

<b>AGENCY NAME:</b>	SC Educational Television Commission		
<b>AGENCY CODE:</b>	H670	<b>SECTION:</b>	8



## Fiscal Year 2016-17 Agency Budget Plan

### FORM A – SUMMARY

**RECURRING FUNDS  
(FORM B  
DECISION PACKAGES)**

My agency is submitting the following recurring decision packages (Form B):	
7219, 7255, 7213, 8132	
For FY 2016-17, my agency is (mark "X"):	
<input checked="" type="checkbox"/>	Requesting a net increase in recurring General Fund appropriations.
<input type="checkbox"/>	Not requesting a net increase in recurring General Fund Appropriations.

**CAPITAL &  
NON-RECURRING  
FUNDS  
(FORM C  
DECISION PACKAGES)**

My agency is submitting the following one-time decision packages (Form C):	
7264	
For FY 2016-17, my agency is (mark "X"):	
<input checked="" type="checkbox"/>	Requesting capital and/or non-recurring funds.
<input type="checkbox"/>	Not requesting capital and/or non-recurring funds.

**PROVISOS**

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

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

	<u>Name</u>	<u>Phone</u>	<u>Email</u>
<b>PRIMARY CONTACT:</b>	Kim Parris	737-3223	kparris@scetv.org
<b>SECONDARY CONTACT:</b>			

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

	<u>Agency Director</u>	<u>Board or Commission Chair</u>
<b>SIGN/DATE:</b>		
<b>TYPE/PRINT NAME:</b>	Linda O'Bryon	Dr. Brent Nelsen

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

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**FORM B – PROGRAM REVISION REQUEST**

<b>DECISION PACKAGE</b>	<b>7219</b>
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*Provide the decision package number issued by the PBF system ("Governor's Request").*

<b>TITLE</b>	<b>Realignment of ETV's budget within existing programs</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>\$0</b>
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*What is the net change in requested appropriations for FY 2015-16? This amount should correspond to the decision package's total in PBF across all funding sources.*

<b>ENABLING AUTHORITY</b>	59-7-50 Established the Educational Television Commission
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*What state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority?*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark "X" for all that apply:</b>
	<input type="checkbox"/> (Base Adjustment) Allocation of statewide employee benefits.
	<input checked="" type="checkbox"/> (Base Adjustment) Realignment within existing programs and lines.
	<input type="checkbox"/> (Base Adjustment) Restructuring of agency programs – <i>requires pre-approval.</i>
	<input type="checkbox"/> Change in cost of providing current services to existing program audience.
	<input type="checkbox"/> Change in case load / enrollment under existing program guidelines.
	<input type="checkbox"/> Non-mandated change in eligibility / enrollment for existing program.
	<input type="checkbox"/> Non-mandated program change in service levels or areas.
	<input type="checkbox"/> Proposed establishment of a new program or initiative.
	<input type="checkbox"/> Loss of federal or other external financial support for existing program.
<input type="checkbox"/> Exhaustion of fund balances previously used to support program.	

<b>RECIPIENTS OF FUNDS</b>	Funds are used to support the ongoing operations and missions of the agency. Vendors and individuals that provide services to the agency receive funds as payment.
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*What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?*

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<b>RELATED REQUEST(S)</b>	No
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*Is this decision package associated with other decision packages requested by your agency or other agencies this year? Is it associated with a specific capital or non-recurring request?*

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

<b>FUNDING ALTERNATIVES</b>	No.
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*What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.*

<b>SUMMARY</b>	<p>This decision package is being submitted to better align the agency's budget within existing programs. It is a budget transfer of \$100,000 from National Programming to Radio Content to better accommodate the existing expenditures within each funded program.</p>	
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Information Technology /Security	Y/N N
Consulted DTO during development	Y/N N

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

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<b>METHOD OF CALCULATION</b>	<p>Current year operating budget was analyzed and adjusted for anticipated costs. Increased costs in fixed charges and contractual services could cause deviations between the budget request and actual expenditures for FY 2016-17.</p>
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*How was the amount of the request calculated? What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?*

