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|---------------------|--------------------------|-----------------|----|
| AGENCY NAME: | Commission for the Blind | | |
| AGENCY CODE: | L240 | SECTION: | 39 |



**Fiscal Year 2024-25
Agency Budget Plan**

FORM A - BUDGET PLAN SUMMARY

| | | |
|---|---|---|
| OPERATING REQUESTS (FORM B1) | For FY 2024-25, my agency is (mark "X"): | |
| | <input checked="" type="checkbox"/> | Requesting General Fund Appropriations. |
| | <input checked="" type="checkbox"/> | Requesting Federal/Other Authorization. |
| | <input type="checkbox"/> | Not requesting any changes. |
| NON-RECURRING REQUESTS (FORM B2) | For FY 2024-25, my agency is (mark "X"): | |
| | <input type="checkbox"/> | Requesting Non-Recurring Appropriations. |
| | <input type="checkbox"/> | Requesting Non-Recurring Federal/Other Authorization. |
| | <input checked="" type="checkbox"/> | Not requesting any changes. |
| CAPITAL REQUESTS (FORM C) | For FY 2024-25, my agency is (mark "X"): | |
| | <input type="checkbox"/> | Requesting funding for Capital Projects. |
| | <input checked="" type="checkbox"/> | Not requesting any changes. |
| PROVISOS (FORM D) | For FY 2024-25, my agency is (mark "X"): | |
| | <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> |
|---------------------------|-------------------|--------------|-------------------------------|
| PRIMARY CONTACT: | Matthew Daugherty | 803-898-8835 | matthew.daugherty@sccb.sc.gov |
| SECONDARY CONTACT: | Carrie Morris | 803-898-8807 | Carrie.morris@sccb.sc.gov |

I have reviewed and approved the enclosed FY 2024-25 Agency Budget Plan, which is complete and accurate to the extent of my knowledge.

| | <u>Agency Director</u> | <u>Board or Commission Chair</u> |
|-------------------------|------------------------|----------------------------------|
| SIGN/DATE: | | |
| 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 Services Increase | 292,572 | 0 | 0 | 0 | 292,572 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 2 | B1 - Recurring | Match Request | 552,732 | 0 | 0 | 0 | 552,732 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 3 | B1 - Recurring | Administrative Support | 311,536 | 0 | 0 | 0 | 311,536 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 4 | B1 - Recurring | Federal Authorization Increase | 0 | 977,604 | 0 | 0 | 977,604 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| TOTALS | | | 1,156,840 | 977,604 | 0 | 0 | 2,134,444 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

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

FORM B1 – RECURRING OPERATING REQUEST

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|------------------------|----------|
| AGENCY PRIORITY | 1 |
|------------------------|----------|

Provide the Agency Priority Ranking from the Executive Summary.

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|--------------|--------------------------------------|
| TITLE | Older Blind Services Increase |
|--------------|--------------------------------------|

Provide a brief, descriptive title for this request.

| | |
|---------------|--|
| AMOUNT | General: \$292,572 Federal: \$0 Other: \$0 Total: \$292,572 |
|---------------|--|

What is the net change in requested appropriations for FY 2024-2025? 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: | |
| | <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 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 |
| | <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, Priority # | |

| | | |
|--|--|--|
| STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES | Mark "X" for primary applicable Statewide Enterprise Strategic Objective: | |
| | <input checked="" type="checkbox"/> | Education, Training, and Human Development |
| | <input type="checkbox"/> | Healthy and Safe Families |
| | <input type="checkbox"/> | Maintaining Safety, Integrity, and Security |
| | <input type="checkbox"/> | Public Infrastructure and Economic Development |
| | <input type="checkbox"/> | Government and Citizens |

| | |
|--------------------------------|---|
| ACCOUNTABILITY OF FUNDS | <p>1.2 Increase the number of consumers achieving and maintaining independence</p> <p>The use of funds would be evaluated through meeting the projected outcome values on the agency strategic plan at the end of the year.</p> |
|--------------------------------|---|

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?

