

AGENCY NAME:	State Museum Commission		
AGENCY CODE:	H - 950	SECTION:	29



**Fiscal Year 2019-20
Agency Budget Plan**

FORM A - BUDGET PLAN SUMMARY

OPERATING REQUESTS (FORM B1)	For FY 2019-20, 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 2019-20, 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 2019-20, 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 2019-20, 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.

	<i>Name</i>	<i>Phone</i>	<i>Email</i>
PRIMARY CONTACT:	Willie Calloway	803-898-4930	willie.calloway@scmuseum.org
SECONDARY CONTACT:	Anita Anderson	803-898-5399	anita.anderson@scmuseum.org

I have reviewed and approved the enclosed FY 2019-20 Agency Budget Plan, which is complete and accurate to the extent of my knowledge.

	<i>Agency Director</i>	<i>Board or Commission Chair</i>
SIGN/DATE:		9/24/18
TYPE/PRINT NAME:	William Calloway	John F. McCabe

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

Fiscal Year 2019-20 Budget Request Executive Summary

Agency Code:		H950												
Agency Name:		State Museum Commission												
Section:		29												
BUDGET REQUESTS			FUNDING					FTES						
Priority	Request Type	Request Title	State	Federal	Earmarked	Restricted	Total	State	Federal	Earmarked	Restricted	Total		
1	B1 - Recurring	Museum Artifact and Object Conservator	60,000				60,000	1.00				1.00		
2	B1 - Recurring	Collections Art Inventory and Digitization Project			100,000		100,000			1.00		1.00		
3	C - Capital	Permanent Gallery Renovation	10,000,000		5,000,000		15,000,000					0.00		
4	B1 - Recurring	PC Replacement	15,000				15,000					0.00		
5	B2 - Non-Recurring	Firewall Replacement	30,000				30,000					0.00		
6	B2 - Non-Recurring	Data Storage	15,000				15,000					0.00		
7	B2 - Non-Recurring	Ticketing EMV Chip and Pin	15,000				15,000					0.00		
8	B2 - Non-Recurring	Point of Sale Upgrade	71,900				71,900					0.00		
9	B2 - Non-Recurring	WiFi Expansion	63,000				63,000					0.00		
10	B2 - Non-Recurring	Security Camera System	50,000				50,000					0.00		
11							0					0.00		
12							0					0.00		
13							0					0.00		
14							0					0.00		
15							0					0.00		
16							0					0.00		
17							0					0.00		
18							0					0.00		
19							0					0.00		
20							0					0.00		
21							0					0.00		
22							0					0.00		
23							0					0.00		
24							0					0.00		
25							0					0.00		
26							0					0.00		
27							0					0.00		
28							0					0.00		
29							0					0.00		
30							0					0.00		
TOTAL BUDGET REQUESTS			10,319,900	0	5,100,000	0	15,419,900	1.00	0.00	1.00	0.00	2.00		

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FORM B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY	1 – Form #14261
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Provide the Agency Priority Ranking from the Executive Summary.

TITLE	Museum Artifact and Object Conservator
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Provide a brief, descriptive title for this request.

AMOUNT	General: \$60,000 Federal: Other: Total: \$60,000
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What is the net change in requested appropriations for FY 2019-20? This amount should correspond to the total for all funding sources on the Executive Summary.

NEW POSITIONS	1
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Please provide the total number of new positions needed for this request.

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 checked="" type="checkbox"/>	Non-mandated program changes 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 #	

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>Goal 3 – “Be the Caretakers of South Carolina History Strategy 3.1 – Acquire, Preserve and Use Collections of Distinction Performance Measure 3.1.2 – Number of Objects collected and preserved The museum, thru its private foundation, has received a generous restricted donation of \$2,000,000 to acquire new objects for our collection. As we collect these new items, which is part of our statutory responsibility, there will be an increased demand for the conservation of these objects in a timely manner in order to insure their protection. Conservation is a subjective task and process, but in general we would evaluate the position by the number of objects conserved and the quality of the conservation.</p>
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What specific strategy, as outlined in the FY 2018-19 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	<p>The recipient would be the salary and benefits to the new FTE conservator</p>
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What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

