



**Fiscal Year 2025-26  
Agency Budget Plan**

**FORM A - BUDGET PLAN SUMMARY**

<b>OPERATING REQUESTS (FORM B1)</b>	<b>For FY 2025-26, my agency is (mark "X"):</b>	
	<input checked="" type="checkbox"/>	Requesting General Fund Appropriations.
	<input checked="" type="checkbox"/>	Requesting Federal/Other Authorization.
	<input type="checkbox"/>	Not requesting any changes.
<b>NON-RECURRING REQUESTS (FORM B2)</b>	<b>For FY 2025-26, my agency is (mark "X"):</b>	
	<input checked="" type="checkbox"/>	Requesting Non-Recurring Appropriations.
	<input type="checkbox"/>	Requesting Non-Recurring Federal/Other Authorization.
	<input type="checkbox"/>	Not requesting any changes.
<b>CAPITAL REQUESTS (FORM C)</b>	<b>For FY 2025-26, my agency is (mark "X"):</b>	
	<input type="checkbox"/>	Requesting funding for Capital Projects.
	<input checked="" type="checkbox"/>	Not requesting any changes.
<b>PROVISOS (FORM D)</b>	<b>For FY 2025-26, my agency is (mark "X"):</b>	
	<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.

	<i>Name</i>	<i>Phone</i>	<i>Email</i>
<b>PRIMARY CONTACT:</b>	Aaron Wood	803-734-2182	a.wood@sda.sc.gov
<b>SECONDARY CONTACT:</b>	Clint Leach	803-734-2191	jcleach@sda.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.

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

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

Agency Name:	Department Of Agriculture
Agency Code:	P160
Section:	44

BUDGET REQUESTS			FUNDING					FTES				
Priority	Request Type	Request Title	State	Federal	Earmarked	Restricted	Total	State	Federal	Earmarked	Restricted	Total
1	B1 - Recurring	Customer Service Activities	1,000,000	0	0	0	1,000,000	0.00	0.00	0.00	0.00	0.00
2	B2 - Non-Recurring	Equipment Replacement	1,400,000	0	0	0	1,400,000	0.00	0.00	0.00	0.00	0.00
3	B1 - Recurring	Increase Federal Funds and Positions Authority	0	8,000,000	0	0	8,000,000	0.00	9.00	-5.00	0.00	4.00
4	B1 - Recurring	Realign FTE Positions	0	0	0	0	0	12.00	0.00	-12.00	0.00	0.00
5	B1 - Recurring	Statewide Agricultural Marketing	2,000,000	0	0	0	2,000,000	0.00	0.00	0.00	0.00	0.00
6	B1 - Recurring	Certified SC School Cafeteria Program	2,465,000	0	0	0	2,465,000	0.00	0.00	0.00	0.00	0.00
7	B1 - Recurring	ChangeSC Statewide Implementation	1,000,000	0	0	0	1,000,000	0.00	0.00	0.00	0.00	0.00
8	B2 - Non-Recurring	Regional Farmers Markets	3,000,000	0	0	0	3,000,000	0.00	0.00	0.00	0.00	0.00
9	B2 - Non-Recurring	Harvest Hope Food Loss Repayment to USDA	441,469	0	0	0	441,469	0.00	0.00	0.00	0.00	0.00
TOTALS			11,306,469	8,000,000	0	0	19,306,469	12.00	9.00	-17.00	0.00	4.00

Agency Name:	Department Of Agriculture		
Agency Code:	P160	Section:	44

## **FORM B1 – RECURRING OPERATING REQUEST**

<b>AGENCY PRIORITY</b>	<b>1</b>
------------------------	----------

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

<b>TITLE</b>	<b>Customer Service Activities</b>
--------------	------------------------------------

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

<b>AMOUNT</b>	<b>General: \$1,000,000</b> <b>Federal: \$0</b> <b>Other: \$0</b> <b>Total: \$1,000,000</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>	<b>0.00</b>
----------------------	-------------

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

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark "X" for all that apply:</b>	
	<input checked="" type="checkbox"/>	Change in cost of providing current services to existing program audience
	<input type="checkbox"/>	Change in case load/enrollment under existing program guidelines
	<input type="checkbox"/>	Non-mandated change in eligibility/enrollment for existing program
	<input type="checkbox"/>	Non-mandated program change in service levels or areas
	<input type="checkbox"/>	Proposed establishment of a new program or initiative
	<input type="checkbox"/>	Loss of federal or other external financial support for existing program
	<input checked="" 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 #	

