Agency Name: Commission For The Blind

Agency Code: L240 Section: 39

Fiscal Year FY 2026-2027

Agency Budget Plan

FORM A - BUDGET PLAN SUMMARY

	For FY 2026-2027, my agency is (mark "X"):	
OPERATING REQUESTS *(FORM B1)*	X	Requesting General Fund Appropriations.
	X	Requesting Federal/Other Authorization.
		Not requesting any changes.

	For FY 2026-2027, my agency is (mark "X"):	
NON-RECURRING REQUESTS *(FORM B2)*	X	Requesting Non-Recurring Appropriations.
		Requesting Non-Recurring Federal/Other Authorization.
		Not requesting any changes.

	For FY 2026-2027, my agency is (mark "X"):	
CAPITAL REQUESTS *(FORM C)*		Requesting funding for Capital Projects.
	X	Not requesting any changes.

	For FY 2026-2027, my agency is (mark "X"):	
PROVISOS *(FORM D)*	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.

	Name	*Phone*	*Email*
PRIMARY CONTACT:	Ken Burton	(803) 667-8141	kenneth.burton@sccb.sc.gov
SECONDARY CONTACT:	Devonte' Benson	(803) 497-3418	Devonte.Benson@sccb.sc.gov

I have reviewed and approved the enclosed FY 2026-2027 Agency Budget Plan, which is complete and accurate to the extent of my knowledge.

	Agency Director	*Board or Commission Chair*
SIGN/DATE:	DocuSigned by: Darline Graham 60BCB013D134481...	Signed by: Susan John 84319ABF60A6421...
TYPE/PRINT NAME:	Darline Graham	Susan John

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

Agency Name:	Commission For The Blind
Agency Code:	L240
Section:	39

BUDGET REQUESTS			FUNDING					FTES				
Priority	Request Type	Request Title	State	Federal	Earmarked	Restricted	Total	State	Federal	Earmarked	Restricted	Total
1	B1 - Recurring	Older Blind and Prevention funding	553,301	0	0	0	553,301	0.00	0.00	0.00	0.00	0.00
2	B1 - Recurring	Shared Service Increase Cost	113,008	0	0	0	113,008	0.00	0.00	0.00	0.00	0.00
3	B1 - Recurring	Federal Authorization Increase Request	0	7,053,880	0	0	7,053,880	0.00	0.00	0.00	0.00	0.00
4	B1 - Recurring	Business Enterprise Program Increase Request	0	0	26,000,000	0	26,000,000	0.00	0.00	0.00	0.00	0.00
5	B2 - Non-Recurring	Association for the Blind and Visually Impaired (ABVI)	361,450	0	0	0	361,450	0.00	0.00	0.00	0.00	0.00
TOTALS			1,027,759	7,053,880	26,000,000	0	34,081,639	0.00	0.00	0.00	0.00	0.00

Agency Name:	Commission For The Blind		
Agency Code:	L240	Section:	39

FORM B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY

1

Provide the Agency Priority Ranking from the Executive Summary.

TITLE

Older Blind and Prevention funding

Provide a brief, descriptive title for this request.

AMOUNT

General: $553,301

Federal: $0

Other: $0

Total: $553,301

What is the net change in requested appropriations for FY 2026-2027? This amount should correspond to the total for all funding sources on the Executive Summary.

NEW POSITIONS

0.00

Please provide the total number of new positions needed for this request.

FACTORS ASSOCIATED WITH THE REQUEST

Mark "X" for all that apply:	
X	Change in cost of providing current services to existing program audience
X	Change in case load/enrollment under existing program guidelines
	Non-mandated change in eligibility/enrollment for existing program
	Non-mandated program change in service levels or areas
	Proposed establishment of a new program or initiative
	Loss of federal or other external financial support for existing program
	Exhaustion of fund balances previously used to support program
	IT Technology/Security related
	HR/Personnel Related
	Consulted DTO during development
	Related to a Non-Recurring request – If so, Priority #

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES

Mark "X" for primary applicable Statewide Enterprise Strategic Objective:	
X	Education, Training, and Human Development
	Healthy and Safe Families
	Maintaining Safety, Integrity, and Security
	Public Infrastructure and Economic Development
	Government and Citizens

ACCOUNTABILITY OF FUNDS

Strategy 1.1 Increase the quality and quantity of Consumer Services.

