

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

Mr. Bill Dunlap, Fire Chief Oakdale Fire Department P O Box 11485 Rock Hill, SC 29731

Dear Mr. Dunlap,

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 \$500,000 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

Form W-9
(Rev_March 2024)
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.

DAID	е у	ou begin. For guidance related to the purpose of Form w-9, se	e Purpose of Form, below.						
	1	Name of entity/individual. An entry is required, (For a sole proprietor or entity's name on line 2.)	disregarded entity, enter the c	wner's n	ame on line	1, and enter the business/disregarded			
Print or type. Specific Instructions on page 3.	Oa	kdale Volunteer Fire Department							
	-	2 Business name/disregarded entity name, if different from above.							
	Sa	Same as above							
	-	Check the appropriate box for federal tax classification of the entity/indonly one of the following seven boxes. Individual/sole proprietor C corporation S corporation	Exemptions (codes apply only to certain entities, not individuals, see Instructions on page 3):						
			_	Irusi	/estate	Constant and the stand			
ons		LLC. Enter the tax classification (C = C corporation, S = S corporation, Note: Check the "LLC" box above and, in the entry space, enter the	Exempt payee code (if any)						
Print or type.		classification of the LLC, unless it is a disregarded entity. A disrega box for the tax classification of its owner.	rded entity should instead ched			Exemption from Foreign Account Tax Compliance Act (FATCA) reporting			
ini		✓ Other (see instructions) No	n-Profit			code (if any)			
P Specific	3b	If on line 3a you checked "Partnership" or "Trust/estate," or checked "I and you are providing this form to a partnership, trust, or estate in w this box if you have any foreign partners, owners, or beneficiaries. See	hich you have an ownership i	nterest, c	ation, theck	(Applies to accounts maintained outside the United States.)			
See	F.	Address (number, street, and apt, or suite no.). See instructions.		Request	er's name a	and address (optional)			
0)									
	7	List account number(s) here (optional)							
	Ļ	A CASS AS A SHOWN A COMMING				7			
Par		Taxpayer Identification Number (TIN)			Social se	curity number			
backu	p w	r TIN in the appropriate box. The TIN provided must match the ithholding. For individuals, this is generally your social security dien, sole proprietor, or disregarded entity, see the instructions is your employer identification number (EIN). If you do not hav	number (SSN). However, f for Part I, later. For other	or a					
TIN, la			<u> </u>		or Employer	identification number			
Note:	If th	ne account is in more than one name, see the instructions for li	ne 1. See also What Name	and	Employer	Identification narriage			
Numb	er 1	o Give the Requester for guidelines on whose number to enter							
Par	t 11	Certification		-					
		nalties of perjury, I certify that:							
		mber shown on this form is my correct taxpayer identification r	number (or I am waiting for	a numb	er to be is:	sued to me); and			
2. I ar Ser	n no vice	of subject to backup withholding because (a) I am exempt from a (IRS) that I am subject to backup withholding as a result of a few subject to backup withholding; and	backup withholding, or (b)	I have n	ot been n	otified by the Internal Revenue			
		U.S. citizen or other U.S. person (defined below); and							
		TCA code(s) entered on this form (if any) indicating that I am ex							
becau acqui other	se y sitio thar	ion instructions. You must cross out item 2 above if you have be rou have failed to report all interest and dividends on your tax retu- n or abandonment of secured property, cancellation of debt, confunction interest and dividends, you are not required to sign the certificat	urn. For real estate transaction cributions to an individual ret	ons, item irement	i 2 does no arrangeme ct TIN. Se	ot apply. For mortgage interest paid, int (IRA), and, generally, payments is the instructions for Part II, later.			
Sign Here		Signature of U.S. person		Date	16	0-17-2024			
Ge	ne	ral Instructions	New line 3b has b required to complet	een add	led to this e to indica	form. A flow-through entity is ate that it has direct or indirect			

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-I	discriminat	ion			
9-28					
			Date		
Assurance is hereby given by the					
OAKDALE VOLUNT	ED/L /	FIRE	DERO	7.	
(Name of Organization)				
that no person shall, upon the grounds of race, creed,	olor or nation	nal ozigin, b	e excluded fr	rom	
participation in, be denied the benefit of or be otherwi	se subjected to	o discrimina	ition under a	ny	
program or activity for which this organization is respo	nsible				
Signature					
Title	FIRE	CHIE	F		



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.

