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.

and a second		Contribution Information	
Amount	State Agency Providing the Contribution	Purpose	CHILL NON TOX

	Organization Information
Entity Name	Macedoria File Distert
Address	3.37 MRACEDONIA Road
City/State/Zip	GATTER SC 29341
Website	ot /A
Tax ID#	
Entity Type	

	Organization Contact Information
Contact Name	DONNIC HERDIN
Position/Title	Commissiona
Telephone	864.261-6137
Email	

Plan/Accounting of how	these funds will	be spent:
Description	Budget	Explanation
Puechase A New Lador tenak to react the	1300000	
Puechase A new condor tenak to react the		
An and a second s		
Grand Total	\$0.00	

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

We hope to receive radio timed funding to allow us to pulchase a new index truct. If additional funding is not received, the finds will be applied to a used ladder text. The additional funding will be deal three year.

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.

ganization Signature

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.

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

October 10, 2023 Date

Assurance is hereby given by the

(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 The Commissioner (secretary)

Request for Taxpayer Identification Number and Certification

venue Service	Go to www.irs.gov/FormW9 for instructions and the latest inform	nation.

	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. 4 Exemptions (codes apply certain entities, not individual sole proprietor or single-member LLC 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) Exemptions (codes apply certain entities, not individual instructions on page 3): 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 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 of its owner. Exemption from FATCA report code (if any) Other (see instructions) ▶ 5 Address (number, street, and apt. or suite no.) See instructions. Bequester's name and address (northorn)				
See	5 Address (number, street, and apt. or suite no.) See instructions. 337 Macedo Nia Road 6 City, state, and ZIP code Gaffice SC 29341 7 List account number(s) here (optional)	ind address (optional)		
Par	t 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

Or Employer identification number	Social s	ecurity n	umber		
Employer identification number	or	-		-	
	Employe	r identif	cation n	umber	

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:

- 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	Signature of
Here	U.S. person ▶

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)

Date

 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.