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

<b>ACCOUNTABILITY OF FUNDS</b>	<p>This request supports strategies 1.3, 2.1, and 3.1 on the FY24-25 Strategic Plan in the FY23-24 Accountability Report.</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>	<p>Recipients of funds would be utility providers, equipment vendors, suppliers, and employees.</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**

SCDA is budgeted \$300,000 in general funds for all state farmers markets operations and has not received a general appropriations increase since 2013. As has been experienced by every individual, business, and government agency, costs for personnel and operations have escalated rapidly since then. It is estimated that the agency will have to spend about \$750,000 in general funds in FY25. These funds will allow the agency to provide more favorable environments for farmers to sell their products to consumers.

SCDA needs funding for supplies and equipment to perform microbiological testing to support Retail Food Safety, Manufactured Food Safety, Produce Safety, and Feed Safety regulatory programs when foodborne pathogen analyses are needed. Testing will include screening of samples, cultural confirmation of positively screened samples, and where appropriate, genetic confirmation and genotyping to support epidemiological follow-up. Food pathogens to be tested include Salmonella spp., Escherichia coli (serotyping to include O157), Listeria spp. (to include monocytogenes), and Campylobacter spp.

*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:	Department Of Agriculture		
Agency Code:	P160	Section:	44

## **FORM B1 – RECURRING OPERATING REQUEST**

<b>AGENCY PRIORITY</b>	3
------------------------	---

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

<b>TITLE</b>	<b>Increase Federal Funds and Positions Authority</b>
--------------	---

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

<b>AMOUNT</b>	<p><b>General: \$0</b></p> <p><b>Federal: \$8,000,000</b></p> <p><b>Other: \$0</b></p> <p><b>Total: \$8,000,000</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.*

<b>NEW POSITIONS</b>	4.00
----------------------	------

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

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

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

<b>ACCOUNTABILITY OF FUNDS</b>	<p>This request for federal funds and positions authority relates to strategies 1.1, 2.1, and 3.2 on the FY24-25 Strategic Plan in the FY23-24 Accountability Report.</p> <p>Many of the federal grants awarded to SCDA help fund regulatory programs, including Food Safety and Compliance, Feed Safety and Compliance, Retail Food Safety, Produce Safety, and Rapid Response Team. Other federal grants are leveraged to fund SCDA marketing activities, and research and development at universities to bring new crops and/or management strategies to market. Federal grants pay for farmer, industry, and business development functions, such as rural business development and farmer wellness. Finally, federal funds are used to purchase food for those who need it and distributed through all the food banks that serve South Carolina.</p> <p>There are intensive reporting schedules to the awarding federal agencies, and to the State via the schedule of expenditures of federal awards (SEFA).</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 FUNDS**

Recipients of funds include SCDA, farmers, agribusinesses, food banks, consumers, universities, and vendors. Grants require applications to federal agencies and approval of state spending plans by grantors.

*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**

SCDA anticipates receiving a \$23,000,000 grant from United States Department of Agriculture (USDA) Natural Resources Conservation Services (NRCS) Regional Conservation Partnership Program in November 2024. SCDA's existing grant portfolio includes 24 grants totaling nearly \$34 million. The agency is, and has been, requesting budget authority on an annual basis; and already has approximately 8.5 federally funded FTEs although only authorized for 3.05.

*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:	Department Of Agriculture		
Agency Code:	P160	Section:	44

## **FORM B1 – RECURRING OPERATING REQUEST**

<b>AGENCY PRIORITY</b>	4
------------------------	---

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

<b>TITLE</b>	<b>Realign FTE Positions</b>
--------------	------------------------------

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

<b>AMOUNT</b>	<b>General: \$0</b> <b>Federal: \$0</b> <b>Other: \$0</b> <b>Total: \$0</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 ASSOCIATED WITH THE REQUEST</b>	<b>Mark "X" for all that apply:</b>	
	<input checked="" type="checkbox"/>	Change in cost of providing current services to existing program audience
	<input type="checkbox"/>	Change in case load/enrollment under existing program guidelines
	<input type="checkbox"/>	Non-mandated change in eligibility/enrollment for existing program
	<input type="checkbox"/>	Non-mandated program change in service levels or areas
	<input type="checkbox"/>	Proposed establishment of a new program or initiative
	<input type="checkbox"/>	Loss of federal or other external financial support for existing program
	<input type="checkbox"/>	Exhaustion of fund balances previously used to support program
	<input type="checkbox"/>	IT Technology/Security related
	<input 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 #	