Performance Measure 1.1.1: Increase the number of consumers receiving low vision services.

Performance Measure 1.1.5: Increase the number of Older Blind consumers receiving Orientation and Mobility services from SCCB staff.

The requested funds would significantly increase the agency's capacity to provide sight-saving procedures and surgeries (through the Prevention of Blindness program) and orientation and mobility training, home management training, and rehabilitation technology devices (through Older Blind Services) to eligible South Carolinians. The use of these funds would be evaluated based on meeting the projected outcomes outlined in the agency's Strategic Plan at the end of the state fiscal year.

What specific strategy, as outlined in the most recent Strategic Planning and Performance Measurement template

of agency's accountability report, does this funding request support? How would this request advance that strategy? How would the use of these funds be evaluated?

RECIPIENTS OF FUNDS	This funding request is to support the operation of the Prevention of Blindness and Older Blind programs. The funds would be used to provide individualized case services to consumers to support their specific needs, and to fund the staff who provide the services to the consumers. The funds would be used to serve the increasing number of consumers in each program.

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

JUSTIFICATION OF REQUEST	Vision and eye problems increase with age, such as macular degeneration, glaucoma, diabetic retinopathy, and cataracts. As South Carolina's population ages and more retirees move to the state, the demand for Older Blind Services continues to increase at a fast pace. While the number of consumers in all SCCB programs has increased over the past four years, the largest growth has been in the Older Blind program. SCCB went from serving 661 consumers in SFY 2022 to serving 1,720 in SFY 2025, a 160% increase. The agency expects the number of consumers seeking Older Blind services to continue significantly increasing for several years. Costs for services and low vision aids, such as digital magnifiers and electronic reading devices, also continue to increase. In addition to providing low vision aids, these funds would be utilized to provide consumers with specialized training, such as adjustment to blindness, orientation and mobility instruction, and the use of adaptive computer software. This would help older consumers remain independent in their homes and communities. Medical treatments and surgeries can be critical to restoring and preserving vision. The Prevention of Blindness program assists individuals who meet financial need requirements to receive sight-saving or sight-improving procedures/surgeries such as cataract removal, retinal detachment repair, or other vision-related treatments. The cost to provide these services has also increased. This type of assistance may help individuals maintain their vision, support their independence, and improve their ability to work and participate fully in their communities. These funds would be utilized to provide sight-saving/sight-improving services to consumers in the Prevention program. If these funds were not received, it would impact the agency's ability to meet the increasing demand for services in both the Older Blind and Prevention programs statewide. Additionally, the Federal grant that supports the Older Blind program is small and has increased little over the years; it is insufficient to meet the growing demand.

Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. If new positions have been requested, explain why existing vacancies are not sufficient.

Agency Name:	Commission For The Blind		
Agency Code:	L240	Section:	39

FORM B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY

2

Provide the Agency Priority Ranking from the Executive Summary.

TITLE

Shared Service Increase Cost

Provide a brief, descriptive title for this request.

AMOUNT

General: $113,008

Federal: $0

Other: $0

Total: $113,008

What is the net change in requested appropriations for FY 2026-2027? This amount should correspond to the total for all funding sources on the Executive Summary.

NEW POSITIONS

0.00

Please provide the total number of new positions needed for this request.

FACTORS ASSOCIATED WITH THE REQUEST

Mark "X" for all that apply:	
X	Change in cost of providing current services to existing program audience
	Change in case load/enrollment under existing program guidelines
	Non-mandated change in eligibility/enrollment for existing program
	Non-mandated program change in service levels or areas
	Proposed establishment of a new program or initiative
	Loss of federal or other external financial support for existing program
	Exhaustion of fund balances previously used to support program
X	IT Technology/Security related
	HR/Personnel Related
	Consulted DTO during development
	Related to a Non-Recurring request – If so, Priority #

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES

Mark "X" for primary applicable Statewide Enterprise Strategic Objective:	
X	Education, Training, and Human Development
	Healthy and Safe Families
	Maintaining Safety, Integrity, and Security
	Public Infrastructure and Economic Development
	Government and Citizens

ACCOUNTABILITY OF FUNDS

Strategy 4.5: Increase the efficiency of the Information Technology (IT) Department.

