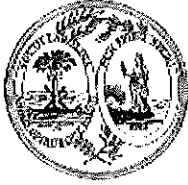


Agency Name:  
Agency Code:

Department Of Vocational Rehabilitation  
H730

Section:

32



**Fiscal Year FY 2022-2023  
Agency Budget Plan**

**FORM A - BUDGET PLAN SUMMARY**

**OPERATING  
REQUESTS  
(FORM B1)**

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

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

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

**PROVISOS  
(FORM D)**

For FY 2022-2023, 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.

**PRIMARY  
CONTACT:  
SECONDARY  
CONTACT:**

<i>Name</i>	<i>Phone</i>	<i>Email</i>
Sabrina Walker	(803) 896-6604	swalker@scvrd.net
Denise Koon	(803) 896-0303	dkoon@scvrd.net

I have reviewed and approved the enclosed FY 2022-2023 Agency Budget Plan, which is complete and accurate to the extent of my knowledge.

**SIGN/DATE:  
TYPE/PRINT  
NAME:**

<i>Agency Director</i>	<i>Board or Commission Chair</i>
<i>Felicia W. Johnson / 9-23-21</i>	<i>Roxanne B. Breland, DC 9/23/21</i>
FELICIA W. JOHNSON	AGENCY BOARD CHAIR ROXANNE B. BRELAND

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

Agency Name:	Department Of Vocational Rehabilitation
Agency Code:	H730
Section:	32

BUDGET REQUESTS			FUNDING					FTES				
Priority	Request Type	Request Title	State	Federal	Earmarked	Restricted	Total	State	Federal	Earmarked	Restricted	Total
1	B1 - Recurring	Outreach/Referral Marketing	125,000	0	0	0	125,000	0.00	0.00	0.00	0.00	0.00
2	B2 - Non-Recurring	ADA Compliant Vehicle Replacement	520,000	0	0	0	520,000	0.00	0.00	0.00	0.00	0.00
3	B1 - Recurring	Data Circuits Upgrade	226,073	0	0	0	226,073	0.00	0.00	0.00	0.00	0.00
4	B2 - Non-Recurring	Data Protection & Backup System Replacement	195,000	0	0	0	195,000	0.00	0.00	0.00	0.00	0.00
5	B2 - Non-Recurring	Network Switch Upgrades for Security and Phone System Upgrades	74,250	0	0	0	74,250	0.00	0.00	0.00	0.00	0.00
6	C - Capital	Berkeley-Dorchester VR Center Re-roofing	494,000	0	0	0	494,000	0.00	0.00	0.00	0.00	0.00
7	C - Capital	Conway VR Center Re-roofing	540,000	0	0	0	540,000	0.00	0.00	0.00	0.00	0.00
8	C - Capital	Rock Hill VR Center Re-roofing	604,000	0	0	0	604,000	0.00	0.00	0.00	0.00	0.00
TOTALS			2,778,323	0	0	0	2,778,323	0.00	0.00	0.00	0.00	0.00

Agency Name:	Department Of Vocational Rehabilitation		
Agency Code:	H730	Section:	32

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

<b>AGENCY PRIORITY</b>	<b>1</b>
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*Provide the Agency Priority Ranking from the Executive Summary.*

<b>TITLE</b>	<b>Outreach/Referral Marketing</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>General: \$125,000</b> <b>Federal: \$0</b> <b>Other: \$0</b> <b>Total: \$125,000</b>
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*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>0.00</b>
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*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 checked="" type="checkbox"/>	Change in case load/enrollment under existing program guidelines
	<input type="checkbox"/>	Non-mandated change in eligibility/enrollment for existing program
	<input type="checkbox"/>	Non-mandated program change in service levels or areas
	<input checked="" type="checkbox"/>	Proposed establishment of a new program or initiative
	<input type="checkbox"/>	Loss of federal or other external financial support for existing program
	<input type="checkbox"/>	Exhaustion of fund balances previously used to support program
	<input type="checkbox"/>	IT Technology/Security related
<input type="checkbox"/>	Consulted DTO during development	
<input type="checkbox"/>	Related to a Non-Recurring request – If so, Priority #	

