

|                     |   |                 |    |
|---------------------|---|-----------------|----|
| <b>AGENCY NAME:</b> | State Board for Technical and Comprehensive Education |                 |    |
| <b>AGENCY CODE:</b> | H59   | <b>SECTION:</b> | 25 |



## Fiscal Year 2017-18 Agency Budget Plan

### FORM A – SUMMARY

|   |  |                                     |   |                          |   |                          |                                     |
|---|--|-------------------------------------|---|--------------------------|---|--------------------------|-------------------------------------|
| <b>RECURRING FUNDS<br/>(FORM B<br/>DECISION PACKAGES)</b>                           | <p><b>My agency is submitting the following recurring decision packages listed in <u>priority order</u> (Form B):</b> 10624, 11263, 11266, 11269</p> <hr/> <p><b>For FY 2017-18, my agency is (mark "X"):</b></p> <table 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;<br/>NON-RECURRING<br/>FUNDS<br/>(FORM C<br/>DECISION PACKAGES)</b> | <p><b>My agency is submitting the following one-time decision packages listed in <u>priority order</u> (Form C):</b> 11382, 11385, 11388</p> <hr/> <p><b>For FY 2017-18, my agency is (mark "X"):</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;"><input checked="" type="checkbox"/></td> <td>Requesting capital and/or non-recurring funds.</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Not requesting capital and/or non-recurring funds.</td> </tr> </table>   | <input checked="" type="checkbox"/> | Requesting capital and/or non-recurring funds.                            | <input type="checkbox"/> | Not requesting capital and/or non-recurring funds.                      |                          |                                     |
| <input checked="" type="checkbox"/>   | Requesting capital and/or non-recurring funds.   |                                     |   |                          |   |                          |                                     |
| <input type="checkbox"/>  | Not requesting capital and/or non-recurring funds.   |                                     |   |                          |   |                          |                                     |
| <b>PROVISOS<br/>(FORM D)</b>  | <p><b>For FY 2017-18, my agency is (mark "X"):</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;"><input checked="" 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 type="checkbox"/></td> <td>Not requesting any proviso changes.</td> </tr> </table>                                   | <input checked="" 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 type="checkbox"/> | Not requesting any proviso changes. |
| <input checked="" 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 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>   | Cindy P. Hoogenboom | 803-896-5316 | <a href="mailto:hoogenboom@sctechsystem.edu">hoogenboom@sctechsystem.edu</a> |
| <b>SECONDARY CONTACT:</b> | Joren Bartlett      | 803-896-5284 | <a href="mailto:bartlett@sctechsystem.edu">bartlett@sctechsystem.edu</a>     |

I have reviewed and approved the enclosed FY 2017-18 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> | Dr. Susan A. Winsor    | Ralph A. Odom, Jr.               |

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

|                     |  |                 |           |
|---------------------|--|-----------------|-----------|
| <b>AGENCY NAME:</b> | <b>State Board for Technical and Comprehensive Education</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>H59</b>   | <b>SECTION:</b> | <b>25</b> |

**FORM B – PROGRAM REVISION REQUEST**

|  |  |                          |  |                                     |   |                          |  |                          |                                |                          |                                  |                          |  |                                     |  |                                     |   |                          |   |                          |  |                          |  |                          |   |                          |   |
|--|--|--------------------------|--|-------------------------------------|---|--------------------------|--|--------------------------|--------------------------------|--------------------------|----------------------------------|--------------------------|--|-------------------------------------|--|-------------------------------------|---|--------------------------|---|--------------------------|--|--------------------------|--|--------------------------|---|--------------------------|---|
| <b>DECISION PACKAGE</b>                    | <b>10624</b><br><i>Provide the decision package number issued by the PBF system (“Governor’s Request”).</i>  |                          |  |                                     |   |                          |  |                          |                                |                          |                                  |                          |  |                                     |  |                                     |   |                          |   |                          |  |                          |  |                          |   |                          |   |
| <b>TITLE</b>                               | <b>II.A. Technical Colleges<br/>Recurring Base Funding</b><br><i>Provide a brief, descriptive title for this request.</i>  |                          |  |                                     |   |                          |  |                          |                                |                          |                                  |                          |  |                                     |  |                                     |   |                          |   |                          |  |                          |  |                          |   |                          |   |
| <b>AMOUNT</b>                              | <b>\$29,500,000</b><br><i>What is the net change in requested appropriations for FY 2017-18? This amount should correspond to the decision package’s total in PBF across all funding sources.</i>  |                          |  |                                     |   |                          |  |                          |                                |                          |                                  |                          |  |                                     |  |                                     |   |                          |   |                          |  |                          |  |                          |   |                          |   |
| <b>ENABLING AUTHORITY</b>                  | South Carolina Code of Laws: Section 59-53-10 et.seq<br><br><i>What specific 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? Please avoid citing general provisions of law where possible, and instead cite to the most specific legal authority supporting the request.</i>  |                          |  |                                     |   |                          |  |                          |                                |                          |                                  |                          |  |                                     |  |                                     |   |                          |   |                          |  |                          |  |                          |   |                          |   |
| <b>FACTORS ASSOCIATED WITH THE REQUEST</b> | <p><b>Mark “X” for all that apply:</b></p> <table border="0"> <tr><td><input type="checkbox"/></td><td>(Base Adjustment) Allocation of statewide employee benefits.</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>(Base Adjustment) Realignment within existing programs and lines.</td></tr> <tr><td><input type="checkbox"/></td><td>(Base Adjustment) Restructuring of agency programs – <i>requires pre-approval.</i></td></tr> <tr><td><input type="checkbox"/></td><td>IT Technology/Security related</td></tr> <tr><td><input type="checkbox"/></td><td>Consulted DTO during development</td></tr> <tr><td><input type="checkbox"/></td><td>Related to a Non-Recurring request – If so, Decision Package # _____</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>Change in cost of providing current services to existing program audience.</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>Change in case load / enrollment under existing program guidelines.</td></tr> <tr><td><input type="checkbox"/></td><td>Non-mandated change in eligibility / enrollment for existing program.</td></tr> <tr><td><input type="checkbox"/></td><td>Non-mandated program changes in service levels or areas.</td></tr> <tr><td><input type="checkbox"/></td><td>Proposed establishment of a new program or initiative.</td></tr> <tr><td><input type="checkbox"/></td><td>Loss of federal or other external financial support for existing program.</td></tr> <tr><td><input type="checkbox"/></td><td>Exhaustion of fund balances previously used to support program.</td></tr> </table> | <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"/> | IT Technology/Security related | <input type="checkbox"/> | Consulted DTO during development | <input type="checkbox"/> | Related to a Non-Recurring request – If so, Decision Package # _____ | <input checked="" 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 changes 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"/>                   | (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"/>                   | IT Technology/Security related   |                          |  |                                     |   |                          |  |                          |                                |                          |                                  |                          |  |                                     |  |                                     |   |                          |   |                          |  |                          |  |                          |   |                          |   |
| <input type="checkbox"/>                   | Consulted DTO during development   |                          |  |                                     |   |                          |  |                          |                                |                          |                                  |                          |  |                                     |  |                                     |   |                          |   |                          |  |                          |  |                          |   |                          |   |
| <input type="checkbox"/>                   | Related to a Non-Recurring request – If so, Decision Package # _____   |                          |  |                                     |   |                          |  |                          |                                |                          |                                  |                          |  |                                     |  |                                     |   |                          |   |                          |  |                          |  |                          |   |                          |   |
| <input checked="" 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 changes 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>                 | Using the Systems Funding Allocation Formula, this additional funding would be allocated to the sixteen (16) colleges that are part of the Technical College System. This funding would be passed on to the students ensuring a quality technical college education, enhancing student success measures, and assisting in attracting and maintaining qualified faculty to provide relevant job skills training for in-demand fields.<br><i>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?</i>  |                          |  |                                     |   |                          |  |                          |                                |                          |                                  |                          |  |                                     |  |                                     |   |                          |   |                          |  |                          |  |                          |   |                          |   |

