
|  | <b>X</b>   | 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                        |

|                                |   |
|--------------------------------|---|
| <b>ACCOUNTABILITY OF FUNDS</b> | <p>This request is aligned with Strategy I, goal 1, tactics 1, 2, and 3 of the institutional long-range strategic plan 2020-2025. Measures also include alignment with goal 1, strategies 1.1; 1.2; 2.1 and measures 1.1.2; 1.2.3; and 2.1.1 of the 2020-2021 Accountability Report.</p> <p>In compliance with the expectations for the SCGSAH Strategic Plan, this funding request will be evaluated annually and included in the formal assessment plan submitted to the Board of Directors. Measures of success include support and retention of long-term employees. Additional measures include expansion of diversity in full-time permanent employee base.</p> |
|--------------------------------|---|

*What specific strategy, as outlined in the most recent 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?*

|                      |                         |
|----------------------|-------------------------|
| <b>RECIPIENTS OF</b> | Faculty staff positions |
|----------------------|-------------------------|

**FUNDS**

*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**

SCGSAH has been able to absorb the cost of the salaries and employer-related contributions for 3 full-time positions that fill critical roles on the campus. As student and campus needs have grown we have become increasingly dependent on these positions to provide critical support for campus operations. The 3 employees working in these positions have worked in a temporary employee status for several years and the conversion of the 3 positions is made in order to provide permanent status for the employees currently in these positions.

*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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| Agency Code: | H640                                      | Section: | 9 |

## **FORM B1 – RECURRING OPERATING REQUEST**

|                        |   |
|------------------------|---|
| <b>AGENCY PRIORITY</b> | 7 |
|------------------------|---|

*Provide the Agency Priority Ranking from the Executive Summary.*

|              |  |
|--------------|--|
| <b>TITLE</b> | <b>Staff Salary to Mirror Teacher STEP increase (1.5%)</b> |
|--------------|--|

*Provide a brief, descriptive title for this request.*

|               |   |
|---------------|---|
| <b>AMOUNT</b> | <p><b>General: \$65,503</b></p> <p><b>Federal: \$0</b></p> <p><b>Other: \$0</b></p> <p><b>Total: \$65,503</b></p> |
|---------------|---|

*What is the net change in requested appropriations for FY 2022-2023? This amount should correspond to the total for all funding sources on the Executive Summary.*

|                      |      |
|----------------------|------|
| <b>NEW POSITIONS</b> | 0.00 |
|----------------------|------|

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

|  |  |   |
|--|--|---|
| <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"/>                               | 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            |
|  | <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 # |   |

|  |  |  |
|--|--|--|
| <b>STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES</b> | <b>Mark "X" for primary applicable Statewide Enterprise Strategic Objective:</b> |  |
|  | <b>X</b>   | 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  |  |

|                                |   |
|--------------------------------|---|
| <b>ACCOUNTABILITY OF FUNDS</b> | <p>This request is aligned with Strategy I, goal 1, tactics 1, 2, and 3 of the institutional long-range strategic plan 2020-2025. Measures also include alignment with goal 1, strategies 1.1; 1.2; 2.1 and measures 1.1.2; 1.2.3; and 2.1.1 of the 2020-2021 Accountability Report.</p> <p>In compliance with the expectations for the SCGSAH Strategic Plan, this funding request will be evaluated annually and included in the formal assessment plan submitted to the Board of Directors. Measures of success include support and retention of non-instructional employees. Additional measures include expansion of diversity in full-time permanent employee base.</p> |
|--------------------------------|---|

*What specific strategy, as outlined in the most recent 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?*

|                      |                                       |
|----------------------|---------------------------------------|
| <b>RECIPIENTS OF</b> | Staff members (non-faculty) at SCGSAH |
|----------------------|---------------------------------------|

**FUNDS**

*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**

Proviso 1A.4 directs the SCGSAH (and other special schools) to adjust the pay of all instructional personnel to the appropriate salary provided by the salary schedules of the school district in which the agency is located. Greenville County teacher salary schedules include a STEP increase of approximately 2% for every year of additional experience for teachers. Consistently, every year, 97% - 98% of SCGSAH instructional personnel return with virtually no turnover in instructional personnel. The extremely low SCGSAH teacher turnover rate contributes greatly to the instructional excellence at the school (and contrasts with the high turnover rate at many other schools). Unlike our local school district, SCGSAH has no taxing authority from which to fund annual STEP increases and must rely on a state appropriation.