<b>FUTURE IMPACT</b>	<p>There is no maintenance-of-effort requirements with this request.</p>
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*Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?*

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

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<b>INTENDED IMPACT</b>	<p>This decision package is intended to realign the agency budget with anticipated costs. Current program outcomes will not change.</p>
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*What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?*

<b>PROGRAM EVALUATION</b>	<p>No new performance measures are necessary. Changes made to budget structure to netter align funding with current expenditures.</p>
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*How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?*

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**FORM B – PROGRAM REVISION REQUEST**

<b>DECISION PACKAGE</b>	<b>7255</b>
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*Provide the decision package number issued by the PBF system ("Governor's Request").*

<b>TITLE</b>	<b>Federal Funds Decrease</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>\$300,000</b>
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*What is the net change in requested appropriations for FY 2015-16? This amount should correspond to the decision package's total in PBF across all funding sources.*

<b>ENABLING AUTHORITY</b>	59-7-50 Established the Educational Television Commission
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*What state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority?*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark "X" for all that apply:</b>
	<input type="checkbox"/> (Base Adjustment) Allocation of statewide employee benefits.
	<input type="checkbox"/> (Base Adjustment) Realignment within existing programs and lines.
	<input type="checkbox"/> (Base Adjustment) Restructuring of agency programs – <i>requires pre-approval.</i>
	<input type="checkbox"/> Change in cost of providing current services to existing program audience.
	<input 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 checked="" type="checkbox"/> Loss of federal or other external financial support for existing program.
<input type="checkbox"/> Exhaustion of fund balances previously used to support program.	

<b>RECIPIENTS OF FUNDS</b>	Funds were used to support the ongoing operations of the agency. Vendors and individuals that provide services to the agency received funds as payment.
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*What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?*

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<b>RELATED REQUEST(S)</b>	No
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*Is this decision package associated with other decision packages requested by your agency or other agencies this year? Is it associated with a specific capital or non-recurring request?*

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

<b>FUNDING ALTERNATIVES</b>	No.
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*What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.*

<b>SUMMARY</b>	<p>This decision package is being submitted to reduce ETV's Federal Funds authorization. An overall reduction of \$300,000 is being requested.</p>	
Information Technology /Security	Y/N	N
Consulted DTO during development	Y/N	N

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

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<b>METHOD OF CALCULATION</b>	Federal grant ended during the previous fiscal year.
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*How was the amount of the request calculated? What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?*

<b>FUTURE IMPACT</b>	There is no maintenance-of-effort requirements with this request.
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*Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?*

<b>PRIORITIZATION</b>	Not applicable. Request is to reduce Federal funds and no new funds are necessary to implement this decision package.
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*If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2015-16?*



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<b>INTENDED IMPACT</b>	No impact on current services or programs.
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*What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?*

<b>PROGRAM EVALUATION</b>	Not applicable.
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*How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?*

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**FORM B – PROGRAM REVISION REQUEST**

<b>DECISION PACKAGE</b>	<b>7213</b>
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*Provide the decision package number issued by the PBF system ("Governor's Request").*

<b>TITLE</b>	<b>Support for TowerNet operations</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>\$345,000</b>
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*What is the net change in requested appropriations for FY 2015-16? This amount should correspond to the decision package's total in PBF across all funding sources.*

<b>ENABLING AUTHORITY</b>	59-7-50 Established the Educational Television Commission
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*What state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority?*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark "X" for all that apply:</b>
	<input type="checkbox"/> (Base Adjustment) Allocation of statewide employee benefits.
	<input type="checkbox"/> (Base Adjustment) Realignment within existing programs and lines.
	<input type="checkbox"/> (Base Adjustment) Restructuring of agency programs – <i>requires pre-approval.</i>
	<input type="checkbox"/> Change in cost of providing current services to existing program audience.
	<input 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 checked="" type="checkbox"/> Exhaustion of fund balances previously used to support program.	

