



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

**Requesting Organization (Include State Vendor Number):** Sharon Vol Fire Department 7000293154

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

**Address:** 3336 York St

**City and State:** Sharon SC

**Contact Name:** Oliver Dowdle

**Phone Number:** 803-627-0706

**Fax Number:** \_\_\_\_\_

**Project Name:** Sharon VFD Station Two

**Email Address:** \_\_\_\_\_

**Program Data**

**Total Budget:** \$100,000

**Amount Requested:** \$83,833.33

**Source of Other Funds:** Fire Dept funds

**Date of Expected Project Completion Date:** 7/2023

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

Dennis Moss \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

The project we are requesting funding for is to assist us with completing and paying off our second fire station built in 2014 and installing a handicap accessible restroom, and a well and septic system.

**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):**  
Our proposed plan is to get a septic system, well installed and then add a restroom as well as pay off the remaining balance that is owed on the current loan. We have already submitted our paperwork for the septic system and waiting for DHEC to evaluate the site and are currently working on the paperwork for the well and working on bathroom plans. Once each of the items are approved, we will move forward to complete each of them until the project is completed.

**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.**

N/A

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**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:**

N/A

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

This funding would allow us to focus less on trying to raise funds and spend time and effort training firefighters to assist the community in their time of need. Once these amenities are completed, we would then also have a place people could gather and have shelter if needed in times of a disaster.

**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

**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:

  
Signature

Oliver Dowdle  
Print Name

10/10/2022  
Date

Approved:

  
Emily Farr, Director  
or Approved Designee

10/10/2022

Date

Patrick R Jarvis, CGFO  
Director of Finance and Procurement

Not Approved:

Emily Farr, Director  
or Approved Designee

Date

**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**

10/10/2022

Date


Assurance is hereby given by the

Sharon 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



Title

Chief, Sharon VFD



# 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.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

**Sharon Volunteer Fire Department**

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
- Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ \_\_\_\_\_
- Other (see instructions) ▶ \_\_\_\_\_
- C Corporation
- S Corporation
- Partnership
- Trust/estate

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.

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) **501-C3**

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.

**3336 York St**

6 City, state, and ZIP code

**Sharon, SC, 29742**

7 List account number(s) here (optional)

Requester's name and address (optional)

Print or type. See Specific Instructions on page 3.

## 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:

- 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.

Sign Here

Signature of U.S. person ▶

Date ▶

10-10-2022

## 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-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.