

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		記れるのででは世界的	
Amount	State Agency Providing the Contribution		Purpose		
\$40,000.00			Para de la companya d		

Organization Information				
Entity Name	Smyrna Volunteer Fire Department			
Address	1052 Main Street			
City/State/Zip	Smyrna SC 29743			
Website				
Tax ID#				
Entity Type	Other			

	Organization Contact Information
Contact Name	
Position/Title	Fire Chief
Telephone	803-322-1290
Email	

Plan/Accounting of how these funds will be spent:					
Description	Budget	Explanation			
This money will be used to payoff the current loan for construction of a fire station	\$21,876.31	This is the Amount needed to payoff the current loan			
This money will be used to construct a bathroom an storage in the fire station		This is a estimated cost of construction			
	440.000.00				
Grand Total	\$40,000.00				

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

This Substation was built to meet the needs of the citizens of Smyrna Fire District and to lower their insurance rating. It was built with a loan taken out by Smyrna Volunteer Fire Department. We only received a loan for what as a small rural Department could afford. With this funding we will be able to pay off the loan and not have any debt that we must raise money to pay for leaving us more time to train and be better to serve the community. The additional money will enable us to add a restroom as with the cost cutting of the original construction we originally deleted. This will better serve the firefighters and local Sheriffs Deputys to have a restroom to use in the area

It

- 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.

Rickey E. Wilson

Fire Chief
Title

10/4/2023

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
10/4/2023 Date
Assurance is hereby given by the
SMYTNA 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 Luy & lel
Title Fire Chief

(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 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank			
	Smyrna Volunteer Fire Department 2 Business name/disregarded entity name, if different from above			
s on page	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check appropriate box for federal tax classi	eck only one of the	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):	
	☐ Individual/sole proprietor or ☐ C Corporation ☐ S Corporation ☐ Partnership single-member LLC	☐ Trust/estate	Exempt payee code (if any)	
ctio	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partne	rship) ▶	_ =	
Print or type.	Note: Check the appropriate box in the line above for the tax classification of the single-member of LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a sin is disregarded from the owner should check the appropriate box for the tax classification of its own	Exemption from FATCA reporting code (if any)		
) Sec	☐ Other (see instructions) ►		(Applies to accounts maintained outside the U.S.)	
Š	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name a	and address (optional)	
See	1052 Main Street			
	6 City, state, and ZIP code			
	Smyrna, SC 29743			
	7 List account number(s) here (optional)			
No market				
Par		· · · · · · · · · · · · · · · · · · ·	urity number	
	your TIN in the appropriate box. The TIN provided must match the name given on line 1 to av ip withholding. For individuals, this is generally your social security number (SSN). However, f	0.0		
reside	ent alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other		- -	
entitie TIN, la	is, it is your employer identification number (EIN). If you do not have a number, see <i>How to ge</i> oter	ta LLL or		
200000000000000000000000000000000000000	If the account is in more than one name, see the instructions for line 1. Also see What Name		identification number	
	er To Give the Requester for guidelines on whose number to enter.			
Par	Certification	-	-	
	penalties of perjury, I certify that:			
	number shown on this form is my correct taxpayer identification number (or I am waiting for			
Ser	n not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) vice (IRS) that I am subject to backup withholding as a result of a failure to report all interest olonger subject to backup withholding; and			
3. I an	n 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	g is correct.		
you ha acquis	cation instructions. You must cross out item 2 above if you have been notified by the IRS that you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 sition or abandonment of secured property, cancellation of debt, contributions to an individual reting than interest and dividends, you are not required to sign the certification, but you must provide you	does not apply. For ement arrangement	mortgage interest paid, (IRA), and generally, payments	
Sign Here	orginatare or	Date > 10 /4	1/2023	
Gar	• Form 1099-DIV (di		hose from stocks or mutual	

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)

- 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.