A comparable number of SCGSAH employees are non-instructional personnel who are equally committed to the mission of the school, but are not afforded the same benefit of a guaranteed annual STEP increase provided for instructional personnel. The increase in SCGSAH non-instructional personnel payroll due to this request will be \$65,503 (\$54,135 salaries and \$11,368 marginal employer contribution to benefits). The SCGSAH is requesting a base increase of \$65,503 in non-instructional personnel salaries and benefits for FY23 (\$54,135 salaries and \$11,368 marginal employer contribution to benefits) to fund a matching annual STEP increase for instructional employees.

*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.*

|              |   |          |   |
|--------------|---|----------|---|
| Agency Name: | Governor's School for Arts and Humanities |          |   |
| Agency Code: | H640                                      | Section: | 9 |

## **FORM B1 – RECURRING OPERATING REQUEST**

|                        |   |
|------------------------|---|
| <b>AGENCY PRIORITY</b> | 9 |
|------------------------|---|

*Provide the Agency Priority Ranking from the Executive Summary.*

|              |  |
|--------------|--|
| <b>TITLE</b> | <b>Field Liaison-5 Positions from Temp to Perm</b> |
|--------------|--|

*Provide a brief, descriptive title for this request.*

|               |   |
|---------------|---|
| <b>AMOUNT</b> | <p><b>General: \$264,046</b></p> <p><b>Federal: \$0</b></p> <p><b>Other: \$0</b></p> <p><b>Total: \$264,046</b></p> |
|---------------|---|

*What is the net change in requested appropriations for FY 2022-2023? This amount should correspond to the total for all funding sources on the Executive Summary.*

|                      |      |
|----------------------|------|
| <b>NEW POSITIONS</b> | 5.00 |
|----------------------|------|

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

|  |  |   |
|--|--|---|
| <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"/>                               | 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            |
|  | <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 # |   |

|  |  |  |
|--|--|--|
| <b>STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES</b> | <b>Mark "X" for primary applicable Statewide Enterprise Strategic Objective:</b> |  |
|  | <b>X</b>   | 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  |  |

|                                |   |
|--------------------------------|---|
| <b>ACCOUNTABILITY OF FUNDS</b> | <p>This request is aligned with Strategy I, goal 1, tactics 1 and 3 of the institutional long-range strategic plan 2020-2025. Measures also include alignment with goal 2, strategies 2.1; 2.2; 2.3; and measures 2.1.1; 2.1.3; 2.2.1; 2.3.1; 2.3.2; and 2.3.3 of the 2020-2021 Accountability Report.</p> <p>In compliance with the expectations for the SCGSAH Strategic Plan, this funding request will be evaluated annually and included in the formal assessment plan submitted to the Board of Directors. Measures of success include securing permanent full-time recruitment staff with specialized arts-training and expertise support all programs and enhance recruitment efforts in all 46 counties of the state. Additional measures include expansion of diversity in employee base with special emphasis on employee support and retention.</p> |
|--------------------------------|---|

*What specific strategy, as outlined in the most recent 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?*

|  |   |
|--|---|
|  | Five FTE positions currently at 10 months and classified as temporary |
|--|---|

**RECIPIENTS OF FUNDS**

*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**

For several years SCGSAH has continued to absorb the cost of the salaries and employer-related contributions for 5 full-time positions that both recruit students for the school as well as share information about careers in the arts. These front-line Liaisons are vital for student recruitment and personal relationships with individual schools in all 46 counties in South Carolina. Further, these individuals represent the front-line implementation of the school's strategic plan initiatives to increase the reach and diversity of the school. These positions have traditionally worked a 10 month schedule their assistance has become necessary for our summer programs as well. The five employees working in these positions have worked in a temporary employee status for several years and the request is to move these positions to 12-month permanent status for each of the employees currently in these positions.

