



Vendor #: 7000116337
CC: R360CA0010
FA: R360X0025
Fund: 10050023
GL: 517020000

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

Requesting Organization (Include State Vendor Number): 7000116337

Organization Type: Local Government Non-Profit (non-profits must be in good standing with the Secretary of State's Office)

RECEIVED
OCT 13 2022
FINANCE

Address: 5700 Wylie Ave

City and State: Hickory Grove, SC 29717

Contact Name: Kenneth T. Gilfillan

Phone Number: 803-925-2626

Fax Number: n/a

Project Name: Hickory Grove Fire Department Station 2 Improvements and Equipment

Email Address: [REDACTED]

Program Data

Total Budget: \$45,333.36

Amount Requested: ~~\$83,000.00~~ \$43,333.34

Source of Other Funds: Town of Hickory Grove/ Hickory Grove Fire Department

Date of Expected Project Completion Date: one year

Please list House and/or Senate member(s) that sponsors this Local Fire grant:

Representative Dennis Moss

1.) Description of the project for which funding is requested:

Hickory Grove Fire Department is an all volunteer department that serves forty-six square miles in rural western York County. We receive limited funds from York County to assist the the operations of the department but the fire stations are the responsibility of the department and it's members. Hickory Grove is not part of a special tax district to receive funding from the citizens and county taxes.

2.) Proposed plan with detailed Goals and Objectives and proposed Performance Measures (i.e. those mechanisms by which the success of the project in achieving its goal(s) can be measured):

We will be able to pay off Station 2, renovate both stations to include meeting rooms, training areas, sleeping quarters and full kitchens for the membership. It will allow us to upfit Station 2 with a generator to keep power to the facility and the apparatus that are housed there. These upgrades will allow us to offer this station as a local shelter in the event of a catastrophic emergency.

In additions to station renovations, we would use the funding to purchase a boat and equipment to assist in rescue efforts on the Broad River. Our service territory includes approximately fifteen miles of water

3.) Is this project a cooperative effort with or collaboration between more than one city, community, county, region or association? If yes, please list the names of the organizations participating.

NO

4.) Is this a repeat project? If so, please provide a brief description of the past performance of the project, past financial and non-financial support from all state agencies and any economic results that may be documented:

NO

5.) Provide additional comments that support the public safety benefits of this project to the local community and the state:

We currently operate out of two stations. Station 1 was built in 2004 to be a storage type station. This station has no area designated for meetings, training, offices or kitchen space. The second station was built in 2013 to assist in the ISO rating for the members of the community that live outside the five mile radius of the original station. In order to maintain these two stations, our

department holds several fundraisers each year to help with operating expenses and to assist in making the bank note payments for station 2. Many of our members are trained in swift water rescue and this boat will help ensure we are prepared. Through the Forestry Commission, our department purchased a grass truck to use in the event of grass or wildland type fires. These funds will allow us to purchase a skid for this truck to help save property, farm land and lives. Under the state-wide mutual aid agreement, this equipment and resources are able to respond anywhere in South Carolina.

Please provide the following 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 - on file at LLR

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.

Submitted by:

Kenneth T. Gilfillan
Signature

KENNETH T Gilfillan
Print Name

10/12/2022
Date

Approved:

Patrick James 10/13/22
Emily Farr, Director Date
or Approved Designee

Not Approved:

Emily Farr, Director Date
or Approved Designee

Patrick James
Dir. Finance & Procurement

Request for Taxpayer Identification Number and Certification

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

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

Print or type. See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. TOWN OF HICKORY GROVE</p> <p>2 Business name/disregarded entity name, if different from above</p> <p>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.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p>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.</p> <p><input checked="" type="checkbox"/> Other (see instructions) ▶ _____</p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions. 6001 Wylie Ave</p> <p>6 City, state, and ZIP code HICKORY GROVE SC 29717</p>	<p>Requester's name and address (optional)</p>
	<p>7 List account number(s) here (optional)</p>	

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.

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.

Social security number											
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OR

Employer identification number

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 Here	<p style="font-size: small;">Signature of U.S. person ▶ <i>[Handwritten Signature]</i></p>	<p style="font-size: small;">Date ▶ 5/31/2022</p>
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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)

- 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.

Town of Hickory Grove
P.O. BOX 126
HICKORY GROVE, SOUTH CAROLINA 29717

**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

Date 10/12/2022

Assurance is hereby given by the _____Town of Hickory Grove_____

(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 _____ *Larry A Earl* _____

Title Mayor_____

**TOWN OF HICKORY GROVE
FIRE DEPARTMENT SPECIAL**

2022/2023

Comporium	10,950.36
YORK CO.	34,383.00
TOTAL	45,333.36

EXPENSES

AUDIT	1,000.00
BUILDING MAINTANCE	1,400.00
EQUIPME NT & REPAIRS	7,312.21
FUEL	4,500.00
INSURANCE	9,186.00
OFFICE SUPPLIES	500.00
UTILITIES	11,913.15
BUILDING PAYMENT	9,522.00

TOTAL	45,333.36
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