The requested funds are necessary to continue obtaining shared services from the Department of Administration Division of Technology and maintain the current operating efficiency of the agency's internal Information Technology Department. The use of these funds would be evaluated based on meeting the projected outcome values outlined in the agency's Strategic Plan at the end of the state fiscal year.

What specific strategy, as outlined in the most recent Strategic Planning and Performance Measurement template of agency's accountability report, does this funding request support? How would this request advance that strategy? How would the use of these funds be evaluated?

RECIPIENTS OF

South Carolina Department of Administration, Division of Technology, which provides shared services to the South Carolina Commission for the Blind, will receive the funds. Funds will be used to pay for the 32% ($167,167) cost increase of shared services for

FUNDS	SCCB.

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?

JUSTIFICATION OF REQUEST	If the funds were not provided, the agency would have to determine how to pay for the 32% ($113,008) increase for shared services for information technology support by reducing services the agency provides to consumers who are blind or low vision or by reducing shared services received from South Carolina Department of Administration. South Carolina Commission for the Blind does not have the ability to control the cost charged by the South Carolina Department of Administration for the shared services provided. As an agency, we are encouraged to utilize shared services through networking, hardware, and software support throughout the agency.

Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. If new positions have been requested, explain why existing vacancies are not sufficient.

Agency Name:	Commission For The Blind		
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FORM B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY

3

Provide the Agency Priority Ranking from the Executive Summary.

TITLE

Federal Authorization Increase Request

Provide a brief, descriptive title for this request.

AMOUNT

General: $0

Federal: $7,053,880

Other: $0

Total: $7,053,880

What is the net change in requested appropriations for FY 2026-2027? This amount should correspond to the total for all funding sources on the Executive Summary.

NEW POSITIONS

0.00

Please provide the total number of new positions needed for this request.

FACTORS ASSOCIATED WITH THE REQUEST

Mark "X" for all that apply:	
	Change in cost of providing current services to existing program audience
	Change in case load/enrollment under existing program guidelines
	Non-mandated change in eligibility/enrollment for existing program
	Non-mandated program change in service levels or areas
	Proposed establishment of a new program or initiative
	Loss of federal or other external financial support for existing program
X	Exhaustion of fund balances previously used to support program
	IT Technology/Security related
X	HR/Personnel Related
	Consulted DTO during development
	Related to a Non-Recurring request – If so, Priority #

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES

Mark "X" for primary applicable Statewide Enterprise Strategic Objective:	
X	Education, Training, and Human Development
	Healthy and Safe Families
	Maintaining Safety, Integrity, and Security
	Public Infrastructure and Economic Development
	Government and Citizens

ACCOUNTABILITY OF FUNDS

Strategy 1.1: Increase the quality and quantity of Consumer Services.

The requested federal authorization would allow the agency to increase its capacity to provide services to consumers, including rehabilitation technology devices and orientation and mobility training. The use of the funds allowed by the authorization would be evaluated based on meeting the projected outcome values outlined in the agency's Strategic Plan at the end of the state fiscal year.

What specific strategy, as outlined in the most recent Strategic Planning and Performance Measurement template of agency's accountability report, does this funding request support? How would this request advance that strategy? How would the use of these funds be evaluated?

RECIPIENTS OF

The agency is the recipient of the federal authorization that will allow it to fully utilize its federal grants for salaries, operating, case services, and fringe expenses.

FUNDS	

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?

JUSTIFICATION OF REQUEST	This request is to add additional authority for the actual amount of funds that will be received from federal grant awards to cover salaries, operating expenses, case services, and fringe benefits expenditures. For the past several years, the agency has used form BD100 to cover the expenditures. Based on current trend analysis, the agency has determined the proper amount of federal authorization needed to ensure excess authorization is not needed by comparing the total grant award amounts to the average annual expenditures. The agency has an overlapping grant (carry-forward) that provides funds for additional expenses for consumer goods, operating costs, and salaries and fringe expenditures. The additional authorization is needed for the agency to be able to utilize these funds.

Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. If new positions have been requested, explain why existing vacancies are not sufficient.

Agency Name:	Commission For The Blind		
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FORM B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY

4

Provide the Agency Priority Ranking from the Executive Summary.

