

Agency Name:	Aid To Subdivisions - State Treasurer		
Agency Code:	X220	Section:	113



**Fiscal Year FY 2025-2026**

**Agency Budget Plan**


**FORM A - BUDGET PLAN SUMMARY**

<b>OPERATING REQUESTS</b>  <i>(FORM B1)</i>	<b>For FY 2025-2026, my agency is (mark "X"):</b>	
	<input checked="" type="checkbox"/>	Requesting General Fund Appropriations.
	<input type="checkbox"/>	Requesting Federal/Other Authorization.
	<input type="checkbox"/>	Not requesting any changes.
<b>NON-RECURRING REQUESTS</b>  <i>(FORM B2)</i>	<b>For FY 2025-2026, my agency is (mark "X"):</b>	
	<input type="checkbox"/>	Requesting Non-Recurring Appropriations.
	<input type="checkbox"/>	Requesting Non-Recurring Federal/Other Authorization.
	<input checked="" type="checkbox"/>	Not requesting any changes.
<b>CAPITAL REQUESTS</b>  <i>(FORM C)</i>	<b>For FY 2025-2026, my agency is (mark "X"):</b>	
	<input type="checkbox"/>	Requesting funding for Capital Projects.
	<input checked="" type="checkbox"/>	Not requesting any changes.
<b>PROVISOS</b>  <i>(FORM D)</i>	<b>For FY 2025-2026, my agency is (mark "X"):</b>	
	<input type="checkbox"/>	Requesting a new proviso and/or substantive changes to existing provisos.
	<input type="checkbox"/>	Only requesting technical proviso changes (such as date references).
	<input checked="" type="checkbox"/>	Not requesting any proviso changes.

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

	<u>Name</u>	<u>Phone</u>	<u>Email</u>
<b>PRIMARY CONTACT: SECONDARY CONTACT:</b>	Jordan Dominick	(803) 734-3545	jordan.dominick@sto.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.

	<u>Agency Director</u>	<u>Board or Commission Chair</u>
<b>SIGN/DATE:</b>		
<b>TYPE/PRINT NAME:</b>	Jordan Dominick	

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

Agency Name:	<a href="#">Aid To Subdivisions - State Treasurer</a>
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BUDGET REQUESTS			FUNDING					FTES				
Priority	Request Type	Request Title	State	Federal	Earmarked	Restricted	Total	State	Federal	Earmarked	Restricted	Total
1	B1 - Recurring	Aid to Fire Districts Insurance Premiums	17,503,547	0	0	0	17,503,547	0.00	0.00	0.00	0.00	0.00
2	B1 - Recurring	Employer Contributions	65,000	0	0	0	65,000	0.00	0.00	0.00	0.00	0.00
3	B1 - Recurring	Aid to Counties – Register of Deeds	15,000	0	0	0	15,000	0.00	0.00	0.00	0.00	0.00
TOTALS			17,583,547	0	0	0	17,583,547	0.00	0.00	0.00	0.00	0.00

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**FORM B1 – RECURRING OPERATING REQUEST**

AGENCY  
PRIORITY

1

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

TITLE

Aid to Fire Districts Insurance Premiums

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

AMOUNT

General: \$17,503,547

Federal: \$0

Other: \$0

Total: \$17,503,547

*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  
ASSOCIATED  
WITH THE  
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

HR/Personnel Related

Consulted DTO during development

Related to a Non-Recurring request – If so, Priority #

STATEWIDE  
ENTERPRISE  
STRATEGIC  
OBJECTIVES

Mark “X” for primary applicable Statewide Enterprise Strategic Objective:

Education, Training, and Human Development

Healthy and Safe Families

Maintaining Safety, Integrity, and Security

Public Infrastructure and Economic Development

X

Government and Citizens

ACCOUNTABILITY  
OF FUNDS

This increase in General Funds will bring the Aid to Fire Districts appropriation to the level of the projected FY26 distribution. The funds are used by county governments for fire departments pursuant to 23-9-410.

*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

County governments for the betterment and maintenance of skilled and efficient fire departments pursuant to 23-9-410.

## 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

**SECTION 23-9-410.** Distribution of funds collected on insurance premiums; use of funds.

The State Treasurer shall pay over the amount collected upon the premiums of the insurance business required to be reported under the provisions of Section 38-7-70 to the treasurers of the counties to which the premiums are allocated under the provisions of Section 38-7-70 in the respective portions resulting from the allocations. All monies so collected must be set apart and equitably used by each of the treasurers solely and entirely for the betterment and maintenance of skilled and efficient fire departments within the county.

