

|              |                           |          |     |
|--------------|---------------------------|----------|-----|
| Agency Name: | Adjutant General's Office |          |     |
| Agency Code: | E240                      | Section: | 100 |



Fiscal Year FY 2025-2026  
Agency Budget Plan

FORM A - BUDGET PLAN SUMMARY

|                                            |                                            |                                                                           |
|--------------------------------------------|--------------------------------------------|---------------------------------------------------------------------------|
| OPERATING<br>REQUESTS<br><br>(FORM B1)     | For FY 2025-2026, 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<br>REQUESTS<br><br>(FORM B2) | For FY 2025-2026, my agency is (mark "X"): |                                                                           |
|                                            | <input checked="" type="checkbox"/>        | Requesting Non-Recurring Appropriations.                                  |
|                                            | <input checked="" type="checkbox"/>        | Requesting Non-Recurring Federal/Other Authorization.                     |
|                                            | <input type="checkbox"/>                   | Not requesting any changes.                                               |
| CAPITAL<br>REQUESTS<br><br>(FORM C)        | For FY 2025-2026, my agency is (mark "X"): |                                                                           |
|                                            | <input checked="" type="checkbox"/>        | Requesting funding for Capital Projects.                                  |
|                                            | <input type="checkbox"/>                   | Not requesting any changes.                                               |
| PROVISOS<br><br>(FORM D)                   | For FY 2025-2026, my agency is (mark "X"): |                                                                           |
|                                            | <input checked="" 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 type="checkbox"/>                   | Not requesting any proviso changes.                                       |

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

|                                                  |                     |                |                              |
|--------------------------------------------------|---------------------|----------------|------------------------------|
| PRIMARY<br>CONTACT:<br><br>SECONDARY<br>CONTACT: | <u>Name</u>         | <u>Phone</u>   | <u>Email</u>                 |
|                                                  | Kenneth C. Braddock | (803) 299-4445 | kenneth.braddock@scmd.sc.gov |
|                                                  | Cynthia Smith       | (803) 299-2031 | cynthia.smith@scmd.sc.gov    |

I have reviewed and approved the enclosed FY 2025-2026 Agency Budget Plan, which is complete and accurate to the extent of my knowledge.

|                                       |                        |                                  |
|---------------------------------------|------------------------|----------------------------------|
| SIGN/DATE:<br><br>TYPE/PRINT<br>NAME: | <u>Agency Director</u> | <u>Board or Commission Chair</u> |
|                                       |                        |                                  |

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

|              |                           |
|--------------|---------------------------|
| Agency Name: | Adjutant General's Office |
| Agency Code: | E240                      |
| Section:     | 100                       |

| BUDGET REQUESTS |                    |                                                                                                   | FUNDING    |            |           |            |            | FTES  |         |           |            |       |
|-----------------|--------------------|---------------------------------------------------------------------------------------------------|------------|------------|-----------|------------|------------|-------|---------|-----------|------------|-------|
| Priority        | Request Type       | Request Title                                                                                     | State      | Federal    | Earmarked | Restricted | Total      | State | Federal | Earmarked | Restricted | Total |
| 1               | B1 - Recurring     | Increase in Armory Revitalization Funding                                                         | 2,800,000  | 2,800,000  | 0         | 0          | 5,600,000  | 0.00  | 0.00    | 0.00      | 0.00       | 0.00  |
| 2               | B2 - Non-Recurring | SCEMD - State Personal Protective Equipment (PPE) Stockpile Storage Management Contract Extension | 4,200,000  | 0          | 0         | 0          | 4,200,000  | 0.00  | 0.00    | 0.00      | 0.00       | 0.00  |
| 3               | B2 - Non-Recurring | SCEMD - State Personal Protective Equipment (PPE) Stockpile – PPE Replacement                     | 1,700,000  | 0          | 0         | 0          | 1,700,000  | 0.00  | 0.00    | 0.00      | 0.00       | 0.00  |
| 4               | C - Capital        | SCEMD – Winnsboro Warehouse Renovation & Upgrade                                                  | 2,700,000  | 0          | 0         | 0          | 2,700,000  | 0.00  | 0.00    | 0.00      | 0.00       | 0.00  |
| 5               | B2 - Non-Recurring | SCEMD - Safeguarding Tomorrow Revolving Loan Fund – State Match Requirement                       | 1,000,000  | 9,000,000  | 0         | 0          | 10,000,000 | 0.00  | 0.00    | 0.00      | 0.00       | 0.00  |
| 6               | B1 - Recurring     | SC Law Enforcement Assistance Program                                                             | 56,000     | 0          | 0         | 0          | 56,000     | 0.00  | 0.00    | 0.00      | 0.00       | 0.00  |
| 7               | B1 - Recurring     | State Guard – Microsoft 365 Licenses                                                              | 50,000     | 0          | 0         | 0          | 50,000     | 0.00  | 0.00    | 0.00      | 0.00       | 0.00  |
| 8               | B2 - Non-Recurring | SCEMD - SC Public Assistance Program                                                              | 9,000,000  | 0          | 0         | 0          | 9,000,000  | 0.00  | 0.00    | 0.00      | 0.00       | 0.00  |
| 9               | B1 - Recurring     | SC Military Museum – Salary Increase                                                              | 54,000     | 0          | 0         | 0          | 54,000     | 0.00  | 0.00    | 0.00      | 0.00       | 0.00  |
| 10              | C - Capital        | Graniteville Land Purchase                                                                        | 185,000    | 0          | 0         | 0          | 185,000    | 0.00  | 0.00    | 0.00      | 0.00       | 0.00  |
| TOTALS          |                    |                                                                                                   | 21,745,000 | 11,800,000 | 0         | 0          | 33,545,000 | 0.00  | 0.00    | 0.00      | 0.00       | 0.00  |

|              |                           |          |     |
|--------------|---------------------------|----------|-----|
| Agency Name: | Adjutant General's Office |          |     |
| Agency Code: | E240                      | Section: | 100 |

**FORM B1 – RECURRING OPERATING REQUEST**

|                    |   |
|--------------------|---|
| AGENCY<br>PRIORITY | 1 |
|--------------------|---|

Provide the Agency Priority Ranking from the Executive Summary.

|       |                                           |
|-------|-------------------------------------------|
| TITLE | Increase in Armory Revitalization Funding |
|-------|-------------------------------------------|

Provide a brief, descriptive title for this request.

|        |                                                                                                     |
|--------|-----------------------------------------------------------------------------------------------------|
| AMOUNT | <p>General: \$2,800,000</p> <p>Federal: \$2,800,000</p> <p>Other: \$0</p> <p>Total: \$5,600,000</p> |
|--------|-----------------------------------------------------------------------------------------------------|

What is the net change in requested appropriations for FY 2025-2026? This amount should correspond to the total for all funding sources on the Executive Summary.

|               |      |
|---------------|------|
| NEW POSITIONS | 0.00 |
|---------------|------|

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

|                                              |                                                        |                                                                           |
|----------------------------------------------|--------------------------------------------------------|---------------------------------------------------------------------------|
| FACTORS<br>ASSOCIATED<br>WITH THE<br>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"/>                               | HR/Personnel Related                                                      |
|                                              | <input type="checkbox"/>                               | Consulted DTO during development                                          |
| <input type="checkbox"/>                     | Related to a Non-Recurring request – If so, Priority # |                                                                           |

|                                                    |                                                                           |                                                |
|----------------------------------------------------|---------------------------------------------------------------------------|------------------------------------------------|
| STATEWIDE<br>ENTERPRISE<br>STRATEGIC<br>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<br>OF FUNDS | <div><p>This request supports the Office of the Adjutant General’s Strategic Objective #2 - Maintain trained and ready forces for the defense of our country and emergency support of our communities by investing in innovative individual and collective training opportunities and world-class facilities.</p><p>Use of these funds will be evaluated through use of the National Guard Bureau Installation Status Report.</p></div> |
|----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

|  |                                                                             |
|--|-----------------------------------------------------------------------------|
|  | Office of the Adjutant General – Armory Operations – Armory Revitalizations |
|--|-----------------------------------------------------------------------------|

