

<b>AGENCY NAME:</b>	SC State PSA		
<b>AGENCY CODE:</b>	P21	<b>SECTION:</b>	46



## Fiscal Year 2016-17 Agency Budget Plan

### FORM A – SUMMARY

<b>RECURRING FUNDS (FORM B DECISION PACKAGES)</b>	<p><b>My agency is submitting the following recurring decision packages (Form B):</b> 6004</p> <p><b>For FY 2016-17, my agency is (mark "X"):</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;"><input checked="" type="checkbox"/></td> <td>Requesting a net increase in recurring General Fund appropriations.</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Not requesting a net increase in recurring General Fund Appropriations.</td> </tr> </table>	<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.		
<input checked="" type="checkbox"/>	Requesting a net increase in recurring General Fund appropriations.						
<input type="checkbox"/>	Not requesting a net increase in recurring General Fund Appropriations.						
<b>CAPITAL &amp; NON-RECURRING FUNDS (FORM C DECISION PACKAGES)</b>	<p><b>My agency is submitting the following one-time decision packages (Form C):</b> N/A</p> <p><b>For FY 2016-17, my agency is (mark "X"):</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;"><input type="checkbox"/></td> <td>Requesting capital and/or non-recurring funds.</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Not requesting capital and/or non-recurring funds.</td> </tr> </table>	<input type="checkbox"/>	Requesting capital and/or non-recurring funds.	<input checked="" type="checkbox"/>	Not requesting capital and/or non-recurring funds.		
<input type="checkbox"/>	Requesting capital and/or non-recurring funds.						
<input checked="" type="checkbox"/>	Not requesting capital and/or non-recurring funds.						
<b>PROVISOS</b>	<p><b>For FY 2016-17, my agency is (mark "X"):</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;"><input type="checkbox"/></td> <td>Requesting a new proviso and/or substantive changes to existing provisos.</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Only requesting technical proviso changes (such as date references).</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Not requesting any proviso changes.</td> </tr> </table>	<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.
<input type="checkbox"/>	Requesting a new proviso and/or substantive changes to existing provisos.						
<input type="checkbox"/>	Only requesting technical proviso changes (such as date references).						
<input checked="" type="checkbox"/>	Not requesting any proviso changes.						

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

	<u>Name</u>	<u>Phone</u>	<u>Email</u>
<b>PRIMARY CONTACT:</b>	Delbert Foster	(803) 536-8460	<a href="mailto:dfoster@scsu.edu">dfoster@scsu.edu</a>
<b>SECONDARY CONTACT:</b>	Tokmeco James	(803) 516-4745	<a href="mailto:tjames@scsu.edu">tjames@scsu.edu</a>

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>	Delbert T. Foster	

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

<b>AGENCY NAME:</b>	<b>SC State PSA</b>		
<b>AGENCY CODE:</b>	<b>P21</b>	<b>SECTION:</b>	<b>46</b>

**FORM B – PROGRAM REVISION REQUEST**

<b>DECISION PACKAGE</b>	<b>7932</b>
-------------------------	-------------

*Provide the decision package number issued by the PBF system ("Governor's Request").*

<b>TITLE</b>	<b>Acquisition of state matching funds to maximize federal land grant allocation to SC State PSA</b>
--------------	--

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

<b>AMOUNT</b>	<b>The net change in requested appropriation for FY 2016-17 is \$ 837,773.00</b>
---------------	--

*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>	The state or federal statutory, regulatory, and/or administrative authority under which the 1890 Research and Extension Program was created is based on Public Law 95-113, Section 1444 (Extension) and Section 1445 (Research) for extension work and Evans-Allen Program at 1890 Land-Grant Institutions and Tuskegee University.
---------------------------	---

*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>	The benefactors of the funds will be the residents of South Carolina with a special emphasis on the underserved or limited-resource clientele through the programs/activities being offered by the 1890 Research and Extension Program.
----------------------------	---

*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?*

<b>AGENCY NAME:</b>	<b>SC State PSA</b>		
<b>AGENCY CODE:</b>	<b>P21</b>	<b>SECTION:</b>	<b>46</b>

<b>RELATED REQUEST(S)</b>	<p>No, this decision package is not associated with other decision packages requested by SC State PSA. No, the request is not associated with a specific capital or non-recurring request.</p>
---------------------------	--

*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>	<p>Yes, the funds will be matched by for federal funds received from USDA/NIFA in the amount of \$837,773.00. Per the Cooperative Agreement, state funds received will be matched at 100%.</p>
-----------------------	--

*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>	<p>Although the staff has been successful in securing additional programmatic and administrative funds, the grants have traditionally come from other federal agencies that cannot be used toward the match requirement. Also, the federal law restricts the use of any funds used as match for one year to be used as match the next year or any year thereafter to include fund balances.</p>
-----------------------------	---

*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>The additional funds (\$837,773.00) requested are to ensure compliance with the terms and conditions of the USDA/NIFA Cooperative Agreement. The Farm Security and Rural Investment Act of 2002 (H.R. 2646) requires 100% state match annually. If the required annual non-federal match as stipulated in the Farm Security and Rural Investment Act of 2002 (H.R. 2646) is not met, the SC State PSA will lose \$837,773.00 of the federal formula funds, which will be redistributed to the states that meet the federal match requirement. The matching fund requirements may be found in the Farm Security and Rural Investment Act of 2002 (H.R. 2646) under Section 7212-Matching Funds Requirement for Research and Extension Activities of 1890 Institutions.</p>
----------------	--

Information Technology /Security	Y/N N
----------------------------------	----------

Consulted DTO during development	Y/N N
----------------------------------	----------

The \$837,773.00 has been requested to provide the programs/activities of 1890 Research and Extension. Specifically, the funds will be used to administer and monitor the programs and activities aligned with the following USDA/NIFA approved national program areas: agriculture/natural resources, family life, health and nutrition, youth development, community economic development, education and technology; that benefit the residents of South Carolina, with a special emphasis on the underserved or limited-resource clientele.

