



### 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
\$4,000,000.00	R360 - Department of Labor, Licensing, and Regulation	Buliding funds for Fountain Inn Fire Station #3 and upgrades to training facility.

Organization Information	
Entity Name	City of Fountain Inn
Address	200 N. Main Street
City/State/Zip	Fountain Inn SC 29644
Website	<a href="https://www.fountaininn.org">https://www.fountaininn.org</a>
Tax ID#	
Entity Type	

Organization Contact Information	
Contact Name	Russell Slatton
Position/Title	Assistant City Administrator
Telephone	(864)862-6474
Email	

Plan/Accounting of how these funds will be spent:		
Description	Budget	Explanation
Fire Station #3	\$3,500,000.00	Building for Fire Station #3
Training Facility Upgrades	\$500,000.00	Upgrade the Fountain Inn Fire training facility.
<b>Grand Total</b>	<b>\$4,000,000.00</b>	

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

As Fountain Inn has experienced both population and geographical expansion, the demand for fire service has increased correspondingly. Presently, our primary fire station is located in the city center, complemented by fire station #2 to the west. However, due to city boundaries extending northward and the establishment of our newest school over 5 miles away, it has become evident that there is a critical need for an additional fire station to adequately cover the northern areas of the city. We are seeking \$3,500,000 to fund the construction of fire station #3. Recognizing the importance of supporting our ever-growing Fire Department, we have identified the necessity for enhanced training facilities. To address this, we intend to allocate the remaining \$500,000 to construct a comprehensive training area, ensuring that the Fire Department is well-equipped to meet the evolving needs of Fountain Inn.

- 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

City Administrator  
 Title

Shawn Bell  
 Printed Name

10-Oct-23  
 Date

- 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.

Agency Head Signature

Date

Printed Name

# Request for Taxpayer Identification Number and Certification

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

► Go to [www.irs.gov/FormW9](http://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.  
**City of Fountain Inn**

**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.

Individual/sole proprietor or single-member LLC       C Corporation       S Corporation       Partnership       Trust/estate

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.

Other (see instructions) ► **municipality**

**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) \_\_\_\_\_  
(Applies to accounts maintained outside the U.S.)

**5** Address (number, street, and apt. or suite no.) See instructions.  
**200 N Main Street**

Requester's name and address (optional)

**6** City, state, and ZIP code  
**Fountain Inn, SC 29644**

**7** List account number(s) here (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.

**Social security number**

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**OR**

**Employer identification number**

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**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.

## Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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.

<b>Sign Here</b>	Signature of U.S. person ► <b>K. Deloche</b>
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Date ► **7/10/2023**

## 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](http://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-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.*

- 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.

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**Statement of Non-Discrimination**

10 October 2023

Date

Assurance is hereby given by the

City of Fountain Inn

(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



Title

City Administrator