

Basic Information for Your Organization

Your Organization	
Name	Clarendon County
Address (Street or PO Box)	411 Sunset Drive
Address (City, State, Zip)	Manning, SC 29102
SCEIS Vendor Number (Determines remittance)	7000189948
Organization website address	www.clarendoncountygov.org
Organization type (nonprofit, local government, etc.)	Local Government

Organization Contact	
Name	Theodore B. Felder
Position	Deputy County Administrator
Telephone	803-435-0135
Email	tfelder@clarendoncountygov.org

State Contribution	
Amount	\$700,000
Earmark Name	North Shore Development Project
Project Summary	New Infrastructure connections to the Town of Summerton
State Agency Providing Contribution	SCPRT

Person Completing this Report	
Name	Vickie Williams
Position	Grants 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.

[illegible]

Your Organization's Executive Officer	
Name	Title

Accounting of how the funds will be spent

Provide below an accounting of how the state funds will be spent*. Total expenditures should equal appropriation received. Expenditure descriptions similar to those used in your organization's accounting should be used to maximize comparability of this budget to your organization's accounting of actual expenditures. If any expenditure category exceeding 10% of the total state contribution, provide additional details or subcategories.

* Per Proviso 11-9-110, a contribution must not be made to an organization until it agrees in writing to allow the State Auditor.

Description	Budget
Infrastructure construction costs	\$700,000
Grand Total	\$ 700,000.00

Insert additional lines if needed. Grand total should equal the state funds to be received.

Success Measures

List the success measures that will determine the effectiveness of the use of the state funds to be received. Success measures should be stated in a way that can be measured. At least one success measure is required, but if there are more success measures than lines provided, copy and paste the last line as needed to expand the list.

Measure	Description
1	The North Shore Development project will provide the necessary infrastructure for the development of a \$40 million dollar private investment project on the Lake.
2	As a result of the new infrastructure , the private development of an upscale hotel, restaurant on the lake, and high end homes will come to fruition.
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Goals accomplished

List the goals to be accomplished with the state funds to be received. Goals should be stated in a way that can be measured. At least one goal is required, but if there are more goals than lines provided, copy and paste the last line as needed to expand the list.

Goal	Description
1	Proceed to the design/build phase of the project: complete the construction phase.
2	Secure DHEC permits to operate system so that Phase 2 of the development can be initiated.
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If additional lines are needed, copy and paste Goal 15.

**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

10/6/2023

Date

Assurance is hereby given by the

Clarendon County
(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 [Signature]

Title Deputy Administrator

**SOUTH CAROLINA DEPARTMENT OF PARKS, RECREATION
&
TOURISM**

PROCUREMENT CERTIFICATION FORM

GRANTEE NAME: Clarendon County

PROJECT : North Shore Development Project

I hereby certify that all labor, materials and contracts acquired or performed in the accomplishment of the above named project will be accomplished in accordance with the named entity's established procurement guidelines. Any questions, concerns or grievances should be directed to this agency.

__Tamika Malone
PRINTED NAME

__Procurement Director
TITLE

Tamika Malone
SIGNATURE

Oct. 10, 2023
DATE

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.

Print or type.
See Specific Instructions on page 3.

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

Clarendon County

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

☐ C Corporation

☐ S Corporation

☐ Partnership

☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ►

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.

☒ Other (see instructions) ►

Political sub-division of the State of South Carolina

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

Exempt payee code (if any) _____

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.

411 Sunset Dr

6 City, state, and ZIP code

Manning, SC 29102

7 List account number(s) here (optional)

Requester's name and address (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. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

____ - ____ - ____

or

Employer identification number

5 7 - 6 0 0 0 3 3 7

Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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 ► 11-10-2022

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.

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.