|                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|---------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <div> <div>RECIPIENTS OF FUNDS</div> <div>JUSTIFICATION OF REQUEST</div> </div> | <div> <div> <p>These funds would be disbursed in support of Armory Revitalization projects in accordance with the processes and procedures as outlined in the State Procurement Code.</p> <p><i>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?</i></p> </div> <div> <p>The Office of the Adjutant General requests an increase of \$2.8M in Recurring appropriations beginning in State Fiscal Year 2025-2026 to support Armory Revitalizations.</p> <p>The costs of construction have increased and are projected to reach a total 30% increase by FY25 as compared to FY 21 average costs. The Agency is currently appropriated \$2.55 million of Recurring Operating funds for Armory Revitalizations. This request, along with the realignment of funds as requested in the Agency Priority #1, would raise the recurring Armory Renovations budget to \$5.8M. With this recurring funding, the Agency will be able to more efficiently address current and on-going facility revitalizations.</p> <p>The Agency’s 62 Readiness Centers are an average of over 42 years old, with several have exceeded their service life, and have the issues which occur with aging structures (structural, electrical, plumbing, compliance with ADA and other codes, etc.). In response, the Agency’s continues to execute a multi-year phased program that revitalizes approx. two Readiness Centers each year, and implements planning and design for the revitalizing the following two Readiness Centers. The total revitalization process for each Readiness Center takes approx. 3 years from design through completion of construction, and the costs are currently averaging \$6M per Readiness Center. The Agency has completed 6 of its Readiness Centers, and has 4 others under construction or in the design process.</p> <p>Previously, the Agency attempted to address the issue through annual requests for Non-Recurring Capital Project Funds. Although this was fairly successful in the past, the unpredictability of the Non-Recurring funds places at risk the Agency’s ability to coordinate Federal matching funds.</p> <p>Having access to recurring, predictable funding will enhance the Office of the Adjutant General’s ability to gain Federal matching dollars from the National Guard Bureau for the planned Armory Revitalization projects. If available and allocated, Federal matching dollars can provide a 50/50 cost share of the projects’ expenses up to the limits of the State and/or Federal dollars.</p> <p>Failure to provide funding for the Armory Revitalization projects will further increase the timeliness to address major maintenance issues at Readiness Centers across the State. Readiness Centers are the hub of State, Community, and Soldier readiness, and provide a safe environment and facility to support mobilizations, Soldier training, Defense Support to Civilian Authorities, community needs, and many more public support functions.</p> <p>The readiness of South Carolina, the local communities, and the Soldiers and equipment of the South Carolina National Guard is negatively impacted by the current conditions of many of the facilities.</p> <p>Completion of the planned, on-going Armory Revitalization projects is expected to systematically extend the useful lives of the Agency’s existing Readiness Centers by another 20 years.</p> </div> </div> <div> <p><i>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.</i></p> </div> |
|---------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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|--------------|---------------------------|----------|-----|
| Agency Name: | Adjutant General's Office |          |     |
| Agency Code: | E240                      | Section: | 100 |

**FORM B1 – RECURRING OPERATING REQUEST**

|                    |   |
|--------------------|---|
| AGENCY<br>PRIORITY | 6 |
|--------------------|---|

*Provide the Agency Priority Ranking from the Executive Summary.*

|       |                                       |
|-------|---------------------------------------|
| TITLE | SC Law Enforcement Assistance Program |
|-------|---------------------------------------|

*Provide a brief, descriptive title for this request.*

|        |                                                                                                                   |
|--------|-------------------------------------------------------------------------------------------------------------------|
| AMOUNT | <p><b>General: \$56,000</b></p> <p><b>Federal: \$0</b></p> <p><b>Other: \$0</b></p> <p><b>Total: \$56,000</b></p> |
|--------|-------------------------------------------------------------------------------------------------------------------|

*What is the net change in requested appropriations for FY 2025-2026? This amount should correspond to the total for all funding sources on the Executive Summary.*

|               |      |
|---------------|------|
| NEW POSITIONS | 0.00 |
|---------------|------|

*Please provide the total number of new positions needed for this request.*

|                                              |                                     |                                                                           |
|----------------------------------------------|-------------------------------------|---------------------------------------------------------------------------|
| FACTORS<br>ASSOCIATED<br>WITH THE<br>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 checked="" type="checkbox"/> | HR/Personnel Related                                                      |
|                                              | <input type="checkbox"/>            | Consulted DTO during development                                          |
|                                              | <input type="checkbox"/>            | Related to a Non-Recurring request – If so, Priority #                    |

|                                                    |                                                                           |                                                |
|----------------------------------------------------|---------------------------------------------------------------------------|------------------------------------------------|
| STATEWIDE<br>ENTERPRISE<br>STRATEGIC<br>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 type="checkbox"/>                                                  | Maintaining Safety, Integrity, and Security    |
|                                                    | <input type="checkbox"/>                                                  | Public Infrastructure and Economic Development |
|                                                    | <input checked="" type="checkbox"/>                                       | Government and Citizens                        |

|                            |                                                                                                                                                                                                                                                                                                                                                                              |
|----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ACCOUNTABILITY<br>OF FUNDS | <p>This request supports the Office of the Adjutant General’s Strategic Objective # 1 - Promote a cohesive, disciplined, and resilient organizational culture, where our people are trained, knowledgeable, and mentor each other in a positive, supportive environment.</p> <p>Use of these funds will be evaluated through the Employee Performance Evaluation System.</p> |
|----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

|               |                                                                            |
|---------------|----------------------------------------------------------------------------|
| RECIPIENTS OF | Office of the Adjutant General – Administration – Other Personnel Expenses |
|---------------|----------------------------------------------------------------------------|

## FUNDS

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

## JUSTIFICATION OF REQUEST

The Office of the Adjutant General requests an increased allocation of \$56K in recurring funding to continue its support the South Carolina Law Enforcement Assistance Program (SC LEAP).

As a part of the FY 2017-18 Budget Bill, the Office of the Adjutant General was allocated \$64,500 in recurring Other Personnel Expenses funds to support the Agency's annual shared cost of the SC LEAP. By FY24, the Agency yearly cost share has risen 56% to \$100,372, and is projected to be at least \$103,500 in FY 25 based on the approved statewide employee pay increase.

SCLEAP provides a 24-hour service to South Carolina Law Enforcement agencies statewide. The five participating Agencies include South Carolina Law Enforcement Division, South Carolina Department of Natural Resources, South Carolina Department of Public Safety, South Carolina Department of Probation, Parole, and Pardon Service, and the Office of the Adjutant General. The program is managed by SLED and each Agency is responsible for 1/5 of the salaries.

SCLEAP programs and services include:

- Critical Incident Stress Management Training
- Post Critical Incident Seminar
- Alcohol rehabilitation services
- Suicide intervention and prevention training
- Post Deployment Programs

The Agency can no longer continue to self-fund the increases in program support without decrementing other critical programs. Failure to provide the funding would result in a reduction in the multi-agency program's ability to meet the statewide mental health needs of the law enforcement and Military Department personnel in the State.

**The Agency does not have the existing funding to address this need.**

*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: | Adjutant General's Office |          |     |
| Agency Code: | E240                      | Section: | 100 |

**FORM B1 – RECURRING OPERATING REQUEST**

|                            |   |
|----------------------------|---|
| <b>AGENCY<br/>PRIORITY</b> | 7 |
|----------------------------|---|

*Provide the Agency Priority Ranking from the Executive Summary.*

|              |                                      |
|--------------|--------------------------------------|
| <b>TITLE</b> | State Guard – Microsoft 365 Licenses |
|--------------|--------------------------------------|

*Provide a brief, descriptive title for this request.*

|               |                                                                                                |
|---------------|------------------------------------------------------------------------------------------------|
| <b>AMOUNT</b> | <b>General: \$50,000</b><br><b>Federal: \$0</b><br><b>Other: \$0</b><br><b>Total: \$50,000</b> |
|---------------|------------------------------------------------------------------------------------------------|

*What is the net change in requested appropriations for FY 2025-2026? This amount should correspond to the total for all funding sources on the Executive Summary.*

|                      |      |
|----------------------|------|
| <b>NEW POSITIONS</b> | 0.00 |
|----------------------|------|

