

Agency Name: Francis Marion University  
Agency Code: H180

Section:

17



Fiscal Year FY 2022-2023

Agency Budget Plan

**FORM A - BUDGET PLAN SUMMARY**

**OPERATING  
REQUESTS**  
*(FORM B1)*

|  |   |
|--|---|
| For FY 2022-2023, my agency is (mark "X"): |   |
| <input checked="" type="checkbox"/>        | Requesting General Fund Appropriations. |
| <input type="checkbox"/>                   | Requesting Federal/Other Authorization. |
| <input type="checkbox"/>                   | Not requesting any changes.             |

**NON-RECURRING  
REQUESTS**  
*(FORM B2)*

|  |   |
|--|---|
| For FY 2022-2023, my agency is (mark "X"): |   |
| <input checked="" type="checkbox"/>        | Requesting Non-Recurring Appropriations.              |
| <input type="checkbox"/>                   | Requesting Non-Recurring Federal/Other Authorization. |
| <input type="checkbox"/>                   | Not requesting any changes.                           |

**CAPITAL  
REQUESTS**  
*(FORM C)*

|  |  |
|--|--|
| For FY 2022-2023, my agency is (mark "X"): |  |
| <input checked="" type="checkbox"/>        | Requesting funding for Capital Projects. |
| <input type="checkbox"/>                   | Not requesting any changes.              |

**PROVISOS**  
*(FORM D)*

|  |   |
|--|---|
| For FY 2022-2023, 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.                                       |


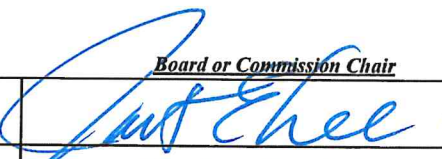
Please identify your agency's preferred contacts for this year's budget process.

**PRIMARY  
CONTACT:**  
**SECONDARY  
CONTACT:**

| <u>Name</u>    | <u>Phone</u>   | <u>Email</u>         |
|----------------|----------------|----------------------|
| Thomas Welch   | (843) 661-1136 | rwelch@fmarion.edu   |
| Darryl Bridges | (843) 661-1201 | dbridges@fmarion.edu |

I have reviewed and approved the enclosed FY 2022-2023 Agency Budget Plan, which is complete and accurate to the extent of my knowledge.

**SIGN/DATE:**  
**TYPE/PRINT  
NAME:**

|   |   |
|---|---|
| <br>Luther F. Carter | <br>Robert E. Lee |
|---|---|

9/20/21

9/20/2021

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

|              |                           |
|--------------|---------------------------|
| Agency Name: | Francis Marion University |
| Agency Code: | H180                      |
| Section:     | 17                        |

| BUDGET REQUESTS |                    |   | FUNDING    |         |           |            |            | FTES  |         |           |            |       |
|-----------------|--------------------|---|------------|---------|-----------|------------|------------|-------|---------|-----------|------------|-------|
| Priority        | Request Type       | Request Title                                       | State      | Federal | Earmarked | Restricted | Total      | State | Federal | Earmarked | Restricted | Total |
| 1               | B1 - Recurring     | Tuition Mitigation Support                          | 2,091,000  | 0       | 0         | 0          | 2,091,000  | 0.00  | 0.00    | 0.00      | 0.00       | 0.00  |
| 2               | C - Capital        | Enviromental Sciences and Forestry Building         | 18,000,000 | 0       | 0         | 0          | 18,000,000 | 0.00  | 0.00    | 0.00      | 0.00       | 0.00  |
| 3               | B1 - Recurring     | Enviromental Sciences and Forestry Program Support  | 950,000    | 0       | 0         | 0          | 950,000    | 4.00  | 0.00    | 0.00      | 0.00       | 4.00  |
| 4               | B2 - Non-Recurring | Security Connectivity and Monitoring to Main Campus | 500,000    | 0       | 0         | 0          | 500,000    | 0.00  | 0.00    | 0.00      | 0.00       | 0.00  |
| TOTALS          |                    |   | 21,541,000 | 0       | 0         | 0          | 21,541,000 | 4.00  | 0.00    | 0.00      | 0.00       | 4.00  |

|              |                           |          |    |
|--------------|---------------------------|----------|----|
| Agency Name: | Francis Marion University |          |    |
| Agency Code: | H180                      | Section: | 17 |

