

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. Daniel Garrett Zion Fire Department 5503 Hix Road Anderson, SC 29625

Dear Mr. Garrett,

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 \$56,000 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.



Chief Financial Officer

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.

	Stateme	ent of N	on-Dis	crimin	ation	
					10/21/2024 Date	•
Assurance is hereby given l	y the					
ZION	FIRE	DEPA	RTMEN) T		
		of Organi				
that no person shall, upon	the grounds	s of race, o	creed, col	or or nat	ional origin, be excluded fr	com
participation in, be denied t						
program or activity for whi						
		Signatur				
		Title	FIRE	(HIZ	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.

		Contribution Information
Amount	State Agency Providing the Contribution	Purpose
\$56,000.00 R360 - Department of Labor, Licensing, and Regulation		Station Rehabilitation

Organization Information		
Entity Name	Zion Fire Department Inc	
Address	5503 Hix Road	
City/State/Zip	Anderson, SC 29625	
Website		
Tax ID#		
Entity Type	Nonprofit Organization	

Organization Contact Information		
Contact Name	Joel Phillips	
Position/Title	Treasurer	
Telephone		
Email		

Plan/Accounting of how these funds will be spent:				
Description	Budget	Explanation		
Station Remodel/Rehabilitation	\$56,000.00	Updating the interior of our Fire Department and bring the electrical system		
Grand Total	\$56,000.00			

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

As a non-profit Fire Department, it is important to keep our station up to code. This not only provides a safe environment to operate from, but allows a place for our volunteer fire fighters to rest and relax between calls. The station also serves as a training center for our fire fighters and the general public on basic fire safety and first aid as requested by community members.

Organization Certifications

otherwise subjected to discrimination under any p	rogram or activity for which this organization is responsible).
	erly spending reports to the Agency Providing Contribution I	
	ounting at the end of the fiscal year to the Agency Providing	
,	Auditor to audit or cause to be audited the contributed fur	
Ty organization certifies that it will allow the state	Traditor to dual or cause to be address the contributed for	
	Treasurer	
Organization Signature	Title	_
Organization Signature	Title	
K. Joel Phillips	10/21/2024	
Printed Name	Date	_
	Certifications of State Agency Providing	g Contribution
1) State Agency certifies that the planned expend	iture aligns with the Agency's mission and/or the purpose sp	pecified in the appropriations act.
2) State Agency certifies that the Organization has	s set forth a public purpose to be served through receipt of	the expenditure.
3) State Agency certifies that it will make distribut		·
,	,	organization to the Senate Finance Committee, House Ways and Means
Committee, and the Executive Budget Office by Ju		
•		communications, or other materials required by Proviso 117.21 of the
appropriations act.	The solice any and an reported accountings, forms, apactes,	communications, or other materials required by Frontise 117,121 or the
1	vernor that it has complied with the requirements of Execut	tive Order 2022-19 by June 30, 2025
of state rigericy will certary to the office of the oc	remore that templed with the requirements of Excess	11 to 01 del 2022 13 54 3 dille 30, 2023.
Agency Head Signature	Date	-
Agency riedd Signature	Dute	
Printed Name		
Timed Name		

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



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
\$56,000.00 R360 - Department of Labor, Licensing, and Regulation		Station Remodel/Rehabilitation

Organization Information		
Entity Name	Zion Fire Department Inc	
Address	5503 Hix Road	
City/State/Zip	Anderson, SC 29625	
Website	N/A	
Tax ID#		
Entity Type	Nonprofit Organization	

Organization Contact Information		
Name	Joel Phillips	
Position/Title	Treasurer	
Telephone		
Email		

Reporting Period				
Reporting Period	Quarter 1: July 1, 2024 - September 30, 2024			

Accounting of how the funds have been spent:							
Description		Expenditures					
(Attach additional detail for subgrantees and affiliated nonprofits)	Budget	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total	Balance
	\$56,000.00					\$0.00	\$56,000.00
Cabinets		\$12,132.00				\$12,132.00	-\$12,132.00
Electrical		\$16,600.00				\$16,600.00	-\$16,600.00
Carpentry		\$5,334.77				\$5,334.77	-\$5,334.77
Paint		\$4,050.00				\$4,050.00	-\$4,050.00
Insulation		\$4,750.00				\$4,750.00	-\$4,750.00
Flooring		\$5,830.00				\$5,830.00	-\$5,830.00
Door		\$2,500.00				\$2,500.00	-\$2,500.00
Demo/Sheetrock work		\$5,200.00				\$5,200.00	-\$5,200.00
Grand Total	\$56,000.00	\$56,396.77	\$0.00	\$0.00	\$0.00	\$56,396.77	-\$396.77

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

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.

	Treasurer
	Title
K. Joel Phillips	9/30/2024
Printed Name	Date



State of South Carolina Contribution Expenditure Report

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Address	5503 Hix Road	
City/State/Zip	Anderson, SC 29625	
Website	N/A	
Tax ID#		
Entity Type		

Organization Contact Information			
Name	Joel Phillips		
Position/Title Treasurer			
Telephone			
Email			

Reporting Period		
Reporting Period	Quarter 1: July 1, 2024 - September 30, 2024	

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	Treasurer
Signature	Title
K. Joel Phillips	10/21/2024
Printed Name	Date