

Vendor \$: 7000050289 CL: R360CA0010 FA: R360 X0025 Fund: 10050023 GL: 5170200000

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

Requesting Organization ((nclude State Vendor Number):	10000 50289
Organization Type: X	Non-Pro Local Government standing v	ofit (non-profits must be in good with the Secretary of State's Office)
Address:	_PO Box 336	
City and State:	Patrick, 5C 29584	RECEIVED
Contact Name:	Eugene Aycock	NOV 03 2022
Phone Number:	843 287 1482	FINANCE
Fax Number:		
Project Name:		
Email Address:		
Program Data Total Budget:	\$250,000. °	
Amount Requested:	_1250,000.∞	
Source of Other Funds:		
Date of Expected Project Co.	mpletion Date:	
Please list House and/or Sens	ate member(s) that sponsors this Local Fi	re grant:
Penry Gustafson		·
1.) Description of the proje	ct for which funding is requested:	

20 A	ir packs er Fireman
No Calada	(tank (2 per pack)
HII COMPOL	Panel, Four Bank Cascade Control
those mechanisms by w	detailed Goals and Objectives and proposed Performance Measures (i.e. which the success of the project in achieving its goal(s) can be measured):
Nis Uill get us	up to ISO Stendard.
HIS PECKS WE !	100e 13 25 yrs. 01a.
	perative effort with or collaboration between more than one city, gion or association? If yes, please list the names of the organizations
Λο	
	ect? If so, please provide a brief description of the past performance of the and non-financial support from <u>all</u> state agencies and any economic results ed:
No	
5.) Provide additional c	comments that support the public safety benefits of this project to the local te:
Getting UD -	to code. Safty of Firefishers & community
Please provide the follo	wing 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.

any rands expended for this grant.		
Submitted by: Signature	Eugene Aycock Print Name	
Approved: 11/3/22	Not Approved:	
Emfly Farr, Director Date or Approved Designee	Emily Farr, Director or Approved Designee	Date
Patrick Janus Dr. Finance/Powement		

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 Ϊf

your funding, please fill in the blanks below, sign and return to LLR with your other credentials. desired, you may retype the statement on your own letterhead.		
Statement of Non-Discrimination		
11-2-99		
Date		
Assurance is hereby given by the		
Patrick Rural Volunteer Fire Department		
(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 Acon		
Title Chairman of Board		

om W-9

(Rev. October 2018) Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

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

	Name (as shown on your income tax return). Name is required on this line; d Patrick Rural Volunteer Fire Department					
	2 Business name/disregarded entity name, if different from above					
n page 3.	Check appropriate box for federal tax classification of the person whose name is entered on line 1. C following seven boxes.		certain entities, not individuals; see Instructions on page 3):			
e. onso	Individual/sole proprietor or	☐ Partnership ☐ Trust	/estate Exempt payee code (if any) 501(c)(3			
Print or type. Specific Instructions on page	Limited liability company. Enter the tax classification (C=C corporation, S Note: Check the appropriate box in the line above for the tax classificatio LLC if the LLC is classified as a single-member LLC that is disregarded fr another LLC that is not disregarded from the owner for U.S. federal tax p is disregarded from the owner should check the appropriate box for the tax.	ill Cie '				
၁ခင	Other (see Instructions) ▶		(Applies to secounts maintained outside the U.S.)			
Š	5 Address (number, street, and apt. or suite no.) See instructions.	Requester	's name and address (optional)			
See	PO Box 336					
	6 City, state, and ZIP code Patrick, SC 29584					
	7 List account number(s) here (optional)		-			
Par	Taxpayer Identification Number (TIN)					
backup resider entitie: TIN, la	your TIN in the appropriate box. The TIN provided must match the nan p withholding. For individuals, this is generally your social security nun nt alien, sole proprietor, or disregarded entity, see the instructions for s, it is your employer identification number (EIN). If you do not have a rater.	nber (SSN). However, for a Part I, later. For other number, see <i>How to get a</i>	ocial security number			
Note: Number	If the account is in more than one name, see the instructions for line 1 er To Give the Requester for guidelines on whose number to enter.	. Also see What Name and	mployer identification number			
Part			_			
	penalties of perjury, I certify that:					
2. I am Serv	number shown on this form is my correct taxpayer identification numb not subject to backup withholding because: (a) I am exempt from bac rice (IRS) that I am subject to backup withholding as a result of a failur onger subject to backup withholding; and	kup withholding, or (b) I have no	t been notified by the Internal Revenue			
	a U.S. citizen or other U.S. person (defined below); and					
	FATCA code(s) entered on this form (if any) indicating that I am exemp					
acquisi other th	cation instructions. You must cross out item 2 above if you have been not ve failed to report all interest and dividends on your tax return. For real estition or abandonment of secured property, cancellation of debt, contribution an interest and dividends, you are not required to sign the certification, be	tate transactions, item 2 does not a ons to an individual retirement arra	apply. For mortgage interest paid,			
Sign Here	Signature of U.S. person	Date ► /	1-1-22			
Ger	neral Instructions	Form 1099-DIV (dividends, infunds)	icluding those from stocks or mutual			
noted.	n references are to the Internal Revenue Code unless otherwise	,	pes of income, prizes, awards, or gross			
related	developments. For the latest information about developments to Form W-9 and its instructions, such as legislation enacted they were published, go to www.irs.gov/FormW9.	 Form 1099-B (stock or mutual transactions by brokers) 				
Purpose of Form		Form 1099-S (proceeds from real estate transactions)				
			and third party network transactions)			
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		1098-T (tuition)	interest), 1098-E (student loan interest),			
		 Form 1099-C (canceled debt Form 1099-A (acquisition or a 	•			
		 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. 				
returns include, but are not limited to, the following. Form 1099-INT (interest earned or paid)		If you do not return Form W-	9 to the requester with a TIN, you might ng. See What Is backup withholding,			

PATRICK RURAL FIRE DEPARTMENT

2022 BUDGET

UTILITIES	\$5,000.00
DIESEL	\$5,000.00
SUPPLIES	\$1,500.00
DUES & SUBSCRIPTIONS	\$1,000.00
TOWER RENTAL	\$3,000.00
INSURANCE	\$10,000.00
POSTAGE	\$75.00
EDUCATION	\$200.00
REPAIRS	\$10,000.00
MEALS	\$200.00
LAWN CARE	\$700.00
SOFTWARE	\$400.00
BANK FEES	\$55.00
TRAVEL	\$500.00
COMMUNITY EVENTS	\$300.00
PETTY CASH	\$1,500.00
PAYMENT ON F.H.#2	\$15,673.06
TOTAL BUDGET	\$55.103.06

Financial Statements on file at LLR.

\$ 400,000; 250,000; Fairfield County Fire Service Firefighter Air Packs Town of Patrick Fire Department Equipment Department of Labor, Licensing & Regulation Slater Marietta Fire Department (96)

\$ 95,000; \$ 1,000,000; City of Marion Fire Department

Lexington County Fire Service

Western York County Fire Department S 250,000; Fort Lawn Fire Department - Gallo Winery S 2,000

Piedmont Fire Department V-SAFE \$ 3,000,000;

150,000; Anderson County Fire Service