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

<b>ACCOUNTABILITY OF FUNDS</b>	<p>More flexibility to balance FTEs between revenue generated and appropriated funds will support the agency's entire FY24-25 Strategic Plan in the FY23-24 Accountability Report.</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>	N/A
----------------------	-----

**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 agency needs to realign some FTEs after receiving food protection programs from DHEC, and due to increased personnel costs in some programs funded by fees.

*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:	Department Of Agriculture		
Agency Code:	P160	Section:	44

## **FORM B1 – RECURRING OPERATING REQUEST**

<b>AGENCY PRIORITY</b>	5
------------------------	---

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

<b>TITLE</b>	<b>Statewide Agricultural Marketing</b>
--------------	---

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

<b>AMOUNT</b>	<b>General: \$2,000,000</b> <b>Federal: \$0</b> <b>Other: \$0</b> <b>Total: \$2,000,000</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 ASSOCIATED WITH THE REQUEST</b>	<b>Mark "X" for all that apply:</b>	
	<input type="checkbox"/>	Change in cost of providing current services to existing program audience
	<input type="checkbox"/>	Change in case load/enrollment under existing program guidelines
	<input checked="" 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 #	

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

<b>ACCOUNTABILITY OF FUNDS</b>	This request supports strategies 3.1 and 3.2 on the FY24-25 Strategic Plan in the FY23-24 Accountability Report.
--------------------------------	--

*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>	Marketing and advertising vendors within existing contracts or through competitive bidding would receive these funds. The funds would follow SCDA's strategic marketing plan, which is based upon annual consumer research.
----------------------	---

**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**

Additional funding would give the SCDA a greater ability to market Certified SC Grown agricultural products to the statewide buying public. The funds would specifically be used to promote the program through various medium, as well as further establishing direct-to-consumer sales opportunities.

SCDA's marketing budget funds the agency's statewide campaigns to promote the consumption of local South Carolina grown products, specifically at rural farm stands, farmers markets, restaurants who prioritize local sourcing, and retail outlets.

With so many additional visitors, seasonal residents, or new full-time residents, the state needs to respond to the ever-growing consumer demand of supporting farmers, by purchasing local products. With the current budget, many of these new visitors and residents are not being reached.

By increasing SCDA's marketing efforts, the agency will be more easily able to piggyback on the state's tourism successes by introducing the state's farms, farmers and local products to a new population segment.

The last time SCDA received agricultural marketing money was FY19-20.

*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:	Department Of Agriculture		
Agency Code:	P160	Section:	44

## **FORM B1 – RECURRING OPERATING REQUEST**

<b>AGENCY PRIORITY</b>	<b>6</b>
------------------------	----------

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

<b>TITLE</b>	<b>Certified SC School Cafeteria Program</b>
--------------	--

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

<b>AMOUNT</b>	<b>General: \$2,465,000</b> <b>Federal: \$0</b> <b>Other: \$0</b> <b>Total: \$2,465,000</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>	<b>0.00</b>
----------------------	-------------

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

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

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

<b>ACCOUNTABILITY OF FUNDS</b>	<p>This request supports strategies 3.1 and 3.2 on the FY24-25 Strategic Plan in the FY23-24 Accountability Report.</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>	<p>South Carolina agricultural producers, aggregators, distributors, food hubs, schools, and school districts.</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**

The Certified SC School Cafeteria program aims to increase the use of South Carolina-produced food in K-12 school cafeterias. This initiative supports local farms, provides aid to schools, and promotes healthy eating for students.

The program will provide financial incentives to schools, reimbursing them for purchasing food from SC farms, specialty food producers, food hubs, and local distributors. Funds will be distributed based on school enrollment and need, with extra support for schools in food deserts. Schools achieving the highest local food usage will receive awards, including monetary prizes to be used for food and/or equipment purchases and Certified SC School Cafeteria branding.

