

**Community Development Block Grant Program
Section 102 Disclosure Report**

10/2016

Applicant/Recipient Information:		Indicate whether this is an Initial Report <input type="checkbox"/> or an Update Report <input checked="" type="checkbox"/>	
1. Name, Address, and Phone: Town of Yemassee Post Office Box 577 Yemassee, SC 29455		2. Employer ID Number: 57-0476505	
3. State CDBG Program Application Routing Number/Grant Number: 4-CE-19-014		4. Amount of CDBG Assistance Requested/Received: \$157,500	
5. Name and location (street address, City and State) of the project or activity: Cochran St., John St., Church St., Jasmine St., Willis St., Wesley Dr., Yemassee Hwy., Oliver Dr., Ellis St. and O'Bannard St., Yemassee, SC			

Part I. Threshold Determinations

- | | |
|---|---|
| 1. Is the amount in 4 (above) more than \$200,000?

<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 2. Have you received, or do you expect to receive any assistance from HUD in excess of \$200,000 during the fiscal year?

<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|---|---|

If you answered "No" to both questions 1 and 2, **Stop!** You do not need to complete the remainder of this form.
However, you must sign the certification at the end of the report.

Part II. Other Government Assistance Provided or Requested & Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit or tax benefit.

Department/State/Local Agency Name and Address	Type of Assistance	Amount Requested/Provided	Expected Uses of the Funds
Town of Yemassee 101 Town Circle, Yemassee SC 29945	Local Match Funding	\$17,500	Clearance
SCDOC/DGA 1201 Main Street, Columbia, SC 29201	Grant	\$141,738 \$15,762	Clearance Administration

(Note: Use additional pages if necessary)

Part III: Interested Parties You must disclose:

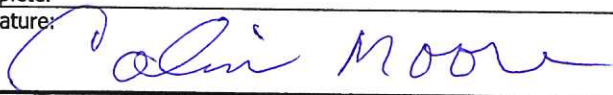
1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity OR
2. Any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employer ID No.	Type of Participation in Project/Activity	Financial Interest in Project/Activity (\$ and %)
Lowcountry Council of Governments Housley Demolition Co., Inc.	57-0524350 27-1686531	Consultant Contractor	\$15,762 (9%) \$63,423 (39%0

(Note: Use additional pages if necessary)

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional non-disclosure, is subject to civil money penalty not to exceed \$10,000 for each violation. I certify that this information is true and complete.

Signature: 	Date: 11-17-21
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