

<b>AGENCY NAME:</b>	JOHN DE LA HOWE SCHOOL		
<b>AGENCY CODE:</b>	L120	<b>SECTION:</b>	7



## Fiscal Year 2017-18 Agency Budget Plan

### FORM A – SUMMARY

<b>RECURRING FUNDS (FORM B DECISION PACKAGES)</b>	<p>My agency is submitting the following recurring decision packages listed <u>in priority order</u> (Form B): DP#9477, Realignment Request (11/17/16)</p> <p>For FY 2017-18, my agency is (mark "X"):</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30px; text-align: center;"><input type="checkbox"/></td> <td>Requesting a net increase in recurring General Fund appropriations.</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Not requesting a net increase in recurring General Fund Appropriations.</td> </tr> </table>	<input type="checkbox"/>	Requesting a net increase in recurring General Fund appropriations.	<input checked="" type="checkbox"/>	Not requesting a net increase in recurring General Fund Appropriations.		
<input type="checkbox"/>	Requesting a net increase in recurring General Fund appropriations.						
<input checked="" type="checkbox"/>	Not requesting a net increase in recurring General Fund Appropriations.						
<b>CAPITAL &amp; NON-RECURRING FUNDS (FORM C DECISION PACKAGES)</b>	<p>My agency is submitting the following one-time decision packages listed <u>in priority order</u> (Form C):</p> <p>For FY 2017-18, my agency is (mark "X"):</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30px; text-align: center;"><input type="checkbox"/></td> <td>Requesting capital and/or non-recurring funds.</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Not requesting capital and/or non-recurring funds.</td> </tr> </table>	<input type="checkbox"/>	Requesting capital and/or non-recurring funds.	<input checked="" type="checkbox"/>	Not requesting capital and/or non-recurring funds.		
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<input checked="" type="checkbox"/>	Not requesting capital and/or non-recurring funds.						
<b>PROVISOS (FORM D)</b>	<p>For FY 2017-18, my agency is (mark "X"):</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30px; text-align: center;"><input 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 checked="" type="checkbox"/></td> <td>Not requesting any proviso changes.</td> </tr> </table>	<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.
<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>	Dr. Danny Webb	864-391-0413	Danny.Webb@delahowe.k12.sc.us
<b>SECONDARY CONTACT:</b>	Sylvester Coleman	864-391-0418	Sylvester.Coleman@delahowe.k12.sc.us

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>	 11/17/16	
<b>TYPE/PRINT NAME:</b>	Dr. Danny Webb	

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

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**FORM B – PROGRAM REVISION REQUEST**

<b>DECISION PACKAGE</b>	<b>Realignment Request 11/17/2016</b>
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*Provide the decision package number issued by the PBF system ("Governor's Request").*

<b>TITLE</b>	<b>Program Authorization Realignments</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>\$0.00</b>
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*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>	Decision package involves numerous programs, but simply aligns existing authorization levels within multiple programs to the most recent expenditure projections and staffing levels. This decision package has no impact on overall authorization levels between state and other funds or FTEs, and is intended to align funding needs with program objectives for FY 2018.
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*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 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 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>	N/A. Decision Package realigns existing authorization and does not result in additional funding requests for the agency or FTE requests for the agency.
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*What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?*

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<b>ACCOUNTABILITY OF FUNDS</b>	<p>Realignment request does not relate to a specific objective in the accountability report.</p>
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*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>	<p>Decision package is intended to meet program initiatives requiring additional authorization by offsetting authorization within other programs without impacting overall agency objectives.</p>
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*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>	<p>N/A</p>
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*Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source, amount, and terms of the match requirement.*

<b>FUNDING ALTERNATIVES</b>	<p>The objective of this decision package is to maximize the use of existing funding and authorization levels within the agency to meet our programs' objectives.</p>
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*What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.*

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<b>SUMMARY</b>	<p>This decision package is intended to maximize the use of existing authorization levels within the agency to meet individual program objectives without asking for additional authorization through the budget process.</p>
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*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>No additional funds are being requested. The realignments were determined based on a detailed revenue and expenditure analysis of each program to determine where authorization levels could be reduced to meet agency needs in other program areas without requesting additional authorization through the budget process.</p>
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*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>No.</p>
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*Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?*

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<b>PRIORITIZATION</b>	Decision Package does not involve a request for new funds.
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*If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2017-18? Please be specific.*

<b>INTENDED IMPACT</b>	N/A
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*What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?*

<b>PROGRAM EVALUATION</b>	N/A
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*How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?*

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**FORM B – PROGRAM REVISION REQUEST**

<b>DECISION PACKAGE</b>	<b>9477</b>
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*Provide the decision package number issued by the PBF system (“Governor’s Request”).*

<b>TITLE</b>	<b>Allocation of State Funds (FY 2016-17)</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>\$146,493</b>
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*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>State appropriations allocated in September, 2016 to cover costs associated with 1) 3.25% Base Pay Increase &amp; associated employer contributions 2) .5% Retirement Rate Increase 3) Health &amp; Dental Insurance Increase</p> <ul style="list-style-type: none"> <li>- 2016 Act 284, Part IB Proviso 117.118</li> <li>- SC Code of Laws Section 9-4-45</li> </ul>
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*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>	N/A
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*What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?*

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<b>ACCOUNTABILITY OF FUNDS</b>	N/A
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*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
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*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
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*Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source, amount, and terms of the match requirement.*

<b>FUNDING ALTERNATIVES</b>	N/A
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*What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.*

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<b>SUMMARY</b>	<p>State appropriations allocated in September, 2016 to cover costs associated with 1) 3.25% Base Pay Increase &amp; associated employer contributions 2) .5% Retirement Rate Increase 3) Health &amp; Dental Insurance Increase</p>
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*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
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*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
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*Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?*

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<b>PRIORITIZATION</b>	N/A
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*If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2017-18? Please be specific.*

<b>INTENDED IMPACT</b>	N/A
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*What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?*

<b>PROGRAM EVALUATION</b>	N/A
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*How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?*

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

<b>DECISION PACKAGE</b>	<b>10879</b>
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*Provide the decision package number issued by the PBF system ("Governor's Request").*

<b>TITLE</b>	<b>Agency General Fund Reduction Analysis</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>\$-142,521</b>
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*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>	The agency used the direct method of cost allocation through the RH041_Vacancy Position Report to review utilization of Vacant FTE positons. Positions that were least likely to be filled in the coming year were ranked and the top 2.5 FTE positions were selected to meet the 3% reduction goal.
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*Describe the method of calculation for determining the reduction in General Funds.*

<b>ASSOCIATED FTE REDUCTIONS</b>	2.5 FTE positions were selected for reduction to the General Fund.
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*How many FTEs would be reduced in association with this General Fund reduction?*

<b>PROGRAM/ACTIVITY IMPACT</b>	The selected reductions would have an impact on the Support Services. We have estimated that this impact would be minimal at the current serviced population.
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*What programs or activities are supported by the General Funds identified?*

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<b>SUMMARY</b>	<p>To comply with the 3% General fund reduction in the General Fund, this agency used the direct method of cost allocation to determine the most feasible FTE reductions. After applying, it was determined that 2.5 FTE positions in the Support Services would be reduced. The selected positions for reduction are: 1) Executive Assistant III; 2) Human Resource Manager I; and 3) Accountant/Fiscal Analyst III (50% reduction).</p> <p>The end results of the 2.5 reduction in FTEs will reflect a \$143,050 reduction in the General Fund which will meet the 3% reduction to the General Fund.</p>
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*Please provide a detailed summary of service delivery impact caused by a reduction in General Fund Appropriations.*