<b>STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES</b>	<b>Mark "X" for primary applicable Statewide Enterprise Strategic Objective:</b>	
	<input type="checkbox"/>	Education, Training, and Human Development
	<input type="checkbox"/>	Healthy and Safe Families
	<input type="checkbox"/>	Maintaining Safety, Integrity, and Security
	<input checked="" type="checkbox"/>	Public Infrastructure and Economic Development
<input type="checkbox"/>	Government and Citizens	

<b>ACCOUNTABILITY OF FUNDS</b>	<p>4.1 - Increase collaboration with other state agencies and community organizations.</p> <p>1.1 - Improve the quality of employment outcomes for eligible individuals with disabilities.</p> <p>1.3 - Enhance job-driven vocational training programs.</p> <p>We would track the number of referrals, the referral source, the number of individuals participating in VR programs, and the number of successful employment outcomes.</p>
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*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>	Vendors and contractors, through competitive bidding, existing state contracts, or other applicable state procurement regulations, would receive these funds.
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**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**

VR needs additional funding to market the Agency and its services to make sure citizens affected by the pandemic, as well as citizens with other struggles, know help is available to assist in either getting or keeping their job. Meanwhile, businesses are struggling to find employees. Potential employees have concerns about returning to work for fear of catching COVID, or may be suffering the effects of Long COVID. Job burnout, particularly in the healthcare fields, is a growing trend. VR will create an awareness campaign utilizing print and digital media while also working with community organizations and participating in community events to maximize outreach.

Decline in referrals is a national trend among VR agencies. By regulation, federal funds cannot be used to promote the Agency, precluding the use of matching funds.

If funding is not received, the number of individuals being referred for and receiving services will likely continue to decline. Instead of becoming gainfully employed, these citizens will now receive unemployment, may not have insurance, and will consume state resources instead of contributing to them. Businesses would miss out on a pool of qualified candidates for jobs.

*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:	Department Of Vocational Rehabilitation		
Agency Code:	H730	Section:	32

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

<b>AGENCY PRIORITY</b>	<b>3</b>
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*Provide the Agency Priority Ranking from the Executive Summary.*

<b>TITLE</b>	<b>Data Circuits Upgrade</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>General: \$226,073</b> <b>Federal: \$0</b> <b>Other: \$0</b> <b>Total: \$226,073</b>
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*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>0.00</b>
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*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 checked="" 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 checked="" type="checkbox"/>	IT Technology/Security related
<input checked="" 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 type="checkbox"/>	Education, Training, and Human Development
	<input type="checkbox"/>	Healthy and Safe Families
	<input checked="" type="checkbox"/>	Maintaining Safety, Integrity, and Security
	<input type="checkbox"/>	Public Infrastructure and Economic Development
<input type="checkbox"/>	Government and Citizens	

<b>ACCOUNTABILITY OF FUNDS</b>	<b>3.3 - Ensure the safety, security, and adequacy of infrastructure</b>  This request will advance the objective above by providing data circuits speeds that can handle the increased use of virtual training and meetings. It will also assist in providing a faster connection allowing computer security and other updates to be applied quickly.
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*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>	DTO and state contract vendors
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**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**

SCVRD's current data circuits to our remote offices are reaching maximum rates on a regular basis. The majority of the circuits are at 8Mbps with some offices at 20Mbps. Usage of the network has changed with more video conferences and other online meetings occurring with our consumers and staff, as well as online training and other services on site. This capacity is no longer adequate in the current environment and has led to performance issues and slowdowns on the agency network. The requested change would give each remote office a 50Mbps data circuit. If funding for upgrades are not provided network slowdowns will become more frequent.