TITLE

Business Enterprise Program Increase Request

Provide a brief, descriptive title for this request.

AMOUNT

General: $0

Federal: $0

Other: $26,000,000

Total: $26,000,000

What is the net change in requested appropriations for FY 2026-2027? This amount should correspond to the total for all funding sources on the Executive Summary.

NEW POSITIONS

0.00

Please provide the total number of new positions needed for this request.

FACTORS ASSOCIATED WITH THE REQUEST

Mark "X" for all that apply:	
X	Change in cost of providing current services to existing program audience
X	Change in case load/enrollment under existing program guidelines
	Non-mandated change in eligibility/enrollment for existing program
	Non-mandated program change in service levels or areas
	Proposed establishment of a new program or initiative
	Loss of federal or other external financial support for existing program
X	Exhaustion of fund balances previously used to support program
	IT Technology/Security related
	HR/Personnel Related
	Consulted DTO during development
	Related to a Non-Recurring request – If so, Priority #

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES

Mark "X" for primary applicable Statewide Enterprise Strategic Objective:	
X	Education, Training, and Human Development
	Healthy and Safe Families
	Maintaining Safety, Integrity, and Security
	Public Infrastructure and Economic Development
	Government and Citizens

ACCOUNTABILITY OF FUNDS

Strategy 4.2: Increase efficiency and effectiveness of the Business Enterprise Program (BEP).

The requested authorization would allow the Blind Licensed Vendors to continue the successful operation of the dining facilities at Fort Jackson. The use of this authorization would be evaluated based on meeting the projected outcome values outlined in the agency's Strategic Plan at the end of the state fiscal year.

What specific strategy, as outlined in the most recent Strategic Planning and Performance Measurement template of agency's accountability report, does this funding request support? How would this request advance that strategy? How would the use of these funds be evaluated?

The funds provided through this authorization would be received by the Blind License

RECIPIENTS OF FUNDS	Vendors who operate the 10 dining facilities at Fort Jackson that provide meals to the soldiers on base.

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?

JUSTIFICATION OF REQUEST	The listed funds provided through this authorization are received from the Department of Defense to meet the cost of the federal dining contract at Fort Jackson. The funds from the DOD are received by the State Treasurer's Office and passed to the agency, which distributes them to the Blind Licensed Vendors who operate the 10 dining facilities at Fort Jackson. The agency oversees this contract as part of the Business Enterprise Program. The agency itself does not utilize any of these funds. If this authorization is not received, the agency would have to request the authorization using form BD101 to be able to meet the obligations of the federal dining contract and provide the Department of Defense funds to the Blind License Vendors that operate the dining facilities at Fort Jackson. Over the past several years, the agency submitted form BD100 to obtain the proper amount of authorization to make the payments to the Blind License Vendors.

Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. If new positions have been requested, explain why existing vacancies are not sufficient.

Agency Name:	Commission For The Blind		
Agency Code:	L240	Section:	39

FORM B2 – NON-RECURRING OPERATING REQUEST

AGENCY PRIORITY

5

Provide the Agency Priority Ranking from the Executive Summary.

TITLE

Association for the Blind and Visually Impaired (ABVI)

Provide a brief, descriptive title for this request.

AMOUNT

$361,450

What is the net change in requested appropriations for FY 2026-2027? This amount should correspond to the total for all funding sources on the Executive Summary.

FACTORS ASSOCIATED WITH THE REQUEST

Mark "X" for all that apply:	
	Change in cost of providing current services to existing program audience
	Change in case load/enrollment under existing program guidelines
	Non-mandated change in eligibility/enrollment for existing program
	Non-mandated program change in service levels or areas
	Proposed establishment of a new program or initiative
	Loss of federal or other external financial support for existing program
	Exhaustion of fund balances previously used to support program
	IT Technology/Security related
	Consulted DTO during development
	HR/Personnel Related
X	Request for Non-Recurring Appropriations
	Request for Federal/Other Authorization to spend existing funding
	Related to a Recurring request – If so, Priority #

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES

Mark "X" for primary applicable Statewide Enterprise Strategic Objective:	
X	Education, Training, and Human Development
	Healthy and Safe Families
	Maintaining Safety, Integrity, and Security
	Public Infrastructure and Economic Development
	Government and Citizens

ACCOUNTABILITY OF FUNDS

Strategy 1.1: Increase the quality and quantity of consumer services.

