

AGENCY NAME:

S.C. Department of Agriculture

AGENCY CODE:

P160

SECTION:

44



Fiscal Year 2017-18 Agency Budget Plan

FORM A – SUMMARY

**RECURRING FUNDS
(FORM B
DECISION PACKAGES)**

My agency is submitting the following recurring decision packages listed in priority order (Form B): 10770, 10791, 10719, 10800, 10882, 10843

For FY 2017-18, my agency is (mark "X"):

- | | |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | Requesting a net increase in recurring General Fund appropriations. |
| <input type="checkbox"/> | Not requesting a net increase in recurring General Fund Appropriations. |

**CAPITAL &
NON-RECURRING
FUNDS
(FORM C
DECISION PACKAGES)**

My agency is submitting the following one-time decision packages listed in priority order (Form C): 10846

For FY 2017-18, my agency is (mark "X"):

- | | |
|-------------------------------------|--|
| <input checked="" type="checkbox"/> | Requesting capital and/or non-recurring funds. |
| <input type="checkbox"/> | Not requesting capital and/or non-recurring funds. |

**PROVISOS
(FORM D)**

For FY 2017-18, my agency is (mark "X"):

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> | Requesting a new proviso and/or substantive changes to existing provisos. |
| <input type="checkbox"/> | Only requesting technical proviso changes (such as date references). |
| <input checked="" type="checkbox"/> | Not requesting any proviso changes. |

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

	<u>Name</u>	<u>Phone</u>	<u>Email</u>
PRIMARY CONTACT:	Aaron Wood	803-734-2182	awood@scda.sc.gov
SECONDARY CONTACT:	Carla Lindler	803-734-2195	clindler@scda.sc.gov

I have reviewed and approved the enclosed FY 2017-18 Agency Budget Plan, which is complete and accurate to the extent of my knowledge.

	<u>Agency Director</u>	<u>Board or Commission Chair</u>
SIGN/DATE:		N/A
TYPE/PRINT NAME:	Hugh E. Weathers	N/A

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

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FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	10719
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Federal Funding Increase
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Provide a brief, descriptive title for this request.

AMOUNT	\$1,500,000
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What is the net change in requested appropriations for FY 2017-18? This amount should correspond to the decision package's total in PBF across all funding sources.

ENABLING AUTHORITY	Contracts and grants from the United States Food and Drug Administration (FDA)
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What specific state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority? Please avoid citing general provisions of law where possible, and instead cite to the most specific legal authority supporting the request.

FACTORS ASSOCIATED WITH THE REQUEST	Mark "X" for all that apply:
	<input type="checkbox"/> (Base Adjustment) Allocation of statewide employee benefits.
	<input type="checkbox"/> (Base Adjustment) Realignment within existing programs and lines.
	<input type="checkbox"/> (Base Adjustment) Restructuring of agency programs – <i>requires pre-approval.</i>
	<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, Decision Package # _____
	<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 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.	

RECIPIENTS OF FUNDS	SCDA would be reimbursed for contractual services with FDA. Initial outlays are for operating expenses.
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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?

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ACCOUNTABILITY OF FUNDS	2.1.1; 2.1.2; 2.1.3; 2.1.4. Performing federal and state inspections simultaneously streamlines the regulatory process with, and improves working relationships for, businesses.
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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?

POTENTIAL OFFSETS	None
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For decision packages that request non-mandatory funding increases to programs or initiatives, please identify a potential offset within an existing lower priority or ineffective program(s).

MATCHING FUNDS	N/A
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Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source, amount, and terms of the match requirement.

FUNDING ALTERNATIVES	N/A
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What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.

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SUMMARY	<p>SCDA has received five new federal grants in fiscal years 2016 and 2017, totaling \$1.8 million. Our current budget authority of approximately \$700,000 is not sufficient to support our existing grants, much less these new grants. This grant funding will be used to expand the existing Consumer Protection programs regarding food and feed safety.</p>
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Using as much detail as necessary to make an informed decision regarding this request, provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.

METHOD OF CALCULATION	<p>New federal awards were totaled to give an annual budgetary amount.</p>
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How was the amount of the request calculated? List the per unit or per FTE costs of implementation. What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?