*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:	Department Of Vocational Rehabilitation		
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## **FORM B2 – NON-RECURRING OPERATING REQUEST**

<b>AGENCY PRIORITY</b>	2
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*Provide the Agency Priority Ranking from the Executive Summary.*

<b>TITLE</b>	ADA Compliant Vehicle Replacement
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	\$520,000
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*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>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 checked="" type="checkbox"/>	Request for Non-Recurring Appropriations

Request for Federal/Other Authorization to spend existing funding  
 Related to a Recurring request – If so, Priority #

<b>STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES</b>	<b>Mark "X" for primary applicable Statewide Enterprise Strategic Objective:</b>	
	<input type="checkbox"/>	Education, Training, and Human Development
	<input type="checkbox"/>	Healthy and Safe Families
	<input checked="" type="checkbox"/>	Maintaining Safety, Integrity, and Security
	<input type="checkbox"/>	Public Infrastructure and Economic Development

Government and Citizens

<b>ACCOUNTABILITY OF FUNDS</b>	<p>3.3 - Ensure safety, security, and adequacy of infrastructure</p> <p>This request will advance the objective above by providing safe and reliable transportation. It will also provide dependable vehicles to be used during the event of a disaster or an emergency in coordination with SCEMD in the SC Emergency Operations Plan.</p> <p>These vehicles will be part of the Fleet Maintenance Program and will have ongoing safety inspections to ensure they are being properly maintained.</p>
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*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 FUNDS</b>	Vendors and contractors, through competitive bidding, existing state contracts, or other applicable state procurement regulations, would receive these funds.
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*What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?*

**JUSTIFICATION  
OF REQUEST**

The Agency currently has eight ADA - compliant wheelchair-lift equipped vans that are twelve or more years old. The Agency uses the vans to transport consumers with disabilities and is also part of the State Emergency Operations Plan to assist with the transportation of South Carolinians during a disaster or other types of emergency. Replacing the vehicles will ensure that the vehicles are reliable and available when needed.

*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:	Department Of Vocational Rehabilitation		
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## **FORM B2 – NON-RECURRING OPERATING REQUEST**

<b>AGENCY PRIORITY</b>	4
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*Provide the Agency Priority Ranking from the Executive Summary.*

<b>TITLE</b>	Data Protection & Backup System Replacement
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	\$195,000
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*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>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 checked="" type="checkbox"/>	IT Technology/Security related
	<input type="checkbox"/>	Consulted DTO during development
	<input type="checkbox"/>	Request for Non-Recurring Appropriations
<input type="checkbox"/>	Request for Federal/Other Authorization to spend existing funding	
<input type="checkbox"/>	Related to a Recurring request – If so, Priority #	

<b>STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES</b>	<b>Mark "X" for primary applicable Statewide Enterprise Strategic Objective:</b>	
	<input type="checkbox"/>	Education, Training, and Human Development
	<input type="checkbox"/>	Healthy and Safe Families
	<input checked="" type="checkbox"/>	Maintaining Safety, Integrity, and Security
	<input type="checkbox"/>	Public Infrastructure and Economic Development
<input type="checkbox"/>	Government and Citizens	

<b>ACCOUNTABILITY OF FUNDS</b>	<p>3.3 - Ensure the safety, security and adequacy of infrastructure</p> <p>This request will advance the objective above by providing updated hardware and software for the agency's data backup system.</p>
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*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 FUNDS</b>	DELL/EMC, inc. - State contract vendor for requested system.
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*What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?*

**JUSTIFICATION  
OF REQUEST**

The agency's data protection and backup system is almost five years old and needs to be updated to maintain data backup availability and security. Newer technology provides for more efficient data storage as data growth continues. The agency's backup system consists of a primary unit at a production data center that replicates to a duplicate unit at a disaster recovery site. This upgrade would replace both hardware and software for that system.

If funding is not provided, the agency will have to maintain a data protection system that is increasingly having technical issues and starting to run low on storage space. Any significant downtime in these systems results in lapse of data backup and potential data loss.

*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:	Department Of Vocational Rehabilitation		
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## **FORM B2 – NON-RECURRING OPERATING REQUEST**

<b>AGENCY PRIORITY</b>	5
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*Provide the Agency Priority Ranking from the Executive Summary.*

<b>TITLE</b>	Network Switch Upgrades for Security and Phone System Upgrades
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	\$74,250
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*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>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"/>	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 checked="" type="checkbox"/>	IT Technology/Security related
	<input type="checkbox"/>	Consulted DTO during development
<input type="checkbox"/>	Request for Non-Recurring Appropriations	
<input type="checkbox"/>	Request for Federal/Other Authorization to spend existing funding	
<input type="checkbox"/>	Related to a Recurring request – If so, Priority #	