Strategy 2.1: Increase outreach in rural and underserved areas of the state.

Performance Measure 2.1.1: Establish and maintain new partnerships with local organizations, businesses, and state agencies that can assist with providing services to consumers.

Partnering with and providing these funds to the Association for the Blind and Visually Impaired (ABVI) will allow individuals around the state that SCCB is unable to serve/do not desire to seek employment to receive needed adjustment to blindness services. ABVI will provide SCCB with reports that include (but are not limited to) the number of consumers receiving services, the number of service hours, and consumer success rates. A contract between SCCB and ABVI will detail the criteria for service provision, reporting, and other information necessary for dispersal of funds. The use of these funds would also be evaluated by SCCB through meeting the projected outcomes regarding outreach and partnerships on the agency's Strategic Plan at the end of the state fiscal year.

What specific strategy, as outlined in the most recent Strategic Planning and Performance Measurement template of agency's accountability report, does this funding request support? How would this request advance that strategy? How would the use of these funds be evaluated?

RECIPIENTS OF FUNDS	The funds would be received by SCCB and provided to the Association for the Blind and Visually Impaired (ABVI) to provide services to adults around the state who are blind or low vision and who do not express a desire to go to work.

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?

JUSTIFICATION OF REQUEST	Under federal regulations, SCCB cannot use funds it receives for Vocational Rehabilitation to provide services to adults who do not express a desire to go to work. This group of individuals often needs assistance with adjustment to blindness and independent living training to gain the confidence and skills needed to even consider employment. Therefore, we are requesting non-recurring funds in the amount of $361,450 so that the Association for the Blind and Visually Impaired (ABVI) can fill this gap in service provision. The requested funds would be used by ABVI to provide adjustment to blindness services that may include evaluations, orientation and mobility training, assistive technology assessment and training, and activities of daily living. These services address the unique challenges faced by those with blindness and low vision, helping them to navigate their environment safely, manage daily tasks, and maintain their overall health and well-being. Assisting these individuals with gaining essential skills and confidence needed to live independently and safely with vision loss may create a foundation for future employment-related opportunities. At this point, SCCB would be able to directly assist those who want to pursue employment opportunities with Vocational Rehabilitation services.

Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. If new positions have been requested, explain why existing vacancies are not sufficient.

Agency Name:	Commission For The Blind		
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FORM D – PROVISO REVISION REQUEST

NUMBER	NEW
	Cite the proviso according to the renumbered list (or mark "NEW").
TITLE	Vocational Rehabilitation State Matching Funds Carry Forward
	Provide the title from the renumbered list or suggest a short title for any new request.
BUDGET PROGRAM	Vocational Rehabilitation Services - Part II A
	Identify the associated budget program(s) by name and budget section.
RELATED BUDGET REQUEST	
	Is this request associated with a budget request you have submitted for FY 2026-2027? If so, cite it here.
REQUESTED ACTION	Add
	Choose from: Add, Delete, Amend, or Codify.
OTHER AGENCIES AFFECTED	No.
	Which other agencies would be affected by the recommended action? How?
SUMMARY & EXPLANATION	If any unused funds were available to carry forward into the next fiscal year, the agency could utilize those funds to increase the services it provides to consumers in the Vocational Rehabilitation program.

Summarize the existing proviso. If requesting a new proviso, describe the current state of affairs without it. Explain the need for your requested action. For deletion requests due to recent codification, please identify SC Code section where language now appears.

FISCAL IMPACT

If funds were available to carry forward into the new fiscal year, it would allow the agency to provide additional services to new or existing consumers.

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

PROPOSED PROVISO TEXT

Any unexpended balance on June thirtieth of the prior fiscal year of the required state matching funds appropriated in Part II A, Section 39, Vocational Rehabilitation, shall be carried forward into the current fiscal year to be used to increase services or as state match for federal funds.

Paste existing text above, then bold and underline insertions and strikethrough deletions. For new proviso requests, enter requested text above.

