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Agency Budget Plan - Fiscal Year 2018-19

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AGENCY NAME:	John de la Howe School		
AGENCY CODE:	L12	SECTION:	7



**Fiscal Year 2018-19
Agency Budget Plan**

FORM A - BUDGET PLAN SUMMARY

OPERATING REQUESTS (FORM B1)	For FY 2018-19, my agency is (mark "X"):	
	<input type="checkbox"/>	Requesting General Fund Appropriations.
	<input checked="" type="checkbox"/>	Requesting Federal/Other Authorization.
	<input type="checkbox"/>	Not requesting any changes.

NON-RECURRING REQUESTS (FORM B2)	For FY 2018-19, my agency is (mark "X"):	
	<input type="checkbox"/>	Requesting Non-Recurring Appropriations.
	<input type="checkbox"/>	Requesting Non-Recurring Federal/Other Authorization.
	<input checked="" type="checkbox"/>	Not requesting any changes.

CAPITAL REQUESTS (FORM C)	For FY 2018-19, my agency is (mark "X"):	
	<input type="checkbox"/>	Requesting funding for Capital Projects.
	<input checked="" type="checkbox"/>	Not requesting any changes.

PROVISOS (FORM D)	For FY 2018-19, 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.

	<i>Name</i>	<i>Phone</i>	<i>Email</i>
PRIMARY CONTACT:	Dr. James Franklin, Sr.	864-391-0414	James.Franklin@delahowe.k12.sc.us
SECONDARY CONTACT:	Sylvester Coleman	864-391-0476	Sylvester.Coleman@delahowe.k12.sc.us

I have reviewed and approved the enclosed FY 2018-19 Agency Budget Plan, which is complete and accurate to the extent of my knowledge.

	<i>Agency Director</i>	<i>Board or Commission Chair</i>
SIGN/DATE:		
TYPE/PRINT NAME:	James Franklin, Sr.	DANIEL B. SHONKA

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

Fiscal Year 2018-19 Budget Request Executive Summary

Agency Code: L12
 Agency Name: John de la Howe School
 Section:

BUDGET REQUESTS			FUNDING					FTES				
Priority	Request Type	Request Title	State	Federal	Earmarked	Restricted	Total	State	Federal	Earmarked	Restricted	Total
1	B1 - Recurring	Authority to use Restricted EIA Funds(49730000) Place in 10210000				417,000	417,000					0.00
2		for deferred maintenance and operations					0					0.00
3							0					0.00
4							0					0.00
5							0					0.00
6							0					0.00
7							0					0.00
8							0					0.00
9							0					0.00
10							0					0.00
11							0					0.00
12							0					0.00
13							0					0.00
14							0					0.00
15							0					0.00
16							0					0.00
17							0					0.00
18							0					0.00
19							0					0.00
20							0					0.00
21							0					0.00
22							0					0.00
23							0					0.00
24							0					0.00
25							0					0.00
26							0					0.00
27							0					0.00
28							0					0.00
29							0					0.00
30							0					0.00
TOTAL BUDGET REQUESTS			0	0	0	417,000	417,000	0.00	0.00	0.00	0.00	0.00

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FORM B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY	1 – Form #13365
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Provide the Agency Priority Ranking from the Executive Summary.

TITLE	Authority to use Restrictive EIA Funds to fund 10210000
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Provide a brief, descriptive title for this request.

AMOUNT	General: Federal: Other: \$417,000 Total: \$417,000
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What is the net change in requested appropriations for FY 2018-19? This amount should correspond to the total for all funding sources on the Executive Summary.

NEW POSITIONS	N/A
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Please provide the total number of new positions needed for this request.

FACTORS ASSOCIATED WITH THE REQUEST	Mark “X” for all that apply:	
	<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 checked="" type="checkbox"/>	Related to a Non-Recurring request – If so, Priority # <u> 1 </u>	

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES	Mark “X” for primary applicable Statewide Enterprise Strategic Objective:	
	<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	

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ACCOUNTABILITY OF FUNDS	<p>Objective 2.2.2 and 2.23 are the main objectives that this request will help the agency support the continued deferred maintenance schedule and continue addressing the identified issues in the 2015 facility assessment. This request ensures that funding will be placed in fund 10210000 to address the maintenance. Evaluation of this request would be accomplished by ensuring that deferred maintenance requests are coded from fund 10210000 and maintaining reporting and documentation that confirm that this funding source was used for projects identified in the Capital Improvements Projects associated with maintenance and/or facility improvement.</p>
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What specific agency objective, as outlined in the agency's accountability report, does this funding request support? How would this request advance that objective? How would the use of these funds be evaluated?