<b>STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES</b>	<b>Mark "X" for primary applicable Statewide Enterprise Strategic Objective:</b>	
	<input type="checkbox"/>	Education, Training, and Human Development
	<input type="checkbox"/>	Healthy and Safe Families
	<input checked="" type="checkbox"/>	Maintaining Safety, Integrity, and Security
	<input type="checkbox"/>	Public Infrastructure and Economic Development
<input type="checkbox"/>	Government and Citizens	

<b>ACCOUNTABILITY OF FUNDS</b>	<p>3.3 - Ensure the safety, security and adequacy of infrastructure</p> <p>This request will advance the objective above by providing updated switches for the field offices that are supported for security and software updates. It will also assist in the replacement of the old phone systems used in most of the remote office locations by providing Power Over Ethernet (POE) connections for the phones.</p>
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*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 FUNDS</b>	Data Network Solutions - State contract vendor for requested equipment
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*What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?*

**JUSTIFICATION  
OF REQUEST**

The agency would like to replace current network switches with switches that enhance the ability to enable Voice Over IP (VOIP) telephone systems that use networking technology and can be managed by the agency itself with service provided by state contract telecommunications vendors. Currently, twenty-seven of the agency's remote offices continue to utilize outdated telephone systems that constantly require service and repair causing office - wide disruptions to phone service. In addition, current network switches in those offices need replacing because they are at end of life. Software and security updates are no longer provided by the manufacturer for the switches.

The requested amount would all be dedicated to network switch replacement, which will in turn enhance the agency's planned replacement of outdated phone systems in some areas.

*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:	Department Of Vocational Rehabilitation		
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## **FORM C – CAPITAL REQUEST**

<b>AGENCY PRIORITY</b>	6
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*Provide the Agency Priority Ranking from the Executive Summary.*

<b>TITLE</b>	Berkeley-Dorchester VR Center Re-roofing
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	\$494,000
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*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>	<p>This proposed project is included in the CPIP submitted earlier this year. Plan Year 2, Overall priority 7 of 15. The project was included in the CPIP submitted in 2017.</p> <p>Should funding not be made available, we will continue to patch the roof as leaks occur.</p>
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*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>	<p>Additional approval would be required by the Joint Bond Review Committee (JBRC) and State Fiscal Accountability Authority (SFAA). In addition, this project will require approval by the Rehabilitation Services Administration (RSA), U.S. Department of Education.</p>
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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, SFAA, etc.)*

<b>LONG-TERM PLANNING AND SUSTAINABILITY</b>	<p>This facility was built with matched federal funds and federal funds are currently being used to maintain the existing building and roof. We do not anticipate any additional expenses resulting from this capital project.</p> <p>We typically seek a 20 year warrantee on roofing projects and would expect for this capital project to have a useful life of at least 20 years.</p>
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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? 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>DESCRIPTION OF PROJECT</b>	<p>Replace the roof of the Berkeley-Dorchester VR Center building consisting of approximately 21,450 square feet of roof deck with a new roofing system. Remove existing built-up roof then apply a new roofing system. The project may require removal and disposal of asbestos-containing roofing and flashing materials.</p> <p>The roof is approximately 29 years old and needs to be replaced before water further deteriorates the deck, the ceiling, and contents of the building. The existing roof has exceeded its life expectancy.</p> <p>We expect total project cost to be \$494,000.</p>
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## 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:	Department Of Vocational Rehabilitation		
Agency Code:	H730	Section:	32

## **FORM C – CAPITAL REQUEST**

<b>AGENCY PRIORITY</b>	7
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*Provide the Agency Priority Ranking from the Executive Summary.*

<b>TITLE</b>	Conway VR Center Re-roofing
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	\$540,000
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*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>	<p>This proposed project is included in the 2021 CPIP submitted earlier this year. Plan Year 2, Overall priority 10 of 15. The project was included in the CPIP submitted in 2017.</p> <p>Should funding not be made available, we will continue to patch the roof as leaks occur.</p>
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*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>	<p>Additional approval would be required by the Joint Bond Review Committee (JBRC) and State Fiscal Accountability Authority (SFAA). In addition, this project will require approval by the Rehabilitation Services Administration (RSA), U.S. Department of Education.</p>
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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, SFAA, etc.)*

