|  |
| --- |
| **Program Summary** |
| **EIA-Funded Program Name** |  | **Address** |  |
|  |  |  |  |
| **FY 2019-20** **EIA Appropriation** |  | **FY 2020-21** **EIA Funding Request** |  |
|  |  |  |  |
| **Program Contact** |  | **Division/Office**  |  |
| **Contact Title** |  | **Address** |  |
| **Contact Phone** |  | **Contact E-Mail** |  |
|  |  |  |  |
| **Summary of Program**: |

* The completed report packet should contain **fifteen (15), three-hole-punched double sided copies and one electronic file** by **12:00 p.m. September 27, 2019.**
* Hard copies may be mailed or delivered to: SC Education Oversight Committee, Edgar A. Brown Building, 1205 Pendleton Street, Suite 502, Columbia, SC 29201 located on the Statehouse grounds. Any questions and electronic copies should be sent to Bunnie Lempesis Ward at bward@eoc.sc.gov**.**

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| **1.** | **Allocation of Funds** Of the EIA funds appropriated for this program in Fiscal Year 2018-19, how are the funds allocated?

|  |  |  |
| --- | --- | --- |
| **Allocation of Funds** | **$** | **% of Total Line Item** |
| Allocated to School Districts | $ | % |
| Retained by this partnership/program/agency | $ | % |
| Allocated to Other Entities (Please Explain) | $ | % |
| Other (Please Explain)  | $ | % |
| Other (Please Explain) | $ | % |
| **TOTAL:** | $ | % |

**Total** should reflect EIA line item appropriation ($) and 100% of the line item appropriation. Of the funds “Allocated to School Districts,” please denote how the funds are intended to be spent by expenditure category. If no funds are allocated to school districts, please skip this question.

|  |  |
| --- | --- |
| **Expenditure Category for Funds** **Allocated to School Districts** | **%** |
| **Instruction**(Includes direct and indirect instruction and resources in a traditional classroom in grades K-12 including teacher salary compensation, fringe benefits, teacher professional development, etc.)Please *exclude* National Board supplements and Teacher Supply Funds. | % |
| **Instructional Support** (i.e. guidance counselors, media specialists, reading coaches, summer reading camps, etc.,)  | % |
| **Special Education Services** | % |
| **Health**(i.e. school nurses, mental health counselors, etc.) | % |
| **Safety**(i.e. school resource officers, etc.) | % |
| **Vocational** (i.e. career education, vocational equipment, etc.)  | % |
| **Facilities & Transportation** | % |
| **District Services** | % |
| **Technology**(i.e. classroom devices/tablets or instructional software that supports direct learning, etc.) | % |
| **Adult Education** | % |
| **4K** (i.e. Half-Day and Full-Day Programs) | % |
| **Assessments**(i.e. funds for formative assessments, industry exams, etc.) |  |
| **Teacher Supply Funds** | % |
| **National Board Supplements** | % |
| **Other** *(Please Explain)* | % |
| **TOTAL:** | % |

Total should reflect 100%. |
| **2.** | **A. Relevant State Law**What South Carolina laws, including provisos in the current year’s general appropriations act, govern the implementation of this program? Complete the following citations, when applicable. |
|  | Code of Laws: |
|  |  |
|  | Proviso(s) (If applicable, include reference to the 2019-20 General Appropriation Act): |
|  |  |
|  | Regulation(s): |

|  |  |
| --- | --- |
| **B. Other Governing Guidelines** |  |
| Do guidelines that have been approved by the State Board of Education, the Commission on Higher Education or other governing board exist that govern the implementation of this program? If yes, please provide detail. |
|  | Yes |  | No |
|  |
| If yes, please describe: |

**3. Logic Model**

Complete the Logic Model Template provided below **with specific reference to** the *Profile of the SC Graduate* as relevant. After completing the Logic Model, respond to Questions 1 and 2. Below are definitions for terms included in the Logic Model Template.