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|----------------------|--|
| RECIPIENTS OF | Older Blind Services will receive the increase to aid in accomplishing the goals laid out in the strategic plan. |
|----------------------|--|

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

Vision and eye problems increase as people age, including diabetic retinopathy, cataracts, glaucoma, and macular degeneration. As South Carolina’s population ages, the number of individuals age 55 and older seeking services to remain independent in their homes and communities continues to increase each year, with more than 600 hundred (600) individuals receiving Older Blind Services in FY23.**

Vision loss in adults 55 and older reduces their quality of life, affecting their ability to read, watch television, walk or climb stairs, run errands, attend to personal affairs, and remain independent in their home and community. It may lead to social isolation, family stress, and a greater tendency to experience other health conditions such as diabetes, arthritis, or mobility issues. In addition to health and chronic conditions, nearly 40% of individuals 65 and older who are blind or have a visual impairment have an annual income less than \$20,000.*** Finally, vision loss also affects those who care for people with a visual impairment because it reduces their ability to care for themselves, other family members, and manage personal matters.

An additional \$292,572 funds would allow the agency to assist more consumers with Older Blind Services, helping them to receive low-vision evaluations, training on how to manage personal care and daily tasks, adjustment to blindness, orientation and mobility training, and instruction in the use of adaptive computer software. Those funds would also make it possible to provide more assistive devices and low vision aids such as hand-held magnifiers, digital magnifiers, electronic reading aids, closed circuit television systems, and protective sun filters to consumers (depending on their specific needs).

Helping our seniors remain independent in their homes and communities not only improves their quality of life, it can also reduce their reliance on government benefits and costly out-of-pocket expenses for home health care or skilled nursing care.

** According to the Big Data Project, nearly 8% of South Carolinians age 65 and older have blindness or low vision.

*** According to the Big Data Project conducted by VisionServe Alliance and Ohio State University College of Optometry.

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.

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

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| AGENCY PRIORITY | 2 |
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Provide the Agency Priority Ranking from the Executive Summary.

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|--------------|----------------------|
| TITLE | Match Request |
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Provide a brief, descriptive title for this request.

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|---------------|--|
| AMOUNT | General: \$552,732 Federal: \$0 Other: \$0 Total: \$552,732 |
|---------------|--|

What is the net change in requested appropriations for FY 2024-2025? 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: | |
| | <input checked="" 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 checked="" type="checkbox"/> | Exhaustion of fund balances previously used to support program |
| | <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, Priority # | |

| | | |
|--|--|--|
| STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES | Mark "X" for primary applicable Statewide Enterprise Strategic Objective: | |
| | <input checked="" type="checkbox"/> | Education, Training, and Human Development |
| | <input type="checkbox"/> | Healthy and Safe Families |
| | <input type="checkbox"/> | Maintaining Safety, Integrity, and Security |
| | <input type="checkbox"/> | Public Infrastructure and Economic Development |
| <input type="checkbox"/> | Government and Citizens | |

| | |
|--------------------------------|--|
| ACCOUNTABILITY OF FUNDS | <p>1.1 Increase successful competitive integrated employment outcomes</p> <p>The use of funds would be evaluated through meeting the projected outcome values on the agency strategic plan at the end of the year.</p> |
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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?

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| RECIPIENTS OF | Vocational Rehabilitation Services will receive the increase in funds to aid in accomplishing the goals laid out in the agency's strategic plan. |
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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

To receive the full federal grant award for the Vocational Rehabilitation (VR) program, the state has to match the federal dollars at a rate of 21.3%. An increase of general funds in the amount of \$552,732 will allow the agency to continue to meet its federal obligation and would be utilized to fund portions of several administrative positions that directly support the provision of VR services. Ultimately, an increase of state matching funds will allow the agency to provide a greater number of VR services and opportunities to more SC citizens throughout the state.

VR services help eligible consumers who are blind or visually impaired to prepare for, find, maintain, or regain competitive integrated employment. This also includes providing pre-employment transition services and other supports for youth with disabilities age 13-21.

VR services are individualized and based on a consumer’s specific needs and vocational goal. Consumers may participate in adjustment to blindness training (orientation and mobility, home management, etc.), career exploration, and job readiness programs. Depending on an individual’s specific needs, they may receive support for educational goals (such as tuition assistance), assistive technology devices (braille displays, CCTVs, etc.), or training to use screen readers such as JAWS (Job Access With Speech). All services are provided with the ultimate goal of helping consumers achieve high quality, competitive, integrated employment in a career field of their choice. Some of the successful employment outcomes in FY23 included Financial Analyst, Counselor, Nuclear Technician, Business Operations Specialist, Registered Nurse and Postal Service Clerk.