JUSTIFICATION OF REQUEST	<p>The primary role of a conservator is to stabilize and manage long-term preservation of museum objects through examination, documentation, treatment, and preventative care. A conservator assesses the stability of artifacts and specimens and provides the best storage and treatment options. Depending on their area of specialization, they can conduct the needed stabilization treatments, or manage outside conservators when work needs to be contracted out. This position would also monitor environmental issues that affect object preservation, including temperature and humidity as well as light levels in storage and throughout exhibition spaces, and manage the Integrated Pest Management Plan that addresses potential insect issues and concerns.</p> <p>It is the responsibility of the museum to properly care for and maintain the objects that tell the stories related to our mission. Since the museum is in a historic structure, maintenance of climates can be challenging and increases the possibility of condition issues. Due to the age and fragile condition of the 80,000 artifacts and nearly 200,000 natural history specimens in the museum’s diverse collection they require consistent monitoring and intervention to improve their long-term stability. The skills and training of a conservator would help alleviate these issues through dedicated monitoring and ongoing evaluation at a skill level beyond that of current staff. By investing in specialized care for the collection, the State would actively preserve and protect our state’s treasures for future generations.</p>
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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

AGENCY PRIORITY	2 – Form #14262
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Provide the Agency Priority Ranking from the Executive Summary.

TITLE	Collections Art Inventory and Digitization Project
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Provide a brief, descriptive title for this request.

AMOUNT	General: Federal: Other: \$100,000 Total: \$100,000
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What is the net change in requested appropriations for FY 2019-20? This amount should correspond to the total for all funding sources on the Executive Summary.

NEW POSITIONS	1
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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>Goal 3 – “Be the Caretakers of South Carolina History” Strategy 3.1 – Acquire, Preserve and Use Collections of Distinction Performance Measure 3.1.1 – Number of Accessions Recorded</p> <p>The IMLS grant is restricted to the specific task of digitizing and recording the art portion of the museum’s collection.</p> <p>The evaluation will be the percentage of the art collections that is processed under the term of the grant (Two years Sept 2019 – Sept 2020)</p>
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What specific strategy, as outlined in the FY 2018-19 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	<p>The State Museum would receive these federal grants funds as a private grant from the SC State Museum Foundation, a 501-3-C non-profit. the funds are restricted to use as per the terms of the grant and include staff and supply costs. Also would be a contracted photographer that will shoot the required digital images.</p>
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What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

JUSTIFICATION OF REQUEST	<p>This grant request, submitted in December 2016, was for \$209,223 to hire staff and purchase equipment to inventory the entire Art collection, improve basic storage conditions, create high-quality digital images and clean object records for each item in storage. At the end of the project, we hope to have 3,500 entries on our IMu portal, and a verified inventory process to use on the rest of the collection.</p> <p>With the money, we will hire one full-time Inventory Coordinator, two part-time Collections Assistants to inventory, one part-time Photography Assistant, and one part-time Data Entry Assistant. We will also retain the contracted services of Hunter Clarkson to train staff on photography and purchase new computers and photography equipment that can be used in storage. This grant provides funding through September 2020, and we plan to apply for funding to support this same process with the other museum collections. The Registrar will oversee the project, with the assistance of the Curator of Art and Collections Outreach Coordinator.</p>
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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

AGENCY PRIORITY	4 – Form #14264 <i>Provide the Agency Priority Ranking from the Executive Summary.</i>
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TITLE	PC Replacement <i>Provide a brief, descriptive title for this request.</i>
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AMOUNT	General: \$15,000 Federal: Other: Total: \$15,000 <i>What is the net change in requested appropriations for FY 2018-19? This amount should correspond to the total for all funding sources on the Executive Summary.</i>
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NEW POSITIONS	 <i>Please provide the total number of new positions needed for this request.</i>
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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"/>	Related to a Non-Recurring request – If so, Priority #	

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

AGENCY NAME:	State Museum Commission		
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ACCOUNTABILITY OF FUNDS	<p>Objective 5.1.2 – Provide necessary equipment and controls for IT systems</p> <p>Funding would provide adequate equipment to deter possible data theft and provide data storage back-ups</p> <p>Evaluation of use would require third party testing of systems to insure they are functioning properly. Also, if there are no data breaches.</p>
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What specific agency objective, as outlined in the agency’s accountability report, does this funding request support? How would this request advance that objective? How would the use of these funds be evaluated?

