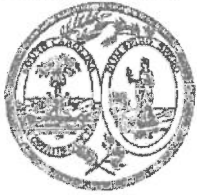


# SCSL Digital Collections

## Agency Budget Plan - Fiscal Year 2016-17

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<b>AGENCY NAME:</b>	South Carolina State Library		
<b>AGENCY CODE:</b>	H87	<b>SECTION:</b>	27



## Fiscal Year 2016-17 Agency Budget Plan

### FORM A – SUMMARY

<b>RECURRING FUNDS (FORM B DECISION PACKAGES)</b>	My agency is submitting the following recurring decision packages (Form B): <b>8171, 8174, 8177</b>	
	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.

<b>CAPITAL &amp; NON-RECURRING FUNDS (FORM C DECISION PACKAGES)</b>	My agency is submitting the following one-time decision packages (Form C):	
	For FY 2016-17, my agency is (mark "X"):	
	<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>	For FY 2016-17, 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.

	<u>Name</u>	<u>Phone</u>	<u>Email</u>
<b>PRIMARY CONTACT:</b>	Leesa M. Aiken	734-8668	laiken@statelibrary.sc.gov
<b>SECONDARY CONTACT:</b>	Paula James	734-8917	pjames@statelibrary.sc.gov

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

<b>SIGN/DATE:</b>	<i>Agency Director</i>	<i>Board or Commission Chair</i>
		10/2/2015
<b>TYPE/PRINT NAME:</b>	Leesa M. Aiken	

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

<b>AGENCY NAME:</b>	South Carolina State Library		
<b>AGENCY CODE:</b>	H87	<b>SECTION:</b>	27

**FORM B – PROGRAM REVISION REQUEST**

<b>DECISION PACKAGE</b>	<b>8171</b>
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*Provide the decision package number issued by the PBF system ("Governor's Request").*

<b>TITLE</b>	<b>Request for reoccurring increase to state aid</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>\$1,004,408.50</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>	27.1 LIB: Aid to Counties Allotment
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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 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.	

<b>RECIPIENTS OF FUNDS</b>	These funds are pass through funds from the State Library to all Public Libraries in the State of South Carolina. The State Library does not retain any of these funds for agency use.
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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?*

<b>AGENCY NAME:</b>	South Carolina State Library		
<b>AGENCY CODE:</b>	H87	<b>SECTION:</b>	27

**RELATED REQUEST(S)**

*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?*

**MATCHING FUNDS**

no

*Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source, amount, and terms of the match requirement.*

**FUNDING ALTERNATIVES**

no

*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.*

**SUMMARY**

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.*

<b>AGENCY NAME:</b>	South Carolina State Library		
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<b>METHOD OF CALCULATION</b>	<p>These funds are calculated at \$1.50 per capita using 2010 census data with a \$75,000.00 minimum for each county in SC.</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>No impact to State obligations.</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>We request deferring action on the request in FY 2016-17 if no additional funds are available.</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?*

<b>AGENCY NAME:</b>	<b>South Carolina State Library</b>		
<b>AGENCY CODE:</b>	<b>H87</b>	<b>SECTION:</b>	<b>27</b>

<b>INTENDED IMPACT</b>	See Summary
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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>	Pass through funds to County Libraries.
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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?*

<b>AGENCY NAME:</b>	South Carolina State Library		
<b>AGENCY CODE:</b>	H87	<b>SECTION:</b>	27

### FORM B – PROGRAM REVISION REQUEST

<b>DECISION PACKAGE</b>	<b>8174</b>
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*Provide the decision package number issued by the PBF system ("Governor's Request").*

<b>TITLE</b>	<b>Increase to Electronic Resources (DISCUS)</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>\$222,000.00</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>	N/A
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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 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.	

<b>RECIPIENTS OF FUNDS</b>	<b>These funds would be used to continue the existing databases through our Discus program. The end user of these databases are all citizens in South Carolina.</b>
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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?*

<b>AGENCY NAME:</b>	<b>South Carolina State Library</b>		
<b>AGENCY CODE:</b>	<b>H87</b>	<b>SECTION:</b>	<b>27</b>

**RELATED REQUEST(S)**

*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?*

**MATCHING FUNDS**

**Yes, State funds used to meet minimum maintenance of effort for federal grant.**

*Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source, amount, and terms of the match requirement.*

**FUNDING ALTERNATIVES**

**If additional state funding is not available the agency will either have to supplement the increase with federal dollars or cut current databases.**

*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.*

**SUMMARY**

**The South Carolina State Library provides a resource sharing program known as "DISCUS" that provides subject specific electronic databases for use by all of the state's citizens. For the past four funding years, the suppliers of the databases (Britannica; Gale/Cengage; EBSCO; etc.) included in DISCUS have charged very modest increases in use fees. The modest increases were set in consideration of the funding problems of the South Carolina State Library budget. The database vendors have been seeking an 11% increase in costs charged.**

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.*



<b>AGENCY NAME:</b>	South Carolina State Library		
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<b>METHOD OF CALCULATION</b>	<p>The State Library, through negotiation, has been able to generally reach an agreement of a 7% increase. So that the DISCUS program may continue to offer all the resources presently available to the K-12 community as well as the state's citizens and to the business entities in the state, an increase of funding is requested. The increase requested is for \$171,857. This amount covers the 7% increase in fees so that the present DISCUS offerings shall remain unchanged.</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>Funds used to calculate minimum maintenance of effort.</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>	
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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?*

<b>AGENCY NAME:</b>	<b>South Carolina State Library</b>		
<b>AGENCY CODE:</b>	<b>H87</b>	<b>SECTION:</b>	<b>27</b>

<b>INTENDED IMPACT</b>	
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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>	
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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?*

<b>AGENCY NAME:</b>	South Carolina State Library		
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**FORM B – PROGRAM REVISION REQUEST**

<b>DECISION PACKAGE</b>	8177
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*Provide the decision package number issued by the PBF system ("Governor's Request").*

<b>TITLE</b>	State Employer Contributions
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	6,824.00
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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>	n/a
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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>	The funds are allocated to employer contributions portion of fringe benefits.
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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?*

<b>AGENCY NAME:</b>	South Carolina State Library		
<b>AGENCY CODE:</b>	H87	<b>SECTION:</b>	27

<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>	n/a
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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>	n/a
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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>		State funds for increase in employer contributions.
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.*

<b>AGENCY NAME:</b>	South Carolina State Library		
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<b>METHOD OF CALCULATION</b>	n/a
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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>	n/a
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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>	n/a
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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?*

<b>AGENCY NAME:</b>	South Carolina State Library		
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<b>INTENDED IMPACT</b>	n/a
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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>	n/a
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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?*