

Agency Name: County Transportation Funds
 Agency Code: U200 Section: 86



Fiscal Year FY 2026-2027
Agency Budget Plan

FORM A - BUDGET PLAN SUMMARY

**OPERATING
 REQUESTS**
(FORM B1)

For FY 2026-2027, my agency is (mark "X"):	
☐	Requesting General Fund Appropriations.
☒	Requesting Federal/Other Authorization.
☐	Not requesting any changes.

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

For FY 2026-2027, 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 2026-2027, my agency is (mark "X"):	
☐	Requesting funding for Capital Projects.
☒	Not requesting any changes.

PROVISOS
(FORM D)

For FY 2026-2027, 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.

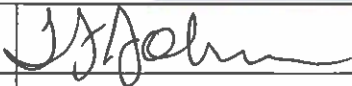
Please identify your agency's preferred contacts for this year's budget process.

**PRIMARY
 CONTACT:**
**SECONDARY
 CONTACT:**

<u>Name</u>	<u>Phone</u>	<u>Email</u>
Kevin Baker	(803) 737-7119	bakerjk@scdot.org
Quincy Swygert	(803) 737-8039	swygertjq@scdot.org

I have reviewed and approved the enclosed FY 2026-2027 Agency Budget Plan, which is complete and accurate to the extent of my knowledge.

SIGN/DATE:
**TYPE/PRINT
 NAME:**

<u>Agency Director</u>	<u>Board or Commission Chair</u>
	
JUSTIN P. POWELL	T.J. JOHNSON

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

Agency Name:	<u>County Transportation Funds</u>
Agency Code:	U200
Section:	86

<u>BUDGET REQUESTS</u>			<u>FUNDING</u>					<u>FTES</u>				
Priority	Request Type	Request Title	State	Federal	Earmarked	Restricted	Total	State	Federal	Earmarked	Restricted	Total
1	B1 - Recurring	Fund 49369000 CTC	0	0	0	580,702	580,702	0.00	0.00	0.00	0.00	0.00
TOTALS			0	0	0	580,702	580,702	0.00	0.00	0.00	0.00	0.00

Agency Name:	County Transportation Funds		
Agency Code:	U200	Section:	86

FORM B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY	1
----------------------------	----------

Provide the Agency Priority Ranking from the Executive Summary.

TITLE	Fund 49369000 CTC
--------------	--------------------------

Provide a brief, descriptive title for this request.

AMOUNT	General: \$0 Federal: \$0 Other: \$580,702 Total: \$580,702
---------------	--

What is the net change in requested appropriations for FY 2026-2027? 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:	
	☒	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
☐	Government and Citizens	

ACCOUNTABILITY OF FUNDS	n/a
------------------------------------	-----

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	Counties participating in the CTC program
----------------------	---

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**

Anticipated increase in spending patterns due to increased funding provided by the Act 40 increase in motor fuel user fee.

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.