RECIPIENTS OF FUNDS	<p>Funds to be used for agency Information Technology Infrastructure which would be paid to equipment vendors who would be sourced by IT staff and approved by DTO as required. DTO has eligibility criteria and approved vendors listings.</p>
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What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

JUSTIFICATION OF REQUEST	<p>Using the Dept of Admin's End-User Computing Devices Standard program to purchase new computers to replace 5+ year old aging hardware to guard against hardware failure and the limitations of the old hardware and allow the museum to provide a better guest experience.</p>
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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 B2 – NON-RECURRING OPERATING REQUEST

AGENCY PRIORITY	5 – Form #14265 <i>Provide the Agency Priority Ranking from the Executive Summary.</i>
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TITLE	Firewall Replacement <i>Provide a brief, descriptive title for this request.</i>
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AMOUNT	General: \$30,000 Federal: Other: Total: \$30,000 <i>What is the net change in requested appropriations for FY 2018-19? This amount should correspond to the total for all funding sources on the Executive Summary.</i>
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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 checked="" 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 type="checkbox"/>	Education, Training, and Human Development
	<input type="checkbox"/>	Healthy and Safe Families
	<input checked="" type="checkbox"/>	Maintaining Safety, Integrity, and Security
	<input type="checkbox"/>	Public Infrastructure and Economic Development
	<input type="checkbox"/>	Government and Citizens

ACCOUNTABILITY OF FUNDS	5.1.2 – provide necessary investment in IT Hardware and software Funding would provide adequate equipment to deter possible data theft. Evaluation of use would require third party testing of systems to insure they are functioning properly. Also, if there are no data breaches.
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What specific agency objective, as outlined in the agency's accountability report, does this funding request support? How would this request advance that objective? How would the use of these funds be evaluated?

RECIPIENTS OF FUNDS	Funds to be used for agency Information Technology Infrastructure which would be paid to equipment vendors who would be sourced by IT staff and approved by DTO as required. DTO has eligibility criteria and approved vendors listings.
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What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

JUSTIFICATION OF REQUEST	Replace the current firewall with a next gen firewall and security appliance capable of integrated intrusion detection and prevention (IDS/IPS) to protect the agency network against malicious entities and threats. It will also include category-based content filter and VPN functionality.
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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 B2 – NON-RECURRING OPERATING REQUEST

AGENCY PRIORITY	6 – Form #14266 <i>Provide the Agency Priority Ranking from the Executive Summary.</i>
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TITLE	Data Storage <i>Provide a brief, descriptive title for this request.</i>
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AMOUNT	General: \$15,000 Federal: Other: Total: \$15,000 <i>What is the net change in requested appropriations for FY 2018-19? This amount should correspond to the total for all funding sources on the Executive Summary.</i>
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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 checked="" 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 type="checkbox"/>	Education, Training, and Human Development
	<input type="checkbox"/>	Healthy and Safe Families
	<input checked="" type="checkbox"/>	Maintaining Safety, Integrity, and Security
	<input type="checkbox"/>	Public Infrastructure and Economic Development
	<input type="checkbox"/>	Government and Citizens

ACCOUNTABILITY OF FUNDS	Objective 5.1.2 – Provide necessary equipment and controls for IT systems
	Funding would provide adequate equipment to deter possible data theft and provide data storage back-ups
	Evaluation of use would require third party testing of systems to insure they are functioning properly. Also, if there are no data breaches.

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What specific agency objective, as outlined in the agency's accountability report, does this funding request support? How would this request advance that objective? How would the use of these funds be evaluated?

RECIPIENTS OF FUNDS	Funds to be used for agency Information Technology Infrastructure which would be paid to equipment vendors who would be sourced by IT staff and approved by DTO as required. DTO has eligibility criteria and approved vendors listings.
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What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

JUSTIFICATION OF REQUEST	<p>To meet those standards and mandated timelines for providing these services, the Museum to increase onsite storage capabilities for data protection that is essential to thoroughly protect the agencies data, activities and assets.</p> <p>There are no matching funds available for this request and if funding is not received the museum's data and information will be vulnerable to security risks. This is a non-recurring appropriation request and does not require annualization.</p>
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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 B2 – NON-RECURRING OPERATING REQUEST

AGENCY PRIORITY	7 – Form #14267 <i>Provide the Agency Priority Ranking from the Executive Summary.</i>
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TITLE	Ticketing EMV Chip and PIN <i>Provide a brief, descriptive title for this request.</i>
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AMOUNT	General: \$15,000 Federal: Other: Total: \$15,000 <i>What is the net change in requested appropriations for FY 2018-19? This amount should correspond to the total for all funding sources on the Executive Summary.</i>
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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 checked="" 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 type="checkbox"/>	Education, Training, and Human Development
	<input type="checkbox"/>	Healthy and Safe Families
	<input checked="" 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>Objective 5.1.2 – Provide necessary equipment and controls for IT systems Funding would provide adequate equipment to deter possible credit card fraud and limit the agency exposure to credit card fraud.</p> <p>Evaluation of use would require third party testing of systems to insure they are functioning properly. Also, if there are no data breaches.</p>
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What specific agency objective, as outlined in the agency's accountability report, does this funding request support? How would this request advance that objective? How would the use of these funds be evaluated?

