

AGENCY NAME: Commission for Minority Affairs

AGENCY CODE: L460

SECTION: 71



Fiscal Year 2025-26 Agency Budget Plan

FORM A - BUDGET PLAN SUMMARY

**OPERATING
REQUESTS
(FORM B1)**

For FY 2025-26, my agency is (mark "X"):

- ☒ Requesting General Fund Appropriations.
☐ Requesting Federal/Other Authorization.
☐ Not requesting any changes.

**NON-RECURRING
REQUESTS
(FORM B2)**

For FY 2025-26, my agency is (mark "X"):

- ☐ Requesting Non-Recurring Appropriations.
☐ Requesting Non-Recurring Federal/Other Authorization.
☒ Not requesting any changes.

**CAPITAL
REQUESTS
(FORM C)**

For FY 2025-26, my agency is (mark "X"):

- ☐ Requesting funding for Capital Projects.
☒ Not requesting any changes.

**PROVISOS
(FORM D)**


For FY 2025-26, my agency is (mark "X"):

- ☒ Requesting a new proviso and/or substantive changes to existing provisos.
☐ Only requesting technical proviso changes (such as date references).
☐ Not requesting any proviso changes.

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

	<u>Name</u>	<u>Phone</u>	<u>Email</u>
PRIMARY CONTACT:	Dr. Delores Dacosta	(803) 832-8160	DDacosta@cma.sc.gov
SECONDARY CONTACT:	Brenton Brown	(803) 831-8163	BBrown@cma.sc.gov

I have reviewed and approved the enclosed FY 2025-26 Agency Budget Plan, which is complete and accurate to the extent of my knowledge.

	<u>Agency Director</u>	<u>Board or Commission Chair</u>
SIGN/DATE:		
TYPE/PRINT NAME:	Dr. Delores Dacosta	Juwan Ayers

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

Agency Name:	Commission On Minority Affairs
Agency Code:	L460
Section:	71

BUDGET REQUESTS			FUNDING					FTES				
Priority	Request Type	Request Title	State	Federal	Earmarked	Restricted	Total	State	Federal	Earmarked	Restricted	Total
1	B1 - Recurring	Agency Staffing Needs	317,979	0	0	0	317,979	4.00	0.00	0.00	0.00	4.00
TOTALS			317,979	0	0	0	317,979	4.00	0.00	0.00	0.00	4.00

Agency Name:	Commission On Minority Affairs		
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FORM B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY	1
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Provide the Agency Priority Ranking from the Executive Summary.

TITLE	Agency Staffing Needs
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Provide a brief, descriptive title for this request.

AMOUNT	<p>General: \$317,979</p> <p>Federal: \$0</p> <p>Other: \$0</p> <p>Total: \$317,979</p>
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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	4.00
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Please provide the total number of new positions needed for this request.

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

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

ACCOUNTABILITY OF FUNDS	<p>This request impacts all strategies of the annual Agency Accountability Report. This funding would allow the agency to continue to grow to meet the needs of its constituents by allowing it to hire more staff to meet the needs of stakeholders.</p>
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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?

	The agency would receive these funds to hire FTEs to assist in its various program
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RECIPIENTS OF FUNDS	<p>areas.</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>
JUSTIFICATION OF REQUEST	<p>This personnel request is being made to assist with the transfer of the Division of Small and Minority Business Contracting and Certification to the agency (effective July 1, 2024), to assist with work in communities across the state (whereby the agency is in need of additional Field Representatives), and to assist with the agency's funding for Native American grants. The addition of these full-time employees (FTEs) would allow the agency to expand to meet its increased responsibilities to its constituents.</p> <p>1. AH10 Administrative Coordinator I (Band 05): \$55,559 (salary) + \$23,890 (fringe) = \$79,449</p> <p>2. AH10 Administrative Coordinator I (Band 05): \$55,559 (salary) + \$23,890 (fringe) = \$79,449</p> <p>3. AH10 Administrative Coordinator I (Band 05): \$55,559 (salary) + \$23,890 (fringe) = \$79,449</p> <p>4. AH10 Administrative Coordinator I (Band 05): \$55,559 (salary) + \$23,890 (fringe) = \$79,449</p> <p>Total Request: \$317,797</p> <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>

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FORM D – PROVISO REVISION REQUEST

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

TITLE	Carry Forward of Small and Minority Business Contracting and Certification Budget
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Provide the title from the renumbered list or suggest a short title for any new request.

BUDGET PROGRAM	Division of Small and Minority Business Contracting and Certification
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Identify the associated budget program(s) by name and budget section.

RELATED BUDGET REQUEST	Not applicable
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Is this request associated with a budget request you have submitted for FY 2025-2026? If so, cite it here.

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

OTHER AGENCIES AFFECTED	Division of Small and Minority Business Contracting and Certification.
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Which other agencies would be affected by the recommended action? How?

SUMMARY & EXPLANATION	Funding from the transfer of the Division of Small and Minority Business Contracting and Certification (SMBCC) to the Commission for Minority Affairs may be carried forward and used for the purposes of research, technical assistance, trainings, and institutes to assist small and minority businesses as they seek certification and contracting opportunities with the State of South Carolina.
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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

Addition of funds related to the transfer of the Division of Small and Minority Business Contracting and Certification to the Commission for Minority Affairs has an additional fiscal impact on the Commission for Minority Affairs of approximately \$475,309.

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**

The Commission for Minority Affairs may carry forward any unexpended general fund balance or other funds from the prior fiscal year and expend those funds in the current fiscal year for expenditures related to the transfer of the Division of Small and Minority Business Contracting and Certification to it from the Department of Administration.

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

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

AGENCY COST SAVINGS PLANS

To reduce agency costs and operating expenses by more than \$50,000 the agency could: 1) maintain a vacant position, or 2) reduce costs related to the outsourcing of services, whereby the agency would no longer contract out grant writing, translation, and professional development or staff development trainings. Thus, in lieu of outsourcing, the agency would conduct in house production of content to be shared via social media platforms, advertising campaigns, and professional development and / or other trainings.

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?