## **FORM B1 – RECURRING OPERATING REQUEST**

|                            |   |
|----------------------------|---|
| <b>AGENCY<br/>PRIORITY</b> | 1 |
|----------------------------|---|

*Provide the Agency Priority Ranking from the Executive Summary.*

|              |                            |
|--------------|----------------------------|
| <b>TITLE</b> | Tuition Mitigation Support |
|--------------|----------------------------|

*Provide a brief, descriptive title for this request.*

|               |   |
|---------------|---|
| <b>AMOUNT</b> | <p><b>General: \$2,091,000</b></p> <p><b>Federal: \$0</b></p> <p><b>Other: \$0</b></p> <p><b>Total: \$2,091,000</b></p> |
|---------------|---|

*What is the net change in requested appropriations for FY 2022-2023? This amount should correspond to the total for all funding sources on the Executive Summary.*

|                      |      |
|----------------------|------|
| <b>NEW POSITIONS</b> | 0.00 |
|----------------------|------|

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

|  |  |                                     |   |                          |  |                          |  |                          |  |                          |   |                          |  |                          |  |                          |                                |                          |                                  |                          |  |
|--|--|-------------------------------------|---|--------------------------|--|--------------------------|--|--------------------------|--|--------------------------|---|--------------------------|--|--------------------------|--|--------------------------|--------------------------------|--------------------------|----------------------------------|--------------------------|--|
| <b>FACTORS<br/>ASSOCIATED<br/>WITH THE<br/>REQUEST</b> | <p><b>Mark "X" for all that apply:</b></p> <table style="width: 100%;"> <tr><td style="width: 5%; text-align: center;"><input checked="" type="checkbox"/></td><td>Change in cost of providing current services to existing program audience</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Change in case load/enrollment under existing program guidelines</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Non-mandated change in eligibility/enrollment for existing program</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Non-mandated program change in service levels or areas</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Proposed establishment of a new program or initiative</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Loss of federal or other external financial support for existing program</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Exhaustion of fund balances previously used to support program</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>IT Technology/Security related</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Consulted DTO during development</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Related to a Non-Recurring request – If so, Priority #</td></tr> </table> | <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 # |
| <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 #   |                                     |   |                          |  |                          |  |                          |  |                          |   |                          |  |                          |  |                          |                                |                          |                                  |                          |  |

|  |  |                                     |  |                          |                           |                          |   |                          |  |                          |                         |
|--|--|-------------------------------------|--|--------------------------|---------------------------|--------------------------|---|--------------------------|--|--------------------------|-------------------------|
| <b>STATEWIDE<br/>ENTERPRISE<br/>STRATEGIC<br/>OBJECTIVES</b> | <p><b>Mark "X" for primary applicable Statewide Enterprise Strategic Objective:</b></p> <table style="width: 100%;"> <tr><td style="width: 5%; text-align: center;"><input checked="" type="checkbox"/></td><td>Education, Training, and Human Development</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Healthy and Safe Families</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Maintaining Safety, Integrity, and Security</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Public Infrastructure and Economic Development</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Government and Citizens</td></tr> </table> | <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 |
| <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  |                                     |  |                          |                           |                          |   |                          |  |                          |                         |

|                                    |   |
|------------------------------------|---|
| <b>ACCOUNTABILITY<br/>OF FUNDS</b> | <p>This request aligns primarily with Goal 1 of the FY21-22 Strategic Plan in the 2021 Accountability Report to provide South Carolina and the Pee Dee Region with high quality higher education. This request will support the continued commitment of the University to maintain a quality experience at a relatively low cost to our students. Funds will be evaluated on the basis of the institutions ability to freeze tuition rates for the fiscal year 2022-23.</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?*

|                      |  |
|----------------------|--|
| <b>RECIPIENTS OF</b> | <p>Students and parents would be the primary beneficiaries through the freezing of tuition rates for the fiscal year. Funds will be allocated internally to support the instructional and operational objectives of the University which are supported</p> |
|----------------------|--|

**FUNDS**

through tuition.

*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**

For the past three years, the tuition mitigation support has permitted the University to forego any tuition or fee increases.

For the upcoming year (Fy 2022-23), the current Higher Education Price Index (HEPI) of 2.7% extrapolated across the next three quarters will require a \$2.091m recurring appropriation to meet existing operating costs without raising tuition.