RECIPIENTS OF FUNDS	Funds to be used for agency Information Technology Infrastructure which would be paid to equipment vendors who would be sourced by IT staff and approved by DTO as required. DTO has eligibility criteria and approved vendors listings.
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What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

JUSTIFICATION OF REQUEST	<p>To meet those standards and mandated timelines for providing these services, the Museum needs to install credit card processing equipment that interfaces with our Point of Sale terminals to meet the new payment card industry EMV chip standard.</p> <p>The following was our initial cost breakdown for the project which came out to be around \$13,900. We built in some room for extra devices and network drops. It's for 13 total units, 12 VeriFone VX820 devices, but that might not be the model available from our POS manufacturer next year when we implement this. Plus 1 4G Travel Reader is for sales we do during special events like Fall Fest where we are setup in non-traditional locations (parking lot) for retail and food/bev sales and offsite retail sales events like the Holiday Market. See below for initial cost analysis:</p> <table border="0"> <tr> <td>1.</td> <td>Required EMV Card Readers</td> <td style="text-align: right;">12</td> </tr> <tr> <td>2.</td> <td>Estimated Cost per reader</td> <td style="text-align: right;">\$450</td> </tr> <tr> <td>3.</td> <td>Estimated Cost of 4G Travel Reader</td> <td style="text-align: right;">\$1,500</td> </tr> <tr> <td>4.</td> <td>Estimated Initial EMV Reader Cost for Galaxy Setup</td> <td style="text-align: right;">\$6,900</td> </tr> <tr> <td>5.</td> <td>Estimated IT Networking Expenses</td> <td style="text-align: right;">\$7,000</td> </tr> <tr> <td>6.</td> <td>Estimated cost for Galaxy POS software Upgrade for EMV interface</td> <td style="text-align: right;">\$500</td> </tr> </table>	1.	Required EMV Card Readers	12	2.	Estimated Cost per reader	\$450	3.	Estimated Cost of 4G Travel Reader	\$1,500	4.	Estimated Initial EMV Reader Cost for Galaxy Setup	\$6,900	5.	Estimated IT Networking Expenses	\$7,000	6.	Estimated cost for Galaxy POS software Upgrade for EMV interface	\$500
1.	Required EMV Card Readers	12																	
2.	Estimated Cost per reader	\$450																	
3.	Estimated Cost of 4G Travel Reader	\$1,500																	
4.	Estimated Initial EMV Reader Cost for Galaxy Setup	\$6,900																	
5.	Estimated IT Networking Expenses	\$7,000																	
6.	Estimated cost for Galaxy POS software Upgrade for EMV interface	\$500																	

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 B2 – NON-RECURRING OPERATING REQUEST

AGENCY PRIORITY	8 – Form #14268 <i>Provide the Agency Priority Ranking from the Executive Summary.</i>
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TITLE	Point of Sale Upgrade <i>Provide a brief, descriptive title for this request.</i>
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AMOUNT	General: \$71,900 Federal: Other: Total: \$71,900 <i>What is the net change in requested appropriations for FY 2018-19? This amount should correspond to the total for all funding sources on the Executive Summary.</i>
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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 checked="" 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 type="checkbox"/> Education, Training, and Human Development
	<input type="checkbox"/> Healthy and Safe Families
	<input checked="" type="checkbox"/> Maintaining Safety, Integrity, and Security
	<input type="checkbox"/> Public Infrastructure and Economic Development
<input type="checkbox"/> Government and Citizens	

ACCOUNTABILITY OF FUNDS	Objective 5.1.2 – Provide necessary equipment and controls for IT systems Funding would provide adequate equipment to deter possible data theft and provide data storage back-ups Evaluation of use would require third party testing of systems to insure they are functioning properly. Also, if there are no data breaches.
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AGENCY NAME:	State Museum Commission		
AGENCY CODE:	H950	SECTION:	29

What specific agency objective, as outlined in the agency's accountability report, does this funding request support? How would this request advance that objective? How would the use of these funds be evaluated?