Agency Name:	Commission For The Blind		
Agency Code:	L240	Section:	39

FORM D – PROVISO REVISION REQUEST

NUMBER	New
	Cite the proviso according to the renumbered list (or mark "NEW").
TITLE	Business Enterprise Program State Matching Funds Carry Forward
	Provide the title from the renumbered list or suggest a short title for any new request.
BUDGET PROGRAM	Vocational Rehabilitation Services- Part II B Business Enterprise Program
	Identify the associated budget program(s) by name and budget section.
RELATED BUDGET REQUEST	
	Is this request associated with a budget request you have submitted for FY 2026-2027? If so, cite it here.
REQUESTED ACTION	Add
	Choose from: Add, Delete, Amend, or Codify.
OTHER AGENCIES AFFECTED	No.
	Which other agencies would be affected by the recommended action? How?
SUMMARY & EXPLANATION	If any unused funds were available to carry forward into the next fiscal year, the agency could utilize those funds to increase the services it provides to consumers in the Business Enterprise Program.

Summarize the existing proviso. If requesting a new proviso, describe the current state of affairs without it. Explain the need for your requested action. For deletion requests due to recent codification, please identify SC Code section where language now appears.

FISCAL IMPACT

If funds were available to carry forward into the new fiscal year, it would allow the agency to provide additional services through the Business Enterprise Program.

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

PROPOSED PROVISO TEXT

Any unexpended balance on June thirtieth of the prior fiscal year of the required state matching funds appropriated in Part II B, Section 39, Business Enterprise Program, shall be carried forward into the current fiscal year to provide additional services or as state match for federal funds.

Paste existing text above, then bold and underline insertions and strikethrough deletions. For new proviso requests, enter requested text above.

Agency Name:	Commission For The Blind		
Agency Code:	L240	Section:	39

FORM D – PROVISO REVISION REQUEST

NUMBER	New
	Cite the proviso according to the renumbered list (or mark "NEW").
TITLE	SCCB Training Center State Matching Funds Carry Forward
	Provide the title from the renumbered list or suggest a short title for any new request.
BUDGET PROGRAM	Rehabilitation Services II C. SCCB Training Center
	Identify the associated budget program(s) by name and budget section.
RELATED BUDGET REQUEST	
	Is this request associated with a budget request you have submitted for FY 2026-2027? If so, cite it here.
REQUESTED ACTION	Add
	Choose from: Add, Delete, Amend, or Codify.
OTHER AGENCIES AFFECTED	No.
	Which other agencies would be affected by the recommended action? How?
SUMMARY & EXPLANATION	If any unused funds were available to carry forward into the next fiscal year, the agency could utilize those funds to increase the services it provides to consumers through the Training Center.

Summarize the existing proviso. If requesting a new proviso, describe the current state of affairs without it. Explain the need for your requested action. For deletion requests due to recent codification, please identify SC Code section where language now appears.

FISCAL IMPACT

If funds were available to carry forward into the new fiscal year, it would allow the agency to provide additional services to new or existing consumers.

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

PROPOSED PROVISO TEXT

Any unexpended balance on June thirtieth of the prior fiscal year of the required state matching funds appropriated in Part II C, Section 39, SCCB Training Center, shall be carried forward into the current fiscal year to be used as to increase services or as state match for federal funds.

Paste existing text above, then bold and underline insertions and strikethrough deletions. For new proviso requests, enter requested text above.

Agency Name:	Commission For The Blind		
Agency Code:	L240	Section:	39

FORM D – PROVISO REVISION REQUEST

NUMBER	New
	Cite the proviso according to the renumbered list (or mark "NEW").
TITLE	Transition Services State Matching Funds Carry Forward
	Provide the title from the renumbered list or suggest a short title for any new request.
BUDGET PROGRAM	Part II D, Section 39, Transition Services
	Identify the associated budget program(s) by name and budget section.
RELATED BUDGET REQUEST	
	Is this request associated with a budget request you have submitted for FY 2026-2027? If so, cite it here.
REQUESTED ACTION	Add
	Choose from: Add, Delete, Amend, or Codify.
OTHER AGENCIES AFFECTED	No.
	Which other agencies would be affected by the recommended action? How?
SUMMARY & EXPLANATION	If any unused funds were available to carry forward into the next fiscal year, the agency could utilize those funds to increase the services it provides to consumers receiving Transition Services.

Summarize the existing proviso. If requesting a new proviso, describe the current state of affairs without it. Explain the need for your requested action. For deletion requests due to recent codification, please identify SC Code section where language now appears.