*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*

<b>AGENCY NAME:</b>	<b>SC State PSA</b>		
<b>AGENCY CODE:</b>	<b>P21</b>	<b>SECTION:</b>	<b>46</b>

*related to information security or information technology, explain its relationship to the agency's security or technology plan.*

<b>METHOD OF CALCULATION</b>	<p>The amount of the request was calculated based on SC State PSA's FY15 final federal appropriation. The Farm Security and Rural Investment Act of 2002 (H.R. 2646) requires 100% state match annually. Once the FY16 federal appropriation is finalized, a revised state budget request will be submitted to the appropriate legislative committee. There are several factors which could cause deviations in the budget request such as a continuing resolution, sequestration, government shut-down or increase in federal appropriation.</p>
------------------------------	---

*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>No, the state will not incur any maintenance-of-effort or other obligations by adopting the decision package. If the request is not honored, SC State PSA will not be able to deliver and administer vital self-sustaining and economically enriching programs/activities to the residents of SC. As stated earlier, the staff has been successful in securing additional programmatic and administrative funds. However, the grants have traditionally come from other federal agencies that cannot be used toward the match requirement.</p>
----------------------	---

*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>The federal government allocates funds to the various land grant universities each year. Each university is required to match the federal allocation dollar for dollar. SC State PSA is projected to receive \$4,246,737.00 in federal formula funds for FY16. However, SC State PSA would be in jeopardy of losing a portion of its federal formula funds if State appropriations do not satisfy the federal matching requirement. As a result, SC State PSA will have to reduce and/or eliminate programs, activities and staff, which will be detrimental to the residents of the state, especially the underserved populations. In addition, the program would not have the ability to increase or expand new and innovative programs/activities to the residents of South Carolina with a special emphasis on the limited resource communities.</p>
-----------------------	---

*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?*

<b>AGENCY NAME:</b>	<b>SC State PSA</b>		
<b>AGENCY CODE:</b>	<b>P21</b>	<b>SECTION:</b>	<b>46</b>

<b>INTENDED IMPACT</b>	<p>The 1890 Research and Extension Program at South Carolina State University promotes an organized research and extension system that addresses quality of life opportunities for limited-resource communities and provides effective stakeholder outreach programs and services in the area of extension, agriculture/natural resources, family life, health and nutrition, youth development, community economic development, education and technology. The organization values the integration of research, teaching and public service. The program continues to address the quality of life opportunities for the residents of South Carolina with a special emphasis on the underserved communities. Although, the mission of the 1890 Program has not changed over the past five (5) years, the programmatic focus continues to evolve based on the needs identified by the residents as the emerging issues impacting their communities.</p>
------------------------	---

*What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?*

<b>PROGRAM EVALUATION</b>	<p>The use of the funds would be evaluated by internal and external sources. Internally, each program/activity has incorporated into its operation a measurement tool to analyze performance. The data is utilized in several ways. The data/information is collected, analyzed and used to direct areas of programming, find strengths and weaknesses, as well as provide results of research findings, which are published in bulletins, one pagers, brochures, presentations, etc. Several programs offer standardized pre-tests and post-tests that allow agents to document the area(s) where the program participants are weak and need more instruction as well as highlight area(s) of strength. Externally, there are several reports due quarterly and annually that measure outcome or performance measures, such as the Assessment Reports, Budget Reports, Plan of Work, etc. The information gathered drives the programs and activities conducted from one year to the next.</p> <p>The specific outcome or performance measures used to assess the effectiveness of SC State PSA would be illustrated through the impacts, success stories, research bulletins, surveys, media releases, etc.</p>
---------------------------	---

*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?*

<b>AGENCY NAME:</b>	<b>SC State PSA</b>		
<b>AGENCY CODE:</b>	<b>P21</b>	<b>SECTION:</b>	<b>46</b>

**FORM B – PROGRAM REVISION REQUEST**

<b>DECISION PACKAGE</b>	<b>6004</b>
-------------------------	-------------

*Provide the decision package number issued by the PBF system (“Governor’s Request”).*

<b>TITLE</b>	<b>Acquisition of health insurance allocation</b>
--------------	---

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

<b>AMOUNT</b>	<b>The net change in requested appropriation for FY 2016-17 is \$3,764.00</b>
---------------	---

*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>	
---------------------------	--

*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>	
----------------------------	--

*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?*

<b>AGENCY NAME:</b>	<b>SC State PSA</b>		
<b>AGENCY CODE:</b>	<b>P21</b>	<b>SECTION:</b>	<b>46</b>

<b>RELATED REQUEST(S)</b>	
---------------------------	--

*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>	
-----------------------	--

*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>	
-----------------------------	--

*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>	
----------------	--

Information Technology /Security	Y/N
Consulted DTO during development	Y/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.*

<b>AGENCY NAME:</b>	<b>SC State PSA</b>		
<b>AGENCY CODE:</b>	<b>P21</b>	<b>SECTION:</b>	<b>46</b>

<b>METHOD OF CALCULATION</b>	
------------------------------	--

*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>	
----------------------	--

*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>	
-----------------------	--

*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?*

<b>AGENCY NAME:</b>	<b>SC State PSA</b>		
<b>AGENCY CODE:</b>	<b>P21</b>	<b>SECTION:</b>	<b>46</b>

<b>INTENDED IMPACT</b>	
------------------------	--

*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>	
---------------------------	--

*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?*