Building on the success of the federal Local Food for Schools (LFS) program, this state initiative ensures gains made through LFS are not lost and growth continues. Lessons learned from the implementation of this federal program will ensure an even greater level of success for our schools and farmers growing Certified SC food. Additionally, the timing of the program will correspond with current grant-funded projects that will expand and enhance agricultural networks and databases, equipping school food authorities with streamlined sourcing solutions.

Key goals include educating students, parents, and schools about SC agriculture, reducing dependency on out-of-state food, and fostering long-term investments in local farming. The program will also assist schools & farmers in how to participate and will educate students, staff, and farmers on food security.

*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:	Department Of Agriculture		
Agency Code:	P160	Section:	44

## **FORM B1 – RECURRING OPERATING REQUEST**

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

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

<b>TITLE</b>	<b>ChangeSC Statewide Implementation</b>
--------------	--

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

<b>AMOUNT</b>	<b>General: \$1,000,000</b> <b>Federal: \$0</b> <b>Other: \$0</b> <b>Total: \$1,000,000</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 ASSOCIATED WITH THE REQUEST</b>	<b>Mark "X" for all that apply:</b>	
	<input type="checkbox"/>	Change in cost of providing current services to existing program audience
	<input type="checkbox"/>	Change in case load/enrollment under existing program guidelines
	<input checked="" 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 #	

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

<b>ACCOUNTABILITY OF FUNDS</b>	This request supports strategies 3.1 and 3.2 on the FY24-25 Strategic Plan in the FY23-24 Accountability Report.
--------------------------------	--

*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>	South Carolina agricultural aggregators, farms, farmers markets, agricultural distributors, and food hubs would receive these funds.
----------------------	--

**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**

With additional funding, last year's pilot project (due to only receiving non-recurring funds) would be expanded statewide to increase awareness surrounding the issue of obesity and South Carolinians sourcing additional healthy foods, and specifically focus on access to locally grown fruits and vegetables. SCDA will work with private-sector companies and providers to amplify the need for greater access to local agricultural products by focusing on areas which are food insecure. The program will highlight access for residents of food insecure areas to local farmers, farmers markets, community supported agriculture (CSA) boxes, which will assist in healthy eating. Currently, 80 percent of South Carolina's counties have "food deserts" where residents have limited access to fresh, healthy foods – this leads to obesity, diabetes and other health issues.

*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:	Department Of Agriculture		
Agency Code:	P160	Section:	44

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

<b>AGENCY PRIORITY</b>	2
------------------------	---

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

<b>TITLE</b>	Equipment Replacement
--------------	-----------------------

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

<b>AMOUNT</b>	\$1,400,000
---------------	-------------

*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.*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark "X" for all that apply:</b>	
	<input type="checkbox"/>	Change in cost of providing current services to existing program audience
	<input type="checkbox"/>	Change in case load/enrollment under existing program guidelines
	<input type="checkbox"/>	Non-mandated change in eligibility/enrollment for existing program
	<input type="checkbox"/>	Non-mandated program change in service levels or areas
	<input 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 #	

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

<b>ACCOUNTABILITY OF FUNDS</b>	This request supports strategies 1.1 and 2.1 on the FY24-25 Strategic Plan in the FY23-24 Accountability Report.
--------------------------------	--

*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 FUNDS</b>	Vendors would receive most of this funding for purchases of capital equipment.
----------------------------	--

*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**

SCDA received many old and unreliable vehicles when Retail Food Safety Programs transferred from the Department of Health and Environmental Control, including many 2005 to 2008 models. The agency is replacing 11 in FY25. There will still be 32 vehicles in July 2025 that meet Admin State Fleet's replacement criteria. Using the current price of \$32,500 for a crossover, that comes out to \$1,120,000. The balance would be used to purchase equipment in the Consumer Protection Laboratory.

*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:	Department Of Agriculture		
Agency Code:	P160	Section:	44

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

<b>AGENCY PRIORITY</b>	8
------------------------	---

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

<b>TITLE</b>	Regional Farmers Markets
--------------	--------------------------

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

<b>AMOUNT</b>	\$3,000,000
---------------	-------------

*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.*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark "X" for all that apply:</b>	
	<input type="checkbox"/>	Change in cost of providing current services to existing program audience
	<input type="checkbox"/>	Change in case load/enrollment under existing program guidelines
	<input type="checkbox"/>	Non-mandated change in eligibility/enrollment for existing program
	<input checked="" type="checkbox"/>	Non-mandated program change in service levels or areas
	<input type="checkbox"/>	Proposed establishment of a new program or initiative
	<input type="checkbox"/>	Loss of federal or other external financial support for existing program
	<input type="checkbox"/>	Exhaustion of fund balances previously used to support program
	<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 #	