<b>RECIPIENTS OF FUNDS</b>	Requested funds will be used to hire highly specialized skilled staff and train current staff to perform major structural work that is needed now and will be again during realignment of certain television stations after the FCC mandated auction freeing up a portion of that bandwidth for new wireless services.
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*What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?*

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<b>RELATED REQUEST(S)</b>	No
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*Is this decision package associated with other decision packages requested by your agency or other agencies this year? Is it associated with a specific capital or non-recurring request?*

<b>MATCHING FUNDS</b>	No matching funds. We request that these funds be provided in the same mechanism as other TowerNet funds for the agency through Proviso 117.89.
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*Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source, amount, and terms of the match requirement.*

<b>FUNDING ALTERNATIVES</b>	Existing fund balances have been used over the past 5 fiscal years and once depleted there is no other mechanism in place.
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*What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.*

<b>SUMMARY</b>	A large number of ETV engineers will be retiring in the next two years. We have major structural work that is needed now, and again once the FCC mandated repacking takes place. The engineering positions are highly skilled and there is important institutional knowledge we need to transfer. This will be accomplished through a combination of training and apprenticeships. This request also represents legal fees and consulting in order for ETV to take over management of state owned towers from the Department of Administration. Lastly this funding represents procurement and administrative support given the capital equipment needs for capital improvement and repacking of television channels after the FCC mandated auction.	
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Information Technology /Security	Y/N N
Consulted DTO during development	Y/N N

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

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<b>METHOD OF CALCULATION</b>	<p>A preliminary estimate was made based on the general scope of work and number of positions involved.</p>
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*How was the amount of the request calculated? What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?*

<b>FUTURE IMPACT</b>	<p>There is no maintenance-of-effort requirements with this request. If decision package is accepted, the recurring annual cost would remain at or below the \$345,000 requested.</p>
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*Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?*

<b>PRIORITIZATION</b>	<p>If there are no or insufficient new funds to meet this need, we would respectfully request to defer action on this request in FY 2016-17.</p>
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*If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2015-16?*

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<b>INTENDED IMPACT</b>	Funds will ensure the integrity of ETV's broadcast and transmission equipment and TV content carried on each by providing needed expertise and services in the engineering areas.
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*What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?*

<b>PROGRAM EVALUATION</b>	The ways in which ETV will evaluate the success of this initiative will include but not be limited to the following: regular testing and monitoring of equipment, daily monitoring, monthly review, and evaluation of data on equipment discrepancy reports.
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*How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?*

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## FORM B – PROGRAM REVISION REQUEST

<b>DECISION PACKAGE</b>	<b>8132</b>
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*Provide the decision package number issued by the PBF system ("Governor's Request").*

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

<b>AMOUNT</b>	<b>\$243</b>
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*What is the net change in requested appropriations for FY 2015-16? This amount should correspond to the decision package's total in PBF across all funding sources.*

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

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark "X" for all that apply:</b>
	<input checked="" type="checkbox"/> (Base Adjustment) Allocation of statewide employee benefits.
	<input type="checkbox"/> (Base Adjustment) Realignment within existing programs and lines.
	<input type="checkbox"/> (Base Adjustment) Restructuring of agency programs – <i>requires pre-approval.</i>
	<input type="checkbox"/> Change in cost of providing current services to existing program audience.
	<input type="checkbox"/> Change in case load / enrollment under existing program guidelines.
	<input type="checkbox"/> Non-mandated change in eligibility / enrollment for existing program.
	<input type="checkbox"/> Non-mandated program change in service levels or areas.
	<input type="checkbox"/> Proposed establishment of a new program or initiative.
	<input type="checkbox"/> Loss of federal or other external financial support for existing program.
<input type="checkbox"/> Exhaustion of fund balances previously used to support program.	