* **Goal**: Overall purpose or long-term outcome of the program, with specific reference to the *Profile of the SC Graduate* as relevant.
* **Research/Evidence:** Description of relevant research, evidence or best practices that describe how change occurs.
* **Resources:** Currently available or proposed inputs or program investments for the proposed program. List all the resources needed for a successful program, including federal or state funds as well as grants. Common resources include human resources, financial resources, space, technology, other equipment and materials.
* **Strategies:** Actions that are needed to implement program. Describes how program resources will be used to achieve program outcomes and goals. Also considered to be processes, methods or action steps.
* **Indicators:** Measurable, tangible, and direct products or results of program activities. They lead to desired outcomes but are not themselves the changes expected due to the program. Outputs help assess how well the program is being implemented. Outputs frequently include quantities to reflect the size or scope of services or instruction being delivered.
* **Outcomes:** Results the program intends to achieve if implemented as planned. Outcomes are the changes that occur or the difference that is made for the population during or after the program. Outcomes should be within the scope of the program’s control or sphere of reasonable influence, as well as the timeframe that has been chosen for the logic model. They should be generally accepted as valid by stakeholders, framed in terms of change and measurable.
* **External Factors:** Issues or circumstances that are outside of the control and scope of the program, but they may impact the implementation or outcomes of the program.

**Sample Logic Model**

|  |  |
| --- | --- |
| **Problem/Issue** | Kindergarten readiness is one of the first indicators of preparedness for academic success. In ABC Elementary, one of our highest poverty schools, the 4K language and literacy assessment indicated significant challenges. Only 60% were proficient in letter recognition, 8% in vocabulary and 53% in phonological awareness.  |
| **Goal** | At four elementary schools that offer 4K, students’ language and literacy development will improve. Teachers’ ability to support the social-emotional needs of their 4K students and the quality of their interactions with students will improve. |
| **Research/Evidence** | **Activities/Intervention** | **Current or Proposed** | **Outputs** | **Project Outcomes** **(1-2 years)** | **Outcome Measures and Assessment Tools** |
| Out-of-school interventions including afterschool, family engagement, and summer programming, when aligned with in-school assessment and practice, have a greater impact than isolated programs. | Increase the amount of instructional time for 4K students by establishing an extended year calendar to include 35 additional days during the summer of 2017 prior to their entry into 5K. | Proposed | Attendance records. | At least 90% of students who attend at least 25 additional days maintain or improve their language and literacy assessment scores.  | Spring and Summer language and literacy assessment scores (myIGDIs, PALS Pre-K, Teaching Strategies GOLD). DRA2 assessment comparison of 4K students who participated in at least 25 additional days to students who did not. |
| There is growing consensus among researchers and practitioners that children's social-emotional readiness makes unique contributions to their successful transition to and progress through school. However, many children still begin school ill-prepared for the behavioral demands they will encounter in the classroom. | Improve children’s kindergarten readiness by addressing their social-emotional needs. Provide additional teacher professional development by implementing TPOT classroom observation tool.  | Proposed | All 4K teachers at four schools (10 teachers) will participate in a two-day training on social-emotional development. At least five district staff and teacher mentors will be trained in TPOT. Beginning in 2017, TPOT-trained staff will support teachers and teacher assistants with self-reflection and technical assistance based upon at least three classroom observations.  | Quality of teacher-child interactions will improve by at least 15% after three classroom observations and subsequent technical assistance.  | TPOT classroom observation scores for teachers and teacher assistants. |

**Fiscal Year Logic Model**

Provide a logic model foreach of the following fiscal years**:**

1. for the completed prior fiscal year (FY 2018-19),that identifies the strategies, outputs and outcomes employed and impact determined for the project/program;
2. for the current fiscal year (FY 2019-20); and
3. for the planned subsequent fiscal year (FY 2020-21) that document the strategies, outputs and outcomes for the program/project and how impact will be determined.

