

<b>AGENCY NAME:</b>	South Carolina Department of Agriculture		
<b>AGENCY CODE:</b>	P160	<b>SECTION:</b>	44



## Fiscal Year 2018-19 Agency Budget Plan

### FORM A - BUDGET PLAN SUMMARY

<b>OPERATING REQUESTS (FORM B1)</b>	<p><b>For FY 2018-19, my agency is (mark "X"):</b></p> <p><input checked="" type="checkbox"/> Requesting General Fund Appropriations.</p> <p><input checked="" type="checkbox"/> Requesting Federal/Other Authorization.</p> <p><input type="checkbox"/> Not requesting any changes.</p>
<b>NON-RECURRING REQUESTS (FORM B2)</b>	<p><b>For FY 2018-19, my agency is (mark "X"):</b></p> <p><input type="checkbox"/> Requesting Non-Recurring Appropriations.</p> <p><input type="checkbox"/> Requesting Non-Recurring Federal/Other Authorization.</p> <p><input checked="" type="checkbox"/> Not requesting any changes.</p>
<b>CAPITAL REQUESTS (FORM C)</b>	<p><b>For FY 2018-19, my agency is (mark "X"):</b></p> <p><input type="checkbox"/> Requesting funding for Capital Projects.</p> <p><input checked="" type="checkbox"/> Not requesting any changes.</p>
<b>PROVISOS (FORM D)</b>	<p><b>For FY 2018-19, my agency is (mark "X"):</b></p> <p><input type="checkbox"/> Requesting a new proviso and/or substantive changes to existing provisos.</p> <p><input type="checkbox"/> Only requesting technical proviso changes (such as date references).</p> <p><input checked="" type="checkbox"/> Not requesting any proviso changes.</p>

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

	<u>Name</u>	<u>Phone</u>	<u>Email</u>
<b>PRIMARY CONTACT:</b>	Aaron Wood	803-734-2182	<a href="mailto:awood@scda.sc.gov">awood@scda.sc.gov</a>
<b>SECONDARY CONTACT:</b>	Carla Lindler	803-734-2195	<a href="mailto:clinder@scda.sc.gov">clinder@scda.sc.gov</a>

I have reviewed and approved the enclosed FY 2018-19 Agency Budget Plan, which is complete and accurate to the extent of my knowledge.

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

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

Fiscal Year 2018-19 Budget Request Executive Summary

Agency Code: P160  
 Agency Name: South Carolina Department of Agriculture  
 Section:

BUDGET REQUESTS			FUNDING					FTES				
Priority	Request Type	Request Title	State	Federal	Earmarked	Restricted	Total	State	Federal	Earmarked	Restricted	Total
1	B1 - Recurring	Statewide Agribusiness Infrastructure	3,000,000				3,000,000					0.00
2	B1 - Recurring	Employer Contributions - Other Funds			27,510		27,510					0.00
3							0					0.00
4							0					0.00
5							0					0.00
6							0					0.00
7							0					0.00
8							0					0.00
9							0					0.00
10							0					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
<b>TOTAL BUDGET REQUESTS</b>			<b>3,000,000</b>	<b>0</b>	<b>27,510</b>	<b>0</b>	<b>3,027,510</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>

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**FORM B1 – RECURRING OPERATING REQUEST**

<b>AGENCY PRIORITY</b>	<b>1 – Form #13419</b>
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*Provide the Agency Priority Ranking from the Executive Summary.*

<b>TITLE</b>	<b>Statewide Agribusiness Infrastructure</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>General: \$3,000,000</b> <b>Federal:</b> <b>Other:</b> <b>Total: \$3,000,000</b>
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*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.*

<b>NEW POSITIONS</b>	<b>0</b>
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*Please provide the total number of new positions needed for this request.*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark “X” for all that apply:</b>	
	<input type="checkbox"/>	Change in cost of providing current services to existing program audience
	<input type="checkbox"/>	Change in case load/enrollment under existing program guidelines
	<input type="checkbox"/>	Non-mandated change in eligibility/enrollment for existing program
	<input type="checkbox"/>	Non-mandated program change in service levels or areas
	<input 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
	Related to a Non-Recurring request – If so, Priority # _____	

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

<b>AGENCY NAME:</b>	<b>South Carolina Department of Agriculture</b>		
<b>AGENCY CODE:</b>	<b>P160</b>	<b>SECTION:</b>	<b>44</b>

<b>ACCOUNTABILITY OF FUNDS</b>	Objectives 4.1.2, 4.1.3
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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?*

<b>RECIPIENTS OF FUNDS</b>	Infrastructure improvements would be funded through local governments, businesses, economic development alliances. Funding allocation would be made by scoring the potential economic impact of the proposed investment.
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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?*

<b>JUSTIFICATION OF REQUEST</b>	SC Department of Agriculture (SCDA) is seeking \$3 million per year to fund unique infrastructure projects that would maintain and increase the number of companies engaged in processing, packaging, manufacturing, distribution, and transportation of agricultural products, providing more markets for producers. This fund could be used to pursue matching federal and other funds.
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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**

<b>AGENCY PRIORITY</b>	<b>2 – Form #13420</b>
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*Provide the Agency Priority Ranking from the Executive Summary.*

<b>TITLE</b>	<b>Employer Contributions – Other Funds (Budget Authority Only)</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>General:</b> <b>Federal:</b> <b>Other: \$27,510</b> <b>Total: \$27,510</b>
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*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.*