<b>RECIPIENTS OF FUNDS</b>	Not Applicable
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*What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?*

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<b>RELATED REQUEST(S)</b>	Not Applicable
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*Is this decision package associated with other decision packages requested by your agency or other agencies this year? Is it associated with a specific capital or non-recurring request?*

<b>MATCHING FUNDS</b>	Not Applicable.
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*Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source, amount, and terms of the match requirement.*

<b>FUNDING ALTERNATIVES</b>	Not Applicable
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*What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.*

<b>SUMMARY</b>	Not Applicable
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Information Technology /Security	Y/N N
Consulted DTO during development	Y/N N

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

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<b>METHOD OF CALCULATION</b>	Not Applicable
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*How was the amount of the request calculated? What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?*

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

<b>PRIORITIZATION</b>	Not Applicable
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*If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2015-16?*



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<b>INTENDED IMPACT</b>	Not Applicable
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*What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?*

<b>PROGRAM EVALUATION</b>	Not Applicable
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*How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?*

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

<b>DECISION PACKAGE</b>	<b>7264</b>
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*Provide the decision package number issued by the PBF system ("Governor's Request").*

<b>TITLE</b>	<b>Capital Needs Request</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>\$2,103,014</b>
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*How much is requested for this project in FY 2016-17?*

<b>BUDGET PROGRAM</b>	<b>II.A.2 TowerNet Transmissions &amp; Reception</b>
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*Identify the associated budget program(s) by name and budget section.*

<b>SUMMARY</b>	<p>We appreciate the support provided in last year's appropriation act, however, it represented only a third of capital equipment needed. Most of the equipment owned by ETV is long past its useful life and no longer supported by the manufacturers nor are replacement parts available. This equipment is critical to the ongoing operations of ETV. This request will be used to upgrade the current technical infrastructure at ETV. The core of the infrastructure supports program creation and distribution at ETV. The equipment centers around file based workflows, network distribution via IP and the fundamental core components that support content creation for distribution on multiple platforms. This equipment will replace critical infrastructure associated with broadcast, emergency backbone, transparency and security efforts. There are a number of single points of failure in the broadcast chain that will cause catastrophic failure in critical operations, including but not limited to emergency alerts, weather related alerts, public safety alerts, and amber alerts. Any failure of this infrastructure would seriously affect the dissemination of information to the citizens of South Carolina.</p> <p>Additionally, the studio equipment is outdated and does not meet the industry standard. Almost all of ETV's other programming sources (PBS, APT and other acquisitions) are in High Definition, but our own South Carolina studio produced programming is in Standard Definition, which is of lower quality. This studio equipment also poses reliability risks. Most of the cameras, control room and other supporting equipment are more than 10 years old which is well past their useful life. ETV studios are used for debates, interview programs, town hall forums, K-12 and lifelong learning outreach, and other important state public affairs programming that support transparency education and citizenship. We are concerned that technical failures will seriously undermine our local programming efforts, negatively impacting and eventually eroding the credibility as well as the audience for South Carolina's only statewide network. Without the tools to produce broadcast content, ETV will become a pass-through for national programs, without the ability to chronicle and produce South Carolina history, public affairs and statewide educational content.</p>
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*Provide a summary of the project and explain why it is necessary. If the request is related to information security or information technology, explain its relationship to the*

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*agency's security or technology plan.*

<b>CLASSIFICATION OF FUNDS</b>	No
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*Is this request in support of a capital project or is it in support of other non-recurring expenditures? If this request is for a capital project, is it included in the agency's CPIP (please include CPIP year and priority)? How does this project rank in priority to all other nonrecurring agency requests?*

<b>RELATED REQUEST(S)</b>	No
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*Is this decision package associated with other decision packages requested by your agency or other agencies this year? Is it associated with a specific capital or non-recurring request?*

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

<b>FUNDING ALTERNATIVES</b>	Remaining funds from the sale of the Key Road property have been allocated to tower painting, lighting and repair. ETV is required to maintain these facilities by the FCC and the FAA. However, there are many other pressing capital needs as outlined herein, and the remaining sale proceeds are now fully allocated with the exception of a small building maintenance reserve.
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*What other possible funding sources were considered?*

<b>LONG-TERM PLANNING AND SUSTAINABILITY</b>	ETV will need to seek nonrecurring state funding over the course of the next few years to replace equipment that is seriously aging out and beyond its useful life. After that, ETV will work to set aside a capital replacement fund through yearly budgeting.
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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?*

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<b>AGENCY CODE:</b>	<b>H670</b>	<b>SECTION:</b>	<b>8</b>

