

State of South Carolina Request for Contribution Distribution

This form is designed to collect the information required by South Carolina in accordance with Proviso 117.21 of the appropriations act and Executive Order 2022-19. This form must be submitted to the state agency that is providing the contribution for the designated organization. The state agency providing the contribution should use this form to collect information from the designated organization. The information must be collected from the designated organization before the funds can be disbursed.

Contribution Information					
Amount	State Agency Providing the Contribution		Purpose		
\$500,000.00	R360 - Department of Labor, Licensing, and Regulation	City of Barnwell New Fire Station			

Organization Information			
Entity Name	City of Barnwell		
Address	P O Box 776 / 130 Main St.		
City/State/Zip	Barnwell/SC/29812		
Website	www.cityofbarnwell.com		
Tax ID#			
Entity Type	Municipality		

Organization Contact Information				
Contact Name	Lynn S. McEwen			
Position/Title	Administrator			
Telephone	803-259-3266			
Email				

		Euplanation
Description	Budget	Explanation
uilding of a New Fire Station	\$4,785,205.42 New Fire Stati	on, built complete, with demo of old station
	Grand Total \$4,785,205.42	

Please explain how these funds will be used to provide a public benefit:

Our current fire station (partially built in the 1950s and partially in the 1970s) is outdated, out of compliace with ADA and has issues with environmental control measures that cannot be met with the current building conditions. This new building will provide updated facilities that will be aligned with current NFPA guidance for health and safety measures for both fire personnel, volunteers and the general public. Safety and security measures will also be in place for restrictive access for the general public. The new building will also provide a public fire and life safety educational area. There will be new dormitory/residential space for fire personnel with added space for emergency volunteer housing when needed. A new training space is also incorporated into the building and bay areas as well as a training room that can be utilized for an alternate emergency operations center for Barnwell County as well as Beaufort County during hurricane evacuation conditions. Lastly, the bay is designed for future growth of the fire department with 5 bays across and double loaded for all apparatus needs. This new firestation is being built for the future of fire fighting in Barnwell and Barnwell County for generations to come.

Organization Certifications

- 1) Organization hereby gives assurance 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.
- 2) Organization certifies that it will provide quarterly spending reports to the Agency Providing Contribution listed above.
- 3) Organization certifies that it will provide an accounting at the end of the fiscal year to the Agency Providing Contribution listed above.

4) Organization certifies that it will allow the State Auditor to audit or cause to be audited the contributed funds.

Organization Signature

Administrator

Title

Date

Lynn S. McEwen

10/3/2023

Printed Name

Certifications of State Agency Providing Contribution

- 1) State Agency certifies that the planned expenditure aligns with the Agency's mission and/or the purpose specified in the appropriations act.
- 2) State Agency certifies that the Organization has set forth a public purpose to be served through receipt of the expenditure.
- 3) State Agency certifies that it will make distributions directly to the organization.
- 4) State Agency certifies that it will provide the quarterly spending reports and accounting received from the organization to the Senate Finance Committee, House Ways and Means Committee, and the Executive Budget Office by June 30, 2024.
- 5) State Agency certifies that it will publish on their website any and all reports, accountings, forms, updates, communications, or other materials required by Proviso 117.21 of the appropriations act.
- 6) State Agency will certify to the Office of the Governor that it has complied with the requirements of Executive Order 2022-19 by June 30, 2024.

Form 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.

- 1	1 Name (as shown on your income tax return). Name is required on this line; do CITY OF BARNWELL	not leave this line blank.					
	2 Business name/disregarded entity name, if different from above						
on page	following seven boxes.			4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):			
	☐ Individual/sole proprietor or ☐ C Corporation ☐ S Corporation single-member LLC	Partnership Trust/estate		Exempt payee code	(if anv)	3	
type	☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶						
Print or type.	I C if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is			Exemption from FATCA reporting code (if any)			
bec	Other (see instructions) ► MUNICIP	PALITY	I	(Applies to accounts maintained outside the U.S.)			
e Si	5 Address (number, street, and apt. or suite no.) See instructions. Requester's name and apt. or suite no.)				1)		
	PO BOX 776 6 City, state, and ZIP code						
- 1							
-	BARNWELL, SC 29812 7 List account number(s) here (optional)						
Part	Taxpayer Identification Number (TIN)						
				curity number			
	withholding. For individuals, this is generally your social security num		for a				
	nt alien, sole proprietor, or disregarded entity, see the instructions for P s, it is your employer identification number (EIN). If you do not have a n		et a				
TIN, la			or				
	f the account is in more than one name, see the instructions for line 1.	Also see What Name	and Employer	identification numb	er		
Numbe	er To Give the Requester for guidelines on whose number to enter.						
Doub	II Contification						
Part	Certification penalties of perjury, I certify that:						
	number shown on this form is my correct taxpayer identification numb	er (or I am waiting for	a number to be iss	sued to me): and			
2. I am Serv	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 failure onger subject to backup withholding; and	kup withholding, or (b) I have not been n	otified by the Inter			
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 exemp	t from FATCA reportir	ng is correct.				
you ha acquis other th	cation instructions. You must cross out item 2 above if you have been no ve failed to report all interest and dividends on your tax return. For real estation or abandonment of secured property, cancellation of debt, contribution an interest and dividends, you are not required to sign the certification, but	ate transactions, item 2 ons to an individual reti	2 does not apply. For rement arrangement	or mortgage interes t (IRA), and general	t paid, ly, paym	ents	
Sign Here	Signature of U.S. person ► Km Many Vargo, CLER	K+TR	Date ► 10-	3-23			
General Instructions		 Form 1099-DIV (dividends, including those from stocks or mutual funds) 					
Section references are to the Internal Revenue Code unless otherwise noted.		 Form 1099-MISC (various types of income, prizes, awards, or gross proceeds) 					
Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted		Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)					
after they were published, go to www.irs.gov/FormW9.		 Form 1099-S (proceeds from real estate transactions) 					
Purpose of Form		 Form 1099-K (merchant card and third party network transactions) 					
	ividual or entity (Form W-9 requester) who is required to file an ation return with the IRS must obtain your correct taxpayer	 Form 1098 (home 1098-T (tuition) 	mortgage interest)	, 1098-E (student	loan inte	erest),	
	cation number (TIN) which may be your social security number	• Form 1099-C (canceled debt)					
(SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number		 Form 1099-A (acquisition or abandonment of secured property) 					
(EIN), 1	to report on an information return the amount paid to you, or other at reportable on an information return. Examples of information	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.

returns include, but are not limited to, the following.

• Form 1099-INT (interest earned or paid)

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.

0	CAT	T		
Statement	of Non	- 110011	mination	1
DIALLITE	OLIVOII	-1715011	HIHIALION	

Assurance is hereby given by the

CITY OF BARNWELL
(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.

ADMINISTRATOR