RECIPIENTS OF FUNDS	<p>The primary recipients of these funds would be contractors and/or vendors who would be providing maintenance and/or repairs on deferred maintenance on identified projects. Funds would be allocated using competitive bidding process through South Carolina Business Opportunities. Due to the costs associated with certain projects, the agency will work closely with Materials Management Office.</p>
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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	<p>Approval of this request, allows the agency to work within the current allocated funding limits and there would not be a need for any new appropriation request. The use of these restrictive funds will allow maximum use of funds for current deferred maintenance as well as plan for any new building retrofitting that may be identified in the current feasibility study being conducted on behalf to the agency to expand the agricultural program component. No new positions will be required as a result of this request. In addition, this request will allow the agency to address the aging Information Technology that is reaching its useful life expectancy.</p>
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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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FORM E – AGENCY COST SAVINGS AND GENERAL FUND REDUCTION
CONTINGENCY PLAN

TITLE	Agency Cost Savings and General Fund Reduction Contingency Plan
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AMOUNT	\$143,870 <i>What is the General Fund 3% reduction amount (minimum based on the FY 2017-18 recurring appropriations)? This amount should correspond to the reduction spreadsheet prepared by EBO.</i>
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ASSOCIATED FTE REDUCTIONS	6 FTE positions would be associated with this reduction in the General Fund.
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How many FTEs would be reduced in association with this General Fund reduction?

PROGRAM/ACTIVITY IMPACT	No major impact to programs or activities with associated reduction.
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What programs or activities are supported by the General Funds identified?

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SUMMARY

State appropriations allocated in September, 2017 to cover costs associated with 1) 1% increase in Retirement Rate Increase and 2) Health and Dental insurance allocation.

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

Implement a more aggressive energy savings measure with utility usage. The repurposed savings will be used to purchase and install digital meters on residential properties so that employees who lease agency residential properties can pay for direct utility usage. In addition, LED lighting replacement to also conserve on energy costs.

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?

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FORM F – REDUCING COST AND BURDEN TO BUSINESSES AND CITIZENS

TITLE	Increased Monitoring of facilities and associated spending
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Provide a brief, descriptive title for this request.

EXPECTED SAVINGS TO BUSINESSES AND CITIZENS	Expected savings from this proposed action is expected to be at a minimum of \$105,000 annually to South Carolina’s businesses and citizens.
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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.

FACTORS ASSOCIATED WITH THE REQUEST	Mark “X” for all that apply: <input type="checkbox"/> Repeal or revision of regulations. <input type="checkbox"/> Reduction of agency fees or fines to businesses or citizens. <input checked="" type="checkbox"/> Greater efficiency in agency services or reduction in compliance burden. <input type="checkbox"/> Other
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METHOD OF CALCULATION	Review of cost reductions comparison from fiscal years 2015 – 2017. The following areas of expense categories were reviewed: Household Laundry, Gas, Food Supplies and Utilities.
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Describe the method of calculation for determining the expected cost or time savings to businesses or citizens.

REDUCTION OF FEES OR FINES	N/A
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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?

REDUCTION OF REGULATION	N/A
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Which regulations does the agency intend to amend or delete? What is the enabling authority for the regulation?

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SUMMARY	<p>The agency proposes to increase monitoring of facilities and spending associated with these areas. At the end of FY 2017, the agency installed security cameras in the majority of facilities where employees and students are located. This measure allows for increased monitoring in the cafeteria and maintenance (gas pumps) where the agency could have the largest losses.</p> <p>In addition, in FY 2017 the agency instituted meal tickets which will result in better management of adults meals at the school cafeteria. In addition, the gas use decreased nearly 60% (\$5,000) from FY 2016 and the food supplies realized a 45% (\$70,000) reduction. Through improved supervision and education training, the utilities decreased by 9% (\$20,000).</p> <p>With only the above referenced areas, the agency can expect to have a positive impact on the citizens of South Carolina through an expected \$105,000 annual savings in expenses in the three identified areas.</p>
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Provide an explanation of the proposal and its positive results on businesses or citizens. How will the request affect agency operations?