|                     |  |                 |           |
|---------------------|--|-----------------|-----------|
| <b>AGENCY NAME:</b> | <b>State Board for Technical and Comprehensive Education</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>H59</b>   | <b>SECTION:</b> | <b>25</b> |

|                                |   |
|--------------------------------|---|
| <b>ACCOUNTABILITY OF FUNDS</b> | <p>Accountability Report Objectives include:<br/> 1.1.1, 1.1.2, 1.2.1, 1.3.1, 1.4.1, 2.1.1, 2.1.2, 2.1.3, 2.1.4, 2.2.1, 2.2.2, 2.2.3, 3.1.1, 3.1.2, 3.2.1, 3.2.2, 3.2.3, 3.3.1, 3.3.2, 6.1.1, 6.1.2, 6.1.3, 6.1.4, 6.1.5, 6.1.6</p> |
|--------------------------------|---|

*What specific agency objective, as outlined in the agency's accountability report, does this funding request support? How would this request advance that objective?*

|                          |     |
|--------------------------|-----|
| <b>POTENTIAL OFFSETS</b> | N/A |
|--------------------------|-----|

*For decision packages that request non-mandatory funding increases to programs or initiatives, please identify a potential offset within an existing lower priority or ineffective program(s).*

|                       |                    |
|-----------------------|--------------------|
| <b>MATCHING FUNDS</b> | No matching Funds. |
|-----------------------|--------------------|

*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> | Tuition and Fees may be considered as an alternative revenue source. However, the use of tuition and fees must be carefully evaluated in conjunction with our mandate to continue to allow open access and to continue to remain affordable. |
|-----------------------------|--|

*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>AGENCY NAME:</b> | <b>State Board for Technical and Comprehensive Education</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>H59</b>   | <b>SECTION:</b> | <b>25</b> |

|                |   |
|----------------|---|
| <b>SUMMARY</b> | <p>South Carolina is on the cusp of staggering workforce demand. It stems from three main challenges: 1) An ever-increasing demand for high-skilled workers. Successfully meeting the needs of business and industry in our state in STEM and high-demand fields is critical to filling the state’s skills gap. This workforce training needs to be centered on analyzing data, applying math, using technology, thinking critically, and solving problems. 2) An aging workforce fast approaching retirement. South Carolina employers report that nearly a quarter of their workforce will retire in the next ten years. These vacancies coupled with new job growth has the potential to exponentially increase South Carolina’s workforce skills gap. 3) The considerable growth we’ve seen in the number of announcements for new and expanding business and industry in South Carolina is unprecedented. South Carolina continues to attract investment from around the world and these investments add new jobs to our state’s economy. Nearly 20,000 new jobs were recruited last year as a result of economic development announcements. Each new announcement brings with it the expectation of a high-skilled, ready workforce. In order to meet the requirements needed, the number of South Carolinians trained in STEM or high-demand fields will need to increase significantly. The Technical College System can do it, but it will require an investment. This critical situation needs to be addressed quickly to ensure our state’s continued competitiveness.</p> |
|----------------|---|

*Using as much detail as necessary to make an informed decision regarding this request, 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>METHOD OF CALCULATION</b> | <p>The rationale behind this funding request is to bring the Technical College System back to the funding level that was appropriated prior to the economic downturn. This additional funding would be allocated by using the System’s Performance Funding Allocation Formula to the sixteen colleges in the following ranges:<br/> Small Colleges (Denmark, Northeastern, Lowcountry, and Williamsburg) - \$840K to \$1.79M<br/> Medium Colleges (Aiken, Central Carolina, Florence-Darlington, Horry-Georgetown, Orangeburg-Calhoun, Piedmont, Spartanburg, Tri-County, and York) - \$1.64M to \$2.22M<br/> Large Colleges (Greenville, Midlands, Trident) - \$2.36M to \$3.35M</p> |
|------------------------------|---|

*How was the amount of the request calculated? List the per unit or per FTE costs of implementation. 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>The state would not incur any maintenance of effort or any other obligations by adopting this decision package. If this investment request is honored, it will significantly increase the number of South Carolinians that our Technical Colleges can train for a high-demand, high-skilled workforce.</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*

|                     |  |                 |           |
|---------------------|--|-----------------|-----------|
| <b>AGENCY NAME:</b> | <b>State Board for Technical and Comprehensive Education</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>H59</b>   | <b>SECTION:</b> | <b>25</b> |