*Please provide the total number of new positions needed for this request.*

|                                                        |                                     |                                                                           |
|--------------------------------------------------------|-------------------------------------|---------------------------------------------------------------------------|
| <b>FACTORS<br/>ASSOCIATED<br/>WITH THE<br/>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 type="checkbox"/>            | Proposed establishment of a new program or initiative                     |
|                                                        | <input checked="" 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"/>            | HR/Personnel Related                                                      |
|                                                        | <input type="checkbox"/>            | Consulted DTO during development                                          |
|                                                        | <input type="checkbox"/>            | Related to a Non-Recurring request – If so, Priority #                    |

|                                                              |                                                                                  |                                                |
|--------------------------------------------------------------|----------------------------------------------------------------------------------|------------------------------------------------|
| <b>STATEWIDE<br/>ENTERPRISE<br/>STRATEGIC<br/>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 checked="" type="checkbox"/>                                              | Maintaining Safety, Integrity, and Security    |
|                                                              | <input type="checkbox"/>                                                         | Public Infrastructure and Economic Development |
|                                                              | <input type="checkbox"/>                                                         | Government and Citizens                        |

|                                    |                                                                                                                                                                                                                                                                                                                                                                                                                               |
|------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>ACCOUNTABILITY<br/>OF FUNDS</b> | <p>This request supports the Office of the Adjutant General’s Strategic Objective # 2 - Maintain trained and ready forces for the defense of our country and emergency support of our communities by investing in innovative individual and collective training opportunities and world-class facilities</p> <p>Use of these funds will be evaluated through assessment of State Guard training and deployment readiness.</p> |
|------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

|                      |                                                                         |
|----------------------|-------------------------------------------------------------------------|
| <b>RECIPIENTS OF</b> | Office of the Adjutant General – State Guard – Other Operating Expenses |
|----------------------|-------------------------------------------------------------------------|

**FUNDS**

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

**JUSTIFICATION OF  
REQUEST**

The Office of the Adjutant General requests recurring funding to support annual subscription service for approximately 500 Microsoft 365 licenses through the established state contract.

The State Guard has geographically dispersed members that need to conduct virtual Teams meetings, share documents and files in real time, and retain documents for future use. It is critical that the State Guard conduct administrative, operational, and logistical functions to maintain and improve unit readiness in order to support State Guard operations and the citizens of South Carolina

This request is 100% State funding.

Failure to provide the funding would result in the State Guard being hindered in their ability to maintain email communications and document retention as well as conduct Teams meetings to include weekly staff planning sessions.

*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<br>PRIORITY | 9 |
|--------------------|---|

*Provide the Agency Priority Ranking from the Executive Summary.*

|       |                                      |
|-------|--------------------------------------|
| TITLE | SC Military Museum – Salary Increase |
|-------|--------------------------------------|

*Provide a brief, descriptive title for this request.*

|        |                                                                                                |
|--------|------------------------------------------------------------------------------------------------|
| AMOUNT | <b>General: \$54,000</b><br><b>Federal: \$0</b><br><b>Other: \$0</b><br><b>Total: \$54,000</b> |
|--------|------------------------------------------------------------------------------------------------|

*What is the net change in requested appropriations for FY 2025-2026? This amount should correspond to the total for all funding sources on the Executive Summary.*

|               |      |
|---------------|------|
| NEW POSITIONS | 0.00 |
|---------------|------|

*Please provide the total number of new positions needed for this request.*

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

|                                                    |                                                                           |                                                |
|----------------------------------------------------|---------------------------------------------------------------------------|------------------------------------------------|
| STATEWIDE<br>ENTERPRISE<br>STRATEGIC<br>OBJECTIVES | Mark “X” for primary applicable Statewide Enterprise Strategic Objective: |                                                |
|                                                    | X                                                                         | Education, Training, and Human Development     |
|                                                    |                                                                           | Healthy and Safe Families                      |
|                                                    |                                                                           | Maintaining Safety, Integrity, and Security    |
|                                                    |                                                                           | Public Infrastructure and Economic Development |
|                                                    |                                                                           | Government and Citizens                        |

|                            |                                                                                                                                                                                                                                                                                                                                                                        |
|----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ACCOUNTABILITY<br>OF FUNDS | <p>This request supports the Office of the Adjutant General’s Strategic Goal #1 - Promote a cohesive, disciplined, and resilient organizational culture, where our people are trained, knowledgeable, and mentor each other in a positive, supportive environment.</p> <p>Use of these funds will be evaluated through the Employee Performance Evaluation System.</p> |
|----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

|  |                                                                                       |
|--|---------------------------------------------------------------------------------------|
|  | Office of the Adjutant General - SC Military Museum - Classified Positions (\$43,000) |
|--|---------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>RECIPIENTS OF FUNDS</b>                                                                                                                                                                                                                                                                                      | Office of the Adjutant General – Employee Benefits – Employer Contributions (\$11,000)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <i>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?</i>                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>JUSTIFICATION OF REQUEST</b>                                                                                                                                                                                                                                                                                 | <p>The Office of the Adjutant General requests an increased allocation of \$54K in recurring funding to support an increase of approx. 15% for the employees of the South Carolina Military Museum.</p> <p>In order for SC Military Museum to remain competitive and continue the growth experienced over the past few fiscal years, the Museum must be able to attract, hire, and retain talented staff. The current salary budget does not provide room for this flexibility.</p> <p>Based on an analysis of comparable positions across other state agencies, Military Museum staff salaries are 16-32% below the salaries of positions at similar state agencies. The Museum staff are all below the midpoint of their respective pay bands salary ranges.</p> <p>This request will provide the flexibility for the Military Museum to retain qualified curatorial staff in a highly competitive job market by providing both performance-based salary increases and enhance the Museum’s ability to offer competitive starting salaries during the hiring process.</p> |
| <i>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.</i> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |

|              |                           |          |     |
|--------------|---------------------------|----------|-----|
| Agency Name: | Adjutant General's Office |          |     |
| Agency Code: | E240                      | Section: | 100 |

**FORM B2 – NON-RECURRING OPERATING REQUEST**

|                    |   |
|--------------------|---|
| AGENCY<br>PRIORITY | 2 |
|--------------------|---|

*Provide the Agency Priority Ranking from the Executive Summary.*

|       |                                                                                                   |
|-------|---------------------------------------------------------------------------------------------------|
| TITLE | SCEMD - State Personal Protective Equipment (PPE) Stockpile Storage Management Contract Extension |
|-------|---------------------------------------------------------------------------------------------------|

*Provide a brief, descriptive title for this request.*

|        |             |
|--------|-------------|
| AMOUNT | \$4,200,000 |
|--------|-------------|

*What is the net change in requested appropriations for FY 2025-2026? This amount should correspond to the total for all funding sources on the Executive Summary.*

|                                              |                                     |                                                                           |
|----------------------------------------------|-------------------------------------|---------------------------------------------------------------------------|
| FACTORS<br>ASSOCIATED<br>WITH THE<br>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 checked="" 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"/>            | HR/Personnel Related                                                      |
|                                              | <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<br>ENTERPRISE<br>STRATEGIC<br>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<br>OF FUNDS | <p>This request supports the Office of the Adjutant General’s Strategic Objective #2 - Maintain trained and ready forces for the defense of our country and emergency support of our communities by investing in innovative individual and collective training opportunities and world-class facilities.</p> <p>Use of these funds will be evaluated by the maintenance of the required levels of unexpired PPE available in the State PPE Stockpile.</p> |
|----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

|                        |                                                         |
|------------------------|---------------------------------------------------------|
| RECIPIENTS OF<br>FUNDS | Office of the Adjutant General – Emergency Preparedness |
|------------------------|---------------------------------------------------------|

*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*

**JUSTIFICATION  
OF REQUEST**

The Office of the Adjutant General requests non-recurring State funding in the amount of \$4.2M to execute an two-year extension of the current State PPE Stockpile storage and management contract in order to allow the Department to upgrade its current storage facility in Winnsboro to meet the requirements necessary for the storage of medical grade materials.

In 2020 during the COVID-19 pandemic, SCEMD was tasked with maintaining a State PPE stockpile to support healthcare facilities and emergency service providers. The requirement to store and manage medical grade supplies exceeds both SCEMD and the Agency's warehouse capabilities, and necessitated developing an external PPE storage and management solution. The State (SCEMD) conducted a competitive bid, and entered into a five-year contract for the storage and management of the State PPE Stockpile.

The SC Senate PPE Select Committee and SC healthcare officials have requested that SCEMD maintain a State PPE stockpile indefinitely. However, the current PPE storage and management contract will end in October 2025.