RECIPIENTS OF FUNDS	Funds to be used for agency Information Technology Infrastructure which would be paid to equipment vendors who would be sourced by IT staff and approved by DTO as required. DTO has eligibility criteria and approved vendors listings.
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What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

JUSTIFICATION OF REQUEST	Replace aging hardware to guard against hardware failure and the limitations of the old hardware and allow the museum to provide a better guest experience. This will also include new server hardware to replace an aging server that houses our Ticketing system and Membership database.
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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:	State Museum Commission		
AGENCY CODE:	H950	SECTION:	29

FORM B2 – NON-RECURRING OPERATING REQUEST

AGENCY PRIORITY	9 – Form #14269 <i>Provide the Agency Priority Ranking from the Executive Summary.</i>
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TITLE	WIFI Expansion <i>Provide a brief, descriptive title for this request.</i>
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AMOUNT	General: \$63,000 Federal: Other: Total: \$63,000 <i>What is the net change in requested appropriations for FY 2018-19? This amount should correspond to the total for all funding sources on the Executive Summary.</i>
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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 checked="" 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 type="checkbox"/>	Education, Training, and Human Development
	<input type="checkbox"/>	Healthy and Safe Families
	<input checked="" 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>Objective 5.1.2 – Provide necessary equipment and controls for IT systems</p> <p>Funding would provide adequate equipment to deter possible data theft and provide data storage back-ups</p> <p>Evaluation of use would require third party testing of systems to insure they are functioning properly. Also, if there are no data breaches.</p>
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AGENCY NAME:	State Museum Commission		
AGENCY CODE:	H950	SECTION:	29

What specific agency objective, as outlined in the agency's accountability report, does this funding request support? How would this request advance that objective? How would the use of these funds be evaluated?

RECIPIENTS OF FUNDS	Funds to be used for agency Information Technology Infrastructure which would be paid to equipment vendors who would be sourced by IT staff and approved by DTO as required. DTO has eligibility criteria and approved vendors listings.
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What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

JUSTIFICATION OF REQUEST	Expand the Wifi to include all public spaces in the museum to provide guests with a free and secure public WiFi option. There are no matching funds available for this request. This is a non-recurring appropriation request and does not require annualization.
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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:	State Museum Commission		
AGENCY CODE:	H950	SECTION:	29

FORM B2 – NON-RECURRING OPERATING REQUEST

AGENCY PRIORITY	10 – Form #14270 <i>Provide the Agency Priority Ranking from the Executive Summary.</i>
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TITLE	Security Camera System <i>Provide a brief, descriptive title for this request.</i>
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AMOUNT	General: \$50,000 Federal: Other: Total: \$50,000 <i>What is the net change in requested appropriations for FY 2018-19? This amount should correspond to the total for all funding sources on the Executive Summary.</i>
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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 checked="" 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 type="checkbox"/>	Education, Training, and Human Development
	<input type="checkbox"/>	Healthy and Safe Families
	<input checked="" type="checkbox"/>	Maintaining Safety, Integrity, and Security
	<input type="checkbox"/>	Public Infrastructure and Economic Development
	<input type="checkbox"/>	Government and Citizens

ACCOUNTABILITY OF FUNDS	Objective 5.1.2 – Provide necessary equipment and controls for IT systems Funding would provide additional equipment to deter possibility of data theft and provide monitoring for your asset collection
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AGENCY NAME:	State Museum Commission		
AGENCY CODE:	H950	SECTION:	29

What specific agency objective, as outlined in the agency's accountability report, does this funding request support? How would this request advance that objective? How would the use of these funds be evaluated?

RECIPIENTS OF FUNDS	Funds to be used for agency Information Technology Infrastructure which would be paid to equipment vendors who would be sourced by IT staff and approved by DTO as required. DTO has eligibility criteria and approved vendors listings.
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What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

JUSTIFICATION OF REQUEST	Replace aging hardware to guard against hardware failure and the limitations of the old hardware and allow the museum to provide better guest protection and the protection of museum assets and collection.
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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:	State Museum Commission		
AGENCY CODE:	H950	SECTION:	29

FORM C – CAPITAL REQUEST

AGENCY PRIORITY **3 – Form #14263**
Provide the Agency Priority Ranking from the Executive Summary.

TITLE **Permanent Gallery Renovation**
Provide a brief, descriptive title for this request.

AMOUNT **\$10,000,000 state + \$5,000,000 private = \$15,000,000 total**
How much is requested for this project in FY 2019-20? This amount should correspond to the total for all funding sources on the Executive Summary.