*identified and/or obtained by your agency?*

|                       |  |
|-----------------------|--|
| <b>PRIORITIZATION</b> | <p>If there is insufficient funding for this request, this will broaden the challenges as outlined in the Summary.</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 2017-18? Please be specific.*

|                        |   |
|------------------------|---|
| <b>INTENDED IMPACT</b> | <p>The impact of this funding would include the following:<br/> Quality Education – to ensure that a quality technical college education remains accessible and affordable for all South Carolinians<br/> Enhanced Student Success – to enrich student success measures such as improved persistence and completion through increased student support services<br/> Capacity (Instruction) – to assist in attracting and retaining qualified faculty to provide relevant job skills training for in-demand, high-skilled fields</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 System’s Funding Formula consist of three parts: %5 Performance Funding, Enrollment, and a subsidy for Small Colleges. The Performance Allocation part includes the following factors:</p> <ol style="list-style-type: none"> <li>1) Administrative, Fiduciary, and Accountability Performance</li> <li>2) Academic Success and Performance</li> <li>3) Enrollment Performance</li> </ol> <p>The outcome measurements that are included in the Academic Success factors will include, but are not limited to, factors such as graduate placement rates, licensure passage rates, persistence from fall to spring, student success rates, and the number of manufacturing, healthcare, and/or STEM related degrees.</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>State Board for Technical and Comprehensive Education</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>H59</b>   | <b>SECTION:</b> | <b>25</b> |

**FORM B – PROGRAM REVISION REQUEST**

|                         |              |
|-------------------------|--------------|
| <b>DECISION PACKAGE</b> | <b>11263</b> |
|-------------------------|--------------|

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

|              |                                     |
|--------------|-------------------------------------|
| <b>TITLE</b> | <b>Health and Dental Allocation</b> |
|--------------|-------------------------------------|

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

|               |                  |
|---------------|------------------|
| <b>AMOUNT</b> | <b>\$713,918</b> |
|---------------|------------------|

*What is the net change in requested appropriations for FY 2017-18? This amount should correspond to the decision package's total in PBF across all funding sources.*

|                           |                             |
|---------------------------|-----------------------------|
| <b>ENABLING AUTHORITY</b> | South Carolina Code of Laws |
|---------------------------|-----------------------------|

*What specific 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? Please avoid citing general provisions of law where possible, and instead cite to the most specific legal authority supporting the request.*

|  |  |
|--|--|
| <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"/> IT Technology/Security related  |
|  | <input type="checkbox"/> Consulted DTO during development  |
|  | <input type="checkbox"/> Related to a Non-Recurring request – If so, Decision Package # _____                  |
|  | <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 changes 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> | Employees of the South Carolina Technical College System |
|----------------------------|--|

*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>State Board for Technical and Comprehensive Education</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>H59</b>   | <b>SECTION:</b> | <b>25</b> |

|                                |      |
|--------------------------------|------|
| <b>ACCOUNTABILITY OF FUNDS</b> | None |
|--------------------------------|------|

*What specific agency objective, as outlined in the agency's accountability report, does this funding request support? How would this request advance that objective?*

|                          |    |
|--------------------------|----|
| <b>POTENTIAL OFFSETS</b> | NA |
|--------------------------|----|

*For decision packages that request non-mandatory funding increases to programs or initiatives, please identify a potential offset within an existing lower priority or ineffective program(s).*

|                       |      |
|-----------------------|------|
| <b>MATCHING FUNDS</b> | None |
|-----------------------|------|

*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> | None |
|-----------------------------|------|

*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>AGENCY NAME:</b> | <b>State Board for Technical and Comprehensive Education</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>H59</b>   | <b>SECTION:</b> | <b>25</b> |

|                |  |
|----------------|--|
| <b>SUMMARY</b> | <p>FY17-18 Health and Dental Insurance Allocation for employees of the South Carolina Technical College System</p> |
|----------------|--|

*Using as much detail as necessary to make an informed decision regarding this request, 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>METHOD OF CALCULATION</b> | <p>Provided by the Executive Budget Office via memo dated September 1, 2016.</p> |
|------------------------------|--|

*How was the amount of the request calculated? List the per unit or per FTE costs of implementation. 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>NA</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>AGENCY NAME:</b> | <b>State Board for Technical and Comprehensive Education</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>H59</b>   | <b>SECTION:</b> | <b>25</b> |

|                       |    |
|-----------------------|----|
| <b>PRIORITIZATION</b> | NA |
|-----------------------|----|

*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 2017-18? Please be specific.*

|                        |    |
|------------------------|----|
| <b>INTENDED IMPACT</b> | NA |
|------------------------|----|

*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> | NA |
|---------------------------|----|

*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> | State Board for Technical and Comprehensive Education |                 |    |
| <b>AGENCY CODE:</b> | H59   | <b>SECTION:</b> | 25 |

**FORM B – PROGRAM REVISION REQUEST**

|                         |       |
|-------------------------|-------|
| <b>DECISION PACKAGE</b> | 11266 |
|-------------------------|-------|

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

|              |  |
|--------------|--|
| <b>TITLE</b> | Pay Plan Allocation (including fringe) |
|--------------|--|

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

|               |             |
|---------------|-------------|
| <b>AMOUNT</b> | \$2,656,739 |
|---------------|-------------|

*What is the net change in requested appropriations for FY 2017-18? This amount should correspond to the decision package's total in PBF across all funding sources.*

|                           |                             |
|---------------------------|-----------------------------|
| <b>ENABLING AUTHORITY</b> | South Carolina Code of Laws |
|---------------------------|-----------------------------|

*What specific 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? Please avoid citing general provisions of law where possible, and instead cite to the most specific legal authority supporting the request.*

|  |  |
|--|--|
| <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"/> IT Technology/Security related  |
|  | <input type="checkbox"/> Consulted DTO during development  |
|  | <input type="checkbox"/> Related to a Non-Recurring request – If so, Decision Package # _____                  |
|  | <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 changes 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> | Employees of the South Carolina Technical College System |
|----------------------------|--|