FUTURE IMPACT	<p>No other obligations to the state would be incurred due to this request. If this request is not honored, SCDA will either be forced to transfer budget from other areas, which would negatively impact our ability to fully meet our mission; or unable to meet contractual or grant obligations.</p>
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Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?

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PRIORITIZATION	New funds are not being requested. This is budget authority only.
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If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2017-18? Please be specific.

INTENDED IMPACT	Performing federal and state inspections simultaneously streamlines the regulatory process with, and improves working relationships for, businesses.
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What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?

PROGRAM EVALUATION	Quarterly and annual reports to FDA.
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How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?

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FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	10791
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Other Fund Pay Plan/Fringe Benefit Increase
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Provide a brief, descriptive title for this request.

AMOUNT	\$89,100
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What is the net change in requested appropriations for FY 2017-18? This amount should correspond to the decision package's total in PBF across all funding sources.

ENABLING AUTHORITY	2016-17 Annual Appropriations Act
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What specific state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority? Please avoid citing general provisions of law where possible, and instead cite to the most specific legal authority supporting the request.

FACTORS ASSOCIATED WITH THE REQUEST	Mark "X" for all that apply:
	<input type="checkbox"/> (Base Adjustment) Allocation of statewide employee benefits.
	<input type="checkbox"/> (Base Adjustment) Realignment within existing programs and lines.
	<input type="checkbox"/> (Base Adjustment) Restructuring of agency programs – <i>requires pre-approval.</i>
	<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, Decision Package # _____
	<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.	

RECIPIENTS OF FUNDS	Employees
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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?

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ACCOUNTABILITY OF FUNDS	All
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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?

POTENTIAL OFFSETS	N/A
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For decision packages that request non-mandatory funding increases to programs or initiatives, please identify a potential offset within an existing lower priority or ineffective program(s).

MATCHING FUNDS	N/A
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Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source, amount, and terms of the match requirement.

FUNDING ALTERNATIVES	N/A
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What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.

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SUMMARY	<p>This request is for additional other fund budget authority to cover the cost of living increases mandated by the legislature. This would cover the additional personal services cost as well as the fringe benefits associated with the pay plan increase.</p>
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Using as much detail as necessary to make an informed decision regarding this request, provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.

METHOD OF CALCULATION	<p>Comparisons were made between FY 2016 other fund salaries and FY 2017 other fund salaries to calculate the amount received by employees for the cost of living increase. This amount was multiplied by the new percentage for FY 2018 for the additional fringe benefit cost related to the pay plan increase.</p>
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How was the amount of the request calculated? List the per unit or per FTE costs of implementation. What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?

FUTURE IMPACT	<p>N/A</p>
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Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?

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PRIORITIZATION	<p>If this request is not approved, SCDA will have to use our other operating budget to fund employee costs. If forced to do this, programs will have to be cut because we will not have enough budget authority to carry out our agency mandates.</p>
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If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2017-18? Please be specific.

INTENDED IMPACT	N/A
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What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?

PROGRAM EVALUATION	N/A
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How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?

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FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	10800
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Provide the decision package number issued by the PBF system (“Governor’s Request”).

TITLE	Renewable Energy – Budget Realignment
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Provide a brief, descriptive title for this request.

AMOUNT	-0-
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What is the net change in requested appropriations for FY 2017-18? This amount should correspond to the decision package’s total in PBF across all funding sources.

ENABLING AUTHORITY	In 2007, the legislature created the Renewable Energy Infrastructure Development Fund at SCDA with Act No. 116, allocating \$350,000. That Act was subsequently deemed unconstitutional by the Supreme Court (http://www.judicial.state.sc.us/opinions/displayOpinion.cfm?caseNo=26506). No funds exist in this account.
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What specific state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority? Please avoid citing general provisions of law where possible, and instead cite to the most specific legal authority supporting the request.

FACTORS ASSOCIATED WITH THE REQUEST	Mark “X” for all that apply:
	<input type="checkbox"/> (Base Adjustment) Allocation of statewide employee benefits.
	<input checked="" type="checkbox"/> (Base Adjustment) Realignment within existing programs and lines.
	<input type="checkbox"/> (Base Adjustment) Restructuring of agency programs – <i>requires pre-approval.</i>
	<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, Decision Package # _____
	<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.	

RECIPIENTS OF FUNDS	No new funding is requested.
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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?