If the increase in funds is not received, the agency will not be able to match or utilize the full amount of its federal award, thus reducing the funds available for the agency to serve consumers. In addition, since the match requirement is a state level requirement, the funding for the SC Vocational Rehabilitation Department would also be negatively affected.

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.

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FORM B1 – RECURRING OPERATING REQUEST

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| AGENCY PRIORITY | 3 |
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Provide the Agency Priority Ranking from the Executive Summary.

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| TITLE | Administrative Support |
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Provide a brief, descriptive title for this request.

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|---------------|--|
| AMOUNT | General: \$311,536 Federal: \$0 Other: \$0 Total: \$311,536 |
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What is the net change in requested appropriations for FY 2024-2025? This amount should correspond to the total for all funding sources on the Executive Summary.

| | |
|----------------------|-------------|
| NEW POSITIONS | 0.00 |
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Please provide the total number of new positions needed for this request.

| | | |
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| FACTORS ASSOCIATED WITH THE REQUEST | Mark "X" for all that apply: | |
| | <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 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 |
| | <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, Priority # | |

| | | |
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| STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES | Mark "X" for primary applicable Statewide Enterprise Strategic Objective: | |
| | <input checked="" type="checkbox"/> | Education, Training, and Human Development |
| | <input type="checkbox"/> | Healthy and Safe Families |
| | <input type="checkbox"/> | Maintaining Safety, Integrity, and Security |
| | <input type="checkbox"/> | Public Infrastructure and Economic Development |
| <input type="checkbox"/> | Government and Citizens | |

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| ACCOUNTABILITY OF FUNDS | 1.1 Increase successful competitive integrated outcomes 1.2 Increase the number of consumers achieving and maintaining independence The use of funds would be evaluated through meeting the projected outcome values on the agency strategic plan at the end of the 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?

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| RECIPIENTS OF | Agency consumer services support staff and vendors to aid in accomplishing the goals laid out in the agency's strategic plan. |
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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

Increasing funds for Administrative Support by \$311,536 will allow the agency to fund portions of administrative positions that provide support to all Consumers Services and that were previously funded through sources that have been exhausted. This will allow agency administrative support staff to continue providing a consistent, high level of service to partners and vendors, and to provide indirect support for consumer services staff.

Administrative Support for Consumer Services encompasses many aspects of the agency, such as:

- Financial management of federal consumer service grants and matching funds (Vocational Rehabilitation, Supported Employment, Independent Living for Older Individuals Who Are Blind), plus state appropriations (Children’s Services and Prevention Services)
- Procurement of consumer services contracts and small purchase solicitations
- Recruitment and retention of qualified staff to ensure quality and timely consumer service delivery
- Monitoring agency compliance with state and federal regulations through a continuous quality assurance process
- Management of agency communication, information and data storage systems to ensure data integrity and security in compliance with state and federal laws and regulations

If these funds are not received, staff may not have the support needed to provide direct consumer services through the agency’s local offices or statewide facilities.

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.

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

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|------------------------|---|
| AGENCY PRIORITY | 4 |
|------------------------|---|

Provide the Agency Priority Ranking from the Executive Summary.

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|--------------|---------------------------------------|
| TITLE | Federal Authorization Increase |
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Provide a brief, descriptive title for this request.

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|---------------|--|
| AMOUNT | General: \$0 Federal: \$977,604 Other: \$0 Total: \$977,604 |
|---------------|--|

What is the net change in requested appropriations for FY 2024-2025? 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: | |
| | <input checked="" 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 |
| | <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, Priority # | |

| | | |
|--|--|--|
| STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES | Mark "X" for primary applicable Statewide Enterprise Strategic Objective: | |
| | <input checked="" type="checkbox"/> | Education, Training, and Human Development |
| | <input type="checkbox"/> | Healthy and Safe Families |
| | <input type="checkbox"/> | Maintaining Safety, Integrity, and Security |
| | <input type="checkbox"/> | Public Infrastructure and Economic Development |
| <input type="checkbox"/> | Government and Citizens | |