*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>State Board for Technical and Comprehensive Education</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>H59</b>   | <b>SECTION:</b> | <b>25</b> |

|                                |      |
|--------------------------------|------|
| <b>ACCOUNTABILITY OF FUNDS</b> | None |
|--------------------------------|------|

*What specific agency objective, as outlined in the agency's accountability report, does this funding request support? How would this request advance that objective?*

|                          |    |
|--------------------------|----|
| <b>POTENTIAL OFFSETS</b> | NA |
|--------------------------|----|

*For decision packages that request non-mandatory funding increases to programs or initiatives, please identify a potential offset within an existing lower priority or ineffective program(s).*

|                       |      |
|-----------------------|------|
| <b>MATCHING FUNDS</b> | None |
|-----------------------|------|

*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> | None |
|-----------------------------|------|

*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>AGENCY NAME:</b> | <b>State Board for Technical and Comprehensive Education</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>H59</b>   | <b>SECTION:</b> | <b>25</b> |

|                |  |
|----------------|--|
| <b>SUMMARY</b> | <p>FY17-18 Pay Increase Allocation of 3.25% for employees of the South Carolina Technical College System</p> |
|----------------|--|

*Using as much detail as necessary to make an informed decision regarding this request, 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>METHOD OF CALCULATION</b> | <p>Provided by the Executive Budget Office via memo dated September 1, 2016</p> |
|------------------------------|---|

*How was the amount of the request calculated? List the per unit or per FTE costs of implementation. 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>NA</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>AGENCY NAME:</b> | <b>State Board for Technical and Comprehensive Education</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>H59</b>   | <b>SECTION:</b> | <b>25</b> |

|                       |    |
|-----------------------|----|
| <b>PRIORITIZATION</b> | NA |
|-----------------------|----|

*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 2017-18? Please be specific.*

|                        |    |
|------------------------|----|
| <b>INTENDED IMPACT</b> | NA |
|------------------------|----|

*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> | NA |
|---------------------------|----|

*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> | State Board for Technical and Comprehensive Education |                 |    |
| <b>AGENCY CODE:</b> | H59   | <b>SECTION:</b> | 25 |

**FORM B – PROGRAM REVISION REQUEST**

|                         |              |
|-------------------------|--------------|
| <b>DECISION PACKAGE</b> | <b>11269</b> |
|-------------------------|--------------|

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

|              |  |
|--------------|--|
| <b>TITLE</b> | <b>SCRS &amp; PORS (Retirement) Increase</b> |
|--------------|--|

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

|               |                  |
|---------------|------------------|
| <b>AMOUNT</b> | <b>\$340,223</b> |
|---------------|------------------|

*What is the net change in requested appropriations for FY 2017-18? This amount should correspond to the decision package’s total in PBF across all funding sources.*

|                           |                             |
|---------------------------|-----------------------------|
| <b>ENABLING AUTHORITY</b> | South Carolina Code of Laws |
|---------------------------|-----------------------------|

*What specific 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? Please avoid citing general provisions of law where possible, and instead cite to the most specific legal authority supporting the request.*

|  |  |
|--|--|
| <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"/> IT Technology/Security related  |
|  | <input type="checkbox"/> Consulted DTO during development  |
|  | <input type="checkbox"/> Related to a Non-Recurring request – If so, Decision Package # _____                  |
|  | <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 changes 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> | Employees of the South Carolina Technical College System |
|----------------------------|--|

*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>State Board for Technical and Comprehensive Education</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>H59</b>   | <b>SECTION:</b> | <b>25</b> |

|                                |      |
|--------------------------------|------|
| <b>ACCOUNTABILITY OF FUNDS</b> | None |
|--------------------------------|------|

*What specific agency objective, as outlined in the agency's accountability report, does this funding request support? How would this request advance that objective?*

|                          |    |
|--------------------------|----|
| <b>POTENTIAL OFFSETS</b> | NA |
|--------------------------|----|

*For decision packages that request non-mandatory funding increases to programs or initiatives, please identify a potential offset within an existing lower priority or ineffective program(s).*

|                       |      |
|-----------------------|------|
| <b>MATCHING FUNDS</b> | None |
|-----------------------|------|

*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> | None |
|-----------------------------|------|

*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>AGENCY NAME:</b> | <b>State Board for Technical and Comprehensive Education</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>H59</b>   | <b>SECTION:</b> | <b>25</b> |

|                |  |
|----------------|--|
| <b>SUMMARY</b> | <p>FY17-18 SCRS &amp; PORS .50% Rate Increase for employees of the South Carolina Technical College System</p> |
|----------------|--|

*Using as much detail as necessary to make an informed decision regarding this request, 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>METHOD OF CALCULATION</b> | <p>Provided by the Executive Budget Office via memo dated September 1, 2016</p> |
|------------------------------|---|

*How was the amount of the request calculated? List the per unit or per FTE costs of implementation. 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>NA</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>AGENCY NAME:</b> | <b>State Board for Technical and Comprehensive Education</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>H59</b>   | <b>SECTION:</b> | <b>25</b> |

|                       |    |
|-----------------------|----|
| <b>PRIORITIZATION</b> | NA |
|-----------------------|----|

*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 2017-18? Please be specific.*

|                        |    |
|------------------------|----|
| <b>INTENDED IMPACT</b> | NA |
|------------------------|----|

*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> | NA |
|---------------------------|----|

*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>State Board for Technical and Comprehensive Education</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>H59</b>   | <b>SECTION:</b> | <b>25</b> |

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

|                         |              |
|-------------------------|--------------|
| <b>DECISION PACKAGE</b> | <b>11382</b> |
|-------------------------|--------------|

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

|              |   |
|--------------|---|
| <b>TITLE</b> | <b>Individual College Initiatives – Capital for High Demand Job Skills Training</b> |
|--------------|---|

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

|               |                      |
|---------------|----------------------|
| <b>AMOUNT</b> | <b>\$311,379,122</b> |
|---------------|----------------------|

