



Fiscal Year FY 2023-2024
Agency Budget Plan

FORM A - BUDGET PLAN SUMMARY

**OPERATING
REQUESTS**
(FORM B1)

For FY 2023-2024, 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 2023-2024, 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 2023-2024, 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 2023-2024, 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.

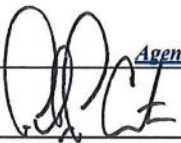
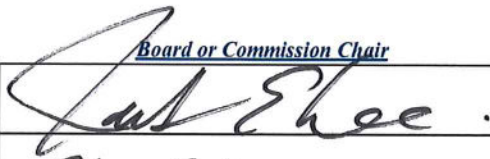
Please identify your agency's preferred contacts for this year's budget process.

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

<u>Name</u>	<u>Phone</u>	<u>Email</u>
Darryl Bridges	(843) 661-1201	dbridges@fmarion.edu
Eric Garriss	(843) 661-1136	egarriss@fmarion.edu

I have reviewed and approved the enclosed FY 2023-2024 Agency Budget Plan, which is complete and accurate to the extent of my knowledge.

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

 <u>Agency Director</u>	 <u>Board or Commission Chair</u>
Luther F. Carter	Robert E. Lee

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	2,500,000	0	0	0	2,500,000	0.00	0.00	0.00	0.00	0.00
2	C - Capital	Founders Hall Renovation	9,000,000	0	0	0	9,000,000	0.00	0.00	0.00	0.00	0.00
3	B2 - Non-Recurring	Remote Campus Security Connectivity and Monitoring	500,000	0	0	0	500,000	0.00	0.00	0.00	0.00	0.00
TOTALS			12,000,000	0	0	0	12,000,000	0.00	0.00	0.00	0.00	0.00

FORM B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY

1

Provide the Agency Priority Ranking from the Executive Summary.

TITLE

Tuition Mitigation Support

Provide a brief, descriptive title for this request.

AMOUNT

General: \$2,500,000

Federal: \$0

Other: \$0

Total: \$2,500,000

What is the net change in requested appropriations for FY 2023-2024? 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 |

ACCOUNTABILITY OF FUNDS

This request primarily aligns with Goal 1 of the FY22-23 Strategic Plan in the University's 2022 Accountability Report to provide South Carolina and the Pee Dee Region high quality higher education. This request supports the University's continued commitment to maintain a quality experience for students at a relatively low cost. Funds will be evaluated based on the University's ability to freeze tuition rates for FY23-24.

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

RECIPIENTS OF

Students and parents would be the primary beneficiaries through the freezing of tuition rates. Funds will be allocated internally to support university instructional and operational objectives which are supported through tuition.

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 remains committed to providing a quality education for South Carolinians at the most affordable rates in the state. For the past four years, tuition mitigation funding has provided the resources for FMU to meet increased costs while maintaining tuition levels with no increases for students and parents. Recent inflationary trends have increased base costs making this funding more critical than ever. The projected Higher Education Price Index for 2022 is 5.7%, more than double that of the previous year.

As it has for the last two decades, FMU continues to maintain one of the lowest university tuition rates in the state. Considering that more than 95% of FMU students are South Carolina residents and more than 40% are first generational college students, it remains imperative for FMU to maintain an accessible and affordable education for the citizens of the region.

Recent economic challenges have created uncertainty for students and their families, especially those with exceptional financial need. This appropriation, coupled with private fundraising dedicated to needs-based aid and support directed to first-generation students, will permit the university to meet its anticipated obligations and sustain existing levels of institutional support necessary to provide instruction and services.

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

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

FORM C – CAPITAL REQUEST

AGENCY PRIORITY

2

Provide the Agency Priority Ranking from the Executive Summary.

TITLE

Founders Hall Renovation

Provide a brief, descriptive title for this request.

AMOUNT

\$9,000,000

How much is requested for this project in FY 2023-2024? This amount should correspond to the total for all funding sources on the Executive Summary.

CPIP PRIORITY

This request is reported in the 2022 CPIP for plan year FY2023-24. If state funding for 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.

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.

OTHER APPROVALS

Approvals will be requested for this capital project once sufficient funding has been identified.