As it has for the last two decades, FMU continues to maintain one of the lowest tuition rates in the state. Considering that 95% of our students are South Carolina residents and 40% are first generation college students, it is imperative that the University maintains an accessible and affordable education for the citizens of this region.

Recent challenges related to COVID and the volatile state of the economy have created uncertainty for many of these students and their families, especially those with exceptional financial need. This appropriation will permit the university to meet its anticipated obligations and sustain the existing level of institutional scholarship support to these students.

Of course, FMU routinely controls expenditures through administrative efficiency and budget management processes, but this recurring level of support is essential to maintain our instructional and community programs.

*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: | Francis Marion University |          |    |
| Agency Code: | H180                      | Section: | 17 |

## **FORM B1 – RECURRING OPERATING REQUEST**

|                            |   |
|----------------------------|---|
| <b>AGENCY<br/>PRIORITY</b> | 3 |
|----------------------------|---|

*Provide the Agency Priority Ranking from the Executive Summary.*

|              |  |
|--------------|--|
| <b>TITLE</b> | Enviromental Sciences and Forestry Program Support |
|--------------|--|

*Provide a brief, descriptive title for this request.*

|               |   |
|---------------|---|
| <b>AMOUNT</b> | <p><b>General: \$950,000</b></p> <p><b>Federal: \$0</b></p> <p><b>Other: \$0</b></p> <p><b>Total: \$950,000</b></p> |
|---------------|---|

*What is the net change in requested appropriations for FY 2022-2023? This amount should correspond to the total for all funding sources on the Executive Summary.*

|                      |      |
|----------------------|------|
| <b>NEW POSITIONS</b> | 4.00 |
|----------------------|------|

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

|  |   |                          |   |                          |  |                          |  |                          |  |                                     |   |                          |  |                          |  |                          |                                |                          |                                  |                          |  |
|--|---|--------------------------|---|--------------------------|--|--------------------------|--|--------------------------|--|-------------------------------------|---|--------------------------|--|--------------------------|--|--------------------------|--------------------------------|--------------------------|----------------------------------|--------------------------|--|
| <b>FACTORS<br/>ASSOCIATED<br/>WITH THE<br/>REQUEST</b> | <p><b>Mark "X" for all that apply:</b></p> <table style="width: 100%;"> <tr><td><input type="checkbox"/></td><td>Change in cost of providing current services to existing program audience</td></tr> <tr><td><input type="checkbox"/></td><td>Change in case load/enrollment under existing program guidelines</td></tr> <tr><td><input type="checkbox"/></td><td>Non-mandated change in eligibility/enrollment for existing program</td></tr> <tr><td><input type="checkbox"/></td><td>Non-mandated program change in service levels or areas</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>Proposed establishment of a new program or initiative</td></tr> <tr><td><input type="checkbox"/></td><td>Loss of federal or other external financial support for existing program</td></tr> <tr><td><input type="checkbox"/></td><td>Exhaustion of fund balances previously used to support program</td></tr> <tr><td><input type="checkbox"/></td><td>IT Technology/Security related</td></tr> <tr><td><input type="checkbox"/></td><td>Consulted DTO during development</td></tr> <tr><td><input type="checkbox"/></td><td>Related to a Non-Recurring request – If so, Priority #</td></tr> </table> | <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 checked="" 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 # |
| <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 checked="" 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 #  |                          |   |                          |  |                          |  |                          |  |                                     |   |                          |  |                          |  |                          |                                |                          |                                  |                          |  |

|  |   |                                     |  |                          |                           |                          |   |                          |  |                          |                         |
|--|---|-------------------------------------|--|--------------------------|---------------------------|--------------------------|---|--------------------------|--|--------------------------|-------------------------|
| <b>STATEWIDE<br/>ENTERPRISE<br/>STRATEGIC<br/>OBJECTIVES</b> | <p><b>Mark "X" for primary applicable Statewide Enterprise Strategic Objective:</b></p> <table style="width: 100%;"> <tr><td><input checked="" type="checkbox"/></td><td>Education, Training, and Human Development</td></tr> <tr><td><input type="checkbox"/></td><td>Healthy and Safe Families</td></tr> <tr><td><input type="checkbox"/></td><td>Maintaining Safety, Integrity, and Security</td></tr> <tr><td><input type="checkbox"/></td><td>Public Infrastructure and Economic Development</td></tr> <tr><td><input type="checkbox"/></td><td>Government and Citizens</td></tr> </table> | <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 |
| <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   |                                     |  |                          |                           |                          |   |                          |  |                          |                         |