*How much is requested for this project in FY 2017-18?*

|                       |  |
|-----------------------|--|
| <b>BUDGET PROGRAM</b> | <b>98000000 Non-Recurring Appropriations – II. A. Technical Colleges - Instruction</b> |
|-----------------------|--|

*Identify the associated budget program(s) by name and budget section.*

|   |  |
|---|--|
| <b>FACTORS ASSOCIATED WITH THE REQUEST</b>  | <b>Mark "X" for all that apply:</b>  |
|   | <input type="checkbox"/> IT Technology/Security related  |
|   | <input type="checkbox"/> Consulted DTO during development  |
|   | <input type="checkbox"/> Related to a Recurring request – If so, Decision Package # _____        |
|   | <input checked="" type="checkbox"/> Capital Request  |
|   | <input checked="" type="checkbox"/> Included in CPIP – If so, CPIP Priority # 1 for each college |
|   | <input checked="" type="checkbox"/> Non-recurring request for funding                            |
| <input type="checkbox"/> Non-recurring request for authorization to spend existing cash/revenue |  |

| <b>SUMMARY</b>                     | <p>The following Individual College Initiatives represent both capital equipment (\$70,615,122) and capital facilities (\$240,764,000) for all sixteen (16) colleges. These requests were developed in consultation with local business and industry and represents each college's critical capital equipment needs for the coming year. This equipment would help meet the demands of business and industry in high-demand STEM, Manufacturing, and Healthcare fields by ensuring what students encounter in the training lab will accurately reflect what they will see on the job. Capital Equipment is not included on the CPIP. The Capital Facilities needs gives South Carolinians the facilities they need to successfully prepare for future workforce needs and includes projects that have been carefully considered, properly vetted, and approved by our colleges and the State Board. Capital Facilities are included on the CPIP for each technical college and is their highest priority. Details for the Individual College Initiatives are found in a separate document attached.</p> <table border="1"> <thead> <tr> <th></th> <th><b>Capital Equipment</b></th> <th><b>Capital Facilities</b></th> </tr> </thead> <tbody> <tr> <td>Aiken Technical College</td> <td>2,650,215</td> <td>5,844,000</td> </tr> <tr> <td>Central Carolina Technical College</td> <td>1,781,970</td> <td>10,000,000</td> </tr> <tr> <td>Denmark Technical College</td> <td>997,827</td> <td>5,500,000</td> </tr> <tr> <td>Florence Darlington Tech College</td> <td>3,862,252</td> <td>8,000,000</td> </tr> <tr> <td>Greenville Technical College</td> <td>9,279,344</td> <td>29,500,000</td> </tr> <tr> <td>Horry-Georgetown Technical College</td> <td>15,676,450</td> <td>10,000,000</td> </tr> </tbody> </table> |                           |  |  | <b>Capital Equipment</b> | <b>Capital Facilities</b> | Aiken Technical College | 2,650,215 | 5,844,000 | Central Carolina Technical College | 1,781,970 | 10,000,000 | Denmark Technical College | 997,827 | 5,500,000 | Florence Darlington Tech College | 3,862,252 | 8,000,000 | Greenville Technical College | 9,279,344 | 29,500,000 | Horry-Georgetown Technical College | 15,676,450 | 10,000,000 |
|------------------------------------|---|---------------------------|--|--|--------------------------|---------------------------|-------------------------|-----------|-----------|------------------------------------|-----------|------------|---------------------------|---------|-----------|----------------------------------|-----------|-----------|------------------------------|-----------|------------|------------------------------------|------------|------------|
|                                    | <b>Capital Equipment</b>  | <b>Capital Facilities</b> |  |  |                          |                           |                         |           |           |                                    |           |            |                           |         |           |                                  |           |           |                              |           |            |                                    |            |            |
| Aiken Technical College            | 2,650,215   | 5,844,000                 |  |  |                          |                           |                         |           |           |                                    |           |            |                           |         |           |                                  |           |           |                              |           |            |                                    |            |            |
| Central Carolina Technical College | 1,781,970   | 10,000,000                |  |  |                          |                           |                         |           |           |                                    |           |            |                           |         |           |                                  |           |           |                              |           |            |                                    |            |            |
| Denmark Technical College          | 997,827   | 5,500,000                 |  |  |                          |                           |                         |           |           |                                    |           |            |                           |         |           |                                  |           |           |                              |           |            |                                    |            |            |
| Florence Darlington Tech College   | 3,862,252   | 8,000,000                 |  |  |                          |                           |                         |           |           |                                    |           |            |                           |         |           |                                  |           |           |                              |           |            |                                    |            |            |
| Greenville Technical College       | 9,279,344   | 29,500,000                |  |  |                          |                           |                         |           |           |                                    |           |            |                           |         |           |                                  |           |           |                              |           |            |                                    |            |            |
| Horry-Georgetown Technical College | 15,676,450  | 10,000,000                |  |  |                          |                           |                         |           |           |                                    |           |            |                           |         |           |                                  |           |           |                              |           |            |                                    |            |            |

|                     |  |                 |           |
|---------------------|--|-----------------|-----------|
| <b>AGENCY NAME:</b> | <b>State Board for Technical and Comprehensive Education</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>H59</b>   | <b>SECTION:</b> | <b>25</b> |

|                                      | <b>Capital Equipment</b> | <b>Capital Facilities</b> |
|--------------------------------------|--------------------------|---------------------------|
| Midlands Technical College           | 2,293,067                | 30,000,000                |
| Northeastern Technical College       | 5,915,887                | 6,000,000                 |
| Orangeburg-Calhoun Technical College | 1,873,201                | 8,000,000                 |
| Piedmont Technical College           | 2,568,385                | 12,305,000                |
| Spartanburg Community College        | 9,846,327                | 16,615,000                |
| Technical College of the Lowcountry  | 1,378,000                | 9,000,000                 |
| Tri-County Technical College         | 2,937,723                | 10,000,000                |
| Trident Technical College            | 6,530,031                | 25,600,000                |
| Williamsburg Technical College       | 1,678,500                | 20,000,000                |
| York Technical College               | 1,345,944                | 34,400,000                |