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ACCOUNTABILITY OF FUNDS	N/A
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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?

POTENTIAL OFFSETS	N/A
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For decision packages that request non-mandatory funding increases to programs or initiatives, please identify a potential offset within an existing lower priority or ineffective program(s).

MATCHING FUNDS	N/A
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Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source, amount, and terms of the match requirement.

FUNDING ALTERNATIVES	N/A
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What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.

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SUMMARY	<p>We are requesting approval to move \$350,000 from the special line item for the Renewable Energy program to other funds other operating to cover budget shortages. This would result in a -0- net change to our overall agency budget. This would be moved to our Inspection Services program to give them additional budget authority to cover operating costs due to growth in this program.</p>
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Using as much detail as necessary to make an informed decision regarding this request, provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.

METHOD OF CALCULATION	<p>The budget is taken directly from the Renewable Energy line item in SCDA's base budget.</p>
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How was the amount of the request calculated? List the per unit or per FTE costs of implementation. What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?

FUTURE IMPACT	<p>None</p>
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Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?

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PRIORITIZATION	N/A
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If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2017-18? Please be specific.

INTENDED IMPACT	N/A
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What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?

PROGRAM EVALUATION	N/A
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How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?

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FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	10770
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Pay Plan and Fringe Allocations
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Provide a brief, descriptive title for this request.

AMOUNT	\$113,396
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What is the net change in requested appropriations for FY 2017-18? This amount should correspond to the decision package's total in PBF across all funding sources.

ENABLING AUTHORITY	2016-17 Annual Appropriations Act
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What specific state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority? Please avoid citing general provisions of law where possible, and instead cite to the most specific legal authority supporting the request.

FACTORS ASSOCIATED WITH THE REQUEST	Mark "X" for all that apply:
	<input checked="" type="checkbox"/> (Base Adjustment) Allocation of statewide employee benefits.
	<input type="checkbox"/> (Base Adjustment) Realignment within existing programs and lines.
	<input type="checkbox"/> (Base Adjustment) Restructuring of agency programs – <i>requires pre-approval.</i>
	<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, Decision Package # _____
	<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.	

RECIPIENTS OF FUNDS	Employees
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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?

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ACCOUNTABILITY OF FUNDS	All
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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?

POTENTIAL OFFSETS	N/A
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For decision packages that request non-mandatory funding increases to programs or initiatives, please identify a potential offset within an existing lower priority or ineffective program(s).

MATCHING FUNDS	N/A
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Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source, amount, and terms of the match requirement.

FUNDING ALTERNATIVES	None.
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What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.

AGENCY NAME:	S. C. Department of Agriculture		
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SUMMARY	<p>This request is to increase our appropriated budget due to the allocations mandated by the legislature for the employee pay plan increase, as well as increases to the retirement rate and health and dental insurance employer amounts.</p>
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Using as much detail as necessary to make an informed decision regarding this request, provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.

METHOD OF CALCULATION	<p>Figures are taken directly from the Appropriations Act.</p>
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How was the amount of the request calculated? List the per unit or per FTE costs of implementation. What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?

FUTURE IMPACT	<p>N/A</p>
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Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?

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PRIORITIZATION	N/A
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If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2017-18? Please be specific.

INTENDED IMPACT	N/A
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What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?

PROGRAM EVALUATION	N/A
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How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?

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FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	10843
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Provide the decision package number issued by the PBF system (“Governor’s Request”).

TITLE	Certified SC Marketing and Promotion
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Provide a brief, descriptive title for this request.

AMOUNT	\$1,000,000
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What is the net change in requested appropriations for FY 2017-18? This amount should correspond to the decision package’s total in PBF across all funding sources.

ENABLING AUTHORITY	SC Code 46-15-10
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What specific state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority? Please avoid citing general provisions of law where possible, and instead cite to the most specific legal authority supporting the request.

FACTORS ASSOCIATED WITH THE REQUEST	Mark “X” for all that apply:
	<input type="checkbox"/> (Base Adjustment) Allocation of statewide employee benefits.
	<input type="checkbox"/> (Base Adjustment) Realignment within existing programs and lines.
	<input type="checkbox"/> (Base Adjustment) Restructuring of agency programs – <i>requires pre-approval.</i>
	<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, Decision Package # _____
	<input checked="" type="checkbox"/> Change in cost of providing current services to existing program audience.
	<input checked="" type="checkbox"/> Change in case load / enrollment under existing program guidelines.
	<input type="checkbox"/> Non-mandated change in eligibility / enrollment for existing program.
	<input checked="" 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.	