|                                    |  |
|------------------------------------|--|
| <b>ACCOUNTABILITY<br/>OF FUNDS</b> | <p>This request aligns with Strategic Measure 1.1.1 of the FY21-22 Strategic Plan in the 2021 Accountability Report. This request will support the startup and successful implementation of the program. Funds will be evaluated on the basis of the successful startup and implementation of the program.</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?*

|                      |   |
|----------------------|---|
| <b>RECIPIENTS OF</b> | Students would be the primary beneficiary of these funds. |
|----------------------|---|

**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**

Francis Marion University anticipates broadening our current environmental and natural science offerings with the addition of undergraduate Environmental Science and Forestry Programs. Land management, forestry conservation/restoration, policy development, forest ecology/sustainability, and environmental risk are compelling issues in South Carolina, and especially in the Pee Dee region. There are no other instructional Forestry programs of this type offered in the eastern portion of South Carolina. The maintenance of the timber industry in this region alone requires a qualified workforce to meet the growing demand for sustainable land management that is both efficacious and affordable.

This recurring request will support faculty and professional staff as well as operating resources to accommodate an anticipated initial enrollment of 50 majors. The University will solicit philanthropic commitments sufficient to address most of the nonrecurring, noncapital costs.

*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: | Francis Marion University |          |    |
| Agency Code: | H180                      | Section: | 17 |

## **FORM B2 – NON-RECURRING OPERATING REQUEST**

|                            |   |
|----------------------------|---|
| <b>AGENCY<br/>PRIORITY</b> | 4 |
|----------------------------|---|

*Provide the Agency Priority Ranking from the Executive Summary.*

|              |   |
|--------------|---|
| <b>TITLE</b> | Security Connectivity and Monitoring to Main Campus |
|--------------|---|

*Provide a brief, descriptive title for this request.*

|               |           |
|---------------|-----------|
| <b>AMOUNT</b> | \$500,000 |
|---------------|-----------|

*What is the net change in requested appropriations for FY 2022-2023? This amount should correspond to the total for all funding sources on the Executive Summary.*

|  |  |   |
|--|--|---|
| <b>FACTORS<br/>ASSOCIATED<br/>WITH THE<br/>REQUEST</b> | <b>Mark "X" for all that apply:</b>                |   |
|  | <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            |
|  | <input checked="" type="checkbox"/>                | IT Technology/Security related  |
|  | <input type="checkbox"/>                           | Consulted DTO during development  |
|  | <input type="checkbox"/>                           | Request for Non-Recurring Appropriations                                  |
|  | <input type="checkbox"/>                           | Request for Federal/Other Authorization to spend existing funding         |
| <input type="checkbox"/>                               | Related to a Recurring request – If so, Priority # |   |

|  |  |  |
|--|--|--|
| <b>STATEWIDE<br/>ENTERPRISE<br/>STRATEGIC<br/>OBJECTIVES</b> | <b>Mark "X" for primary applicable Statewide Enterprise Strategic Objective:</b> |  |
|  | <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                        |

|                                    |  |
|------------------------------------|--|
| <b>ACCOUNTABILITY<br/>OF FUNDS</b> | <p>This request aligns primarily with Goal 1 of the FY21-22 Strategic Plan in the 2021 Accountability Report to provide South Carolina and the Pee Dee Region with high quality higher education. It is incumbent upon the University to provide a safe environment for learning. This request will support the security of our students and protection of our facilities, at a fraction of the cost of hiring additional staff to monitor the facilities. Funds will be evaluated on the basis of the successful completion of the project.</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?*

|                                |   |
|--------------------------------|---|
| <b>RECIPIENTS OF<br/>FUNDS</b> | <p>Students, faculty and staff will benefit from the enhanced security that the upgrades will provide to remote parts of the University off of main campus.</p> |
|--------------------------------|---|

*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**

With the continued growth and development of the FMU arts, business, and health science programs in downtown Florence, there is a need to enhance security monitoring at these remote sites. While the University installed adequate security at these sites when the facilities were acquired or built, an upgrade of these systems is now required to accommodate continuous monitoring from the main campus. Specifically, these resources would go to enhance the continuity of data connection to each of these facilities, camera upgrades to meet current system requirements at the monitoring stations on campus, and additional technology and security related upgrades as necessary to achieve the level of on-campus security monitoring as outlined in campus police recommendations.

