

## Basic Information for Your Organization

| Your Organization                                     |  |
|---|--|
| Name  | City of Marion   |
| Address (Street or PO Box)                            | 107 S Main St, PO Box 1190                             |
| Address (City, State, Zip)                            | Marion, SC 29571                                       |
| Organization website address                          | <a href="http://www.marionsc.gov">www.marionsc.gov</a> |
| Organization type (nonprofit, local government, etc.) | Local Government                                       |

| Organization Contact |                                    |
|----------------------|------------------------------------|
| Name                 | Kevin Hammond                      |
| Position             | Fire Chief, Marion Fire Department |
| Telephone            | 843-423-8602                       |
| Email                |                                    |

| State Contribution                  |                                |
|-------------------------------------|--------------------------------|
| Amount                              | 95,000                         |
| Purpose                             | 800 MHz Handheld Radio Upgrade |
| State Agency Providing Contribution | SC LLR                         |

| Person Completing this Report |                                    |
|-------------------------------|------------------------------------|
| Name                          | Elizabeth Gray, egray@marionsc.gov |
| Position                      | Purchasing Director                |

## Governing Board and Executive Officer - Nonprofit Organizations Only

For nonprofit organizations only, provide below the names of the individuals who serve on your organization's governing board and, if applicable, their board position. Please also provide the name and title of your organization's executive officer.

| Members of Your Organization's Governing Board |                               |
|--|-------------------------------|
| Name   | Board Position, if applicable |
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| Your Organization's Executive Officer |       |
|---------------------------------------|-------|
| Name                                  | Title |
|                                       |       |
|                                       |       |
|                                       |       |

### Accounting of how the funds were spent

Provide below an accounting of how the state contribution received was spent as compared to the budget which you had been directed to provide to the State on or before **June 30, 2023**. Expenditure descriptions similar to those used in your organization's accounting records should be used. All amounts should be entered in whole dollars. Where applicable, use the Explanation column to provide additional information to categorize expenditures by program or initiative and to provide additional details for categories that exceed 10% of the total appropriation. If you have not spent all of the State contribution received, use the last section on this worksheet to explain why and provide a timeline for when the unspent funds will be spent for the purpose they were given.

| Description                     | Budget | Actual    | Explanation |
|---------------------------------|--------|-----------|-------------|
| Upgrade 800 MHz Handheld Radios | 95,000 | 10,780.00 |             |
|                                 |        |           |             |
|                                 |        |           |             |
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|                                 |        |           |             |
| <b>Grand Total</b>              | 95,000 | 10,780    |             |

| Explanation of unspent funds  |
|---|
| The City of Marion Fire Department ordered all of the replacement radio communication equipment in April 2023 utilizing SC State Contract . We have received two partial shipments from Motorola and are waiting for delivery of the remaining items. |

## Outcome Measures

Detail the outcome measures used to determine the success of the stated goals. The outcome measures should generally be the same as success measures which you had been directed to provide to the State on or before **June 30, 2023**.

| Measure | Description  |
|---------|--|
| 1       | Replace outdated 800 MHz radios for the Marion Fire Department with equipment that is compliant with the new standard. |
| 2       | Provide one (1) new radio to each volunteer fire department and rescue squad in Marion County.                         |
| 3       |  |
| 4       |  |
| 5       |  |
| 6       |  |
| 7       |  |
| 8       |  |
| 9       |  |
| 10      |  |
| 11      |  |
| 12      |  |
| 13      |  |
| 14      |  |
| 15      |  |

*If additional lines are needed, copy and paste Measure 15.*

## Goals accomplished

List the goals accomplished with the State funds received. The goals listed should generally be the same as those which you had been directed to provide to the State on or before **June 30, 2023**. Copy and paste the last line as needed to expand the list.

| Goal | Description  |
|------|--|
| 1    | Upgrade outdated 800 MHz radios at the Marion Fire Department with communications equipment that is compliant with the new standard. |
| 2    |  |
| 3    |  |
| 4    |  |
| 5    |  |
| 6    |  |
| 7    |  |
| 8    |  |
| 9    |  |
| 10   |  |
| 11   |  |
| 12   |  |
| 13   |  |
| 14   |  |
| 15   |  |

*If additional lines are needed, copy and paste Goal 15.*