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
\$700,000.00	P280 - Department of Parks, Recreation, and Tourism	North Shore Infrastructure Project

Organization Information	
Entity Name	Clarendon County
Address	411 Sunset Drive
City/State/Zip	Manning, SC 29102
Website	www.clarendoncountygov.org
SCEIS Vendor #	7000189948
Entity Type	County

Organization Contact Information	
Contact Name	Theodore B. Felder
Position/Title	Deputy County Administrator
Telephone	803-435-0135
Email	tfelder@clarendoncountygov.org

Plan/Accounting of how these funds will be spent:		
Description	Budget	Explanation
Infrastructure construction costs	\$700,000.00	provision of new water/sewer infrastructure connecting the North Shore project to the Town of Summerton
Grand Total	\$700,000.00	

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

The funding for the new water/sewer infrastructure from North Shore to the Town of Summerton will provide for the private development of a \$40 million dollar up scale hotel, waterside restaurant and high end homes that will have a significantly positive economic impact on the Town of Summerton and Clarendon County.

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

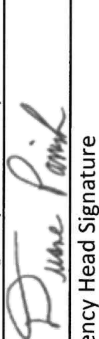
Deputy County Administrator
Title

Theodore B. Felder
Printed Name

10/6/2023
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, 2024.
- 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, 2024.


Agency Head Signature

10/11/2023
Date

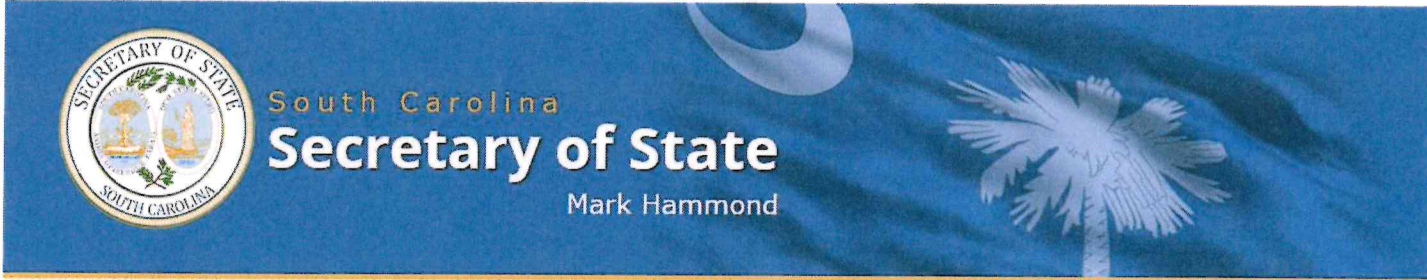
Duane Parrish
Printed Name

Vickie Williams

From: Tonisha L James <tjames@scprt.com>
Sent: Tuesday, October 10, 2023 10:54 AM
To: Vickie Williams
Subject: Secretary of State Registration - Clarendon County

Good Morning,

Please verify if this is your organization that is registered with the Secretary of State's Office.



The banner features the South Carolina Secretary of State's Office logo on the left, which includes the state seal and the text "SECRETARY OF STATE SOUTH CAROLINA". To the right of the logo, the text "South Carolina" is in a smaller font, and "Secretary of State" is in a larger, bold font. Below "Secretary of State" is the name "Mark Hammond". The background of the banner is a blue field with a white crescent moon and a white palmetto tree, representing the South Carolina state flag.

Search Charities

Charities Search Home

<< Back to Search Results

Clarendon County

Public Id: P75854
Mr David W Epperson Esq., CEO
411 SUNSET DR
MANNING, SC 29102-2423

Status: Exempt. This organization is not required to file annual financial reports. For information about exemptions i
Charitable Funds Act.

Disclaimer: The South Carolina Secretary of State's Charities Search Webpage is provided as a service to customers to research c
our office, or that have been the subject of an administrative action. Users are advised that the Secretary of State, the State of S
or employee of the State of South Carolina do not guarantee the accuracy, reliability, or timeliness of the information provided, a
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Once you click the link,

- Choose contains and type in Clarendon County and hit search.
- From there, click the one that says Clarendon County.
- If that information is correct, please send it back to me as a pdf and that will take care of your proof of secretary of state's registration.

<https://search.scsos.com/charities>