



LABOR
LICENSING
REGULATION

Vendor: 7000032731
CC: R360CA0010
FA: R360x0025
Fund: 10050023
GL: 5170200000

**South Carolina Department of Labor, Licensing and Regulation
Non-Recurring Appropriations Request**

Requesting Organization (Include State Vendor Number): Piedmont Public Service District

Organization Type: Local Government Non-Profit (non-profits must be in good standing with the Secretary of State's Office)

Address: PO Box 5713 Highway 86

City and State: Piedmont, SC 29673

Contact Name: Tracy Wallace

Phone Number: (864) 845-7401

Fax Number: (864) 845-3062

Project Name: Piedmont Fire Department Air Pack Equipment

Email Address: [REDACTED]

Program Data

Total Budget: \$ 200,000

Amount Requested: \$ 200,000

Source of Other Funds: N/A

Date of Expected Project Completion Date: 10/15/22

Please list House and/or Senate member(s) that sponsors this Local Fire grant:

Westley P. "West" Cox District 10

1.) Description of the project for which funding is requested:

Piedmont Public Service District is requesting \$200,000 in funding to purchase new Self-Contained Breathing Apparatus (SCBA) for the Piedmont Fire department. SCBA are one of the critical components to ensure health and safety of our fire fighters. Our current SCBA are aging and will soon be non-compliant with NFPA standards. Due to their cost and budget constraints, the district is unable to purchase this vital equipment without financial assistance.

2.) Proposed plan with detailed Goals and Objectives and proposed Performance Measures (i.e. those mechanisms by which the success of the project in achieving its goal(s) can be measured):

Goal: Purchase new compliant SCBA

Performance Measures: Train fire fighters on the new equipment and place the equipment into service to ensure health and safety of fire fighters.

3.) Is this project a cooperative effort with or collaboration between more than one city, community, county, region or association? If yes, please list the names of the organizations participating.

No - single department only

4.) Is this a repeat project? If so, please provide a brief description of the past performance of the project, past financial and non-financial support from all state agencies and any economic results that may be documented:

This is not a repeat project. This is the first time we have requested state funding for this purpose.

5.) Provide additional comments that support the public safety benefits of this project to the local community and the state:

Ensuring the fire department has the necessary equipment helps ensure the safety and well-being of the community in an emergency situation.

Please provide the following information:

- A completed W-9 Form (attached)

- A Statement of Non-Discrimination (attached)
- A copy of your organization's adopted budget for the current fiscal year
- A copy of your organization's most recent financial statement

Important Notes and Reporting Responsibilities:

- All records relating to this grant must be retained for a minimum of 3 years from the last expenditure. This grant is subject to audit by the South Carolina Department of Labor, Licensing and Regulation and/or the General Assembly or its appointee.
- The State requires the receiving entity to submit quarterly and annual spending reports to LLR
- Local governments must comply with their procurement guidelines when expending these grant funds; failing to do so may result in the forfeiture of this grant and repaying any funds expended for this grant.

Submitted by:

Tracy B. Wallace
Signature

Tracy Wallace
Print Name

10/13/22
Date

Approved: Patrick R. Jarvis

Emily Farr, Director
or Approved Designee

Patrick R. Jarvis, CGFO
Director of Finance and Procurement

Not Approved:

Emily Farr, Director
or Approved Designee

Date

**Statement of Non-Discrimination
By Organizations Funded in the
South Carolina General Appropriations Act**

To meet requirements of a provision of the South Carolina General Appropriations Act regarding your funding, please fill in the blanks below, sign and return to LLR with your other credentials. If desired, you may retype the statement on your own letterhead.

Statement of Non-Discrimination

10/3/22

Date

Assurance is hereby given by the

Piedmont Public Service District

(Name of Organization)

that no person shall, upon the grounds of race, creed, color or national origin, be excluded from participation in, be denied the benefit of or be otherwise subjected to discrimination under any program or activity for which this organization is responsible.

Signature

Jracy B. Wall

Title

Administrator

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

| | | |
|---|---|--|
| Print or type. See Specific Instructions on page 3. | 1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Piedmont Public Service District | |
| | 2 Business name/disregarded entity name, if different from above | |
| | 3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. | |
| | <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate | |
| | <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. | |
| | <input checked="" type="checkbox"/> Other (see instructions) ▶ SPD - Local Government | |
| | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small> | |
| 5 Address (number, street, and apt. or suite no.) See instructions. PO Box 57/ 3 Highway 86 | | |
| 6 City, state, and ZIP code Piedmont, SC 29673 | | |
| 7 List account number(s) here (optional) | | |
| Requester's name and address (optional) | | |

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

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|---|--|--|--|--|--|--|--|--|--|--|--|--|
| Social security number | | | | | | | | | | | | |
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| | | | | | | | | | | | | |
| or | | | | | | | | | | | | |
| Employer identification number | | | | | | | | | | | | |
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Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

| | | |
|------------------|---|-----------------------|
| Sign Here | Signature of U.S. person ▶ <i>Tracy B. Walker</i> | Date ▶ <i>10/3/22</i> |
|------------------|---|-----------------------|

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)
 Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

- (96) **R360** Department of Labor, Licensing & Regulation
- (a) Slater Marietta Fire Department \$ 250,000;
 - (b) Fairfield County Fire Service Firefighter Air Packs \$ 400,000;
 - (c) Town of Patrick Fire Department Equipment \$ 250,000;
 - (d) City of Marion Fire Department \$ 95,000;
 - (e) Lexington County Fire Service \$ 1,000,000;
 - (f) Western York County Fire Department \$ 250,000;
 - (g) Fort Lawn Fire Department - Gallo Winery \$ 2,000,000;
 - (h) Boiling Springs Fire District \$ 1,600,000;
 - (i) Piedmont Fire Department \$ 200,000;
 - (j) V-SAFE \$ 3,000,000;
 - (k) Anderson County Fire Service \$ 150,000;