*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 agency's security or technology plan.*

|                                |   |
|--------------------------------|---|
| <b>CLASSIFICATION OF FUNDS</b> | <p>This capital request represents both capital equipment and capital facilities to include capital projects and other non-recurring funds projects. All needs on this request have been carefully considered, properly vetted, and approved by our colleges and the State Board. All of the capital facilities projects are either in process, were included in our agency's CPIP or have had approval as a project.</p> |
|--------------------------------|---|

*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>MATCHING FUNDS</b> | <p>The majority of the capital projects have matching funding from their local counties. The attached detail outlines the matching funds for their projects.</p> |
|-----------------------|--|

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

|                             |  |
|-----------------------------|--|
| <b>FUNDING ALTERNATIVES</b> | <p>The majority of the capital projects have matching funding from their local counties. The attached detail outlines the matching funds for their projects.</p> |
|-----------------------------|--|

*What other possible funding sources were considered?*

|                     |  |                 |           |
|---------------------|--|-----------------|-----------|
| <b>AGENCY NAME:</b> | <b>State Board for Technical and Comprehensive Education</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>H59</b>   | <b>SECTION:</b> | <b>25</b> |

|  |  |
|--|--|
| <b>LONG-TERM PLANNING AND SUSTAINABILITY</b> | <p>These needs of capital equipment and capital facilities were developed in consultation with local business and industry. These needs represent each college's requirements in order to meet the demands of high-demand STEM+, Manufacturing, IT, and Healthcare jobs. The colleges are continually planning in response to the business and industry demands in their service areas. In this request, each college has determined the fiscal requirements needed to complete the investment in a timely manner.</p> |
|--|--|

*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?*

|                        |   |
|------------------------|---|
| <b>OTHER APPROVALS</b> | <p>The Individual Capital Facilities Requests have been approved by each college, the Presidents Council, and the State Board. If this request is honored, any capital projects will flow through CHE, BCB, and JBRC if needed.</p> |
|------------------------|---|

*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>AGENCY NAME:</b> | <b>State Board for Technical and Comprehensive Education</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>H59</b>   | <b>SECTION:</b> | <b>25</b> |

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

|                         |              |
|-------------------------|--------------|
| <b>DECISION PACKAGE</b> | <b>11385</b> |
|-------------------------|--------------|

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

|              |                                |
|--------------|--------------------------------|
| <b>TITLE</b> | <b>readySC Direct Training</b> |
|--------------|--------------------------------|

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

|               |                    |
|---------------|--------------------|
| <b>AMOUNT</b> | <b>\$9,605,891</b> |
|---------------|--------------------|

*How much is requested for this project in FY 2017-18?*

|                       |                                     |
|-----------------------|-------------------------------------|
| <b>BUDGET PROGRAM</b> | <b>98000000 Non-Recurring Funds</b> |
|-----------------------|-------------------------------------|

*Identify the associated budget program(s) by name and budget section.*

|   |   |
|---|---|
| <b>FACTORS ASSOCIATED WITH THE REQUEST</b>  | <b>Mark "X" for all that apply:</b>   |
|   | <input type="checkbox"/> IT Technology/Security related                                   |
|   | <input type="checkbox"/> Consulted DTO during development                                 |
|   | <input type="checkbox"/> Related to a Recurring request – If so, Decision Package # _____ |
|   | <input type="checkbox"/> Capital Request  |
|   | <input type="checkbox"/> Included in CPIP – If so, CPIP Priority # _____                  |
|   | <input checked="" type="checkbox"/> Non-recurring request for funding                     |
| <input type="checkbox"/> Non-recurring request for authorization to spend existing cash/revenue |   |

|                |  |
|----------------|--|
| <b>SUMMARY</b> | <p>The Technical College System's Economic Development readySC program was established as an economic development training incentive designed to guarantee South Carolina could remain competitive through changing economic circumstances. The South Carolina Technical College system has accomplished this through the readySC program. It remains a key component of South Carolina's development engine and has been recognized for more than 50 years as one of the nation's premier programs of its kind. This award winning program offers coordinated workforce training through the states sixteen (16) Technical Colleges and helps provide well-trained employees to companies investing in South Carolina. readySC focuses on the recruiting and initial training needs of new and expanding organizations in South Carolina by providing recruiting, assessment, training development, management, and implementation services to qualifying organizations creating new, permanent, full-time jobs for the state that offer competitive wages and benefits. Since its inception, readySC has trained nearly 300,000+ employees and served more than 2,000+ companies.</p> <p>The positive impact of readySC can be seen in more than its numbers. International companies like Boeing and BMW have touted the training program's competitive edge for the state of South Carolina.</p> |
|----------------|--|

*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 agency's security or technology plan.*

|                     |  |                 |           |
|---------------------|--|-----------------|-----------|
| <b>AGENCY NAME:</b> | <b>State Board for Technical and Comprehensive Education</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>H59</b>   | <b>SECTION:</b> | <b>25</b> |

|                                |   |
|--------------------------------|---|
| <b>CLASSIFICATION OF FUNDS</b> | <p>No – this is continued funding for readySC projects to deliver on the training commitments made by the state with business and industry.</p> |
|--------------------------------|---|

*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>MATCHING FUNDS</b> | N/A |
|-----------------------|-----|

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

|                             |      |
|-----------------------------|------|
| <b>FUNDING ALTERNATIVES</b> | None |
|-----------------------------|------|

*What other possible funding sources were considered?*

|  |  |
|--|--|
| <b>LONG-TERM PLANNING AND SUSTAINABILITY</b> | <p>The system has developed a projection model that helps determine long-term needs for readySC to ensure that our annual non-recurring requests are only for the funding that will be needed in the next fiscal year.</p> |
|--|--|

*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?*

|                        |  |
|------------------------|--|
| <b>OTHER APPROVALS</b> | <p>The State Board for Technical and Comprehensive Education had approved the readySC funding request.</p> |
|------------------------|--|

*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>AGENCY NAME:</b> | <b>State Board for Technical and Comprehensive Education</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>H59</b>   | <b>SECTION:</b> | <b>25</b> |

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

|                         |              |
|-------------------------|--------------|
| <b>DECISION PACKAGE</b> | <b>11388</b> |
|-------------------------|--------------|