In an effort to reduce the long-term costs, SCEMD is also requesting non-recurring, capital funding (\$2.7M) to allow the renovation of its existing warehouse in Winnsboro, SC in order to meet the requirements for storage of medial grade materials. This would allow SCEMD to consolidate the storage requirements into its existing warehouse. In order to provide time for the required upgrades, SCEMD need to request a two-year extension of the current storage and management contract.

Neither SCEMD nor the Agency has adequate or available storage facilities that meet the requirement for long-term storage of medical grade materials.

*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: | Adjutant General's Office |          |     |
| Agency Code: | E240                      | Section: | 100 |

**FORM B2 – NON-RECURRING OPERATING REQUEST**

|                    |   |
|--------------------|---|
| AGENCY<br>PRIORITY | 3 |
|--------------------|---|

Provide the Agency Priority Ranking from the Executive Summary.

|       |                                                                               |
|-------|-------------------------------------------------------------------------------|
| TITLE | SCEMD - State Personal Protective Equipment (PPE) Stockpile – PPE Replacement |
|-------|-------------------------------------------------------------------------------|

Provide a brief, descriptive title for this request.

|        |             |
|--------|-------------|
| AMOUNT | \$1,700,000 |
|--------|-------------|

What is the net change in requested appropriations for FY 2025-2026? This amount should correspond to the total for all funding sources on the Executive Summary.

|                                              |                                     |                                                                           |
|----------------------------------------------|-------------------------------------|---------------------------------------------------------------------------|
| FACTORS<br>ASSOCIATED<br>WITH THE<br>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 checked="" 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"/>            | HR/Personnel Related                                                      |
|                                              | <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<br>ENTERPRISE<br>STRATEGIC<br>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<br>OF FUNDS | <p>This request supports the Office of the Adjutant General’s Strategic Objective #2 - Maintain trained and ready forces for the defense of our country and emergency support of our communities by investing in innovative individual and collective training opportunities and world-class facilities.</p> <p>Use of these funds will be evaluated by the maintenance of the required levels of unexpired PPE available in the State PPE Stockpile.</p> |
|----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

|                        |                                                         |
|------------------------|---------------------------------------------------------|
| RECIPIENTS OF<br>FUNDS | Office of the Adjutant General – Emergency Preparedness |
|------------------------|---------------------------------------------------------|

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

**JUSTIFICATION  
OF REQUEST**

The Office of the Adjutant General requests non-recurring State funding in the amount of \$1.7M to purchase new PPE to replace expiring PPE in the State PPE Stockpile. The PPE currently in the State PPE Stockpile was purchased in 2020 and its manufacturer's shelf life will expire in 2025. Purchases will need to begin NLT August 2025.

The purchased PPE will be used to maintain a 60-day contingency stockpile of N95 respirators, surgical gloves, surgical masks, face shields and protective gowns which are available for distribution in the event of a major medical PPE shortage. Because of the five-year PPE manufacturer shelf life, the stocks projected to be purchased in 2025 will need to be replaced again in August 2030.

Failure to provide the requested funding will result in all the PPE currently in the State Stockpile passing its useful shelf life by the end of 2025.

*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: | Adjutant General's Office |          |     |
| Agency Code: | E240                      | Section: | 100 |

**FORM B2 – NON-RECURRING OPERATING REQUEST**

|                    |   |
|--------------------|---|
| AGENCY<br>PRIORITY | 5 |
|--------------------|---|

*Provide the Agency Priority Ranking from the Executive Summary.*

|       |                                                                             |
|-------|-----------------------------------------------------------------------------|
| TITLE | SCEMD - Safeguarding Tomorrow Revolving Loan Fund – State Match Requirement |
|-------|-----------------------------------------------------------------------------|

*Provide a brief, descriptive title for this request.*

|        |              |
|--------|--------------|
| AMOUNT | \$10,000,000 |
|--------|--------------|

*What is the net change in requested appropriations for FY 2025-2026? This amount should correspond to the total for all funding sources on the Executive Summary.*

|                                              |                                     |                                                                           |
|----------------------------------------------|-------------------------------------|---------------------------------------------------------------------------|
| FACTORS<br>ASSOCIATED<br>WITH THE<br>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 type="checkbox"/>            | IT Technology/Security related                                            |
|                                              | <input type="checkbox"/>            | Consulted DTO during development                                          |
|                                              | <input type="checkbox"/>            | HR/Personnel Related                                                      |
|                                              | <input checked="" type="checkbox"/> | Request for Non-Recurring Appropriations                                  |
|                                              | <input checked="" type="checkbox"/> | Request for Federal/Other Authorization to spend existing funding         |
|                                              | <input type="checkbox"/>            | Related to a Recurring request – If so, Priority #                        |

|                                                    |                                                                           |                                                |
|----------------------------------------------------|---------------------------------------------------------------------------|------------------------------------------------|
| STATEWIDE<br>ENTERPRISE<br>STRATEGIC<br>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 type="checkbox"/>                                                  | Maintaining Safety, Integrity, and Security    |
|                                                    | <input checked="" type="checkbox"/>                                       | Public Infrastructure and Economic Development |
|                                                    | <input type="checkbox"/>                                                  | Government and Citizens                        |

|                            |                                                                                                                                                                                                                                                                                        |
|----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ACCOUNTABILITY<br>OF FUNDS | This request supports the Office of the Adjutant General’s Strategic Objective # 3 - Strengthen and leverage current relationships while identifying opportunities for mutually beneficial partnerships to maximize future competitiveness.                                            |
|                            | Funding will be used to provide the non-Federal match for the Safeguarding Tomorrow through Ongoing Risk Mitigation Act (STORM Act) Federal funding. The grants are provided through FEMA and are used to fund the South Carolina Safeguarding Tomorrow Revolving Loan Fund (SCSTRLF). |

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

|                        |                                                                                                                                                                       |
|------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| RECIPIENTS OF<br>FUNDS | Office of the Adjutant General – Emergency Preparedness                                                                                                               |
|                        | South Carolina Emergency Management Division (SCEMD) would transfer the funds to the SCSTRLF as the required 10% non-Federal match for the STORM Act Federal funding. |

*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*

**JUSTIFICATION  
OF REQUEST**

The Office of the Adjutant General requests non-recurring State funding of \$1M to provide the 10% State Share for an additional \$9M in Federal funds as part of the STORM Act.

In FY 24, FEMA provided the State \$5,816,667 in STORM Act Federal capitalization grant funding which was matched by the State with \$646,296 through the State Office of Resilience's existing funding.

In September 2024, FEMA notified SCEMD that the State was selected to receive an additional \$9M in STORM Act funding. These additional funds will require the State to provide \$1M (10%) in State match funds in order to accept the Federal grant funding.

South Carolina Emergency Management Division (SCEMD) will transfer the funds to the SCSTRLF which provides low-interest loans to local government entities for qualifying mitigation projects to reduce future hazard risks from natural hazards and disasters. These projects include mitigation projects and activities to increase resilience and mitigate the impacts of events such as drought, extreme heat, severe storms, wildfires, floods and earthquakes. SCEMD coordinates with the SC Office of Resilience on an ongoing basis to make sure revolving loan fund and mitigation grant programs are implemented to avoid duplication and maximize positive impacts for SC communities.

Once the entities repay the loans, the SCSTRLF would use the repaid funds to provide additional loans.

Failure to provide the funding would result in the State not being eligible to receive additional STORM Act Federal funding which will negatively impact the ability of local government entities to conduct mitigation projects focused on reducing future hazard risks from natural hazards and disasters.

