

**AGENCY NAME:**

Sea Grant Consortium

**AGENCY CODE:**

P260

**SECTION:**

48



**Fiscal Year 2017-18  
Agency Budget Plan**

**FORM A – SUMMARY**

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

My agency is submitting the following recurring decision packages listed in priority order (Form B): 11365, 11368

For FY 2017-18, my agency is (mark "X"):

- Requesting a net increase in recurring General Fund appropriations.
- Not requesting a net increase in recurring General Fund Appropriations.

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

My agency is submitting the following one-time decision packages listed in priority order (Form C):

For FY 2017-18, my agency is (mark "X"):

- Requesting capital and/or non-recurring funds.
- Not requesting capital and/or non-recurring funds.

**PROVISOS  
(FORM D)**

For FY 2017-18, my agency is (mark "X"):

- Requesting a new proviso and/or substantive changes to existing provisos.
- Only requesting technical proviso changes (such as date references).
- 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>	M. Richard DeVoe	843.953.2078	rick.devoe@scseagrant.org
<b>SECONDARY CONTACT:</b>	Ryan C. Bradley	843.953.2076	ryan.bradley@scseagrant.org

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>	 09-28-16	 09-28-16
<b>TYPE/PRINT NAME:</b>	M. Richard DeVoe	Col. Alvin A. Taylor

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

<b>AGENCY NAME:</b>	Sea Grant Consortium		
<b>AGENCY CODE:</b>	P260	<b>SECTION:</b>	48

**FORM B – PROGRAM REVISION REQUEST**

<b>DECISION PACKAGE</b>	<b>11365</b>
-------------------------	--------------

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

<b>TITLE</b>	<b>Adjustment to Other Funds (Increase)</b>
--------------	---

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

<b>AMOUNT</b>	<b>\$168,000</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>	<p>The S.C. Sea Grant Consortium (<a href="http://www.scseagrant.org">www.scseagrant.org</a>), created in 1978 through Act No. 643, is charged with managing and administering the NOAA National Sea Grant College Program (National Sea Grant College Program Act (33 U.S.C. 1121 et seq.) and similar programs for the state of South Carolina and regionally. The Consortium seeks federal and other non-state funding through the preparation and submission of competitive research and outreach proposals to non-state organizations and agencies.</p>
---------------------------	--

*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 type="checkbox"/> Change in cost of providing current services to existing program audience.
	<input type="checkbox"/> Change in case load / enrollment under existing program guidelines.
	<input type="checkbox"/> Non-mandated change in eligibility / enrollment for existing program.
	<input type="checkbox"/> Non-mandated program change in service levels or areas.
	<input checked="" 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>	<p>Agency would be the recipient of these funds, which will be competitively sought from non-state and non-federal sources through the preparation and submission of proposals. The great majority of these funds will be sub-awarded to faculty and staff of Consortium member institutions and other state agencies, universities, and organizations to support research, education, outreach, and training activities as mandated by the agency’s authorizing legislation.</p>
----------------------------	---

<b>AGENCY NAME:</b>	<b>Sea Grant Consortium</b>		
<b>AGENCY CODE:</b>	<b>P260</b>	<b>SECTION:</b>	<b>48</b>

*What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?*

<b>ACCOUNTABILITY OF FUNDS</b>	<p>1.1.1; 1.1.2; 1.1.3; 1.1.4; 1.1.5; 1.1.6; 1.2.1; 1.2.2; 1.2.3; 1.2.4; 1.2.5; 1.2.6; 1.2.7; 1.2.8; 2.1.1; 2.1.2; 2.1.3; 2.1.4; 2.2.1; 2.2.2; 2.2.3; 2.2.4; 2.2.5; 2.2.6; 2.2.7; 2.2.8; 2.3.1; 2.3.2; 2.3.3; 2.3.4; 3.1.1; 3.1.2; 3.1.3; 3.1.4; 3.1.5; 3.1.6 (All Agency Objectives)</p> <p>This increase to our Other Funds account will allow the agency to diversify its funding portfolio and provide additional resources for the agency to achieve its strategic objectives as detailed within our mandate, our strategic plan, and our state accountability report.</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>	N/A
-----------------------	-----

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

<b>FUNDING ALTERNATIVES</b>	N/A; this request for increased Other Funds authorizations is based upon the anticipation (and likely success) of the agency acquiring support from other funding resources in the future to meet the programmatic needs of its diverse constituencies.
-----------------------------	---

*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>Sea Grant Consortium</b>		
<b>AGENCY CODE:</b>	<b>P260</b>	<b>SECTION:</b>	<b>48</b>