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

|              |   |
|--------------|---|
| <b>TITLE</b> | <b>Workforce Development Grant Initiative</b> |
|--------------|---|

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

|               |                    |
|---------------|--------------------|
| <b>AMOUNT</b> | <b>\$5,000,000</b> |
|---------------|--------------------|

*How much is requested for this project in FY 2017-18?*

|                       |  |
|-----------------------|--|
| <b>BUDGET PROGRAM</b> | <b>98000000 Non-Recurring Appropriations</b> |
|-----------------------|--|

*Identify the associated budget program(s) by name and budget section.*

|   |   |
|---|---|
| <b>FACTORS ASSOCIATED WITH THE REQUEST</b>  | <b>Mark "X" for all that apply:</b>   |
|   | <input type="checkbox"/> IT Technology/Security related                                   |
|   | <input type="checkbox"/> Consulted DTO during development                                 |
|   | <input type="checkbox"/> Related to a Recurring request – If so, Decision Package # _____ |
|   | <input type="checkbox"/> Capital Request  |
|   | <input type="checkbox"/> Included in CPIP – If so, CPIP Priority # _____                  |
|   | <input checked="" type="checkbox"/> Non-recurring request for funding                     |
| <input type="checkbox"/> Non-recurring request for authorization to spend existing cash/revenue |   |

|                |  |
|----------------|--|
| <b>SUMMARY</b> | <p>The Technical Colleges, school districts, and career centers are in the process of creating an initiative of working together to increase pathways to coursework, equipment and facilities, as well as utilizing the EEDA, dual credit courses, adult education, and career and technology courses and programs. This will include enhancing of existing, or creation of new, subsidized training programs in all regions of South Carolina. These programs will confer the necessary skills and training to prepare students for careers in high-demand fields and critical needs positions in business and industries experiencing recruiting and retaining qualified applicants. This funding will provide scholarships for students for short-term, high-demand skills training that occur in sixteen (16) weeks or less.</p> |
|----------------|--|

*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 agency's security or technology plan.*

|                     |  |                 |           |
|---------------------|--|-----------------|-----------|
| <b>AGENCY NAME:</b> | <b>State Board for Technical and Comprehensive Education</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>H59</b>   | <b>SECTION:</b> | <b>25</b> |

|                                |  |
|--------------------------------|--|
| <b>CLASSIFICATION OF FUNDS</b> | <p>No – this is continued funding for workforce grants for short-term, high-demand jobs skills training.</p> |
|--------------------------------|--|

*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>MATCHING FUNDS</b> | N/A |
|-----------------------|-----|

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

|                             |      |
|-----------------------------|------|
| <b>FUNDING ALTERNATIVES</b> | None |
|-----------------------------|------|

*What other possible funding sources were considered?*

|  |  |
|--|--|
| <b>LONG-TERM PLANNING AND SUSTAINABILITY</b> | <p>The system is continuously looking for methods to deliver continuous workforce training to the people of South Carolina. It will go hand in hand with individual college initiatives that are focused on meeting the workforce dilemma in South Carolina in meeting the needs of business and industry.</p> |
|--|--|

*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?*

|                        |   |
|------------------------|---|
| <b>OTHER APPROVALS</b> | <p>The State Board for Technical and Comprehensive Education had approved the workforce grants funding request.</p> |
|------------------------|---|

*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>AGENCY NAME:</b> | <b>State Board for Technical and Comprehensive Education</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>H59</b>   | <b>SECTION:</b> | <b>25</b> |

**FORM D – PROVISO REVISION REQUEST**

|               |             |
|---------------|-------------|
| <b>NUMBER</b> | <b>25.7</b> |
|---------------|-------------|

*Cite the proviso according to the renumbered list for FY 2017-18 (or mark "NEW").*

|              |  |
|--------------|--|
| <b>TITLE</b> | <b>Study of Employment of Entry Level CDL Drivers for State and Local Agencies</b> |
|--------------|--|

*Provide the title from the FY 2016-17 Appropriations Act or suggest a short title for any new request.*

|                       |            |
|-----------------------|------------|
| <b>BUDGET PROGRAM</b> | <b>N/A</b> |
|-----------------------|------------|

*Identify the associated budget program(s) by name and budget section.*

|                         |            |
|-------------------------|------------|
| <b>DECISION PACKAGE</b> | <b>N/A</b> |
|-------------------------|------------|

*Is this request associated with a decision package you have submitted for FY 2017-18? If so, cite it here.*

|                         |               |
|-------------------------|---------------|
| <b>REQUESTED ACTION</b> | <b>Delete</b> |
|-------------------------|---------------|

*Choose from: Add, Delete, Amend, or Codify.*

|                                |   |
|--------------------------------|---|
| <b>OTHER AGENCIES AFFECTED</b> | <p>The committee of twelve was made up of representatives from the Governor’s Office, SC Insurance Reserve Fund, Department of Administration, the House Education and Public Works Committee, Department of Education, Senate Transportation Committee, Secretary of Transportation, The South Carolina Municipal Association, the South Carolina Association of Counties, the South Carolina Trucking Association, the Motor Coach Association of South Carolina and the Carolina Association of General Contractors. There would be no affect because the committee will have completed their work and submitted a report by the deadline.</p> |
|--------------------------------|---|

*Which other agencies would be affected by the recommended action? How?*

|                |  |
|----------------|--|
| <b>SUMMARY</b> | <p>From the funds appropriated to and/or authorized for the State Board for Technical and Comprehensive Education, the board shall establish a study committee to identify how best to facilitate and incentivize state and local government fleet operations in the hiring of entry-level Commercial Drivers' License holders. The study committee shall develop recommendations for the General Assembly to consider which include, but are not limited to, coordination and cooperation with the Department of Education and the State Technical College system; minimal and/or targeted agency entry-level employment-level objectives; state-sponsored incentives; limitations on liability; state-sponsored insurance coverage underwriting for some initial period of employment; payroll tax exemptions or incentives; and other state-sponsored support. Members of the study committee shall possess experience and expertise in human resources, safety, risk, fleet management, or other areas consistent with this objective. Staff support shall be provided by the State Board for Technical and Comprehensive Education, with assistance from the staffs of the Senate Transportation Committee and the House Education and Public Works Committee, upon request. Findings and recommendations</p> |
|----------------|--|

|                     |  |                 |           |
|---------------------|--|-----------------|-----------|
| <b>AGENCY NAME:</b> | <b>State Board for Technical and Comprehensive Education</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>H59</b>   | <b>SECTION:</b> | <b>25</b> |

|  |  |
|--|--|
|  | <p>shall be submitted to the General Assembly by October 31, 2016.</p> |
|--|--|