<b>NEW POSITIONS</b>	<b>0</b>
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*Please provide the total number of new positions needed for this request.*

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

<b>STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES</b>	<b>Mark “X” for primary applicable Statewide Enterprise Strategic Objective:</b>
	<input 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 checked="" type="checkbox"/> Government and Citizens	

<b>AGENCY NAME:</b>	South Carolina Department of Agriculture		
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<b>ACCOUNTABILITY OF FUNDS</b>	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? How would the use of these funds be evaluated?*

<b>RECIPIENTS OF FUNDS</b>	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?*

<b>JUSTIFICATION OF REQUEST</b>	This request is for additional other fund <b>budget authority only</b> to support the increase in employer contributions for retirement and health insurance.
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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 E – AGENCY COST SAVINGS AND GENERAL FUND REDUCTION  
CONTINGENCY PLAN**

<b>TITLE</b>	Agency Cost Savings and General Fund Reduction Contingency Plan
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<b>AMOUNT</b>	<b>\$341,204</b> <i>What is the General Fund 3% reduction amount (minimum based on the FY 2017-18 recurring appropriations)? This amount should correspond to the reduction spreadsheet prepared by EBO.</i>
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<b>ASSOCIATED FTE REDUCTIONS</b>	0  <i>How many FTEs would be reduced in association with this General Fund reduction?</i>
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<b>PROGRAM/ACTIVITY IMPACT</b>	III. Marketing Services; A. Marketing and Promotions; Other Operating Expenses  III. Marketing Services; A. Marketing and Promotions; Agribusiness Grants
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*What programs or activities are supported by the General Funds identified?*

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**SUMMARY**

A 3% reduction in appropriated funds would be absorbed equally by Marketing and Promotions, and Agribusiness Development. SCDA would reduce grant funding available for agribusiness development. The agency would reduce the promotion of the Certified SC program, which helps consumers identify agricultural products grown and/or produced in South Carolina, and encourages them to purchase those products. This would negatively affect SCDA's ability to drive market demand and brand recognition, and subsequently hurt producers throughout the state.

*Please provide a detailed summary of service delivery impact caused by a reduction in General Fund Appropriations and provide the method of calculation for anticipated reductions. Agencies should prioritize reduction in expenditures that have the least significant impact on service delivery.*

**AGENCY COST SAVINGS PLANS**

The following measures should save at least \$150,000; these savings will be reinvested in the respective program areas.

- SCDA should complete installation of security cameras at state-owned property and land at the Columbia State Farmers Market, and this will allow the agency to cut back on private security service.
- Security enhancements at Pee Dee have reduced theft and malicious damage to property. These include perimeter beams, audible and silent alarms, extra sheriff's office patrols, security cameras, and a new shop building in which to secure equipment.
- Energy efficiency upgrades at facilities including Pee Dee and Columbia State Farmers Markets, Phillips Market Center, Consumer Protection Laboratory.
- Staff scheduling changes to eliminate overtime pay at the Phillips Market Center
- Several TERI employees will be retiring between January and June 2018. Replacing these higher paid, tenured staff should be cheaper.
- Newer, more fuel efficient vehicles and equipment are being integrated into the fleet.

*What measures does the agency plan to implement to reduce its costs and operating expenses by more than \$50,000? Provide a summary of the measures taken and the estimated amount of savings. How does the agency plan to repurpose the savings?*



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

<b>TITLE</b>	<b>Reducing business restrictions</b>
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*Provide a brief, descriptive title for this request.*

<b>EXPECTED SAVINGS TO BUSINESSES AND CITIZENS</b>	<b>Time and opportunity cost</b>
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*What is the expected savings to South Carolina’s businesses and citizens that is generated by this proposal? The savings could be related to time or money.*

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

<b>METHOD OF CALCULATION</b>	Evaluation of current customer inventories, related requirements, and affected individuals and businesses.
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*Describe the method of calculation for determining the expected cost or time savings to businesses or citizens.*

<b>REDUCTION OF FEES OR FINES</b>	N/A
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*Which fees or fines does the agency intend to reduce? What was the fine or fee revenue for the previous fiscal year? What was the associated program expenditure for the previous fiscal year? What is the enabling authority for the issuance of the fee or fine?*

<b>REDUCTION OF REGULATION</b>	N/A
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*Which regulations does the agency intend to amend or delete? What is the enabling authority for the regulation?*

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<b>SUMMARY</b>	<p>The agency proposes to:</p> <p>Remove statutory reference to the agency’s involvement with the “cottage law,” which is regulated by the Department of Health and Environmental Control (i.e., remove an exemption registration burden from small home-based food producers that distribute non-potentially hazardous baked-goods and candy to the end consumer).</p> <p>Modernize the cotton warehouse receipt law (i.e., accept Permanent Bale Identification from a cotton gin as the universal warehouse receipt number) to eliminate duplicative tagging and re-issuance of warehouse receipts by cotton gins.</p> <p>Revise state egg law (i.e., exempt United States Department of Agriculture graded facilities from state licensing; remove licensure requirements for small producers; authorize the licensure of quail eggs; and authorize a fee for registration).</p>
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*Provide an explanation of the proposal and its positive results on businesses or citizens. How will the request affect agency operations?*