

South Carolina Department of Agriculture  
Community Grant Program

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Guidelines and Application Packet



**South Carolina Department of Agriculture**  
The Honorable Hugh E. Weathers, Commissioner

1200 Senate Street  
Wade Hampton Building, Fifth Floor  
Columbia, SC 29201-3734

803-734-2210 (phone)

803-734-2191 (fax)

[www.agriculture.sc.gov](http://www.agriculture.sc.gov)

The South Carolina Department of Agriculture (SCDA) is an equal opportunity employer and through its programs does not discriminate against anyone based on color, race, national origin or disability. All participants in the SCDA Community Grant Program will comply with Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and the American Disabilities Act of 1990.

## **INTRODUCTION**

### **PROGRAM SUMMARY**

The mission of this program is to support community organizations and businesses working to increase the economic development opportunities of rural South Carolina, or the consumption of fresh, locally grown or produced foods in South Carolina. The program will support projects that increase consumption of nutritious foods through the incorporation of community garden(s), mobile market distribution activities, outreach/educational efforts and jobs/capital investment throughout the state.

The SCDA Community Grant Program (CGP) is a grant program for eligible organizations and businesses, which provide community building opportunities within South Carolina. The actual grant awards are made on a project by project basis.

### **ELIGIBILITY**

Any organization or business which has been actively involved in the fostering and improvement of its citizens' wellbeing may be eligible. SCDA will review each applicant to determine the grant need. To facilitate this review, organization by-laws, tax information, meeting minutes, membership lists, and recent community activities may be requested of the applicant.

## **GENERAL ADMINISTRATION**

### **APPLICATION PROCESS**

An application for SCDA CGP funds must be complete to be approved. A complete application consists of the following:

1. Project Application
2. Applying organization's W-9 or other official document showing EIN #
3. Statement of Non-Discrimination
4. Proposed deliverables

### **ENVIRONMENTAL IMPACT**

It is the responsibility of the project manager to assure that any development, renovations, or improvements are environmentally sound and that the sole responsibility for corrective action is with the project organization or sponsor.

**PROJECT APPLICATION**  
**SOUTH CAROLINA DEPARTMENT OF AGRICULTURE**  
**COMMUNITY GRANT PROGRAM**

Applicant Information

Requesting Business: The Foothills Agricultural Resource and Marketing Center

Contact Name: Gwendolyn C. McPhail

Address: PO Box 130  
Richland, SC 29275

Phone: 864-247-7843 Fax: Email: farmoconee@gmail.com

Business Structure: 501c3

Project Information

Project Title: Public Restrooms at The FARM Center

Location of Project: 2063 Sandifer Blvd. Seneca, SC 29678

Amount of Funds Requested: \$ 650,000.00

Description of project for which funding is requested:

The project includes earth moving and site preparation for public restrooms at the FARM Center. It also includes construction of restroom facilities.

Proposed plan with detailed Goals and Objectives and proposed performance measures:

The goal is to provide public restrooms at the FARM Center to alleviate the use of portable units. We currently spend over \$10,000 annual renting portable units. The objective is to save rental monies while providing clean, sanitary and safe restroom facilities for families who attend events such as the farmers market, fair, livestock shows and equestrian events. The measure of success will be \$0.0 spent for portable unit rentals.

How will this project benefit the South Carolina Department of Agriculture, SC producers and other agriculture organizations in SC: Clean, safe restrooms will encourage families to stay longer and come more often to events such as the farmers market. Savings of rental monies will be invested in expanding the market, thus serving more farmers.

Is this project a cooperative effort with or collaboration between more than 1 organization:

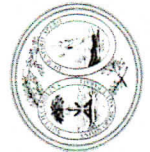
NO

Will this project create access to fresh fruits and vegetables, and provide an improved local economy:

Yes in that it will encourage more customers to the farmers market.

Please provide additional comments (if any) which support the impact of this project to the local community:

Dw SC vendor # is 7000278084.  
Restrooms will also encourage the facility's use for such activities as SNAP training, FFA and 4-H events and other youth activities.