RECIPIENTS OF FUNDS	Vendors who provide products, such as point of purchase (POP) materials, signage, printed communications; vendors who provide services, including advertising, media delivery (radio, television, print, internet), event hosting (tradeshows, festivals), and merchandising.
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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?

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ACCOUNTABILITY OF FUNDS	<p>3.1.1, 3.1.2, 3.1.3, 3.1.4, 3.2.1, 3.3.5, 4.4.4. This proposed funding would help the agency build the locally grown brand; help consumers identify more locally grown products and where to purchase them; and help farmers sell more product at a premium.</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?

POTENTIAL OFFSETS	<p>None</p>
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For decision packages that request non-mandatory funding increases to programs or initiatives, please identify a potential offset within an existing lower priority or ineffective program(s).

MATCHING FUNDS	<p>Some of this money would be matched by commodity board assessments (other funds).</p>
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Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source, amount, and terms of the match requirement.

FUNDING ALTERNATIVES	<p>SCDA must invest some appropriated funding in order to leverage or get matching marketing and promotion investments from farmers, agribusinesses, and commodity boards.</p>
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What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.

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SUMMARY	<p>The focus of additional programming would be to expand marketing opportunities for farmers working smaller acreages. This would greatly benefit new and beginning farmers by increasing market demand. Buying local unites people because there are many benefits to the individual, the state’s economy, the environment. Consumer research continues to show that shoppers are willing to pay a premium for local products. The Certified SC brand helps them do that. More commodity assessments, which are paid by farmers when they sell their crops, could be leveraged with newly appropriated dollars. Commodity-specific advertising during peak harvest seasons would drive sales of those local items to local consumers. Retail marketing activities would be expanded with more in-store point of purchase materials and strategies to cross-market products throughout stores statewide, increasing visibility of local products and driving more sales across categories. Funds would be used to expand advertising campaigns in all media formats, including television, radio, outdoor boards, print, and internet efforts.</p>
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Using as much detail as necessary to make an informed decision regarding this request, provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency’s security or technology plan.

METHOD OF CALCULATION	<p>SCDA is currently involved with media campaigns and similar activities (although not to the level requested), and has a good working knowledge of industry services and related costs.</p>
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How was the amount of the request calculated? List the per unit or per FTE costs of implementation. What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?

FUTURE IMPACT	<p>The state will not take on additional obligations as a result of this request. This request is unconditional, and any operational increases will be self-contained.</p>
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Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?

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PRIORITIZATION	In order to put a marketing plan in place, a sufficient funding base is necessary. If not funded, the agency would defer action, thereby losing valuable time in building a brand for South Carolina grown products and the associated revenue resulting from increased consumer preferences.
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If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2017-18? Please be specific.

INTENDED IMPACT	The intended impact is to increase farm gate revenue for SC producers and profit for value-added SC processors and packagers, both of which mean additional tax revenue for the state of SC. The state has realized additional revenue and consumer satisfaction since the Certified SC program began in 2007. Past studies have shown that there could be \$265.1 million additionally generated by increasing the local purchase of agricultural products; and that for every \$1 increase in the purchase of local agricultural products, \$1.63 is generated throughout the state (Moore School of Business, April 2010)
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What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?

PROGRAM EVALUATION	SCDA conducts periodic surveys of Certified SC participants, target consumers, and points of sale (retailers, wholesalers, and food service distributors) to capture both qualitative and quantitative data. Annual cash receipts for fruits, vegetables, and proteins is analyzed, combined with an economic multiplier, and multiplied by the 7.5% tax capture used by the Board of Economic Advisers, to determine fiscal impact to state revenues.
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How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?

AGENCY NAME:	S. C. Department of Agriculture		
AGENCY CODE:	P160	SECTION:	44

FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	10882
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Operational Expense Increases
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Provide a brief, descriptive title for this request.

AMOUNT	\$250,000
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What is the net change in requested appropriations for FY 2017-18? This amount should correspond to the decision package's total in PBF across all funding sources.