After completing the Logic Model, please respond to Questions 1 and 2. The Goal should address overall purpose or long-term outcomes of the program, with specific reference to the *Profile of the SC Graduate* as relevant.

|  |  |
| --- | --- |
| **Fiscal Year 2018-19** |  |
| **Problem/Issue** |  |
| **Goal** |  |
| **Strategies and Resources**(What intentional actions were to reach the goal and implement the program? What resources or investments were used to implement each strategy?) | **Activities/Intervention**(What did the project or program do to make progress toward goal and/or address the problem?) | **Outputs** (How did you measure progress? Include measurable numbers that reflect implementation progress and progress toward completing activities.) | **Outcomes (1-2 years)**(How do you know you made significant progress? Include measurable numbers that indicate impact on population being served.) | **Measures and Assessment Tools**(How did you measure your outputs and outcomes? What were your outcomes or measures?) |
|  |  |  |  |  |
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| **Fiscal Year 2019-20** |  |  |  |  |
| **Problem/Issue** |  |  |  |  |
| **Goal** |  |  |  |  |
| **Strategies and Resources**(What intentional actions are needed to reach the goal and implement the program? What resources or investments will be used to implement each strategy?) | **Activities/Intervention**(What does the project or program do to make progress toward goal and/or address the problem?) | **Outputs** (How do you know you are making progress? Include measurable numbers that reflect implementation progress and progress toward completing activities.) | **Outcomes (1-2 years)**(How do you know you have made significant progress? Include measurable numbers that indicate impact on population being served.) | **Measures and Assessment Tools**(How do you measure your outputs and outcomes? What are your outcomes or measures?) |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Fiscal Year 2020-21** |  |  |  |  |
| **Problem/Issue** |  |  |  |  |
| **Goal** |  |  |  |  |
| **Strategies and Resources**(What intentional actions are needed to reach the goal and implement the program? What resources or investments will be used to implement each strategy?) | **Activities/Intervention**(What does the project or program do to make progress toward goal and/or address the problem?) | **Outputs** (How do you know you are making progress? Include measurable numbers that reflect implementation progress and progress toward completing activities.) | **Outcomes (1-2 years)**(How do you know you have made significant progress? Include measurable numbers that indicate impact on population being served.) | **Measures and Assessment Tools**(How do you measure your outputs and outcomes? What are your outcomes or measures?) |
|  |  |  |  |  |
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**Question 1: Evidence/Research:** Description of relevant research, evidence or best practices that describe how change occurs. You may include citations, best practices, or national, state or regional evidence. **A bulleted format is encouraged**.

**Question 2: External Factors:** Provide additional information about any external factors that may impact the implementation and/or achievement or outcomes during the current fiscal year 2019-20, or the next fiscal year, 2020-2021. **A bulleted format is encouraged**.

  **Evaluation –** Use the Logic Model to provide further detail on Items A – C.

1. **Outcomes**

Use the space below to describe methods used to determine the program’s impact on program participants or recipients. Document measures or evidence collected to demonstrate impact. Attach additional pages if necessary.

1. **Implementation**

Use the space below to reflect on the current implementation of the program. Outline the methods used and data collected. **If the program is new, explain how the following questions will be addressed:**

* Has the program shifted or deviated from the original program plan? If yes, explain.
* Are services or activities going as planned? If no, explain.
* Is the program reaching the intended target population or the intended number of participants? If no, explain.
* Is it leading to expected outcomes? If no, explain.
* How do participants or recipients perceive the services, benefits, activities of the program? What methods have been employed to understand participants’ or recipients/ perceptions?
1. **External Evaluation**

Has an independent program evaluation external to the organization been conducted?

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No**

If “Yes,” please describe. What was the date of the most recent evaluation? What were the findings and recommendations? Please provide a hyperlink or copy of the most recent evaluation.

**Program Planning and Fiscal Information**

**5. Recommendations**

Are there regulatory or statutory changes you would recommend to the SC General Assembly to assist this program/organization in meeting its objectives?