What approvals have already been obtained? Are there additional approvals that must be secured in order for the project to succeed? (Institutional board, JBRC, SFAA, etc.)

LONG-TERM PLANNING AND SUSTAINABILITY

General operating funds of the University will continue to fund operations of this facility. This facility has been in operation since 1971 and with the renovations requested herein, this facility should have a useful life of approximately 40 additional years, though it may likely remain in operation well beyond that time.

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?

Founders Hall, constructed in 1971, has provided instructional space for FMU students since the founding of the university. While general maintenance kept the building operational, a more extensive renovation is needed to create a layout more conducive to changing instructional methods and to update mechanical systems. This request will provide for mechanical system replacements where needed, life-safety and compliance upgrades, and the renovation of classroom spaces to better meet modern instructional methodologies.

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		
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FORM B2 – NON-RECURRING OPERATING REQUEST

AGENCY PRIORITY

3

Provide the Agency Priority Ranking from the Executive Summary.

TITLE

Remote Campus Security Connectivity and Monitoring

Provide a brief, descriptive title for this request.

AMOUNT

\$500,000

What is the net change in requested appropriations for FY 2023-2024? This amount should correspond to the total for all funding sources on the Executive Summary.

FACTORS ASSOCIATED WITH THE REQUEST

Mark "X" for all that apply:

- | | |
|-------------------------------------|---|
| <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 # |

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

This request aligns primarily with Goal 1 of the FY22-23 Strategic Plan in the 2022 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.

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

RECIPIENTS OF FUNDS

Students, faculty and staff will benefit from the enhanced security that the upgrades will provide to remote parts of the University not on the main campus.

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

**JUSTIFICATION
OF REQUEST**

The continued growth and development of FMU programs and facilities within the region has created the need to enhance security monitoring at these remote sites. While adequate security at these sites was installed when the facilities were built or acquired, an upgrade to these systems is now required to accommodate continuous and more extensive monitoring from the main campus.

Specifically, these resources will provide more secure data connections with greater capacity, improved camera and monitoring systems in remote locations, and necessary upgrades to the campus security monitoring system that will provide great protection for university students, personnel, and assets.

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

TITLE

Agency Cost Savings & General Fund Reduction Contingency Plan

AMOUNT

\$700,287

What is the General Fund 3% reduction amount? This amount should correspond to the reduction spreadsheet prepared by EBO.

ASSOCIATED FTE REDUCTIONS

There will be no FTE reductions because of this reduction.

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

PROGRAM / ACTIVITY IMPACT

The University has elected to have the reduction come from its other operating budget within I.A. E&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 resource planning (ERP) system that the University has procured and implemented. The University would return the operating budget funds that were appropriated for this initiative.

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

SUMMARY

For this analysis, the University sought to identify current state appropriation funds that would have minimal impact on the academic initiatives of the University.

As stated in the Program Impact section above, for this analysis, the University would reduce general operating appropriations in I.A. E&G unrestricted general funds received in FY2015-16 and annually allocated by the University for the maintenance of the University's enterprise resource planning system (system-wide computing). The University would have to rely on other funds generated by student tuition and fees to fund this initiative. This program could not be deferred since the University is in a multi-year contract for the ERP system.

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, University leadership reviews tuition and fee rates to determine if realignments are necessary. The University has frozen tuition and required fees for the last four fiscal years through careful management of operations and the continued support of 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?

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FORM F – REDUCING COST AND BURDEN TO BUSINESSES AND CITIZENS

TITLE

Clinical Placement Programs: Students in action, making a difference now

Provide a brief, descriptive title for this request.

EXPECTED SAVINGS TO BUSINESSES AND CITIZENS

1. The development and growth of the University's 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 supports sufficient graduates to work in these areas.
2. Clinical placements of students in nursing, graduate nursing, speech-language pathology, and clinical psychology programs provide applied experience for these students.

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

N/A

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

REDUCTION OF FEES OR FINES

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?

REDUCTION OF REGULATION

N/A

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

SUMMARY

Francis Marion University is committed to providing applied experiences for all students enrolled in its 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 thus positively impacting many counties across the State. These students not only gain applied experience but also provide supplementary support for the health care partners, and presumably contribute to reduced patient charges.

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