*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.*

|              |   |          |   |
|--------------|---|----------|---|
| Agency Name: | Governor's School for Arts and Humanities |          |   |
| Agency Code: | H640                                      | Section: | 9 |

## **FORM B1 – RECURRING OPERATING REQUEST**

|                        |           |
|------------------------|-----------|
| <b>AGENCY PRIORITY</b> | <b>10</b> |
|------------------------|-----------|

*Provide the Agency Priority Ranking from the Executive Summary.*

|              |  |
|--------------|--|
| <b>TITLE</b> | <b>Outreach Program Sustainability</b> |
|--------------|--|

*Provide a brief, descriptive title for this request.*

|               |   |
|---------------|---|
| <b>AMOUNT</b> | <p><b>General: \$295,000</b></p> <p><b>Federal: \$0</b></p> <p><b>Other: \$0</b></p> <p><b>Total: \$295,000</b></p> |
|---------------|---|

*What is the net change in requested appropriations for FY 2022-2023? This amount should correspond to the total for all funding sources on the Executive Summary.*

|                      |             |
|----------------------|-------------|
| <b>NEW POSITIONS</b> | <b>5.00</b> |
|----------------------|-------------|

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

|  |  |   |
|--|--|---|
| <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"/>                               | 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 # |   |

|  |  |  |
|--|--|--|
| <b>STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES</b> | <b>Mark "X" for primary applicable Statewide Enterprise Strategic Objective:</b> |  |
|  | <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                        |

|                                |  |
|--------------------------------|--|
| <b>ACCOUNTABILITY OF FUNDS</b> | <p>This request is aligned with Strategy I, goal 1, tactics 1, 2, and 3 of the institutional long-range strategic plan 2020-2025. Measures also include alignment with goal 2, strategies 2.2; 2.3 and measures 2.2.1; 2.3.1; 2.3.2; and 2.3.3 of the 2020-2021 Accountability Report.</p> <p>In compliance with the expectations for the SCGSAH Strategic Plan, this funding request will be evaluated annually and included in the formal assessment plan submitted to the Board of Directors. Measures of success include sustaining the statewide impact of Outreach program beyond the grant-funded period of 2021-2024 with 30 partner schools throughout the state.</p> |
|--------------------------------|--|

*What specific strategy, as outlined in the most recent 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?*

|                      |   |
|----------------------|---|
| <b>RECIPIENTS OF</b> | <p>SCGASH would utilize these funds for program sustainability after federal funds have been exhausted.</p> |
|----------------------|---|

**FUNDS**

*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**

The SCGSAH requests funds to sustain its *Spark: Inspiring Tomorrow's Readers Through Drama* initiative beyond the initial three years as supported by the recent ESSER III grant award. The continued partnership with the SC Department of Education and SC Arts Commission will extend the year-round arts integrated program using drama as a catalyst for literacy beyond the initial 30 schools. Five FTE are requested to embed actor-teachers in Palmetto Literacy Project Schools (elementary schools with at least 30% of the student population not meeting reading benchmarks) around the state where they will work alongside teachers and staff to integrate drama and story into the daily curriculum, the after-school curriculum, and summer Read to Succeed intensives.

*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.*



|              |   |          |   |
|--------------|---|----------|---|
| Agency Name: | Governor's School for Arts and Humanities |          |   |
| Agency Code: | H640                                      | Section: | 9 |

## **FORM C – CAPITAL REQUEST**

|                        |   |
|------------------------|---|
| <b>AGENCY PRIORITY</b> | 2 |
|------------------------|---|

*Provide the Agency Priority Ranking from the Executive Summary.*

|              |                           |
|--------------|---------------------------|
| <b>TITLE</b> | Residence Hall Renovation |
|--------------|---------------------------|

*Provide a brief, descriptive title for this request.*

|               |              |
|---------------|--------------|
| <b>AMOUNT</b> | \$10,000,000 |
|---------------|--------------|

*How much is requested for this project in FY 2022-2023? This amount should correspond to the total for all funding sources on the Executive Summary.*

|                      |   |
|----------------------|---|
| <b>CPIP PRIORITY</b> | Priority 1 of 3 in CPIP Plan FY 2022-2023 and Priority 4 of 6 in overall CPIP plan this was entered in the CPIP plan in 2020. |
|----------------------|---|