**The Agency does not have adequate existing funding to address this need.**

*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: | Adjutant General's Office |          |     |
| Agency Code: | E240                      | Section: | 100 |

**FORM B2 – NON-RECURRING OPERATING REQUEST**

|                    |   |
|--------------------|---|
| AGENCY<br>PRIORITY | 8 |
|--------------------|---|

Provide the Agency Priority Ranking from the Executive Summary.

|       |                                      |
|-------|--------------------------------------|
| TITLE | SCEMD - SC Public Assistance Program |
|-------|--------------------------------------|

Provide a brief, descriptive title for this request.

|        |             |
|--------|-------------|
| AMOUNT | \$9,000,000 |
|--------|-------------|

What is the net change in requested appropriations for FY 2025-2026? This amount should correspond to the total for all funding sources on the Executive Summary.

|                                              |                                     |                                                                           |
|----------------------------------------------|-------------------------------------|---------------------------------------------------------------------------|
| FACTORS<br>ASSOCIATED<br>WITH THE<br>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 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"/>            | HR/Personnel Related                                                      |
|                                              | <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<br>ENTERPRISE<br>STRATEGIC<br>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 type="checkbox"/>                                                  | Maintaining Safety, Integrity, and Security    |
|                                                    | <input checked="" type="checkbox"/>                                       | Public Infrastructure and Economic Development |
|                                                    | <input type="checkbox"/>                                                  | Government and Citizens                        |

|                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ACCOUNTABILITY<br>OF FUNDS | <p>This request supports the Office of the Adjutant General’s Strategic Objective #2 - Maintain trained and ready forces for the defense of our country and emergency support of our communities by investing in innovative individual and collective training opportunities and world-class facilities.</p> <p>SCEMD will administer the funds using systems, processes, and reporting it uses to manage the State’s Federal Disaster Recovery Grants and the State’s Federal/FEMA Public Assistance (PA) Program.</p> <p>Counties must meet or exceed their FEMA PA threshold to be eligible for this funding. Eligible counties and eligible local governmental entities will be required to submit a reimbursement application with supporting documentation to SC Emergency Management Division (SCEMD) for approval.</p> <p>Program will be administered through existing SCEMD staff.</p> <p>SCEMD will provide a quarterly report on the status of the State PA funds including disbursements.</p> |
|----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

|               |                                                                                                                                                     |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| RECIPIENTS OF | <p>Office of the Adjutant General – Emergency Preparedness</p> <p>Funds would be awarded to eligible applicants through an application process.</p> |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|

|       |  |
|-------|--|
| FUNDS |  |
|-------|--|

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

|                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| JUSTIFICATION OF REQUEST | <p>The Office of the Adjutant General requests non-recurring State funding in the amount of \$9M establish a SC Public Assistance Program to support disaster recovery in SC communities that experience localized hazard events that cause severe damage but that do not meet thresholds/criteria for a Federal disaster declaration. This Program will allow the State (SCEMD) to reimburse eligible entities for unbudgeted response costs and costs to repair damaged public infrastructure.</p> <p>SCEMD proposes to establish a State managed PA Program to address emergencies that fail to meet SC’s threshold. For a Federal PA declaration, the State and affected county(s) must meet both the State threshold and the affected county’s threshold (current State threshold is \$9,417,902). Often county(s) meet their threshold, but the State does not meet the State’s threshold. Recent examples include the December 2023 Coastal Storm (Georgetown County); January 2024 Bamberg Tornado; April 2024 Rock Hill Hail and Windstorm; and June 2024 Severe Weather (Berkeley and Dorchester County).</p> <p>This program will assist counties and local governmental entities so communities can quickly recover from emergencies. State Agencies and non-profit organizations will not be eligible to receive reimbursement under this program. Cost eligibility and process for reimbursement will follow the guidelines and process used by SCEMD for the administration of the Federal PA program. Cost reimbursement by the Program will be for 75% for eligible costs.</p> |
|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

*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: | Adjutant General's Office |          |     |
| Agency Code: | E240                      | Section: | 100 |

FORM C – CAPITAL REQUEST

|                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                  |           |
|---------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------|
| AGENCY<br>PRIORITY                          | <div>4</div> <div>Provide the Agency Priority Ranking from the Executive Summary.</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                  |           |
| TITLE                                       | <div>SCEMD – Winnsboro Warehouse Renovation &amp; Upgrade</div> <div>Provide a brief, descriptive title for this request.</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                  |           |
| AMOUNT                                      | <div>\$2,700,000</div> <div>How much is requested for this project in FY FY 2025-2026? This amount should correspond to the total for all funding sources on the Executive Summary.</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                  |           |
| CPIP PRIORITY                               | <div>Plan Year: 2025</div> <div>CPIP Priority: 20 of 20</div> <div>1st Year Included: 2025</div> <div>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.</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                  |           |
| OTHER<br>APPROVALS                          | <div>The Agency must obtain approval of the following:</div> <div><ul style="list-style-type: none"><li>• A-1, JBRC &amp; SFAA</li><li>• OSE</li></ul></div> <div>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.)</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                  |           |
| LONG-TERM<br>PLANNING AND<br>SUSTAINABILITY | <div>This project will support the long-term storage of the State PPE stockpile and eliminate the need for an existing long-term commercial warehouse lease and management contract.</div> <div>SCEMD employees will manage the PPE stockpile and warehouse operations. Contract maintenance will support scheduled and unscheduled maintenance. Recurring costs for maintenance and utilities are estimated to be \$19,640 annually.</div> <div>If the State PPE stockpile program is terminated, this space can be utilized to store emergency response food and water stocks.</div> <div>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?</div> |                  |           |
|                                             | <div>The Office of the Adjutant General requests State funding in the amount of \$2,700,000 to fund renovations and upgrading of a 20,000 square feet portion of the of existing SCEMD warehouse located in Winnsboro, SC. This will allow SCEMD to store the State’s Personal Protective Equipment (PPE) Stockpile in a climate-controlled environment that meets the requirement for storage of medical grade materials.</div> <div>The State’s PPE Stockpile is current located in a non-State owned, commercial facility located in Prosperity, and is managed through a multi-year storage and management contract which will expire in October 2025. SCEMD is also requesting funding for a two-year extension to the current contract to allow time for the renovation and upgrade.</div> <div>Estimated costs:</div> <div><table><tr><td>Roof replacement</td><td>\$655,000</td></tr></table></div>                                                                                                                                                                                                                                         | Roof replacement | \$655,000 |
| Roof replacement                            | \$655,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                  |           |

## SUMMARY

|                        |                 |
|------------------------|-----------------|
| Warehouse construction | \$349,700       |
| Racks                  | \$137,000       |
| HVAC                   | \$259,000       |
| Fire suppression       | \$167,000       |
| Fire alarm             | \$133,000       |
| Security system        | \$250,000       |
| Overhead and Profit    | \$195,000       |
| Contingency            | \$195,000       |
| Engineering Fees       | \$280,860       |
| Third party inspection | <u>\$78,440</u> |

**Total Estimated Cost    \$2,700,000**

SCEMD will task existing state employees to manage the facility's day-to-day activities and will contract facility maintenance support as required. During emergencies SCEMD will utilize existing short-term staffing contracts to increase personnel support to manage stockpile operations.

There are no other known Department, Agency or State-owned warehousing facilities that meet the medical materials storage requirements that is available to accommodate this need. This investment will eliminate the need to continue paying a contractor to store and manage the State PPE Stockpile

*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: | Adjutant General's Office |          |     |
| Agency Code: | E240                      | Section: | 100 |

## FORM C – CAPITAL REQUEST

|                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|---------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| AGENCY PRIORITY                       | <div>10</div> <div>Provide the Agency Priority Ranking from the Executive Summary.</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| TITLE                                 | <div>Graniteville Land Purchase</div> <div>Provide a brief, descriptive title for this request.</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| AMOUNT                                | <div>\$185,000</div> <div>How much is requested for this project in FY FY 2025-2026? This amount should correspond to the total for all funding sources on the Executive Summary.</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| CPIP PRIORITY                         | <div>The Agency became aware of the availability of the land and appraised value of the land the after the development of the CPIP submission.</div> <div>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.</div>                                                                                                                                                                                                                                                                                                                                            |
| OTHER APPROVALS                       | <div> <p>The SC Forestry Commission has agreed to sell the property to the Agency.</p> <p>The Agency must obtain approval of the following:</p> <ul style="list-style-type: none"> <li>Concurrence of SC Department of Administration</li> <li>A-1, JBRC &amp; SFAA</li> </ul> </div> <div>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.)</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| LONG-TERM PLANNING AND SUSTAINABILITY | <div> <p>This project will mitigate and minimize encroachment which is occurring on the property surrounding the Graniteville Readiness Center which located in Aiken County.</p> <p>The property would be purchased from the SC Forestry Commission as Surplus Property</p> <p>No other Federal, State or local funds are invested in this project.</p> </div> <div>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?</div> |
|                                       | <div> <p>The Office of the Adjutant General requests State funding in the amount of \$185K to fund the purchase of 4.8 acres of land located at 387 Bettis Academy Road, Graniteville, SC 29829 in Aiken County (County Tax Map # 048-00-02-005) which is adjacent to the existing Graniteville Armory.</p> <p>The property currently belongs to the SC Forestry Commission and is listed on the State Surplus Property listing. The property was appraised for a value of \$185,000.</p> <p>The property is adjacent to the Graniteville Armory and is utilized by the Unit to conduct local area unit and individual training. Local land development is encroaching on the perimeter of existing National Guard and SC Forestry properties. This project would mitigate and minimize continuing encroachment, and provide continued use of easily accessible training area for the unit.</p> </div>                       |

|                                                                                   |                                                                                                                                                                                                                                                                                                      |
|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <div data-bbox="126 212 296 246" data-label="Section-Header"><p>SUMMARY</p></div> | <div data-bbox="381 0 1445 112" data-label="Text"><p>There are no other suitable alternatives available to accommodate this need.</p><p>Failure to provide funding will result in encroachment on the existing National Guard property and limit the local training abilities of the Unit.</p></div> |
|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