*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: | Francis Marion University |          |    |
| Agency Code: | H180                      | Section: | 17 |

## **FORM C – CAPITAL REQUEST**

|  |  |
|--|--|
| <b>AGENCY<br/>PRIORITY</b>                           | <div style="border: 1px solid black; padding: 5px; min-height: 30px;">2</div> <p><i>Provide the Agency Priority Ranking from the Executive Summary.</i></p>  |
| <b>TITLE</b>   | <div style="border: 1px solid black; padding: 5px; min-height: 30px;">Enviromental Sciences and Forestry Building</div> <p><i>Provide a brief, descriptive title for this request.</i></p>   |
| <b>AMOUNT</b>  | <div style="border: 1px solid black; padding: 5px; min-height: 30px;">\$18,000,000</div> <p><i>How much is requested for this project in FY 2022-2023? This amount should correspond to the total for all funding sources on the Executive Summary.</i></p>  |
| <b>CPIP PRIORITY</b>                                 | <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> <p>This request is reported in the 2021 CPIP for plan year FY2022-23. If state funding of this project is not received this project will have to be deferred to later plan years on future CPIP submissions until adequate funding is secured.</p> </div> <p><i>Identify the project's CPIP plan year and priority number, along with the first year in which the project was included in the agency's CPIP. If not included in the agency's CPIP, please provide an explanation. If the project involves a request for appropriated state funding, briefly describe the agency's contingency plan in the event that state funding is not made available in the amount requested.</i></p>  |
| <b>OTHER<br/>APPROVALS</b>                           | <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> <p>Approvals will be received for the capital project once sufficient funding has been identified for the project.</p> </div> <p><i>What approvals have already been obtained? Are there additional approvals that must be secured in order for the project to succeed? (Institutional board, JBRC, SF&amp;AA, etc.)</i></p>   |
| <b>LONG-TERM<br/>PLANNING AND<br/>SUSTAINABILITY</b> | <div style="border: 1px solid black; padding: 5px; min-height: 150px;"> <p>Currently, the FMU Education Foundation has contributed land for the facility. This request incorporates the full funding for this building. Continued operations of this facility will be funded by general operating funds of the University and absorbed into the existing resources available. The building has a useful life of approximately 40 years, although it will remain in operation well beyond that time.</p> </div> <p><i>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? What is the agency's expectation with regard to additional annual costs or savings associated with this capital improvement? What source of funds will be impacted by those costs or savings? What is the expected useful life of the capital improvement?</i></p>     |
|  | <div style="border: 1px solid black; padding: 5px; min-height: 150px;"> <p>Historically Francis Marion University has offered a broad array of programs in the natural sciences — expanding the focus to biological and environmental sciences during the last decade. These programs were developed largely in response to state, regional and community workforce demands.</p> <p>The proposed facility will house programs in Environmental Sciences and Forestry. These are all programs supported by employers across the region and are not offered by any other higher education institutions in our section of the state.</p> <p>This facility would be located on land owned and contributed by the FMU Education Foundation directly across from the main campus and adjacent to the Department of Natural Resources Pee Dee Regional Office. It will include classrooms, conference and seminar rooms, a GIS computer lab, science labs, faculty offices, and equipment storage rooms. Its proximity to DNR will allow us the expand many of the cooperative</p> </div> |

programs currently existing between the two entities.

## SUMMARY

*Provide a summary of the project and explain why it is necessary. Please refer to the budget guidelines for appropriate questions and thoroughly answer all related items.*

|              |                           |          |    |
|--------------|---------------------------|----------|----|
| Agency Name: | Francis Marion University |          |    |
| Agency Code: | H180                      | Section: | 17 |