*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.*

|                        |      |
|------------------------|------|
| <b>OTHER APPROVALS</b> | None |
|------------------------|------|

*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.)*

|  |  |
|--|--|
| <b>LONG-TERM PLANNING AND SUSTAINABILITY</b> | <p>No other funds have been invested in this project.</p> <p>Renovations to the Smith Residence Hall are centered on the students that will live in the space. Student expectations of on-campus housing facilities have grown immensely since the campus opened. As such, the current building hampers the attraction and retention of students. The renovated facility will serve students as their home while away from home, providing an improved environment for studying, socializing, and growing.</p> <p>Expected useful life for room renovations is estimated at 20 years.</p> <p>Expected useful life for new &amp; replacement carpeting, paint, etc. is estimated at 10 years.</p> |
|--|--|

*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?*

|  |  |
|--|--|
| <b>LONG-TERM PLANNING AND SUSTAINABILITY</b> | <p>Smith Residence Hall is the single campus housing facility with a capacity of 238 students. The structure opened in 1999 and was last renovated in a cycle completed in 2010. Fixtures, floor coverings, and room furnishings have endured over 20 years of daily use during the traditional school year and summer programs. Due to changes in best practices for student housing, constant use, and general wear and tear, the building is again due for significant upgrades and renovations. Sections of the building, including student bathrooms and common areas, have outlasted their functional lifespan. The building has served our programs well for over two decades, but it requires significant structural renovation to ensure functional and efficient operations.</p> <p>The Health and Wellness Offices, Student Life Office, as well as recreational and study spaces are located in the building are long overdue for upgrades. These critical units, and the staff who manage these areas, are essential to meeting student needs and enhancing students' out-of-classroom experiences and allows for better engagement</p> |
|--|--|

with their artistic and academic work. There have been minor improvements with regard to ADA compliance in the residence hall to date, but considering the level of accessibility and security for expanded populations that is expected at residential high schools, it is necessary to bring our accessibility up to the expected standard throughout the campus.

## SUMMARY

*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.*

|              |   |          |   |
|--------------|---|----------|---|
| Agency Name: | Governor's School for Arts and Humanities |          |   |
| Agency Code: | H640                                      | Section: | 9 |

## **FORM C – CAPITAL REQUEST**

|                        |   |
|------------------------|---|
| <b>AGENCY PRIORITY</b> | 3 |
|------------------------|---|

*Provide the Agency Priority Ranking from the Executive Summary.*

|              |  |
|--------------|--|
| <b>TITLE</b> | Dining Hall Expansion and Furniture Replacment |
|--------------|--|

*Provide a brief, descriptive title for this request.*

|               |             |
|---------------|-------------|
| <b>AMOUNT</b> | \$1,025,900 |
|---------------|-------------|

*How much is requested for this project in FY 2022-2023? This amount should correspond to the total for all funding sources on the Executive Summary.*

|                      |  |
|----------------------|--|
| <b>CPIP PRIORITY</b> | Priority 2 of 3 for FY 2022-2023 Priority 5 of 6 in overall CPIP |
|----------------------|--|

*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.*

|                        |      |
|------------------------|------|
| <b>OTHER APPROVALS</b> | None |
|------------------------|------|

*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.)*

|  |   |
|--|---|
| <b>LONG-TERM PLANNING AND SUSTAINABILITY</b> | <p>Renovations to the Dining Commons area are centered on the students that must eat three meals daily in that space. Student expectations of on-campus housing facilities have grown immensely since the campus opened. As such, the current building hampers the attraction and retention of students. The renovated facility will serve students as their home while away from home, providing an improved environment for healthy meals, socializing, and growing.</p> <p>Expected useful life for dining room renovations is estimated at 20 years. Expected useful life for new &amp; replacement of flooring, furniture, paint, etc. is estimated at 10 years.</p> |
|--|---|