FISCAL IMPACT

If funds were available to carry forward into the new fiscal year, it would allow the agency to provide additional services to new or existing consumers.

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

PROPOSED PROVISO TEXT

Any unexpended balance on June thirtieth of the prior fiscal year of the required state matching funds appropriated in Part II D, Section 39, Transition Services, shall be carried forward into the current fiscal year to be used to increase services or as state match for federal funds.

Paste existing text above, then bold and underline insertions and strikethrough deletions. For new proviso requests, enter requested text above.

Agency Name:	Commission For The Blind		
Agency Code:	L240	Section:	39

FORM D – PROVISO REVISION REQUEST

NUMBER	New
	Cite the proviso according to the renumbered list (or mark "NEW").
TITLE	Prevention of Blindness Carry Forward
	Provide the title from the renumbered list or suggest a short title for any new request.
BUDGET PROGRAM	Part III, Section 39, Prevention of Blindness
	Identify the associated budget program(s) by name and budget section.
RELATED BUDGET REQUEST	
	Is this request associated with a budget request you have submitted for FY 2026-2027? If so, cite it here.
REQUESTED ACTION	Add
	Choose from: Add, Delete, Amend, or Codify.
OTHER AGENCIES AFFECTED	No.
	Which other agencies would be affected by the recommended action? How?
SUMMARY & EXPLANATION	If any unused funds were available to carry forward into the next fiscal year, the agency could utilize those funds to increase the services it provides to consumers in the Prevention of Blindness program.

Summarize the existing proviso. If requesting a new proviso, describe the current state of affairs without it. Explain the need for your requested action. For deletion requests due to recent codification, please identify SC Code section where language now appears.

FISCAL IMPACT

If funds were available to carry forward into the new fiscal year, it would allow the agency to provide additional services to new or existing consumers.

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

PROPOSED PROVISO TEXT

Any unexpended balance on June thirtieth of the prior fiscal year of the required state matching funds appropriated in Part III, Section 39, Prevention of Blindness, shall be carried forward into the current fiscal year to be used for the same purpose and program.

Paste existing text above, then bold and underline insertions and strikethrough deletions. For new proviso requests, enter requested text above.

Agency Name:	Commission For The Blind		
Agency Code:	L240	Section:	39

FORM D – PROVISO REVISION REQUEST

NUMBER	New

Cite the proviso according to the renumbered list (or mark "NEW").

TITLE	Older Blind Services State Matching Funds Carry Forward

Provide the title from the renumbered list or suggest a short title for any new request.

BUDGET PROGRAM	Part IV, Section 39, Older Blind Services

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

RELATED BUDGET REQUEST	

Is this request associated with a budget request you have submitted for FY 2026-2027? If so, cite it here.

REQUESTED ACTION	Add

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

OTHER AGENCIES AFFECTED	None.

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

SUMMARY & EXPLANATION	If any unused funds were available to carry forward into the next fiscal year, the agency could utilize those funds to increase the services it provides to consumers in the Older Blind program.

Summarize the existing proviso. If requesting a new proviso, describe the current state of affairs without it. Explain the need for your requested action. For deletion requests due to recent codification, please identify SC Code section where language now appears.

FISCAL IMPACT

If funds were available to carry forward into the new fiscal year, it would allow the agency to provide additional services to new or existing consumers.

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

PROPOSED PROVISO TEXT

Any unexpended balance on June thirtieth of the prior fiscal year of the required state matching funds appropriated in Part IV, Section 39, Older Blind Services, shall be carried forward into the current fiscal year to be used for the same purpose and program.

Paste existing text above, then bold and underline insertions and strikethrough deletions. For new proviso requests, enter requested text above.

Agency Name:	Commission For The Blind		
Agency Code:	L240	Section:	39

FORM D – PROVISO REVISION REQUEST

NUMBER	New
	Cite the proviso according to the renumbered list (or mark "NEW").
TITLE	Children's Services Carry Forward
	Provide the title from the renumbered list or suggest a short title for any new request.
BUDGET PROGRAM	Part V, Section 39, Children's Services
	Identify the associated budget program(s) by name and budget section.
RELATED BUDGET REQUEST	
	Is this request associated with a budget request you have submitted for FY 2026-2027? If so, cite it here.
REQUESTED ACTION	Add
	Choose from: Add, Delete, Amend, or Codify.
OTHER AGENCIES AFFECTED	No.
	Which other agencies would be affected by the recommended action? How?
SUMMARY & EXPLANATION	If any unused funds were available to carry forward into the next fiscal year, the agency could utilize those funds to increase the services it provides to consumers receiving Children's Services.