<b>LONG-TERM PLANNING AND SUSTAINABILITY</b>	<p>This facility was built with matched federal funds and federal funds are currently being used to maintain the existing building and roof. We do not anticipate any additional expenses resulting from this capital project.</p> <p>We typically seek a 20 year warrantee on roofing projects and would expect for this capital project to have a useful life of at least 20 years.</p>
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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? 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>Replace the roof of the Conway VR Center building consisting of approximately 23,500 square feet of roof deck with a new roofing system. Remove existing built-up roof then apply a new roofing system. The project may require removal and disposal of asbestos-containing roofing and flashing materials.</p> <p>The roof is approximately 31 years old and needs to be replaced before water further deteriorates the deck, the ceiling, and contents of the building. The existing roof has exceeded its life expectancy.</p> <p>We expect total project costs to be \$540,000.</p>
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## 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:	Department Of Vocational Rehabilitation		
Agency Code:	H730	Section:	32

## **FORM C – CAPITAL REQUEST**

<b>AGENCY PRIORITY</b>	8
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*Provide the Agency Priority Ranking from the Executive Summary.*

<b>TITLE</b>	Rock Hill VR Center Re-roofing
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	\$604,000
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*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>	<p>This proposed project is included in the 2021 CPIP submitted earlier this year. Plan Year 2, Overall priority 9 of 15. The project was included in the CPIP submission in 2017.</p> <p>Should funding not be made available, we will continue to patch the roof as leaks occur.</p>
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*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>	<p>Additional approval would be required by the Joint Bond Review Committee (JBRC) and State Fiscal Accountability Authority (SFAA). In addition, this project will require approval by the Rehabilitation Services Administration (RSA), U.S. Department of Education.</p>
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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, SFAA, etc.)*

<b>LONG-TERM PLANNING AND SUSTAINABILITY</b>	<p>This facility was built with matched federal funds and federal funds are currently being used to maintain the existing building and roof. We do not anticipate any additional expenses resulting from this capital project.</p> <p>We typically seek a 20 year warrantee on roofing projects and would expect for this capital project to have a useful life of at least 20 years.</p>
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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? 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>Replace the roof of the Rock Hill VR Center building consisting of approximately 26,700 square feet of roof deck with a new roofing system. Remove existing built-up roof then apply a new roofing system. The project may require removal and disposal of asbestos-containing roofing and flashing materials.</p> <p>The roof is approximately 34 years old and needs to be replaced before water further deteriorates the deck, the ceiling, and contents of the building. The existing roof has exceeded its life expectancy.</p> <p>We expect total project cost to be \$604,000.</p>
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## 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:	Department Of Vocational Rehabilitation		
Agency Code:	H730	Section:	32

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

<b>TITLE</b>	Agency Cost Savings and General Fund Reduction Contingency Plan
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<b>AMOUNT</b>	\$511,765
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*What is the General Fund 3% reduction amount? This amount should correspond to the reduction spreadsheet prepared by EBO.*

<b>ASSOCIATED FTE REDUCTIONS</b>	None
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*How many FTEs would be reduced in association with this General Fund reduction?*

<b>PROGRAM / ACTIVITY IMPACT</b>	<p>The Basic Service program makes purchases to assist our consumers in achieving a successful employment outcome. A reduction in our General Fund dollars totaling \$511,765 would impact our general consumer population and reduce the number of purchases from vendors for post-secondary training, on-the job training, occupational and vocational training, customized employment, demand driven training and other services to support credential attainment.</p> <p>In addition, a reduction in General Funds would impact our Maintenance of Effort levels that could lead to a federal match penalty in future state fiscal years.</p>
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*What programs or activities are supported by the General Funds identified?*