*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?*

|  |   |
|--|---|
| <b>LONG-TERM PLANNING AND SUSTAINABILITY</b> | <p>The SCGSAH dining hall is rated to accommodate only 75 people. The combination of a student population of 238 and approximately 75 employees that dine on campus each day, the total far exceeds the hall's capacity. The current dining facilities are not readily usable by students with mobility challenges and does not meet current standards for accessibility. As the school seeks to have a more diverse student population, it is essential that this space meet the needs of all students. Having maintained the original furnishings that are over 20 years old, the dining area is outdated and institutional. Significant expansion of the dining space with furniture replacement is necessary at this time.</p> <p>In 2016, SCGSAH engaged an architect to provide schematic plans for a dining hall expansion. The same year, SCGSAH food service provider, Aramark, donated \$210,000 toward the expansion of the dining hall. Most recently, an architect was engaged to update these plans and provide more comprehensive cost estimate for this project and</p> |
|--|---|

concomitant relocation of offices associated with the expansion of the dining area. Total owner expenses, furniture, fixtures and equipment and professional fees estimate is \$1,235,900. Subtracting the \$210,000 donation from Aramark, leaves \$1,025,900 to be requested from state appropriations.

## SUMMARY

*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.*

|              |   |          |   |
|--------------|---|----------|---|
| Agency Name: | Governor's School for Arts and Humanities |          |   |
| Agency Code: | H640                                      | Section: | 9 |

## **FORM C – CAPITAL REQUEST**

|                        |   |
|------------------------|---|
| <b>AGENCY PRIORITY</b> | 8 |
|------------------------|---|

*Provide the Agency Priority Ranking from the Executive Summary.*

|              |                              |
|--------------|------------------------------|
| <b>TITLE</b> | Gymnasium Renovation Upgrade |
|--------------|------------------------------|

*Provide a brief, descriptive title for this request.*

|               |           |
|---------------|-----------|
| <b>AMOUNT</b> | \$400,000 |
|---------------|-----------|

*How much is requested for this project in FY 2022-2023? This amount should correspond to the total for all funding sources on the Executive Summary.*

|                      |   |
|----------------------|---|
| <b>CPIP PRIORITY</b> | Priority 3 of 3 in FY 2022-2023 and Priority 6 of 6 in overall CPIP |
|----------------------|---|

*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.*

|                        |      |
|------------------------|------|
| <b>OTHER APPROVALS</b> | None |
|------------------------|------|

*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.)*

|  |   |
|--|---|
| <b>LONG-TERM PLANNING AND SUSTAINABILITY</b> | <p>No other funds have been invested in this project.</p> <p>Renovations to the Gymnasium are centered on safety and the students ability to utilize the space for both recreational activities, performance venues, and meeting space. Student expectations of on-campus facilities have grown immensely since the campus opened. As such, the current building hampers the attraction and retention of students. The renovated facility will serve students by providing an improved environment for physical activities, classroom and performance venues as well as large group meeting space enhancing students' out of classroom spaces allows for better engagement with their artistic work.</p> <p>Expected useful life for gymnasium renovations is estimated at 20 years. Expected useful life for new &amp; replacement flooring, paint, etc. is estimated at 10 years.</p> |
|--|---|

*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?*

|  |  |
|--|--|
| <b>LONG-TERM PLANNING AND SUSTAINABILITY</b> | <p>The campus gymnasium serves as a multipurpose instructional space and is utilized for many campus activities on nearly a daily basis. As a result, the gym floor, which has not been refurbished since the gym was constructed in 2000, is showing wear and is need of refurbishment. The condition of the floor has become a safety issue with a 'divot' in the main court area, thus requiring the space to be covered with various materials not made to fit the floor.</p> <p>In order to accommodate curricular needs, the school would like to upgrade the floor to a rubberized surface that will support needs in the dance and drama departments for modern dance classes and movement classes. There have been curricular changes that provide more holistic training in both dance and drama, and current studio space has been a limitation. The upgrading of cost-efficient safety lighting and bleachers for shared space would allow space conversation. By converting existing space into an area that could serve multiple purposes, we will be able to avoid the much more considerable costs</p> |
|--|--|

associated with constructing new studio space.