<b>OTHER APPROVALS</b>	<p>If funding is approved, this equipment would need to be placed for competitive bids through the Budget and Control Board Materials Management Office.</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, BCB, etc.)*

<b>AGENCY NAME:</b>	<b>SC Educational Television Commission</b>		
<b>AGENCY CODE:</b>	<b>H670</b>	<b>SECTION:</b>	<b>8</b>

**FORM D – PROVISO REVISION REQUEST**

<b>NUMBER</b>	<b>117.89</b>
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*Cite the proviso according to the renumbered list for FY 2016-17 (or mark "NEW").*

<b>TITLE</b>	<b>Funds Transfer to ETV</b>
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*Provide the title from the FY 2015-16 Appropriations Act or suggest a short title for any new request.*

<b>BUDGET PROGRAM</b>	<b>II.A. TowerNet, II.B.4 Agency, Local and Other Education Services, II.D.3 Transparency</b>
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*Identify the associated budget program(s) by name and budget section.*

<b>DECISION PACKAGE</b>	<b>7213</b>
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*Is this request associated with a decision package you have submitted for FY 2016-17? If so, cite it here.*

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

<b>OTHER AGENCIES AFFECTED</b>	Department of Administration Criminal Justice Academy
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*Which other agencies would be affected by the recommended action? How?*

<b>SUMMARY</b>	<p>This proviso relates to the transfer of funds from the Criminal Justice Academy and the Department of Administration. Funds are transferred to ETV to help support core services in law enforcement training, emergency communications infrastructure and government transparency.</p> <p>It has been requested that ETV manage all State towers. This budget accommodates that request. Given the additional responsibility this request represents, it is appropriate for ETV to receive direct funding. ETV requests that this funding as well as the current "emergency communications backbone" appropriation (\$434,244) and the Law Enforcement Training Council in Section 64 (\$140,000) be appropriated directly to ETV through the general fund. ETV will continue to support emergency communications' services and public safety online training with these funds.</p>
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*Summarize the existing proviso. If requesting a new proviso, describe the current state of affairs without it.*

<b>AGENCY NAME:</b>	<b>SC Educational Television Commission</b>		
<b>AGENCY CODE:</b>	<b>H670</b>	<b>SECTION:</b>	<b>8</b>

<b>EXPLANATION</b>	<p>Requesting technical change to correct the date of the transfer from July 2015 to July 2016.</p> <p>Requesting that the Emergency Communications Backbone (\$434,244) and Law Enforcement Council (\$140,000) be appropriated directly to ETV through the general fund.</p>
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*Explain the need for your requested action. For deletion requests due to recent codification, please identify SC Code section where language now appears.*

<b>FISCAL IMPACT</b>	<p>ETV has submitted decision package 7213 for program revision requests within its TowerNet mission. ETV is requesting that its TowerNet funding be increased by \$345,000.</p>
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*Provide estimates of any fiscal impacts associated with this proviso, whether for state, federal, or other funds. Explain the method of calculation.*

<b>AGENCY NAME:</b>	<b>SC Educational Television Commission</b>		
<b>AGENCY CODE:</b>	<b>H670</b>	<b>SECTION:</b>	<b>8</b>

<p><b>PROPOSED PROVISO TEXT</b></p>	<p>117.90 (GP: Funds Transfer to ETV) In the current fiscal year funds appropriated in Part 1A to the Department of Administration Section 93 for Legislative &amp; Public Affairs Coverage and Emergency Communications Backbone and to the Law Enforcement Training Council in Section 64 for State &amp; Local Training of Law Enforcement, City and County municipal training services must be transferred to the Educational Television Commission (ETV) during <del>July 2015</del> for the continuation of services as provided in the prior fiscal year.</p> <p>117.89 (GP: Funds Transfer to ETV) In the current fiscal year funds appropriated in Part 1A to the Department of Administration Section 93 for Legislative &amp; Public Affairs must be transferred to the Educational Television Commission (ETV) during <u>July 2016</u> for the continuation of services as provided in the prior fiscal year.</p>
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*Paste FY 2015-16 text above, then bold and underline insertions and strikethrough deletions. For new proviso requests, enter requested text above.*