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|--------------------------------|--|
| ACCOUNTABILITY OF FUNDS | <p>1.1 Increase successful competitive integrated outcomes</p> <p>1.2 Increase the number of consumers achieving and maintaining independence</p> <p>An increase in federal spending authorization would apply to those portions of the Strategic Plan concerned with Vocational Rehabilitation Services and Older Blind Services and administration of those programs.</p> <p>The use of funds would be evaluated through meeting the projected outcome values on the agency strategic plan at the end of the year.</p> |
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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?

| | |
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| RECIPIENTS OF | Agency programs, services and vendors will receive the increase to aid in the accomplishment of goals laid out in the strategic plan. |
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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 of \$977,604 is to add additional authority for funds that will be received from federal grants awards. These grant awards increase annually, and the authorization increase will allow the agency to fully utilize these funds to increase its effectiveness and efficiency in providing consumer 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.

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

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|--------------|---|
| TITLE | Agency Cost Savings and General Fund Reduction Contingency Plan |
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| AMOUNT | \$165,439 |
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What is the General Fund 3% reduction amount? This amount should correspond to the reduction spreadsheet prepared by EBO.

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| ASSOCIATED FTE REDUCTIONS | None |
|----------------------------------|------|

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

| | |
|----------------------------------|---|
| PROGRAM / ACTIVITY IMPACT | <p>A 3% reduction would impact Vocational Rehabilitation Services, decreasing case service funds available to spend for consumers.</p> <p>A reduction would also affect the agency's ability to spend the required non-federal matching funds for our federal grant awards.</p> |
|----------------------------------|---|

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

| | |
|----------------|---|
| SUMMARY | <p>A 3% reduction to the case services budget would greatly impact service delivery to SCCB consumers.</p> <p>Consumers who receive Vocational Rehabilitation Services need training, and often medical services, to find, obtain, or retain employment. A reduction in funds for the program could affect the agency's ability to comply with the federal regulations that set forth the services the agency is to provide to consumers.</p> |
|----------------|---|

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**

None

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?

| | | | |
|--------------|--------------------------|----------|----|
| Agency Name: | Commission For The Blind | | |
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FORM F – REDUCING COST AND BURDEN TO BUSINESSES AND CITIZENS

| | |
|--------------|---|
| TITLE | Reducing Cost and Burden to Businesses and Citizens |
|--------------|---|

Provide a brief, descriptive title for this request.

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|--|---|
| EXPECTED SAVINGS TO BUSINESSES AND CITIZENS | SCCB does not charge any fees for its services, nor does it charge any fines. |
|--|---|

What is the expected savings to South Carolina's businesses and citizens that is generated by this proposal? The savings could be related to time or money.

| | | |
|--|-------------------------------------|--|
| FACTORS ASSOCIATED WITH THE REQUEST | Mark "X" for all that apply: | |
| | <input type="checkbox"/> | Repeal or revision of regulations. |
| | <input type="checkbox"/> | Reduction of agency fees or fines to businesses or citizens. |
| | <input type="checkbox"/> | Greater efficiency in agency services or reduction in compliance burden. |
| | <input checked="" type="checkbox"/> | Other |

| | |
|------------------------------|---|
| METHOD OF CALCULATION | SCCB does not charge any fees for its services, nor does it charge any fines. |
|------------------------------|---|

Describe the method of calculation for determining the expected cost or time savings to businesses or citizens.


| | |
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| REDUCTION OF FEES OR FINES | SCCB does not charge any fees for its services, nor does it charge any fines. |
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Which fees or fines does the agency intend to reduce? What was the fine or fee revenue for the previous fiscal year? What was the associated program expenditure for the previous fiscal year? What is the enabling authority for the issuance of the fee or fine?

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|--------------------------------|---|
| REDUCTION OF REGULATION | SCCB does not charge any fees for its services, nor does it charge any fines. |
|--------------------------------|---|

Which regulations does the agency intend to amend or delete? What is the enabling authority for the regulation?

| | |
|----------------|---|
| SUMMARY | SCCB does not charge any fees for its services, nor does it charge any fines. |
|----------------|---|



Provide an explanation of the proposal and its positive results on businesses or citizens. How will the request affect agency operations?