<b>SUMMARY</b>	<p>The Consortium is requesting a \$168,000 increase to its Other Funds revenues/expenditures accounts in anticipation of possible future grant and contractual awards via non-federal sources. Until recently, the Consortium has focused its grant activities on state and federal resources to achieve its mission and goals. However, over the last year, and as encouraged by the Consortium Board of Directors to meet increasing information needs of its stakeholders and diversify its funding portfolio to enhance agency stability, the agency has been successful in securing Other Funds totaling \$259, 414, and the possibility of securing an additional \$110,660 in competitive grant funding is currently under review. As the Consortium continues to diversify its revenues portfolio, our request for an increase to our Other Funds account will ensure the agency has the expenditure authority necessary to compete for and accept increase levels of Other Funds.</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>Forecasted; this figure represents an anticipation level of future Other Funds resources that the Consortium may be able to secure between now and the end of FY17-18.</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>Approval of this request for an increase in the agency's Other Funds account will allow the Consortium to meet its programmatic needs with non-state funding, thus reducing the need for the agency to seek state appropriations. We have already been successful in securing Other Funds through the Gulf of Mexico Gulf Research Program to undertake important work here in South Carolina.</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>Sea Grant Consortium</b>		
<b>AGENCY CODE:</b>	<b>P260</b>	<b>SECTION:</b>	<b>48</b>

<b>PRIORITIZATION</b>	<p>This is the Consortium’s Number 1 priority (excluding the FY16-17 Pay Plan, SCRS and PORS Retirement Plan, and Health and Dental Insurance Allocation Increases). We are not seeking an increase in our state budget this year.</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>As outline above under “future Impact,” approval of this request for an increase in the agency’s Other Funds account will allow the agency to diversify its funding portfolio, thus enhancing the agency’s ability to meet constituent needs and the agency’s financial stability and resiliency to changing budgets and priorities. The impact would certainly be positive.</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>All programmatic activities of the Consortium are evaluated both internally and externally. The Consortium maintains rigorous program solicitation, peer review, and management processes that incorporate performance measures and metrics which are monitored on an annual basis. The ultimate outcomes of all projects and activities supported with the Consortium’s Other Funds are required to file annual and final progress reports and impact and accomplishments statements.</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>	Sea Grant Consortium		
<b>AGENCY CODE:</b>	P260	<b>SECTION:</b>	48

**FORM B – PROGRAM REVISION REQUEST**

<b>DECISION PACKAGE</b>	<b>11368</b>
-------------------------	--------------

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

<b>TITLE</b>	<b>FY16-17 Pay Plan, SCRS and PORS Retirement Plan, and Health and Dental Insurance Allocation Increases</b>
--------------	--

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

<b>AMOUNT</b>	<b>\$19,237</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>	
---------------------------	--

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

<b>RECIPIENTS OF FUNDS</b>	Agency employees
----------------------------	------------------

*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>	Sea Grant Consortium		
<b>AGENCY CODE:</b>	P260	<b>SECTION:</b>	48

<b>ACCOUNTABILITY OF FUNDS</b>	N/A
--------------------------------	-----

*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>	N/A
-----------------------	-----

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

<b>FUNDING ALTERNATIVES</b>	N/A
-----------------------------	-----

*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>	Sea Grant Consortium		
<b>AGENCY CODE:</b>	P260	<b>SECTION:</b>	48

<b>SUMMARY</b>	Pay Plan Allocation (Including Fringe) = \$15,297 SCRS & PORS .50% Rate Increase = \$1,959 Health & Dental Insurance Allocation = \$1,981 Total Increase = \$19,237
----------------	--

*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>	N/A
------------------------------	-----

*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>	N/A
----------------------	-----

*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>	Sea Grant Consortium		
<b>AGENCY CODE:</b>	P260	<b>SECTION:</b>	48

<b>PRIORITIZATION</b>	N/A
-----------------------	-----

*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>	N/A
------------------------	-----

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

<b>PROGRAM EVALUATION</b>	N/A
---------------------------	-----

*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>	Sea Grant Consortium		
<b>AGENCY CODE:</b>	P260	<b>SECTION:</b>	48

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

<b>DECISION PACKAGE</b>	<b>11371</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>\$20,134</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>	3% Reduction as requested by the Office of the Governor
------------------------------	---

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

<b>ASSOCIATED FTE REDUCTIONS</b>	N/A
----------------------------------	-----

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

<b>PROGRAM/ACTIVITY IMPACT</b>	The reductions, if they were to be implemented, would result in a reduction of agency operating funds, which currently total \$140,873. Of this amount, \$108,481 is allocated for our office space lease for FY17-18; the remainder supports our office equipment rentals, state insurance premiums, utilities, IT equipment replacement, IT hardware, software, and security support. A reduction of \$20,134 would greatly restrict the ability of the agency from meeting our administrative, fiduciary, and programmatic responsibilities, and could potentially affect our new five-year lease agreement signed by the state and our landlord, the Washington Light Infantry, in May 2016. The cost for our leased space is a very cost-effective \$18.63 per square foot.
--------------------------------	--

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

<b>AGENCY NAME:</b>	Sea Grant Consortium		
<b>AGENCY CODE:</b>	P260	<b>SECTION:</b>	48

**SUMMARY**

The loss of 14% of our operating funds would jeopardize the agency's ability to meet its administrative responsibilities, and would affect all of its programmatic and fiduciary responsibilities (see above).

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