CPIP PRIORITY Plan Year - 2020.21; Priority 1
 First Included in 2016 CPIP
 Project would be on hold until an amount of state funding was received
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 have been received from the Museum Commission
 Approval has been received by the SC State Museum Foundation to raise the private funds.
 All other approvals are needed
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 We have spent \$30,000 in foundation funds for concept design work on the fourth floor in 2016.
 This project begins phase two of the complete renovation of the museum. Phase 1 (\$23.5 million) was opened in August of 2014 and included the addition of a planetarium, 4D theatre, observatory, telescope gallery and guest service and rental enhancements. Phase 2 will transform the existing 3 floors of permanent exhibits to the same standard of quality as the WTNW components.
 No additional operating costs are needed. The construction would be phased so the museum would not close during the renovations as we would do one floor at a time. The expected useful life of this upgrade would be 20 years.
 Without this desperately needed reinvestment into the core museum product which is now over 30 years old, in all likelihood earned revenues and visitation will decline thus necessitating increased annual state funding to offset the revenue loss.
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?

AGENCY NAME:	State Museum Commission		
AGENCY CODE:	H950	SECTION:	29

SUMMARY

Overview

The continued success of the South Carolina State Museum to preserve history, convey content and engage guests remains dependent upon an ongoing commitment toward strategic and timely renovations of the museum’s facilities and exhibit program. The recent Windows to the World expansion of SCSM’s public spaces dramatically improved the facility’s operations while simultaneously exposing it’s decidedly dated artifact displays, antiquated media techniques and obsolete interactives — a situation over 30 years in the making. Upon careful analysis of the SCSM’s current exhibit program, the museum’s permanent gallery exhibits are in need of renovation to better represent its expanding collection, replace outdated exhibit delivery systems and bring a 1980’s building infrastructure into the new millennium.

The Story of South Carolina Through Its Artifact

Developments in archeological sciences, a growing artifact collection, and recent events in South Carolina have resulted in a museum experience that does not tell the whole story of South Carolina. In fact, more than half of the total SCSM collection remains in storage! Renovated galleries will allow for better representation of its rich history and the lessons we can learn from it.

Updated Exhibit Techniques

Today’s audiences expect to access information through a variety of mediums, ranging from dynamic displays to engaging interactives to innovative media presentations. The renovation of the exhibit halls will provide a more varied mix of interpretation than is currently offered. Additional media also allows the museum to easily update content, whether in the form of touch screens, theaters or projection-mapped immersive environments.

Facility and Operations

Over 30 years of constant use with no improvements has resulted in a facility that is well past its prime. The building’s flooring and wall treatments are showing their age and an inefficient lighting system should be replaced with a more efficient and cost-effective LED system offering better conditions for artifact preservation. From an operational standpoint, creating a larger multi-use gallery on each floor will add the ability to present more content and provide additional income through increased rental opportunities. Finally, the galleries are in need of updated environmental graphics, signage and way-finding that complement the design language of the Windows to the World project.

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:	State Museum		
AGENCY CODE:	H950	SECTION:	29

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

TITLE	Agency Cost Savings and General Fund Reduction Contingency Plan
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AMOUNT	\$114,422 <i>What is the General Fund 3% reduction amount (minimum based on the FY 2018-19 recurring appropriations)? This amount should correspond to the reduction spreadsheet prepared by EBO.</i>
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ASSOCIATED FTE REDUCTIONS	(1) FTE Reduction <i>How many FTEs would be reduced in association with this General Fund reduction?</i>
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PROGRAM/ACTIVITY IMPACT	I. Administration Rent Reduction II. Programs FTE Reduction
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What programs or activities are supported by the General Funds identified?

AGENCY NAME:	State Museum		
AGENCY CODE:	H950	SECTION:	29

SUMMARY	<p>Reduction in rent payment to General Services would defer and delay needed maintenance repairs to the building thus negatively affecting the visitor experience and ultimately negatively impacting attendance and revenues.</p> <p>Rent of \$1,800,000 reduced by 3% = \$54,000 (allowed by proviso 29.6)</p> <p>Reduction of the Collection Outreach manager position would decrease the educational and cultural impact the state museum would have in the state outside of the Columbia area. The museum is THE State Museum and as such has a responsibility to provide the programming and educational opportunities across the entire state and not just to those citizens who have the resources to visit the museum on site in Columbia. This position also helps to provide museum expertise and support as well as traveling exhibits to cultural facilities and organization across the state which would be severely diminished.</p> <p>\$43,000 salary + \$17,400 benefits = \$60,400</p>
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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	N/A
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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?