**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 of 2022 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
<i>650,000</i>	<i>SCPA</i>
Purpose	
	<i>PUBLIC RESTROOMS @ THE FARM CENTER</i>

Organization Information	
Entity Name	<i>The FARM Center</i>
Address	<i>PO Box 130</i>
City/State/Zip	<i>Richland SC 29415</i>
Website	<i>WWW.FARMCENTER.ORG</i>
Tax ID#	<i>#30-0593112</i>
Entity Type	<i>501C3</i>

Organization Contact Information	
Contact Name	<i>Gwendolyn C. McPhail</i>
Position/Title	<i>Treasurer</i>
Telephone	<i>844-247-7843</i>
Email	

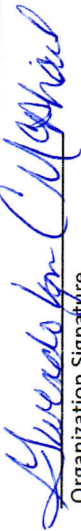
Plan/Accounting of how these funds will be spent:	
Description	Budget
<i>Earth moving + site preparation</i>	<i>300,000</i>
<i>Construction</i>	<i>350,000</i>
<i>both men + women changing stations, stainless steel, vandalism deterrent facilities</i>	
<b>Grand Total</b>	<b>\$0.00</b>
	<i>650,000.00</i>

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

*Clean safe restrooms encourage families and prevent the spread of germs and contamination from winds blowing over porta potties.*

**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

Gwendolyn C. McPhail  
Printed Name

  
Title

11-29-22  
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 of 2022.
- 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, 2023.
- 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 of 2022.
- 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, 2023.

\_\_\_\_\_  
Agency Head Signature


\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

Name Change Form

12/06/2019 6:18:17 AM -0600 IRS

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 **Department of the Treasury**  
**Internal Revenue Service**  
**Cincinnati, OH 45999**

In reply refer to: 0241681408  
Dec 06, 2019 LTR 147C  
30-0593172

**THE FOOTHILLS AGRICULTURAL RESOURCES AND MARKETING CENTER**  
**% GWEN MCPHAIL**  
**PO BOX 380**  
**FAIR PLAY SC 29643-0380 807**

Taxpayer Identification Number: 30-0593172

Form(s):

Dear Taxpayer:

Thank you for your telephone inquiry of December 6th, 2019.

Your Employer Identification Number (EIN) is 30-0593172. Please keep this letter in your permanent records. Enter your name and your EIN on all business federal tax forms and on related correspondence.

If you have any questions regarding this letter, please call our Customer Service Department at 1-800-829-0115 between the hours of 7:00 AM and 10:00 PM. If you prefer, you may write to us at the address shown at the top of the first page of this letter. When you write, please include a telephone number where you may be reached and the best time to call.

Sincerely,

new SC vendor  
number

Miss Binder  
1002964175  
Customer Service Representative

7000278084 \*



## 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.

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. <b>The Foothills Agricultural Resource and Marketing Center</b>		
	2 Business name/disregarded entity name, if different from above <b>Foothills Heritage Market, South Carolina Foothills Heritage Fair</b>		
	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.		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) _____  <small>(Applies to accounts maintained outside the U.S.)</small>
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate		
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <small>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.</small>		
	<input type="checkbox"/> Other (see instructions) ▶ _____ <b>501c3</b>		
	5 Address (number, street, and apt. or suite no.) See instructions. <b>PO Box 130</b>		Requester's name and address (optional)
6 City, state, and ZIP code <b>Richland, SC 29675</b>			
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. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>								
OR								
<b>Employer identification number</b>								
3	0	-	0	5	9	3	1	7
2								

**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.

<b>Sign Here</b>	Signature of U.S. person ▶ <i>Suzanne M. Phelan</i>	Date ▶ <i>03/16/22</i>
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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](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.



# South Carolina Secretary of State

Mark Hammond

## Search Charities

[Charities Search Home](#)

[<< Back to Search Results](#)

### Foothills Agricultural Resource and Marketing Center

Public Id: P25680  
Stanley Gibson , CEO  
2063 Sandifer Blvd.  
Seneca, SC 29678

**Status:** Registered. Information from this organization's annual financial report is listed below.

The following financial information has been provided to the Secretary of State's Office by the above named organization. The Secretary of State's Office has not independently verified this financial information. If a charity has recently registered with the Secretary of State's Office for the first time, there may not be any financial data available. Below are figures for the organization's fiscal year **1/1/2020 - 12/31/2020**.

Financial Report	
TOTAL REVENUE:	\$8,807.85
PROGRAM EXPENSES:	\$93,156.96
TOTAL EXPENSES:	\$96,801.19
NET ASSETS:	\$69,266.66
FUNDRAISER COSTS:	\$0.00

[Financial Report File](#)