Summarize the existing proviso. If requesting a new proviso, describe the current state of affairs without it. Explain the need for your requested action. For deletion requests due to recent codification, please identify SC Code section where language now appears.

FISCAL IMPACT

If funds were available to carry forward into the new fiscal year, it would allow the agency to provide additional services to new or existing consumers.

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

PROPOSED PROVISO TEXT

Any unexpended balance on June thirtieth of the prior fiscal year of the required state matching funds appropriated in Part V, Section 39, Children's Services, shall be carried forward into the current fiscal year to be used for the same purpose and program.

Paste existing text above, then bold and underline insertions and strikethrough deletions. For new proviso requests, enter requested text above.

Agency Name:	Commission For The Blind		
Agency Code:	L240	Section:	39

FORM D – PROVISO REVISION REQUEST

NUMBER	New
	Cite the proviso according to the renumbered list (or mark "NEW").
TITLE	Grant Indirect Reimbursement
	Provide the title from the renumbered list or suggest a short title for any new request.
BUDGET PROGRAM	Indirect Reimbursement
	Identify the associated budget program(s) by name and budget section.
RELATED BUDGET REQUEST	
	Is this request associated with a budget request you have submitted for FY 2026-2027? If so, cite it here.
REQUESTED ACTION	Add
	Choose from: Add, Delete, Amend, or Codify.
OTHER AGENCIES AFFECTED	No.
	Which other agencies would be affected by the recommended action? How?
SUMMARY & EXPLANATION	This would assist with any grant match requirements, grant maintenance of effort, and the agency could utilize the funds based on programmatic needs.

Summarize the existing proviso. If requesting a new proviso, describe the current state of affairs without it. Explain the need for your requested action. For deletion requests due to recent codification, please identify SC Code section where language now appears.

FISCAL IMPACT

If funds were available to carry forward into the new fiscal year, it would allow the agency to provide additional services to new or existing consumers and would reduce the likelihood that the agency would need to request additional state matching funds.

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

PROPOSED PROVISO TEXT

SCCB is authorized to retain the indirect reimbursement to assist with the match requirement, maintenance of effort for the grant, provide additional goods and services to consumers, and support campus maintenance.

Paste existing text above, then bold and underline insertions and strikethrough deletions. For new proviso requests, enter requested text above.

Agency Name:	Commission For The Blind		
Agency Code:	L240	Section:	39

FORM E – AGENCY COST SAVINGS AND GENERAL FUND REDUCTION CONTINGENCY PLAN

TITLE	SCCB Reduction Plan
AMOUNT	$207,996 *What is the General Fund 3% reduction amount? This amount should correspond to the reduction spreadsheet prepared by EBO.*
ASSOCIATED FTE REDUCTIONS	None. We are very lean with staff managing multiple areas currently. *How many FTEs would be reduced in association with this General Fund reduction?*
PROGRAM / ACTIVITY IMPACT	III. Prevention of Blindness, IV. Older Blind Services, and V. Children Services. *What programs or activities are supported by the General Funds identified?*
SUMMARY	If the agency had to reduce funding by 3%, it would have to reduce the services provided by the Prevention of Blindness, Older Blind, and Children's Services programs. This would significantly impact the services received by consumers in these programs, affecting their ability to obtain needed medical treatments, live independently in their homes and communities, or receive services to help them prepare for future success in school and life.

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. We explore cost saving options on a regular basis such as comparing service providers and switching to vendors who can provide the same quality services at a reduced cost. For example, the agency recently switched from using Verizon to T-Mobile; this is expected to save the agency $24,000 or more annually. Also, the agency's facilities staff is now performing work that was previously outsourced, and this is expected to save an additional $15,000 or more annually. The agency expects to use some of these cost savings to offset minor repair costs for campus upkeep. The agency will continue to look for innovative methods to automate processes to increase efficiency 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?