

<b>AGENCY NAME:</b>	SC Museum Commission		
<b>AGENCY CODE:</b>	H950	<b>SECTION:</b>	29



## Fiscal Year 2017-18 Agency Budget Plan

### FORM A – SUMMARY

<b>RECURRING FUNDS (FORM B DECISION PACKAGES)</b>	<b>My agency is submitting the following recurring decision packages listed in <u>priority order</u> (Form B):</b> 11211, 11220,
	<b>For FY 2017-18, my agency is (mark "X"):</b>
	<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; NON-RECURRING FUNDS (FORM C DECISION PACKAGES)</b>	<b>My agency is submitting the following one-time decision packages listed in <u>priority order</u> (Form C):</b> 11214
	<b>For FY 2017-18, my agency is (mark "X"):</b>
	<input checked="" type="checkbox"/> Requesting capital and/or non-recurring funds. <input type="checkbox"/> Not requesting capital and/or non-recurring funds.

<b>PROVISOS (FORM D)</b>	<b>For FY 2017-18, my agency is (mark "X"):</b>
	<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>	William Calloway	898-4930	Willie.calloway@scmuseum.org
<b>SECONDARY CONTACT:</b>	Bonnie Moffat	898-5399	Bonnie.moffat@scmuseum.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.

<b>SIGN/DATE:</b>	<i>Agency Director</i>	<i>Board or Commission Chair</i>
<b>TYPE/PRINT NAME:</b>	William Calloway	Gray Culbreath

*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>11211</b>
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*Provide the decision package number issued by the PBF system (“Governor’s Request”).*

<b>TITLE</b>	<b>Facility Support and Safety</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>\$160,000</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>	SC Code of Laws: SC ST 60-13-30 H.5001, General Appropriation Bill, Fiscal Year 2016-2017, Part 1A Section 29 State Museum Commission. II. Programs III. Benefits
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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 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 checked="" 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 checked="" type="checkbox"/> Exhaustion of fund balances previously used to support program.	

<b>RECIPIENTS OF FUNDS</b>	Beneficiary of funds - Anyone visiting the museum or using its facilities.
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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?*

<b>ACCOUNTABILITY OF FUNDS</b>	<p>Strategy 1.1 Effectively Market State Museum – All Objectives  Strategy 1.2 Maximize Earned Revenues – All Objectives  Strategy 3.1 Acquire, preserve and use collections of distinction - All objectives  Strategy 4.1 Develop and provide exhibits of relevance and quality – All objectives  Strategy 4.2 Provide Unique Program Opportunities – All objectives</p> <p>Engaging and educational exhibits and programs need to be created and fabricated to attract visitation.  Museum needs to present working exhibits in a safe environment.  Artifact Collections need to be protected from loss.  Public safety of our visitors is of prime importance.</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>No offsets  Museum staffing is 40% less (39 vs 67) than maximum so all current staff are productive, occupied and performing priority work.  Staffing is 50% of museum budget  Rent is 30%  Revenue driven is 15% (marketing, resale product, film costs, taxes and credit card fees)  Only 5% then is discretionary</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>No</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.*

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<b>FUNDING ALTERNATIVES</b>	None
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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.*

<b>SUMMARY</b>	<p>Museum facilities care and support deals primarily with daily, recurring services that are necessary to keep the museum in an orderly, safe, and clean environment. Because of the extended hours of usage, the museum requires a greater volume of security and custodial services than the average state agency. In addition, the challenge of caring for additional space acquired by the Windows to New Worlds project has increased the needs of the museum in ensuring the facility is safe, clean, and appealing to its guests.</p> <p>Additional funding is necessary to maintain the educational environments and learning spaces in a clean, safe, secure manner and reflects values in education and concern for the museums \$5-million-dollar collection.</p> <p>Public safety of our visitors is of concern as are all publicly attended facilities due to the possibility of violent behavior by outside agitators.</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>The amount of the request was calculated by actual costs associated with the needs of the facility. Costs would include adding two full time security specialist and one full time exhibits specialist. Also would be additional part time support.</p> <p>FTE (3) \$35,000 ea = \$105,000  Part Time 1500 man/hrs @ \$10/hr = \$15,000  Benefits = \$40,000</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?*

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<b>FUTURE IMPACT</b>	<p>No maintenance of effort or other obligations would be incurred by this decision package. If the request is not honored, there would be no future impact on budget. No other source of funds has been identified to fund this request.</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?*

<b>PRIORITIZATION</b>	<p>No other funds are available to fund request. If no or insufficient funds are available the action would not be funded or if the action is deferred to FY18, the request may not be funded.</p>
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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>	<p>The decision package does not directly impact service delivery or museum programs however it does impact the cleanliness of the facility, the safety of the guests it serves, and artifacts it has been entrusted to protect.</p>
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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>	<p>The use of the funds would be evaluated by the cleanliness of the facility, the effective protection of its guests and artifacts, and the successful execution of maintaining the exhibits.</p> <p>Visitation, image and revenues could possibly be positively impacted as well.</p>
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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>11220</b>
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*Provide the decision package number issued by the PBF system (“Governor’s Request”).*

<b>TITLE</b>	<b>Employee Benefit and Pay Raise Allocation</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>\$65,173</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>	SC Code of Laws: SC ST 60-13-30 H.5001, General Appropriation Bill, Fiscal Year 2016-2017, Part 1A Section 29 State Museum Commission. II Programs (salary increase) III Benefits (health and retirement increases)
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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>	Museum
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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>	none
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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>	No
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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>	None
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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>Allocations for pay plan allocation (\$51,032), SCRS &amp; PORS .5% Rate Increase (\$6,531), and Health and Dental Allocation (\$7,610)</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>Reflective of 3.25% wage increase, 0.5% SCRS &amp; PORS increase and employee portion of health insurance increase as calculated and assigned by OSB</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 maintenance of effort or other obligations would be incurred by this decision package. If the request is not honored, there would be no future impact on budget.</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>	No other funds are available to fund request.
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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>	The decision package does not directly impact service delivery or museum programs.
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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 C – CAPITAL OR NON-RECURRING APPROPRIATION REQUEST