*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: | Adjutant General's Office |          |     |
| Agency Code: | E240                      | Section: | 100 |

**FORM D – PROVISO REVISION REQUEST**

|               |        |
|---------------|--------|
| <b>NUMBER</b> | 100.12 |
|---------------|--------|

*Cite the proviso according to the renumbered list (or mark “NEW”).*

|              |                      |
|--------------|----------------------|
| <b>TITLE</b> | State Guard Training |
|--------------|----------------------|

*Provide the title from the renumbered list or suggest a short title for any new request.*

|                       |                   |
|-----------------------|-------------------|
| <b>BUDGET PROGRAM</b> | VIII. State Guard |
|-----------------------|-------------------|

*Identify the associated budget program(s) by name and budget section.*

|                               |  |
|-------------------------------|--|
| <b>RELATED BUDGET REQUEST</b> |  |
|-------------------------------|--|

*Is this request associated with a budget request you have submitted for FY 2025-2026? If so, cite it here.*

|                         |       |
|-------------------------|-------|
| <b>REQUESTED ACTION</b> | Amend |
|-------------------------|-------|

*Choose from: Add, Delete, Amend, or Codify.*

|                                |     |
|--------------------------------|-----|
| <b>OTHER AGENCIES AFFECTED</b> | N/A |
|--------------------------------|-----|

*Which other agencies would be affected by the recommended action? How?*

|                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SUMMARY &amp; EXPLANATION</b> | <p>The modifications to the Proviso would require the Office of the Adjutant General to provide for pay of \$150 per day pay for State Guard personnel called to State Active Duty by the Governor.</p> <p>Prior to FY 24-25, the Agency’s Provisos contained the requirement for pay \$150 per day to the State Guard if activated to State Active Duty. The Agency is requesting this be added back to the existing proviso for those events which the Governor or Adjutant General may call members of the State Guard to active State service.</p> <p>The requested funds for Fringe does not include employer contributions to the South Carolina Retirement System.</p> |
|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

*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

There are adequate funds available in current State Guard appropriations (VIII. State Guard – Other Personnel Expenses) to support this request.

*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

100.13. (ADJ: State Guard Training **and Activation**) The Office of the Adjutant General shall compensate State Guard personnel at a rate of \$150 per day during State Guard training. State Guard mandated training is not to exceed 12 training periods per year for each member. **In the event of activation of the State Guard to State Active Duty by the Governor or the Adjutant General, the Office of the Adjutant General shall compensate activated State Guard personnel at a rate of \$150 per day.** State Guard members will not be covered by the South Carolina Retirement System.

*Paste existing text above, then bold and underline insertions and strikethrough deletions. For new proviso requests, enter requested text above.*



|              |                           |          |     |
|--------------|---------------------------|----------|-----|
| Agency Name: | Adjutant General's Office |          |     |
| Agency Code: | E240                      | Section: | 100 |

**FORM D – PROVISIO REVISION REQUEST**

|               |        |
|---------------|--------|
| <b>NUMBER</b> | 100.17 |
|---------------|--------|

*Cite the proviso according to the renumbered list (or mark "NEW").*

|              |                    |
|--------------|--------------------|
| <b>TITLE</b> | ADJ: PPE Stockpile |
|--------------|--------------------|

*Provide the title from the renumbered list or suggest a short title for any new request.*

|                       |                             |
|-----------------------|-----------------------------|
| <b>BUDGET PROGRAM</b> | VII. Emergency Preparedness |
|-----------------------|-----------------------------|

*Identify the associated budget program(s) by name and budget section.*

|                               |  |
|-------------------------------|--|
| <b>RELATED BUDGET REQUEST</b> |  |
|-------------------------------|--|

*Is this request associated with a budget request you have submitted for FY 2025-2026? If so, cite it here.*

|                         |       |
|-------------------------|-------|
| <b>REQUESTED ACTION</b> | Amend |
|-------------------------|-------|

*Choose from: Add, Delete, Amend, or Codify.*

|                                |                             |
|--------------------------------|-----------------------------|
| <b>OTHER AGENCIES AFFECTED</b> | Department of Public Health |
|--------------------------------|-----------------------------|

*Which other agencies would be affected by the recommended action? How?*

|                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SUMMARY &amp; EXPLANATION</b> | <p>Expiring or expired PPE cannot be sold, and currently the State/Agency has to pay the cost of additional storage, transportation and/or destruction of PPE categorized as "junk" by State Surplus. SCEMD request the authority to donate PPE categorized as "junk" by State Surplus to non-profit organizations designated as 501(c)(3) tax-exempt.</p> <p>Donating the "junk" PPE to a 501 (c)(3) Organization would mitigate the State from incurring these costs.</p> |
|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

*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

Estimated cost savings of approx. \$182,000.

Cost estimate takes into account transportation, labor, material handling equipment, and operators; does not take into account widely varying environmental fees, delays for inclement weather conditions, and extended time on station at landfills based on normal through-put from other Agencies and general public.

This translates to an average of approx. \$170.00 per pallet for an estimated 1,075 pallets of expired PPE.

Second course of action is a no-cost option to the State by donating excess PPE to a 501c3 for items to be re-purposed. SCEMD has been contacted by one such organization, MATTER 360 (501c3), with the offer to pickup.

*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

100.17. (ADJ: PPE Stockpile) The Emergency Management Division shall be permitted to rotate and replace the State's personal protective equipment stockpile, housed pursuant to a state contract. This may include the rotation of like-kind stock owned by participating entities, both public and private, in order to minimize the cost of maintaining a personal protective equipment stockpile for the State and to ensure the useful life of the State's personal protective equipment stockpile. **In the event excess or expired PPE cannot be sold and is classified as "junk" by State Surplus, SCEMD may donate this material to non-profit organizations designated as 501(c)(3) organizations for non-medical use.**

*Paste existing text above, then bold and underline insertions and strikethrough deletions. For new proviso requests, enter requested text above.*

|              |                           |          |     |
|--------------|---------------------------|----------|-----|
| Agency Name: | Adjutant General's Office |          |     |
| Agency Code: | E240                      | Section: | 100 |

**FORM D – PROVISIO REVISION REQUEST**

|               |         |
|---------------|---------|
| <b>NUMBER</b> | 117.127 |
|---------------|---------|

*Cite the proviso according to the renumbered list (or mark “NEW”).*

|              |                                       |
|--------------|---------------------------------------|
| <b>TITLE</b> | GP: Secure Area Duty Officers Program |
|--------------|---------------------------------------|

*Provide the title from the renumbered list or suggest a short title for any new request.*

|                       |                   |
|-----------------------|-------------------|
| <b>BUDGET PROGRAM</b> | I. Administration |
|-----------------------|-------------------|

*Identify the associated budget program(s) by name and budget section.*

|                               |  |
|-------------------------------|--|
| <b>RELATED BUDGET REQUEST</b> |  |
|-------------------------------|--|

*Is this request associated with a budget request you have submitted for FY 2025-2026? If so, cite it here.*

|                         |       |
|-------------------------|-------|
| <b>REQUESTED ACTION</b> | Amend |
|-------------------------|-------|

*Choose from: Add, Delete, Amend, or Codify.*

|                                |     |
|--------------------------------|-----|
| <b>OTHER AGENCIES AFFECTED</b> | N/A |
|--------------------------------|-----|

*Which other agencies would be affected by the recommended action? How?*

|                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SUMMARY &amp; EXPLANATION</b> | <p>The Secure Area Duty Officers Program was established in response to the 2015 terrorism attack on military facilities in Chattanooga, TN. The current wording of the Proviso is limited and does not cover the Counter Terrorism aspects of the intent of the program.</p> <p>Including the counter terrorism terminology into the Proviso would allow program members access to increased levels of training normally limited to counter terrorism personnel. In addition, the change would also allow the capability for application for counter terrorism grants funds which can be used to enhance the programs training and resources.</p> |
|----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

*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

This Proviso should be financially neutral.