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

|              |   |
|--------------|---|
| <b>TITLE</b> | Agency Cost Savings & General Fund Reduction Contingency Plan |
|--------------|---|

|               |  |
|---------------|--|
| <b>AMOUNT</b> | \$606,260  |
|               | <i>What is the General Fund 3% reduction amount? This amount should correspond to the reduction spreadsheet prepared by EBO.</i> |

|                                  |  |
|----------------------------------|--|
| <b>ASSOCIATED FTE REDUCTIONS</b> | There will be no FTE reductions because of this reduction.                             |
|                                  | <i>How many FTEs would be reduced in association with this General Fund reduction?</i> |

|                                      |  |
|--------------------------------------|--|
| <b>PROGRAM /<br/>ACTIVITY IMPACT</b> | <p>The University has elected to have the reduction come from its other operating budget within I.A. E&amp;G unrestricted general funds. In FY2015-16, the University received a general appropriation increase that the University uses on a recurring basis to cover the maintenance and cost of the University's enterprise resources planning system that the University has procured and implemented. We will opt to return the operating budget funds that have been appropriated for this initiative.</p> |
|                                      | <i>What programs or activities are supported by the General Funds identified?</i>  |

|                |   |
|----------------|---|
| <b>SUMMARY</b> | <p>For this analysis, the University sought to identify current state appropriation funds that would have minimal impact on the academic initiatives of the University.</p> <p>As stated in the program impact above, we will reduce general operating appropriations in our I.A. - Unrestricted E&amp;G received in FY2015-16 and allocated by the University for the maintenance of the University's enterprise resource planning system (system-wide computing) for this analysis. The University will have to rely on other funds generated by student tuition and fees to fund this initiative. This program could not be deferred and we would have to ensure funds are provided as we have a multi-year contract for the ERP system.</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**

The University continually assesses the efficiency and effectiveness of University operations. Extraneous activities are phased out as deemed necessary. Annually, we undertake a comparative review of tuition and fee rates to determine if realignments are necessary. We have frozen tuition and required fees for the last three fiscal years through careful management of operations and the support of continued state appropriations.

*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: | Francis Marion University |          |    |
| Agency Code: | H180                      | Section: | 17 |

## **FORM F – REDUCING COST AND BURDEN TO BUSINESSES AND CITIZENS**

|              |   |
|--------------|---|
| <b>TITLE</b> | Clinical Placement Programs: Students in action, making a difference now. |
|--------------|---|

*Provide a brief, descriptive title for this request.*

|  |  |
|--|--|
| <b>EXPECTED SAVINGS TO BUSINESSES AND CITIZENS</b> | <p>1. The development and growth of our health science and medical education programs produce practitioners to meet the ever increasing needs of rural areas across the state. The University's high percentage of in-state enrollment ensures sufficient graduates to work in these areas.</p> <p>2. Clinical placement of students in nursing, graduate nursing, speech-language pathology, and clinical psychology programs provides applied experience for these students.</p> |
|--|--|

*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.*

|  |  |                          |                                    |                          |  |                          |  |                                     |       |
|--|--|--------------------------|------------------------------------|--------------------------|--|--------------------------|--|-------------------------------------|-------|
| <b>FACTORS ASSOCIATED WITH THE REQUEST</b> | <p><b>Mark "X" for all that apply:</b></p> <table border="1"> <tr> <td><input type="checkbox"/></td> <td>Repeal or revision of regulations.</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Reduction of agency fees or fines to businesses or citizens.</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Greater efficiency in agency services or reduction in compliance burden.</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Other</td> </tr> </table> | <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 |
| <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  |                          |                                    |                          |  |                          |  |                                     |       |

|                              |     |
|------------------------------|-----|
| <b>METHOD OF CALCULATION</b> | N/A |
|------------------------------|-----|

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

|                                   |     |
|-----------------------------------|-----|
| <b>REDUCTION OF FEES OR FINES</b> | N/A |
|-----------------------------------|-----|

*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?*

|                                |     |
|--------------------------------|-----|
| <b>REDUCTION OF REGULATION</b> | N/A |
|--------------------------------|-----|

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

|                |   |
|----------------|---|
| <b>SUMMARY</b> | <p>Francis Marion University is committed to providing applied experience for all students enrolled in our health sciences programs. Students in the nursing, nurse practitioner, speech-language pathology, and clinical psychology programs all participate in clinical rotations in regional hospitals, public health clinics, community health centers, rehabilitation centers, private practices, and nursing facilities. Annually, Francis Marion coordinates 228 nursing undergrad students, 183 Nurse Practitioner students, 5 Nurse Educators, 10 Doctoral Nurse Practitioners, and 25 Speech· Language Pathology Students in over 200 clinical rotation locations that spread through 21 counties in South Carolina as well as North Carolina and Georgia. These students not only gain applied expertise but also provide supplementary support for the health care partners, and presumably, contribute to reduced patient charges.</p> |
|----------------|---|

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