<b>DECISION PACKAGE</b>	<b>11214</b> <i>Provide the decision package number issued by the PBF system (“Governor’s Request”).</i>
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<b>TITLE</b>	<b>Permanent Gallery Renovation</b> <i>Provide a brief, descriptive title for this request.</i>
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<b>AMOUNT</b>	<b>\$15,000,000</b> <i>How much is requested for this project in FY 2017-18?</i>
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<b>BUDGET PROGRAM</b>	Section 29 State Museum Commission. II Programs <i>Identify the associated budget program(s) by name and budget section.</i>
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<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 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>	<h3>Overview</h3> <p>The continued success of the South Carolina State Museum to preserve history, convey content and engage guests remains dependent upon an ongoing commitment toward strategic and timely renovations of the museum’s facilities and exhibit program.</p> <p>The recent Windows to the World expansion of SCSM’s public spaces dramatically improved the facility’s operations while simultaneously exposing it’s decidedly dated artifact displays, antiquated media techniques and obsolete interactives — a situation over 30 years in the making. Upon careful analysis of the SCSM’s current exhibit program, the museum’s fourth floor history exhibits are in need of renovation to better represent its expanding collection, replace outdated exhibit delivery systems and bring a 1980’s building infrastructure into the new millennium.</p> <h3>An Outdated Exhibit Experience</h3> <h4>The Story of South Carolina Through Its Artifact</h4> <p>Developments in archeological sciences, a growing artifact collection, and recent events in South Carolina have resulted in a museum experience that does not tell the whole story of South Carolina. In fact, more than half of the total SCSM collection remains in storage! Renovated galleries</p>
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<b>AGENCY NAME:</b>	<p>will allow for better representation of its rich history and the lessons we can learn from it.</p> <p><b>Updated Exhibit Techniques</b></p> <p>Today’s audiences expect to access information through a variety of mediums, ranging from dynamic displays to engaging interactives to innovative media presentations. The renovation of the exhibit halls will provide a more varied mix of interpretation than is currently offered. Additional media also allows the museum to easily update content, whether in the form of touch screens, theaters or projection-mapped immersive environments.</p> <p><b>Facility and Operations</b></p> <p>Over 30 years of constant use with no improvements has resulted in a facility that is well past its prime. The building’s flooring and wall treatments are showing their age and an inefficient lighting system should be replaced with a more efficient and cost-effective LED system offering better conditions for artifact preservation.</p> <p>From an operational standpoint, creating a larger multi-use gallery on each floor will add the ability to present more content and provide additional income through increased rental opportunities.</p> <p>Finally, the galleries are in need of updated environmental graphics, signage and way-finding that complement the design language of the recent Windows to the World expansion.</p>
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*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>Capital Project CPIP needs to be submitted Priority 1</p>
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*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>South Carolina Museum Foundation would contribute \$5,000,000 to the project bringing the total project cost to \$15,000,000 Foundation sources would include private, foundation and corporate support</p>
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*Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source and amount.*

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<b>FUNDING ALTERNATIVES</b>	Capital Bond bill versus appropriated money
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*What other possible funding sources were considered?*

<b>LONG-TERM PLANNING AND SUSTAINABILITY</b>	This project begins phase two of the complete renovation of the museum. Phase 1 (\$23.5 million) was opened in August of 2014 and included the addition of a planetarium, 4D theatre, observatory, telescope gallery and guest service and rental enhancements. Phase 2 will transform the existing 3 floors of permanent exhibits to the same standard of quality as the WTNW components. No additional operating costs are needed. The construction would be phased so the museum would not close during the renovations as we would do one floor at a time.
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*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>	Needs all approvals beyond State Museum Commission JBRC, State Fiscal Accountability Authority
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*What approvals have already been obtained? Are there additional approvals that must be secured in order for the project to succeed? (Institutional board, JBRC, BCB, etc.)*

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### FORM E – 3% GENERAL FUND REDUCTION

<b>DECISION PACKAGE</b>	<b>11217</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>\$-107,920</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>	<p>3% reduction in state appropriations  Rent of \$1,800,000 reduced by 3% = \$54,000  (allowed by proviso 29.6)  Elimination of Public Relations Manager position  \$42,000 salary + \$12,000 benefits = \$54,000</p>
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*Describe the method of calculation for determining the reduction in General Funds.*

<b>ASSOCIATED FTE REDUCTIONS</b>	(1) FTE reduction
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*How many FTEs would be reduced in association with this General Fund reduction?*

<b>PROGRAM/ACTIVITY IMPACT</b>	<p>I Administration  Rent Reduction  II Programs  Public relations and Publicity efforts for the museum</p>
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*What programs or activities are supported by the General Funds identified?*

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<b>SUMMARY</b>	<p>Reduction in rent payment to General Services would defer and delay needed maintenance repairs to the building thus negatively affecting the visitor experience and ultimately negatively impacting attendance and revenues.</p> <p>Reduction of the PR manager position would decrease the free media impressions the museum receives which again would ultimately lead to reduced attendance and earned revenues.</p>
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*Please provide a detailed summary of service delivery impact caused by a reduction in General Fund Appropriations.*