*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

117.127. (GP: Secure Area Duty Officers Program) The Office of Adjutant General, the State Law Enforcement Division, and other law enforcement authorities are authorized to conduct security **/Counter Terrorism** related activities as prescribed by the Governor in Executive Order 2015-18. Activities carried out under this program shall be considered state or federal training for purposes of Section 15-78-60(19) of the 1976 Code and the agency and its personnel shall be exempt from liability as described therein. State agencies involved in the Secure Area Duty Officers Program (SADOP) may expend state and federal funds in support of the program.

*Paste existing text above, then bold and underline insertions and strikethrough deletions. For new proviso requests, enter requested text above.*

|              |                           |          |     |
|--------------|---------------------------|----------|-----|
| Agency Name: | Adjutant General's Office |          |     |
| Agency Code: | E240                      | Section: | 100 |

**FORM D – PROVISIO REVISION REQUEST**

|               |     |
|---------------|-----|
| <b>NUMBER</b> | NEW |
|---------------|-----|

*Cite the proviso according to the renumbered list (or mark “NEW”).*

|              |                                 |
|--------------|---------------------------------|
| <b>TITLE</b> | GP: Transfer of Physical Assets |
|--------------|---------------------------------|

*Provide the title from the renumbered list or suggest a short title for any new request.*

|                       |                   |
|-----------------------|-------------------|
| <b>BUDGET PROGRAM</b> | I. Administration |
|-----------------------|-------------------|

*Identify the associated budget program(s) by name and budget section.*

|                               |  |
|-------------------------------|--|
| <b>RELATED BUDGET REQUEST</b> |  |
|-------------------------------|--|

*Is this request associated with a budget request you have submitted for FY 2025-2026? If so, cite it here.*

|                         |     |
|-------------------------|-----|
| <b>REQUESTED ACTION</b> | Add |
|-------------------------|-----|

*Choose from: Add, Delete, Amend, or Codify.*

|                                |                                                                                                            |
|--------------------------------|------------------------------------------------------------------------------------------------------------|
| <b>OTHER AGENCIES AFFECTED</b> | SC Department of Administration – Currently owns, collects rent for, and provides support to the facility. |
|--------------------------------|------------------------------------------------------------------------------------------------------------|

*Which other agencies would be affected by the recommended action? How?*

|                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SUMMARY &amp; EXPLANATION</b> | <p>The Office of the Adjutant General is headquartered in facilities located at 1 National Guard Road in Columbia, SC. While the building is physically located on property owned by the Agency, the building belongs to the SC Department of Administration. The Agency currently pays \$600K annually to SC Admin for lease of the facility.</p> <p>The Agency requests the transfer of the facility to the Office of the Adjutant General who will manage the facility in the same manner as all other Agency owned properties across the State. In addition, by transferring the building to the Agency, the Agency would be authorized to receive Federal fund for co-use of the facility.</p> <p>Funds currently allocates as part of Armory Operations (Other Operating Expenses) currently used to fund the annual lease costs would to reallocated to pay for the on-going operational and maintenance costs for the facility.</p> |
|----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

*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

This Proviso should be financially neutral.

*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

117.NEW. (GP: Transfer of Physical Assets) In the current fiscal year, the Department of Administration shall transfer the financial and administrative responsibility for the building and grounds located at 1 National Guard Road in Columbia to the Office of the Adjutant General. The Office of the Adjutant General is thereafter responsible for such building and grounds to include maintenance of necessary reserves for deferred and future depreciation and maintenance, assuming improvement obligations, and other costs of operation, including but not limited to, building maintenance, systems and equipment maintenance, custodial services, horticulture and grounds maintenance, insurance and utilities. The Department of Administration shall not collect rent, and after the transfer, the Department of Administration shall have no responsibility for any deferred or future maintenance, or repair of the building and grounds.

*Paste existing text above, then bold and underline insertions and strikethrough deletions. For new proviso requests, enter requested text above.*

|              |                           |          |     |
|--------------|---------------------------|----------|-----|
| Agency Name: | Adjutant General's Office |          |     |
| Agency Code: | E240                      | Section: | 100 |

**FORM D – PROVISIO REVISION REQUEST**

|               |     |
|---------------|-----|
| <b>NUMBER</b> | NEW |
|---------------|-----|

*Cite the proviso according to the renumbered list (or mark “NEW”).*

|              |                      |
|--------------|----------------------|
| <b>TITLE</b> | Purchase of Property |
|--------------|----------------------|

*Provide the title from the renumbered list or suggest a short title for any new request.*

|                       |                   |
|-----------------------|-------------------|
| <b>BUDGET PROGRAM</b> | I. Administration |
|-----------------------|-------------------|

*Identify the associated budget program(s) by name and budget section.*

|                               |                            |
|-------------------------------|----------------------------|
| <b>RELATED BUDGET REQUEST</b> | Graniteville Land Purchase |
|-------------------------------|----------------------------|

*Is this request associated with a budget request you have submitted for FY 2025-2026? If so, cite it here.*

|                         |     |
|-------------------------|-----|
| <b>REQUESTED ACTION</b> | Add |
|-------------------------|-----|

*Choose from: Add, Delete, Amend, or Codify.*

|                                |                                                                                                                 |
|--------------------------------|-----------------------------------------------------------------------------------------------------------------|
| <b>OTHER AGENCIES AFFECTED</b> | SC Forestry Commission – Current owner of property.<br>SC Department of Administration – Coordination required. |
|--------------------------------|-----------------------------------------------------------------------------------------------------------------|

*Which other agencies would be affected by the recommended action? How?*

|                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SUMMARY &amp; EXPLANATION</b> | <p>The Office of the Adjutant General requests the authority to purchase of 4.8 acres of land located at 387 Bettis Academy Road, Graniteville, SC 29829 in Aiken County (County Tax Map # 048-00-02-005) which is adjacent to the existing Graniteville Armory.</p> <p>The property currently belongs to the SC Forestry Commission and is listed on the State Surplus Property listing. The property was appraised for a value of \$185,000.</p> <p>The property is adjacent to the Graniteville Armory and is utilized by the Unit to conduct local area unit and individual training. Local land development is encroaching on the perimeter of existing National Guard and SC Forestry properties. This project would mitigate and minimize continuing encroachment, and provide continued use of easily accessible training area for the unit.</p> |
|----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

*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**

\$185K in Agency funds would be transferred to the SC Forestry Commission.

*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**

100.NEW. (ADJ: Purchase of Property) The Office of the Adjutant General is authorized to purchase of 4.8 acres of land located at 387 Bettis Academy Road, Graniteville, SC 29829 in Aiken County (County Tax Map # 048-00-02-005) from the SC Forestry Commission.