ENABLING AUTHORITY	SC Code 46-3-10
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What specific state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority? Please avoid citing general provisions of law where possible, and instead cite to the most specific legal authority supporting the request.

FACTORS ASSOCIATED WITH THE REQUEST	Mark "X" for all that apply:
	<input type="checkbox"/> (Base Adjustment) Allocation of statewide employee benefits.
	<input type="checkbox"/> (Base Adjustment) Realignment within existing programs and lines.
	<input type="checkbox"/> (Base Adjustment) Restructuring of agency programs – <i>requires pre-approval.</i>
	<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, Decision Package # _____
	<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.	

RECIPIENTS OF FUNDS	Vendors and other state agencies, including Department of Administration.
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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?

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ACCOUNTABILITY OF FUNDS	<p>All objectives really. This money would be used to pay for increases in agency-wide overhead expenses, such as building rent and insurance, vehicle leases, and training.</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?

POTENTIAL OFFSETS	<p>The only option is to continue to use program money for operating expenses.</p>
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For decision packages that request non-mandatory funding increases to programs or initiatives, please identify a potential offset within an existing lower priority or ineffective program(s).

MATCHING FUNDS	<p>None</p>
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Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source, amount, and terms of the match requirement.

FUNDING ALTERNATIVES	<p>Federal and other funds are already used to pay for operating expenses, on a pro-rata basis. Currently, the agency is statutorily limited in the ability and/or amount of fees it can charge for services.</p>
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What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.

AGENCY NAME:	S. C. Department of Agriculture		
AGENCY CODE:	P160	SECTION:	44

SUMMARY	<p>The costs of keeping the office doors open and the lights on, inspectors’ vehicles on the road, and personal protective equipment (PPE) for employees continue to increase. Inflation, as measured by the Consumer Price Index (CPI), increases annually at an average of 3%. For example, the Department of Administration has raised building rental rates by now billing for “rentable space,” instead of “usable space.” This amounts to a 38% cost increase. For the first time, SCDA was assessed an energy surcharge at the Wade Hampton Building. This is because the energy allocation included in the base rental rate has not been raised in decades, although power companies raise rates annually. State Fleet’s vehicle lease rates have gone up. Since FY 12, when operating funds were essentially eliminated in the agency’s budget, recurring appropriations have been in the form of agribusiness program funds that have been directed towards specific projects. Consumer Protection has not received any recurring revenue. Currently, the agency must spend some program money on the most basic operating expenses listed above.</p>
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Using as much detail as necessary to make an informed decision regarding this request, provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency’s security or technology plan.

METHOD OF CALCULATION	<p>Current mandatory service levels and the associated operating costs were analyzed.</p>
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How was the amount of the request calculated? List the per unit or per FTE costs of implementation. What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?

FUTURE IMPACT	<p>This is a potential solution for current operations and does not create any further capital or operating expenses.</p>
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Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?

AGENCY NAME:	S. C. Department of Agriculture		
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PRIORITIZATION	<p>SCDA will use existing operating fund balances, and reduce programs and services.</p>
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If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2017-18? Please be specific.

INTENDED IMPACT	<p>If approved, this allocation will immediately allow us to spend money allocated for specific programs by the Legislature as directed.</p>
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What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?

PROGRAM EVALUATION	<p>SCDA is statutorily limited in whether fees for service may be charged, and if so, the amount. If this need is not funded by appropriation, the SC General Assembly could provide the flexibility for SCDA to charge reasonable fees for non-essential quality laboratory testing and consumer services performed for businesses (not individuals). Also, objectives and performance measures (outcome and efficiency) for each division have been identified in the Accountability Report and are being used as evaluation tools.</p>
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How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?

AGENCY NAME:	S.C. Department of Agriculture		
AGENCY CODE:	P160	SECTION:	44

FORM C – CAPITAL OR NON-RECURRING APPROPRIATION REQUEST

DECISION PACKAGE	10846
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Consumer Protection and Safety
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Provide a brief, descriptive title for this request.

AMOUNT	\$820,000
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How much is requested for this project in FY 2017-18?

BUDGET PROGRAM	III. Consumer Protection
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Identify the associated budget program(s) by name and budget section.