## SUMMARY

*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.*

|              |   |          |   |
|--------------|---|----------|---|
| Agency Name: | Governor's School for Arts and Humanities |          |   |
| Agency Code: | H640                                      | Section: | 9 |

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

|              |   |
|--------------|---|
| <b>TITLE</b> | Agency Cost Savings and General Fund Reduction Contingency Plan |
|--------------|---|

|               |           |
|---------------|-----------|
| <b>AMOUNT</b> | \$270,876 |
|---------------|-----------|

*What is the General Fund 3% reduction amount? This amount should correspond to the reduction spreadsheet prepared by EBO.*

|                                  |   |
|----------------------------------|---|
| <b>ASSOCIATED FTE REDUCTIONS</b> | Three FTE's with Salary and fringe totaling approximately \$150,000<br><i>Note* average salary/FTE \$36,666</i> |
|----------------------------------|---|

*How many FTEs would be reduced in association with this General Fund reduction?*

|                                  |  |
|----------------------------------|--|
| <b>PROGRAM / ACTIVITY IMPACT</b> | <p>The majority of General Fund operating expense is personnel related. The estimated \$150,000 reduction in personnel indicated above (without impacting academic and residential life areas) would shift the remaining expense reductions to be obtained through reduction of Other Operating Expenses by 9.5%.</p> <p>Three FTE staff reductions would reduce maintenance and service and administrative capacity. Some functions would see a reduction in service levels of maintenance and cleaning services. Administrative functions would be spread among other employees.</p> |
|----------------------------------|--|

*What programs or activities are supported by the General Funds identified?*

|                |   |
|----------------|---|
| <b>SUMMARY</b> | <p>SCGSAH's highest priority is to continue delivering the high quality academic and artistic education for students. SCGSAH continually monitors personnel and other operating expenses and forecasts fiscal year end results. Fiscal analysis and forecasting assist in determining when and if carry forward funds are needed to support our commitment to quality education. Part of the analysis process involves consideration of economic impacts including reductions.</p> <p>In priority order for consideration of reduction in expenditures:</p> <ul style="list-style-type: none"> <li>Review of operational and support services that could be reduced to minimize impact on academic and artistic education programs</li> <li>Review of non-instructional programs that will not impact academic and artistic education programs</li> <li>Delay hiring of open positions – non-instructional related</li> </ul> |
|----------------|---|

*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**

SCGSAH will implement expense reductions first in service and administrative areas as detailed above. Remaining expenditures will be reviewed to ensure that funds are being spent on essential educational needs corresponding to the agency's most recent accountability report.

*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?*



|              |   |          |   |
|--------------|---|----------|---|
| Agency Name: | Governor's School for Arts and Humanities |          |   |
| Agency Code: | H640                                      | Section: | 9 |

## **FORM F – REDUCING COST AND BURDEN TO BUSINESSES AND CITIZENS**

|              |                |
|--------------|----------------|
| <b>TITLE</b> | None to Submit |
|--------------|----------------|

*Provide a brief, descriptive title for this request.*

|  |      |
|--|------|
| <b>EXPECTED SAVINGS TO BUSINESSES AND CITIZENS</b> | None |
|--|------|

*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.*

|  |   |
|--|---|
| <b>FACTORS ASSOCIATED WITH THE REQUEST</b> | <b>Mark "X" for all that apply:</b>   |
|  | <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  |

|                              |      |
|------------------------------|------|
| <b>METHOD OF CALCULATION</b> | None |
|------------------------------|------|

*Describe the method of calculation for determining the expected cost or time savings to businesses or citizens.*


|                                   |  |
|-----------------------------------|--|
| <b>REDUCTION OF FEES OR FINES</b> | SCGSAH charges minimal fines and fees. Students' tuition and housing are provided by state appropriations. Students pay food service fees. |
|-----------------------------------|--|

*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?*

|                                |                                    |
|--------------------------------|------------------------------------|
| <b>REDUCTION OF REGULATION</b> | SCGSAH promulgates no regulations. |
|--------------------------------|------------------------------------|

*Which regulations does the agency intend to amend or delete? What is the enabling authority for the regulation?*

|                |   |
|----------------|---|
| <b>SUMMARY</b> | SCGSAH has minimal opportunity to reduce cost and burden to business or citizens. |
|----------------|---|



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