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No**

 If “Yes,” please describe recommendations below:

**6. Program Budget –** Please fill out the following:

|  |  |  |
| --- | --- | --- |
| **Funding Sources** | **FY 2018-19 Actual** | **FY 2019-20 Estimated** |
| **State Funds:** |  |  |
| EIA |  |  |
| General Fund |  |  |
| Lottery |  |  |
| Fees |  |  |
| **Federal Funds (specify):**  |  |  |
| **Other Sources:** |  |  |
| Grant |  |  |
| Contributions |  |  |
| Non-Profit (Foundation, etc.) |  |  |
| **Other (specify):** |  |  |
| Carry Forward from Prior Year |  |  |
|  |  |  |
| **Expenditures** | **FY 2018-19 Actual** | **FY 2019-20 Estimated** |
| Personal Service |  |  |
| Contractual Services |  |  |
| Supplies & Materials |  |  |
| Fixed Charges |  |  |
| Travel |  |  |
| Equipment |  |  |
| Employer Contributions |  |  |
| Allocations to Districts/Schools/Agencies/Entities |  |  |
| Other: Transfers |  |  |
|  |  |  |
|  |  |  |
| Balance Remaining |  |  |
| **TOTAL:** |  |  |
| **# FTES:** |  |  |

**7. Future EIA Funding Requests**

 **A.** The total amount of EIA funds requested for this program for fiscal year 2020-21 will be (check only one):

 \_\_\_\_\_\_\_\_\_\_\_\_\_ The same as appropriated in the current fiscal year’s appropriation.

 \_\_\_\_\_\_\_\_\_\_\_\_\_ An increase over the current fiscal year’s appropriation.

 \_\_\_\_\_\_\_\_\_\_\_\_\_ A decrease over the current fiscal year’s appropriation.

**B.** If you indicated an increase or decrease in EIA funding for the next fiscal year, please complete the following table.

|  |  |
| --- | --- |
| **Current EIA funding amount for FY 2019-20** | **$** |
| **Amount of increase requested in EIA funding for FY 2020-21**  | **$** |
| **Amount of decrease requested in EIA funding for FY 2020-21** | **$** |
| **Total amount of EIA funding requested for FY 2020-21** | **$** |

1. If you indicated an increase or decrease, please describe the reasons for the increase or decrease. How will the increase or decrease impact the strategies and the outcomes of the program? How, if any, will the logic model of Attachment A change if the proposed increase or decrease is authorized in Fiscal Year 2020-21?

**8. Proviso Requests**

To be consistent with the budget plans submitted to the Executive Budget Office, please submit any **EIA-related** proviso revision requests using the following form, which is Form D.

**Form D**

**Proviso Revision Request**

|  |  |
| --- | --- |
| **Number** |  |
|  | *Cite the proviso according to the renumbered list for FY 2020-21 (or mark “NEW”).* |

|  |  |
| --- | --- |
| **Title** |  |
|  | *Provide the title from the FY 2019-20 Appropriations Act or suggest a short title for any new request.* |

|  |  |
| --- | --- |
| **Budget Program** |  |
|  | *Identify the associated budget program(s) by name and budget section.* |

|  |  |
| --- | --- |
| **Related Budget Request** |  |
|  | *Is this request associated with a budget request you have submitted for FY 2020-21? If so, cite it here.* |

|  |  |
| --- | --- |
| **Requested Action** |  |
|  | *Choose from: Add, Delete, Amend, or Codify.* |

|  |  |
| --- | --- |
| **Other Agencies Affected** |  |
|  | *Which other agencies would be affected by the recommended action? How?* |

|  |  |
| --- | --- |
| **Summary & Explanation** |  |
|  | *Summarize the existing proviso. If requesting a new proviso, describe the current state of affairs without it. Explain the need for your requested action. For deletion requests due to recent codification, please identify SC Code section where language now appears.* |

|  |  |
| --- | --- |
| **Fiscal Impact** |  |
|  | *Provide estimates of any fiscal impacts associated with this proviso, whether for state, federal, or other funds. Explain the method of calculation.* |

|  |  |
| --- | --- |
| **Proposed****Proviso Text** |  |
|  | *Paste FY 2019-20 text above, then bold and underline insertions and strikethrough deletions. For new proviso requests, enter requested text above.* |