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

<b>ACCOUNTABILITY OF FUNDS</b>	This request supports strategies 3.1 and 3.2 on the FY24-25 Strategic Plan in the FY23-24 Accountability Report.
--------------------------------	--

*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 FUNDS</b>	Local governments and/or non-governmental entities
----------------------------	--

*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**

Funding would be used to create a reimbursable grant program for municipalities, counties, other organizations seeking to expand existing or build new regional farmers markets. Infrastructure, equipment expenses would be eligible for grant funds.

Currently, there are farmers markets (non-state owned) which are strategically located in areas to serve growing population centers. Because of population growth throughout the state the last 5 – 10 years, additional assets are needed to serve and connect consumers and farmers.

Providing reimbursable funds to markets that are seeking expansion/new opportunities will allow more consumers the option of sourcing locally grown food items.

*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:	Department Of Agriculture		
Agency Code:	P160	Section:	44

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

<b>AGENCY PRIORITY</b>	9
------------------------	---

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

<b>TITLE</b>	Harvest Hope Food Loss Repayment to USDA
--------------	--

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

<b>AMOUNT</b>	\$441,469
---------------	-----------

*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>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark "X" for all that apply:</b>	
	<input type="checkbox"/>	Change in cost of providing current services to existing program audience
	<input type="checkbox"/>	Change in case load/enrollment under existing program guidelines
	<input type="checkbox"/>	Non-mandated change in eligibility/enrollment for existing program
	<input type="checkbox"/>	Non-mandated program change in service levels or areas
	<input 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 #	

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

<b>ACCOUNTABILITY OF FUNDS</b>	This request supports strategies 2.1 and 3.1 on the FY24-25 Strategic Plan in the FY23-24 Accountability Report.
--------------------------------	--

*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 FUNDS</b>	South Carolina Department of Agriculture (SCDA) will pay these funds as restitution to the U.S. Department of Agriculture's Food and Nutrition Service (USDA FNS) to be used in the Commodity Supplemental Food Program (CSFP) and The Emergency Food Assistance Program (TEFAP).
----------------------------	---

*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**

This budget request seeks funding to cover potential restitution liabilities for the South Carolina Department of Agriculture (SCDA) in the event that a court ruling prevents SCDA from collecting mandated restitution from Harvest Hope Food Bank (HHFB) as directed by the U.S. Department of Agriculture's Food and Nutrition Service (USDA FNS).

SCDA serves as the state distributing agency for federal food programs, ensuring that partner food banks, like HHFB, comply with federal regulations that govern the management and distribution of USDA foods. Recent developments involving HHFB's self-reported food losses, improper record keeping, and improper distribution of USDA foods have led to a federal mandate by USDA FNS requiring SCDA to collect \$441,468.77 in restitution from HHFB. On July 15, 2024, HHFB filed a Request for Contested Case Hearing with the South Carolina Administrative Law Court (SC ALC), challenging the federal determination that restitution is owed and seeking to prevent SCDA from collecting restitution from HHFB.

In the event the Court hinders SCDA's ability to collect restitution from HHFB, SCDA will remain liable to USDA FNS for the \$441,468.77 in food losses under 7 C.F.R § 250.16, shifting the burden to South Carolina taxpayers.

Further, if SCDA is unable to collect from HHFB and fails to pay the federally mandated restitution it could result in USDA FNS's suspension of SCDA's participation in federal food distribution programs, jeopardizing other South Carolina food banks and the food security of vulnerable South Carolinians.

*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:	Department Of Agriculture		
Agency Code:	P160	Section:	44

## **FORM D – PROVISIO REVISION REQUEST**

**NUMBER**

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

**TITLE**

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

**BUDGET PROGRAM**

III.B. Commodity Boards  
*Identify the associated budget program(s) by name and budget section.*

**RELATED BUDGET REQUEST**

No  
*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**

This would allow Commodity Boards, established by the Commodities Marketing Act, to retain and invest interest earned on producer assessments, for which SCDA is a fiduciary agent.

*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**

Using current rates (1.16%) on interest bearing funds at the agency, the investment earnings may be around \$31,000.