<b>SUMMARY</b>	<p>The Amendments to the Rehabilitation Act of 1973 under Title IV of the Workforce Innovation and Opportunity Act (WIOA) of 2014 include performance measures tied to Vocational Rehabilitation services to people with disabilities. These measures include levels of competitive employment for consumers, success in maintaining that employment, median earnings, attainment of recognized credentials, measurable skills gains, and the Agency's effectiveness in serving employers.</p> <p>A reduction in the Basic Service Program consumer services purchases would have an impact on WIOA objectives including the focus on school-to-work transition services for youth.</p> <p>Funding that would be used to purchase direct consumer services from vendors for post-secondary training, on-the job training, occupational and vocational training, customized employment, demand driven training and other services to support credential attainment would be impacted.</p> <p>The Basic Service Program is a federal mandated program with a 78.7% federal and 21.3% state match. A reduction totaling \$511,765 in general fund money could lead to a reduction in federal dollars totaling \$1,890,888 (combined loss of funding totaling \$2,402,653). In SFY 2021, the average total cost per successful rehabilitation was \$17,774. Accordingly, with a combined loss of \$2,402,653, the agency could experience a decrease of approximately 135 successful employment outcomes for its consumers.</p>
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*Please provide a detailed summary of service delivery impact caused by a reduction in General Fund Appropriations and provide the method of calculation for anticipated reductions. Agencies should prioritize reduction in expenditures that have the least significant impact on service delivery.*

**AGENCY COST  
SAVINGS PLANS**

SCVRD's efforts in reducing expenditures will focus on the areas of Salaries/Contributions and operations and seek to minimize the impact on Consumer Services expenditures. Generally, we will utilize employee attrition and reassignments to achieve savings. Every position that becomes vacant is being reviewed to determine if and when it will be filled and when appropriate to restructure positions to best achieve WIOA performance measures and other agency goals.

*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:	Department Of Vocational Rehabilitation		
Agency Code:	H730	Section:	32

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

<b>TITLE</b>	Return on Investment
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*Provide a brief, descriptive title for this request.*

<b>EXPECTED SAVINGS TO BUSINESSES AND CITIZENS</b>	In State Fiscal Year 2021, each successfully employed consumer will repay \$4.08 in taxes for each dollar spent on his/her rehabilitation. It will take 4.01 years for each rehabilitated consumer to repay the cost of their rehabilitation. The average net profit for taxpayers as a result of SCVRD services provided to consumers receiving an employment outcome is \$54,775.
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*What is the expected savings to South Carolina's businesses and citizens that is generated by this proposal? The savings could be related to time or money.*

<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 checked="" type="checkbox"/> Other

<b>METHOD OF CALCULATION</b>	The SCVRD Cost Benefit Analysis Model is used at SCVRD for determining the benefit the State of South Carolina receives from each rehabilitated consumer. This automated report allows for information to be pulled directly from the consumer services caseload summary to amortize these costs over the rehabilitation period. The result is a report that shows entire consumer population or by referral source, disability, sex, age and ethnicity. A validation study in October 2007, found that the model was viable and concluded that "the factors used for the cost benefit analysis provide a very conservative look at the benefits derived from rehabilitation."
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*Describe the method of calculation for determining the expected cost or time savings to businesses or citizens.*

<b>REDUCTION OF FEES OR FINES</b>	Our agency does not charge any fees or fines.
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*Which fees or fines does the agency intend to reduce? What was the fine or fee revenue for the previous fiscal year? What was the associated program expenditure for the previous fiscal year? What is the enabling authority for the issuance of the fee or fine?*

<b>REDUCTION OF REGULATION</b>	The Amendments to the Rehabilitation Act of 1973 under Title IV of the Workforce Innovation and Opportunity Act (WIOA) of 2014 is the federal authority that created the Vocational Rehabilitation Program. Therefore, we do not have the authority to amend or delete federal regulations.
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*Which regulations does the agency intend to amend or delete? What is the enabling authority for the regulation?*

	People with disabilities who exit the program with a successful employment outcome enhance the quality of their lives and their families' lives by earning paychecks, lessening their reliance on government assistance, and stimulating the state's economy by paying taxes, making purchases, and ultimately contributing to the state's return on its investment in their services. Based on a cost benefit analysis it is estimated that these rehabilitated consumers will pay back over four dollars for every dollar spent on their services by becoming taxpayers instead of tax consumers.
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## SUMMARY

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