**SECTION 38-7-70.** Annual reports of premiums of fire insurers; allocation.

Each fire insurer carrying on business in this State shall annually return to the director or his designee by March first a just and true account, verified by oath, of all premiums received during the preceding year ending December thirty-first from all fire insurance on all property located or that may be located in this State and from all fire insurance business done in this State. In the report the insurer shall allocate the premiums on this business to the county in which the property is located, regardless of where the insurance is written or premiums collected.

The fire insurance premium collections have been increasing and the requested increase should bring the appropriated amount to a level that will cover projected FY 26 distributions (a 16% increase based on historical trends). The Executive Budget Office has made an open-ended appropriation for the past five fiscal years to allow the STO to allocate all of the premiums collected.

*Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. If new positions have been requested, explain why existing vacancies are not sufficient.*

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# **FORM B1 – RECURRING OPERATING REQUEST**

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

<b>TITLE</b>	<b>Employer Contributions</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>General: \$65,000</b>  <b>Federal: \$0</b>  <b>Other: \$0</b>  <b>Total: \$65,000</b>
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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.*

<b>NEW POSITIONS</b>	0.00
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*Please provide the total number of new positions needed for this request.*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark “X” for all that apply:</b> <input checked="" type="checkbox"/> Change in cost of providing current services to existing program audience <input type="checkbox"/> Change in case load/enrollment under existing program guidelines <input type="checkbox"/> Non-mandated change in eligibility/enrollment for existing program <input type="checkbox"/> Non-mandated program change in service levels or areas <input type="checkbox"/> Proposed establishment of a new program or initiative <input type="checkbox"/> Loss of federal or other external financial support for existing program <input type="checkbox"/> Exhaustion of fund balances previously used to support program <input type="checkbox"/> IT Technology/Security related <input type="checkbox"/> 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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<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
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<b>ACCOUNTABILITY OF FUNDS</b>	This increase in General Funds will bring the Employer Contributions appropriation to the level of the projected FY2025-26 expenditures.
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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?*

<b>RECIPIENTS OF</b>	This appropriation funds the employer fringe costs for the county auditors and treasurers throughout the state.
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**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**

Appropriation required to fully fund employer contributions for county auditors and treasurers continues to rise due to increasing salary supplement amounts and employer benefit costs. The request should bring the appropriated amount in line with projected expenditures in fiscal year 2025-26.

*Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. If new positions have been requested, explain why existing vacancies are not sufficient.*

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# **FORM B1 – RECURRING OPERATING REQUEST**

<b>AGENCY PRIORITY</b>	3
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*Provide the Agency Priority Ranking from the Executive Summary.*

<b>TITLE</b>	Aid to Counties – Register of Deeds
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<p><b>General: \$15,000</b></p> <p><b>Federal: \$0</b></p> <p><b>Other: \$0</b></p> <p><b>Total: \$15,000</b></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.*

<b>NEW POSITIONS</b>	0.00
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*Please provide the total number of new positions needed for this request.*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<p><b>Mark “X” for all that apply:</b></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 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 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 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 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 #
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<b>STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES</b>	<p><b>Mark “X” for primary applicable Statewide Enterprise Strategic Objective:</b></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
<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 increase in General Funds will fully fund the allocation for the Register of Deeds positions in the twenty-four counties where it is a separate office.</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?*

<b>RECIPIENTS OF</b>	<p>County Register of Deeds officers who receive the \$15,000 salary supplement in accordance with Proviso 113.3.</p>
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**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 Register of Deeds previously existed as a separate governmental office in 23 counties in South Carolina. In Anderson, Beaufort, Cherokee, Chesterfield, Clarendon, Colleton, Georgetown, Horry, Jasper, Kershaw, Lancaster, Oconee, Orangeburg, Pickens, Richland, Spartanburg, and Sumter, the position is appointed by the governing body. In the counties of Aiken, Berkeley, Charleston, Dorchester, Greenville, and Lexington, the holder of the office is elected. In the remaining counties, the functions are performed by the elected Clerk of Court.

During fiscal year 2024-25, Florence County has appointed a separate Register of Deeds, bringing the cumulative count of counties where that office exists to twenty-four. The current appropriation of \$345,000 is only sufficient for the salary supplement in twenty-three counties and needs to be increased to reflect the current number of eligible officials.

*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.*