*Paste existing text above, then bold and underline insertions and strikethrough deletions. For new proviso requests, enter requested text above.*



|              |                           |  |  |
|--------------|---------------------------|--|--|
| Agency Name: | Adjutant General's Office |  |  |
|              |                           |  |  |

FORM D – PROVISO REVISION REQUEST

|        |     |
|--------|-----|
| NUMBER | NEW |
|--------|-----|

Cite the proviso according to the renumbered list (or mark “NEW”).

|       |                              |
|-------|------------------------------|
| TITLE | SC Public Assistance Program |
|-------|------------------------------|

Provide the title from the renumbered list or suggest a short title for any new request.

|                |                             |
|----------------|-----------------------------|
| BUDGET PROGRAM | VII. Emergency Preparedness |
|----------------|-----------------------------|

Identify the associated budget program(s) by name and budget section.

|                        |                                                                                                                     |
|------------------------|---------------------------------------------------------------------------------------------------------------------|
| RELATED BUDGET REQUEST | Non-Recurring Appropriation - Office of the Adjutant General – “SCEMD - SC Public Assistance Program” - \$9,000,000 |
|------------------------|---------------------------------------------------------------------------------------------------------------------|

Is this request associated with a budget request you have submitted for FY 2025-2026? If so, cite it here.

|                  |     |
|------------------|-----|
| REQUESTED ACTION | Add |
|------------------|-----|

Choose from: Add, Delete, Amend, or Codify.

|                         |      |
|-------------------------|------|
| OTHER AGENCIES AFFECTED | None |
|-------------------------|------|

Which other agencies would be affected by the recommended action? How?

|                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|-----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SUMMARY & EXPLANATION | <p>SCEMD proposes to establish the SC Public Assistance (PA) Program to support disaster recovery in SC communities that experience localized hazard events that cause severe damage but that do not meet thresholds/criteria for a Federal Disaster Declaration For a Federal PA declaration, the State and affected county(s) must meet both the State threshold and the affected county’s threshold (current State threshold is \$9,417,902). Often county(s) meet their threshold, but the State does not meet the State threshold. Recent examples include the December 2023 Coastal Storm (Georgetown County); January 2024 Bamberg Tornado; April 2024 Rock Hill Hail and Windstorm; and June 2024 Severe Weather (Dorchester County).</p> <p>This program will assist county and local governmental entities so communities can quickly recover from emergencies. State Agencies and non-profit organizations will not be eligible to receive reimbursement under this program. Cost eligibility and process for reimbursement will follow the guidelines and process used by SCEMD for the administration of the Federal PA program. All eligible damages occurring within the county must meet or exceed the county’s FEMA PA threshold for the county and its local governmental entities to be eligible for this program. Cost reimbursement by the Program will be 75% of eligible costs. Counties and local governmental entities will be required to submit a reimbursement application with supporting documents to the SCEMD for review and approval.</p> <p>SCEMD will coordinate with the SC Office of Resilience on an ongoing basis to ensure recovery assistance funds are implemented to avoid duplication and maximize positive impacts for SC communities.</p> |
|-----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

*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

The Program's funds which would be replenished annually (as needed) as the account is used to support local authorities.

*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

100. NEW. (SC Public Assistance Program) The SC Emergency Management Division (SCEMD) is authorized to establish the SC Public Assistance (PA) Program to support disaster recovery for localized hazard events that cause severe damage but do not meet thresholds/criteria for a Federal disaster declaration. State Agencies and non-profit organizations will not be eligible to receive reimbursement under this program. SCEMD will utilize the SC PA Program funds to reimburse eligible entities for unbudgeted response and infrastructure repair costs. SCEMD will follow the guidelines and process utilized for the administration of the Federal Public Assistance program. Cost reimbursement will be 75% of eligible costs. SCEMD will provide quarterly reports to the Legislature on the status of the SC PA Program funds including disbursements. SCEMD will coordinate with the SC Office of Resilience on an ongoing basis to ensure recovery assistance funds are implemented to avoid duplication and maximize positive impacts for SC communities.

*Paste existing text above, then bold and underline insertions and strikethrough deletions. For new proviso requests, enter requested text above.*

|              |                           |          |     |
|--------------|---------------------------|----------|-----|
| Agency Name: | Adjutant General's Office |          |     |
| Agency Code: | E240                      | Section: | 100 |

FORM E – AGENCY COST SAVINGS AND GENERAL FUND REDUCTION

CONTINGENCY PLAN

|       |                                                                 |
|-------|-----------------------------------------------------------------|
| TITLE | Agency Cost Savings and General Fund Reduction Contingency Plan |
|-------|-----------------------------------------------------------------|

|        |           |
|--------|-----------|
| AMOUNT | \$573,476 |
|--------|-----------|

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

|                           |      |
|---------------------------|------|
| ASSOCIATED FTE REDUCTIONS | None |
|---------------------------|------|

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

|                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PROGRAM / ACTIVITY IMPACT | <ul style="list-style-type: none"> <li>Armory Operations – Reduction in Other Operating Expenses (facility maintenance) from \$4,000,004 to \$3,696,897 (reduction of \$330,107).</li> <li>McEntire ANG Base Facility Maintenance – Reduction in Other Operating Expenses (facility maintenance) from \$322,951 to \$279,582 (reduction of \$43,369).</li> <li>State Guard – Reduction in Other Operating Personnel from \$1,373,157 to \$1,173,157 (reduction of \$200,000)</li> </ul> |
|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

|         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|---------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SUMMARY | <ul style="list-style-type: none"> <li>Armory Operations – The budget reduction of would negatively affect and exasperate the already poor statewide maintenance levels of Armories (Readiness Centers) across the State. This reduction would have a negative effect on the overall operational capability and personnel retention of the Army National Guard units located at the affected locations. Reduced maintenance would also negatively the National Guard’s ability to provide a flexible response to state-level emergencies and disasters.</li> <li>McEntire ANG Base Facility Maintenance – The budget reduction would negatively affect maintenance of facilities at McEntire ANG Base. This reduction would have a negative effect on the overall operational capability and personnel retention of both the Air National Guard and the Army National Guard units located at the Base. In addition, reductions would have a negative effect on the overall national security as the 169<sup>th</sup> Fighter Wing, stationed at McEntire ANG Base, provides continual support of the Aerospace Control Alert Mission, defending east coast air space in support of North American Aerospace Defense Command (NORAD).</li> <li>State Guard – The budget reduction would result in reduced training with a resulting lack of participation in the event of a state emergency. The State Guard is currently conducting training in new support mission areas in order to meet the needs of other State Agencies to address their emergency response shortfalls. Cuts in the training would result in reduced capability to assist other State Agencies in the event of a disaster or emergency, as well as having a negative impact on the morale and overall mission capability of the State Guard.</li> </ul> <p>There is no priority in the reduction of expenses by the Agency. The Agency will make reductions in the budget of all three of the Departments, as well as other areas as necessary, to meet cuts to the Agency’s budget.</p> |
|---------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|  |  |
|--|--|
|  |  |
|--|--|

*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.*

|                                  |       |
|----------------------------------|-------|
| <b>AGENCY COST SAVINGS PLANS</b> | None. |
|----------------------------------|-------|

*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?*

|              |                           |          |     |
|--------------|---------------------------|----------|-----|
| Agency Name: | Adjutant General's Office |          |     |
| Agency Code: | E240                      | Section: | 100 |

FORM F – REDUCING COST AND BURDEN TO BUSINESSES AND CITIZENS

|       |                                                         |
|-------|---------------------------------------------------------|
| TITLE | Reduction of Cost and Burden to Businesses and Citizens |
|-------|---------------------------------------------------------|

Provide a brief, descriptive title for this request.

|                                             |      |
|---------------------------------------------|------|
| EXPECTED SAVINGS TO BUSINESSES AND CITIZENS | None |
|---------------------------------------------|------|

What is the expected savings to South Carolina’s businesses and citizens that is generated by this proposal? The savings could be related to time or money.

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

|                       |     |
|-----------------------|-----|
| METHOD OF CALCULATION | N/A |
|-----------------------|-----|

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

|                            |                                                                                                           |
|----------------------------|-----------------------------------------------------------------------------------------------------------|
| REDUCTION OF FEES OR FINES | None – There are no fees for the services provided or fines levied by the Office of the Adjutant General. |
|----------------------------|-----------------------------------------------------------------------------------------------------------|

Which fees or fines does the agency intend to reduce? What was the fine or fee revenue for the previous fiscal year? What was the associated program expenditure for the previous fiscal year? What is the enabling authority for the issuance of the fee or fine?

|                         |                                                                                                                                                          |
|-------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| REDUCTION OF REGULATION | None – The Regulations published by the Office of the Adjutant General are for internal use only and do not impact the public or the State’s businesses. |
|-------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|

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

|         |                                                                                                                                                                                                                                                                                                                                                                            |
|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SUMMARY | <p>Due to the uniqueness of the Office of the Adjutant General’s State and Federal missions, there are no fees or burdens to the citizens or the State’s businesses for the services provided by the Agency or its departments. In addition, there are no provisions in State law for the recovery of costs from the public for those services provided to the public.</p> |
|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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