

<b>AGENCY NAME:</b>	South Carolina Commission for the Blind		
<b>AGENCY CODE:</b>	L240	<b>SECTION:</b>	39



## Fiscal Year 2025-26 Agency Budget Plan



### FORM A - BUDGET PLAN SUMMARY

<b>OPERATING REQUESTS (FORM B1)</b>	<p><b>For FY 2025-26, my agency is (mark "X"):</b></p> <input type="checkbox"/> Requesting General Fund Appropriations. <input type="checkbox"/> Requesting Federal/Other Authorization. <input checked="" type="checkbox"/> Not requesting any changes.
<b>NON-RECURRING REQUESTS (FORM B2)</b>	<p><b>For FY 2025-26, my agency is (mark "X"):</b></p> <input type="checkbox"/> Requesting Non-Recurring Appropriations. <input type="checkbox"/> Requesting Non-Recurring Federal/Other Authorization. <input checked="" type="checkbox"/> Not requesting any changes.
<b>CAPITAL REQUESTS (FORM C)</b>	<p><b>For FY 2025-26, my agency is (mark "X"):</b></p> <input type="checkbox"/> Requesting funding for Capital Projects. <input checked="" type="checkbox"/> Not requesting any changes.
<b>PROVISOS (FORM D)</b>	<p><b>For FY 2025-26, my agency is (mark "X"):</b></p> <input type="checkbox"/> Requesting a new proviso and/or substantive changes to existing provisos. <input type="checkbox"/> Only requesting technical proviso changes (such as date references). <input checked="" type="checkbox"/> Not requesting any proviso changes.

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

	<u>Name</u>	<u>Phone</u>	<u>Email</u>
<b>PRIMARY CONTACT:</b>	Kenneth Burton	803-667-8141	Kenneth.burton@sccb.sc.gov
<b>SECONDARY CONTACT:</b>	Luis Mendoza	803-530-5017	Luis.mendoza@sccb.sc.gov

I have reviewed and approved the enclosed FY 2025-26 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>	Darline Graham	Susan L. John

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

Agency Name:	Commission For The Blind		
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**FORM E – AGENCY COST SAVINGS AND GENERAL FUND REDUCTION  
CONTINGENCY PLAN**

<b>TITLE</b>	Agency Cost Savings and General Fund Reduction Contingency Plan
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<b>AMOUNT</b>	\$205,302 <i>What is the General Fund 3% reduction amount? This amount should correspond to the reduction spreadsheet prepared by EBO.</i>
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<b>ASSOCIATED FTE REDUCTIONS</b>	None <i>How many FTEs would be reduced in association with this General Fund reduction?</i>
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<b>PROGRAM / ACTIVITY IMPACT</b>	This reduction would impact the Vocational Rehabilitation Program and reduce case services to blind consumers in the State of South Carolina.  <i>What programs or activities are supported by the General Funds identified?</i>
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<b>SUMMARY</b>	A 3% reduction in the case services budget would greatly impact service delivery to SCCB consumers.  Consumers in the Vocational Rehabilitation Program need training and often medical services to retain or obtain employment. A reduction in the program could create problems for the agency in complying with the Federal regulations that set forth the services that the agency is to provide to consumers.
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*Please provide a detailed summary of service delivery impact caused by a reduction in General Fund Appropriations and provide the method of calculation for anticipated reductions. Agencies should prioritize reduction in expenditures that have the least significant impact on service delivery.*

**AGENCY COST  
SAVINGS PLANS**

The agency proactively seeks ways to save on the cost of services, supplies, and goods throughout the year. It will continue to look for innovative methods to automate processes to increase efficiencies and reduce costs for providing goods and services to consumers.

*What measures does the agency plan to implement to reduce its costs and operating expenses by more than \$50,000? Provide a summary of the measures taken and the estimated amount of savings. How does the agency plan to repurpose the savings?*