



South Carolina
Department of Labor, Licensing and Regulation



110 Centerview Drive
Post Office Box 11329
Columbia, SC 29211-1329
(803) 896-4300

Henry D. McMaster
Governor

Emily H. Farr
Director

September 25, 2024

Ms. Avery Hatcher
Lake View Rescue Squad
Lakeview, SC 29563

Dear Ms. Hatcher,

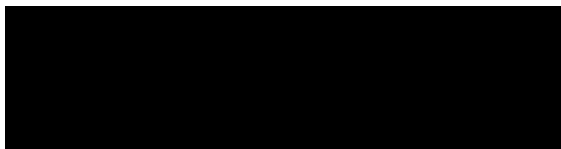
Your organization has been included in the South Carolina Department of Labor, Licensing and Regulation (LLR) FY 2024-25 Appropriations Act (H.5100) for a one-time, non-recurring appropriation of \$40,000 in State general funds.

To initiate the disbursement of funds, please complete the FY25 Earmarked Appropriations Disbursement Request form included with this communication. Proviso 117.21 requires LLR to obtain a plan for how the funds will be expended by the organization and how the expenditures will provide a public benefit before disbursing funds. Your organization must submit these items before disbursement. LLR may share the requested documentation with the Executive Budget Office via the Department of Administration and publish the documentation on our website pursuant to the Governor's Executive Order 2022-19.

Please email the requested documentation to appropriations.disbursements@llr.sc.gov by October 02, 2024, and include your programmatic and fiscal contacts' names, direct phone numbers, and email addresses. Upon receipt and review of the information provided, LLR will reach out with any questions before funds are disbursed.

If you have any additional questions, contact Pameco Suber at (803)-832-8304 or by email at appropriations.disbursements@llr.sc.gov.

Sincerely,



Brittany N. Hammond
Chief Financial Officer

**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.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) LAKE VIEW RESCUE SQUAD	
	2 Business name/disregarded entity name, if different from above.	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input checked="" type="checkbox"/> Other (see instructions) NON PROFIT 501C3	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>	
	5 Address (number, street, and apt. or suite no.). See instructions. [REDACTED]	Requester's name and address (optional)
6 City, state, and ZIP code [REDACTED]		
7 List account number(s) here (optional)		

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. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number	
[REDACTED]	[REDACTED]
or	
Employer identification number	
[REDACTED]	[REDACTED]

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	[REDACTED]	[REDACTED]	[REDACTED]	10/02/2024
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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.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

**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 22, 2024

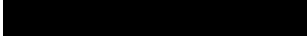
Date

Assurance is hereby given by the

LAKE VIEW RESCUE SQUAD

(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 Secretary/Treasurer, LV Rescue Squad



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

Amount	State Agency Providing the Contribution	Purpose
\$40,000.00	A050 - House of Representatives	Extrication Equipment

Organization Information

Entity Name	LAKE VIEW RESCUE SQUAD
Address	109 W 2nd AVE
City/State/Zip	LAKE VIEW, SC
Website	N/A
Tax ID#	
Entity Type	Nonprofit Organization

Organization Contact Information

Contact Name	AVERY HATCHER
Position/Title	Secretary/Treasurer
Telephone	
Email	

Plan/Accounting of how these funds will be spent:

Description	Budget	Explanation
EXTRICATION EQUIPMENT	\$40,000.00	LV Rescue will use this funding to purchase new extrication equipment that will allow passengers to be safely removed from wrecked vehicles in emergency situations.
Grand Total	\$40,000.00	

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

The LAKE VIEW RESCUE SQUAD benefits the public by providing emergency services and medical care.

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.



Organization Signature

Secretary/Treasurer
Title

Avery Hatcher
Printed Name

10/22/2024
Date

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, 2025.
- 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, 2025.

Agency Head Signature

Date

Printed Name



State of South Carolina Contribution Expenditure Report

This form is designed to collect the quarterly and annual expenditure reports 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 to the designation organization at the end of year quarter and by June 30, 2025.

Contribution Information

Amount	State Agency Providing the Contribution	Purpose
\$40,000.00	A050 - House of Representatives	Exriciation Equipment

Organization Information

Entity Name	LAKE VIEW RESCUE SQUAD
Address	109 W 2nd AVE
City/State/Zip	LAKE VIEW, SC
Website	N/A
Tax ID#	
Entity Type	Nonprofit Organization

Organization Contact Information

Name	AVERY HATCHER
Position/Title	Secretary/Treasurer
Telephone	[REDACTED]
Email	[REDACTED]

Reporting Period

Reporting Period	Quarter 1: July 1, 2024 - September 30, 2024
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Accounting of how the funds have been spent:

[illegible]

Explanation of any unspent funds (to be provided only if unspent funds remain at the end of the fiscal year) :

[illegible]

Expenditure Certification

The Organization certifies that the funds have been expended in accordance with the Plan provided to the Agency Providing the Distribution and for a public purpose.

Signature

Avery Hatcher

Printed Name

Secretary/Treasurer

Title

10/22/2024

Date _____