FACTORS ASSOCIATED WITH THE REQUEST	Mark "X" for all that apply:
	<input type="checkbox"/> IT Technology/Security related
	<input type="checkbox"/> Consulted DTO during development
	<input type="checkbox"/> Related to a Recurring request – If so, Decision Package # _____
	<input type="checkbox"/> Capital Request
	<input type="checkbox"/> Included in CPIP – If so, CPIP Priority # _____
	<input checked="" type="checkbox"/> Non-recurring request for funding
<input type="checkbox"/> Non-recurring request for authorization to spend existing cash/revenue	

SUMMARY	<p>This non-recurring funding would be spent in the Laboratory and Consumer Services Department within the Consumer Protection Division. Lab equipment is expensive and the agency is attempting to catch up on a replacement schedule after years of no new funding in these areas. The majority of this funding is to purchase laboratory equipment, such as ANKOM XT15 Fat Extractor, double door seed germinators, seed incubators and drying ovens, balances, protein analyzer, and a Laboratory Information Management System (LIMS). A complete list of equipment will be provided upon request. Approximately \$150,000 in non-recurring funds would be used to hire 4 laboratory technicians (seed, feed and petroleum) to overlap with 4 employees who are all retiring at the end of the TERI program in FY 18. A 6 to 12 month overlap of new and retiring technicians would allow for knowledge transfer and transition of duties. These positions require certification and a high degree of technical competence, and several laboratories will not be fully functional if SCDA has to wait until the TERI employees leave to replace them.</p>
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Provide a summary of the project and explain why it is necessary. If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.

AGENCY NAME:	S.C. Department of Agriculture		
AGENCY CODE:	P160	SECTION:	44

CLASSIFICATION OF FUNDS	This is the only non-recurring request, and it is not for a capital project
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Is this request in support of a capital project or is it in support of other non-recurring expenditures? If this request is for a capital project, is it included in the agency's CPIP (please include CPIP year and priority)? How does this project rank in priority to all other nonrecurring agency requests?

MATCHING FUNDS	None
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Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source and amount.

FUNDING ALTERNATIVES	SCDA is statutorily limited in whether fees for service may be charged, and if so the amount. The agency would like the SC General Assembly provide the flexibility to charge reasonable fees for non-essential quality laboratory testing and consumer services performed for businesses and organizations (not individuals).
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What other possible funding sources were considered?

LONG-TERM PLANNING AND SUSTAINABILITY	\$1,820,000 non-recurring revenue was requested in the FY 2016-17 budget. \$1,000,000 was appropriated, which is being used in the Consumer Services Department to buy 2 very specialized freight trucks with large and livestock scale testing equipment. These 2 trucks will replace 3 trucks that are 20 years old. The Laboratory Department (five laboratories) received \$375,000 in non-recurring revenue in FY2014-15 for several pieces of equipment. If this request is approved, no Consumer Protection Division equipment requests will be submitted in FY 2018-19.
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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?

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

AGENCY NAME:	S. C. Department of Agriculture		
AGENCY CODE:	P160	SECTION:	44

FORM E – 3% GENERAL FUND REDUCTION

DECISION PACKAGE	11006
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Agency General Fund Reduction Analysis
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Provide a brief, descriptive title for this request.

AMOUNT	\$239,212
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What is the General Fund reduction amount (minimum based on the FY 2016-17 recurring appropriations)? This amount should correspond to the decision package's total in PBF.

METHOD OF CALCULATION	3% of SCDA's 2016-2017 Recurring General Fund Appropriations of \$7,973,733
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Describe the method of calculation for determining the reduction in General Funds.

ASSOCIATED FTE REDUCTIONS	None
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How many FTEs would be reduced in association with this General Fund reduction?

PROGRAM/ACTIVITY IMPACT	Marketing and Promotions
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What programs or activities are supported by the General Funds identified?

AGENCY NAME:	S. C. Department of Agriculture		
AGENCY CODE:	P160	SECTION:	44

SUMMARY	<p>A 3% reduction in appropriated funds would be absorbed in the Marketing and Promotions Division – specifically, the Certified SC program – which is used to target consumers who buy Certified South Carolina grown produce and products. This would negatively affect the agency’s ability to drive market demand and brand recognition, and subsequently hurt farmers throughout the state.</p>
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Please provide a detailed summary of service delivery impact caused by a reduction in General Fund Appropriations.