

Basic Information for Your Organization

| Your Organization | |
|---|----------------------------------|
| Name | Piedmont Public Service District |
| Address (Street or PO Box) | PO BOX 57 / 3 Highway 86 |
| Address (City, State, Zip) | Piedmont, SC 29673 |
| Organization website address | N/A |
| Organization type (nonprofit, local government, etc.) | Local Government |

| Organization Contact | |
|----------------------|--------------------------|
| Name | Tracy Wallace |
| Position | Fire Chief/Administrator |
| Telephone | (864) 845-7401 |
| Email | |

| State Contribution | |
|-------------------------------------|---|
| Amount | \$200,000 |
| Purpose | Purchase new compliant SCBA's for the fire department |
| State Agency Providing Contribution | LLR |

| Person Completing this Report | |
|-------------------------------|----------------------|
| Name | Craig Lawless |
| Position | Deputy Administrator |

Governing Board and Executive Officer - Nonprofit Organizations Only

For nonprofit organizations only, provide below the names of the individuals who serve on your organization's governing board and, if applicable, their board position. Please also provide the name and title of your organization's executive officer.

| Members of Your Organization's Governing Board | |
|--|-------------------------------|
| Name | Board Position, if applicable |
| Al McAbee | Board Chair |
| Terry Yates | Board Vice Chair |
| C.E. Poore, Jr. | Board Member |
| Rudy Rhodes | Board Member |
| Charlene Spelts | Board Member |
| Tracy Wallace | Administrator |
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| Your Organization's Executive Officer | |
|---------------------------------------|-------|
| Name | Title |
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Accounting of how the funds were spent

Provide below an accounting of how the state contribution received was spent as compared to the budget which you had been directed to provide to the State on or before **June 30, 2023**. Expenditure descriptions similar to those used in your organization's accounting records should be used. All amounts should be entered in whole dollars. Where applicable, use the Explanation column to provide additional information to categorize expenditures by program or initiative and to provide additional details for categories that exceed 10% of the total appropriation. If you have not spent all of the State contribution received, use the last section on this worksheet to explain why and provide a timeline for when the unspent funds will be spent for the purpose they were given.

| Description | Budget | Actual | Explanation |
|--|----------------|----------------|-------------|
| Purchased new SCBA's for the fire department | \$ 200,000.00 | \$ 200,983.00 | |
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| Grand Total | 200,000 | 200,983 | |

| Explanation of unspent funds | | | |
|------------------------------|--|--|--|
| | | | |

Outcome Measures

Detail the outcome measures used to determine the success of the stated goals. The outcome measures should generally be the same as success measures which you had been directed to provide to the State on or before **June 30, 2023**.

| Measure | Description |
|---------|--|
| 1 | Receive the new SCBA's (self contained breathing apparatus) from the vendor |
| 2 | Train firefighters on the new SCBA's and place the equipment into service to promote the health and safety of responders during emergencies. |
| 3 | |
| 4 | |
| 5 | |
| 6 | |
| 7 | |
| 8 | |
| 9 | |
| 10 | |
| 11 | |
| 12 | |
| 13 | |
| 14 | |
| 15 | |

If additional lines are needed, copy and paste Measure 15.

Goals accomplished

List the goals accomplished with the State funds received. The goals listed should generally be the same as those which you had been directed to provide to the State on or before **June 30, 2023**. Copy and paste the last line as needed to expand the list.

| Goal | Description |
|------|---|
| 1 | New NFPA compliant SCBA's purchased for the fire department |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 6 | |
| 7 | |
| 8 | |
| 9 | |
| 10 | |
| 11 | |
| 12 | |
| 13 | |
| 14 | |
| 15 | |

If additional lines are needed, copy and paste Goal 15.