*Summarize the existing proviso. If requesting a new proviso, describe the current state of affairs without it.*

|                    |  |
|--------------------|--|
| <b>EXPLANATION</b> | <p>The proviso will no longer be needed as the report required in the proviso will be completed and submitted to the General Assembly on or before October 31, 2016.</p> |
|--------------------|--|

*Explain the need for your requested action. For deletion requests due to recent codification, please identify SC Code section where language now appears.*

|                     |  |                 |           |
|---------------------|--|-----------------|-----------|
| <b>AGENCY NAME:</b> | <b>State Board for Technical and Comprehensive Education</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>H59</b>   | <b>SECTION:</b> | <b>25</b> |

|                      |  |
|----------------------|--|
| <b>FISCAL IMPACT</b> | No Fiscal Impact associated with this Proviso. |
|----------------------|--|

*Provide estimates of any fiscal impacts associated with this proviso, whether for state, federal, or other funds. Explain the method of calculation.*

|                               |                                       |
|-------------------------------|---------------------------------------|
| <b>PROPOSED PROVISOR TEXT</b> | No proposed text – request to delete. |
|-------------------------------|---------------------------------------|

*Paste FY 2016-17 text above, then bold and underline insertions and strikethrough deletions. For new proviso requests, enter requested text above.*

|                     |  |                 |           |
|---------------------|--|-----------------|-----------|
| <b>AGENCY NAME:</b> | <b>State Board for Technical and Comprehensive Education</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>H59</b>   | <b>SECTION:</b> | <b>25</b> |

**FORM E – 3% GENERAL FUND REDUCTION**

|                         |              |
|-------------------------|--------------|
| <b>DECISION PACKAGE</b> | <b>11391</b> |
|-------------------------|--------------|

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

|              |   |
|--------------|---|
| <b>TITLE</b> | <b>Agency General Fund Reduction Analysis</b> |
|--------------|---|

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

|               |                     |
|---------------|---------------------|
| <b>AMOUNT</b> | <b>-\$4,215,458</b> |
|---------------|---------------------|

*What is the General Fund reduction amount (minimum based on the FY 2016-17 recurring appropriations)? This amount should correspond to the decision package’s total in PBF.*

|                              |   |
|------------------------------|---|
| <b>METHOD OF CALCULATION</b> | <p>Our agency divided the total of the 3% reduction into two parts. 89% of our total budget each year is distributed to the colleges and 11% of our total budget each year is distributed to the System Office. We then split total of the reduction by 89% (\$3,751,757) for the colleges and 11% for the System Office (\$463,701). With the colleges portion we recalculated each colleges allocation using the Systems Funding Formula.</p> |
|------------------------------|---|

*Describe the method of calculation for determining the reduction in General Funds.*

|                                  |   |
|----------------------------------|---|
| <b>ASSOCIATED FTE REDUCTIONS</b> | <p>The affect to associated FTEs would be devastating to the System’s mission. Of the colleges portion of the reduction, 93% of general funds allocations are legislated to personnel and fringe. Of the Systems portion, 57% is legislated for readySC training while 43% is legislated for personnel, fringe, and operations. The potential total of FTE reductions for the system would be 63.85. This reduction includes 58.85 FTEs for the colleges and 5 FTEs at the System Office. The potential loss of faculty and staff would be devastating to the system. Consideration is needed, in that if, the economy is slowing down, it could potentially result in enrollment increasing. If this happened, the colleges would require an even greater need for state funding to operate.</p> |
|----------------------------------|---|

*How many FTEs would be reduced in association with this General Fund reduction?*

|                     |  |                 |           |
|---------------------|--|-----------------|-----------|
| <b>AGENCY NAME:</b> | <b>State Board for Technical and Comprehensive Education</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>H59</b>   | <b>SECTION:</b> | <b>25</b> |

|                                    |  |
|------------------------------------|--|
| <b>PROGRAM/ACTIVITY<br/>IMPACT</b> | <p>Because the majority of our general funds are used to fund a portion of the faculty and administration salaries and fringe, all colleges reported that filling vacant positions would be affected and could potentially cause a furlough. Even worse it could mean a loss of faculty positions. At many of our smaller colleges, some programs have only 1 to 2 faculty members so a reduction in positions could result in ending a program as well. All colleges reported that Academic Instructional programs would be affected by a 3% reduction. Moreover, many included non-credit continuing education or training programs and administrative support functions as activities that were identified as other potential area that could be reduced.</p> |
|------------------------------------|--|

*What programs or activities are supported by the General Funds identified?*

|                |   |
|----------------|---|
| <b>SUMMARY</b> | <p>The SC Technical College System is South Carolina’s workforce development engine. At a time when building our state’s workforce is so crucial to its continued success, a 3% reduction for the System would be devastating. Our 16 colleges educate and train nearly a quarter million South Carolinians each year. As the economy dips, those numbers undoubtedly will increase. In addition, our System is the U.S. Department of Labor’s official liaison for registered apprenticeships and is charged with growing both the number of programs and apprentices across the state. The System also is the largest provider of dual enrollment programs in South Carolina providing approximately 95% of total offerings. Additionally, the System houses South Carolina’s critical economic development training incentive, readySC – this program trains thousands of South Carolinians each year for in-demand jobs. All of these components work seamlessly to build our state’s workforce foundation. A 3% reduction would adversely affect the System’s ability to meet the workforce demands of South Carolina’s business and industry. This impact would be extremely detrimental to the System and South Carolina as a whole.</p> |
|----------------|---|

*Please provide a detailed summary of service delivery impact caused by a reduction in General Fund Appropriations.*