*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**

(AGRI: Commodity Boards Interest Retention) Commodity Boards shall be allowed to retain and carry forward any accrued interest generated from the Boards' accounts held by the State including interest generated from assessments collected from producers, as those terms are defined in Section 46-17-40 of the 1976 29 Code.

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

Agency Name:	Department Of Agriculture		
Agency Code:	P160	Section:	44

## **FORM D – PROVISO REVISION REQUEST**

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

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

<b>TITLE</b>	Earmark Redirect for Equipment Replacement
--------------	--

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

<b>BUDGET PROGRAM</b>	I.A. Operations
-----------------------	-----------------

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

<b>RELATED BUDGET REQUEST</b>	B.2. Equipment Replacement
-------------------------------	----------------------------

*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>	None.
--------------------------------	-------

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

<b>SUMMARY &amp; EXPLANATION</b>	<p>This would redirect an unclaimed earmark in 2022 Act 94, Part 1B, Proviso 118.18(B)(77) Berkeley County Agricultural Educational Exhibition Area, to be used for much-needed vehicle and laboratory equipment replacement purchases.</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**

If passed, this would meet the need of the current non-recurring request for the same stated purpose.

*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**

(AGRI: Berkeley County Fund Redirection) \$950,000 from Berkeley County shall be redirected to the South Carolina Department of Agriculture (SCDA) for capital expenditures, specifically for the replacement of aging vehicles and equipment necessary for the effective operation of agency programs.

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



Agency Name:	Department Of Agriculture		
Agency Code:	P160	Section:	44

## **FORM E – AGENCY COST SAVINGS AND GENERAL FUND REDUCTION CONTINGENCY PLAN**

<b>TITLE</b>	Agency General Fund Reduction Contingency Plan
--------------	--

<b>AMOUNT</b>	\$763,284
---------------	-----------

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

<b>ASSOCIATED FTE REDUCTIONS</b>	None
----------------------------------	------

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

<b>PROGRAM / ACTIVITY IMPACT</b>	<p>I. Agency Operations: A. Operations</p> <p>II. Consumer Protection: A. Consumer Protection</p> <p>III. External Affairs &amp; Economic Development: A. Marketing &amp; Promotions; E. Agricultural Center for Research &amp; Entrepreneurship (ACRE); F. Infrastructure Grants</p>
----------------------------------	---

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

<b>SUMMARY</b>	<p>A 3% reduction in appropriated funds would be shared between the programs above that are funded by general appropriations, without reducing consumer protection inspections.</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.*

## **AGENCY COST SAVINGS PLANS**

After the transfer of Food Protection programs from the former Department of Health and Environmental Control (DHEC) to SCDA, SCDA has made several cost saving operational changes. For example:

14 regional offices for Retail Food Safety have been eliminated and inspectors' territories have been redrawn to reduce windshield time. Program management and administrative support staff have been consolidated to one central office at the Columbia State Farmers Market campus. Inspectors will now be based out of their vehicles and be on duty as soon as they leave their homes to go to their first inspection location. Cost savings come from not having to pay for rent, utilities, and office supplies at regional offices; reduced fuel costs now that more than half of the inspectors work within a 20 mile radius of their home; and reduced turnover and associated training time; Total cost savings is estimated at \$428,900.

*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:	Department Of Agriculture		
Agency Code:	P160	Section:	44

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

<b>TITLE</b>	Electronic Forms, applications, and payments for Retail Food Safety
--------------	---

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

<b>EXPECTED SAVINGS TO BUSINESSES AND CITIZENS</b>	Having digital forms, applications, and payments for retail food establishments saves travel time, fuel, and postage.
--	---

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

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

<b>METHOD OF CALCULATION</b>	Evaluation of costs, including time, printing, postage, travel, and handling, for both businesses and agency personnel.
------------------------------	---

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


<b>REDUCTION OF FEES OR FINES</b>	N/A
-----------------------------------	-----

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

<b>REDUCTION OF REGULATION</b>	N/A
--------------------------------	-----

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

<b>SUMMARY</b>	Paper inspection forms, applications, and checks for payment were being used and somewhat unique to each region at the former Department of Health and Environmental Control. SCDA is centralizing and standardizing all documents, digitizing them, and creating electronic payment portal to send and receive information and payments.
----------------	---



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