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		Contribution Information		
mount	State Agency Providing the Contribution	At the second	urpose	THE THE SECTION STREET
\$500,000.00	A050 - House of Representatives	Construction of Fire Station		

	Organization Information
Entity Name	Oakdale Volunteer Fire Department
Address	2633 Saluda Road
City/State/Zip	Rock Hill, SC 29730
Website	
Tax IO#	
Entity Type	Nonprofit Organization

	Organization Contact	nformation
Contact Name	Bill Dunlap	
Position/Title	Fire Chief	
Telephone		
Email		

Plan/Accounting of how t	nese rands w	
Description	Budget	Explanation
Replacement of Main Fire Station	\$500,000.00	York County Road Wideing Project Pennies for Progess Saluda Road, Rock Hill, SC. Funding will be used for brand new construction. This includes site planning and prep, building construction and furnishing the station with all necessary items to take the Department to the next level and for the future.
Grand Total	\$500,000.00	

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

Our current Main station will no longer be safe to operate for call responses. Trucks (Engine and Tanker) will be in the new Northbound lane of traffic and the project has already begun. Members respond to this station on every call and 70% of the membership live in close proximity which speeds up respond from this location. We have purchased land directly across the street from the affected station with enough space to create a new safe facility that would include ample parking, a dedicated water supply for refilling trucks after calls and training, a helo pad for medical pick-ups and pull thru drivethru spaces to help reduce the opportunity of backing incidents. The ability to keep our members SAFE will allow us to concentrate on faster response and less fear of our members being hurt while responding to calls. Our call volume continues to rise presenting more opportunities to the group that want to help others and not jeopardize their Safety doing so.

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 wilf provide an accounting at the end of the fiscal year to the Agency Providing Contribution listed above.
- o contilles that it will allow the State Auditor to audit or cause to be audited the contributed funds. 4) Organiz

Orga RIU Diels

Printed Name

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 ad
- 2) State Agency certifies that the Organization has set forth a public purpose to be served through receipt of the expenditure
- 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.

Date Agency Head Signature



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 Provis 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	Purpo	se se
		Construction of Fire Station	

Organization Information					
Entity Name	Oakdale Volunteer Fire Department				
Address	2633 Saluda Road				
City/State/Zip	Rock Hill, SC 29730				
Website					
Tax ID#					
Entity Type	Nonprofit Organization				

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	Reporting Period					
Reporting Period	Quarter 2: October 1, 2024 - December 30, 2024					

Organization Contact Information						
Name Bill Dunlap						
Position/Title	Fire Chief					
Telephone						
Email						

Ассоип	ting of how the i	unds have bee	n spent:				
Description	Budget	Expenditures :					
(Attach additional detail for subgrantees and affiliated nonprofits)		Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total	Balance
Funds for Replacement of Main Fire Station	\$500,000.00	\$0.00	\$0.00			\$0.00	\$500,000.00
						\$0.00	\$0.00
						\$0.00	\$0.00
						\$0.00	\$0.00
						\$0.00	\$0.00
						\$0.00	\$0.00
						\$0.00	\$0.00
						\$0.00	\$0.00
						\$0.00	\$0.00
Grand Total	\$500,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$500,000.00

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

Expenditure Certification

spended in accordance with the Plan provided to the Agency Providing the Distribution and for a public purpose. The Organization

Signature

Printed Name

Title

Date