



Firemen's Insurance and Inspection Fund (1%)

Annual Budget Form South Carolina State Firefighters' Association

Date of Request

Form 202- Annual Budget

Calendar Year

Fire Department Information (Please print or type)

Fire Dept Name:	Fire Dept ID #:	County:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Fire Dept Contact Name:	Contact Daytime Phone:	Contact Email Address:
<input type="text"/>	<input type="text"/>	<input type="text"/>

A. Retirement and Insurance

Retirement System

Association Plan Contribution		\$ <input type="text"/>
Non-Association Plan	a. Plan Administrator Name	<input type="text"/>
	b. Contribution Amount	\$ <input type="text"/>
Total Retirement System		\$ <input type="text"/>

We the undersigned South Carolina Fire Department ("Department") hereby requests approval, pursuant to South Carolina Code of Laws 23-9-450, that the Supervisory Committee of the South Carolina State Firefighters' Association ("SCSFA") approve the expenditure in the amount requested above, to our Department retirement plan(s). The Department hereby acknowledges and certifies that its retirement plan(s) i) if for paid firefighters, is qualified pursuant to Internal Revenue Code 401(a); ii) if for volunteer firefighters, is a length of service awards program, (LOSAP) adopted and exempt from provisions of Internal Revenue Code 457; iii. Comply with South Carolina Code of Law 23-9-460; iv) all future contributions to the Department plan(s) will remain in compliance with the certifications herein unless the SCSFA is notified in writing to the contrary.

Group Insurance

Company Name:	Insurance Type:	Number of Participants:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Insurance		\$ <input type="text"/>
TOTAL RETIREMENT AND INSURANCE		\$ <input type="text"/>

Date of Request	<input type="text"/>	Fire Dept Name	<input type="text"/>
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B. Training and Education

Training and Education Materials- Please Specify:	<input type="text"/>	\$	<input type="text"/>
Fire Prevention- Please Specify:	<input type="text"/>	\$	<input type="text"/>
SC Fire- Rescue Conference Expenses			
Privately Owned Vehicle Mileage		\$	<input type="text"/>
Hotel and Lodging		\$	<input type="text"/>
Meals		\$	<input type="text"/>
Other- Specify:	<input type="text"/>	\$	<input type="text"/>
Other Conferences, Seminars or Schools			
Privately Owned Vehicle Mileage		\$	<input type="text"/>
Hotel and Lodging		\$	<input type="text"/>
Meals		\$	<input type="text"/>
Other-Specify:	<input type="text"/>	\$	<input type="text"/>
Training and Education Fee - Amount found on yearly invoice			\$ <input type="text"/>
TOTAL TRAINING AND EDUCATION			\$ <input type="text"/>

Date of Request		Fire Dept Name	
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C. Recruitment and Retention

	Number of Dinners	# of Members	Limit per Meal	Total
Drill Night Suppers			\$5 per meal	\$
			\$10 per meal	\$
			\$15 per meal	\$

Family/Holiday/Retirement Dinners	(Christmas, Memorial Day, July 4 th , etc) Maximum of \$40 per attendee - Applies to member + 1 Guest Support Staff for FD, Board Members, Dignitaries + 1 Guest for each are allowed.			
	Number of Dinners	# of Members/Guests	Limit per Meal	Total
			\$10 per meal	\$
			\$15 per meal	\$
			\$20 per meal	\$
			\$25 per meal	\$
			\$30 per meal	\$
			\$35 per meal	\$
			\$40 per meal	\$
	Event Facility Name:			

Awards (plaques/badges) - Please identify:

	\$
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Incentive Programs - Attach a copy of program

	\$
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Furniture/Appliances (TV's, microwaves, recliners, etc.) - Please identify:

	\$
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Facility Construction/Renovation - Please forward detailed explanation for any renovations and a copy of the land deed or title

	\$
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Speciality Clothing (Tee shirts, caps, jackets, etc.) - Please identify:

	\$
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Health and Fitness Equipment - Please identify:

	\$
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Date of Request

Fire Dept Name

C. Recruitment and Retention - Continued

Coffee/Kitchen Fund	\$
Flower Fund - Please attach policy	\$
SC State Firefighters' Association Dues	\$
Other Dues - Please specify: <input type="text"/>	\$
Registration Fees/Subscriptions - Please specify: <input type="text"/>	\$
Other 1 - Please specify: <input type="text"/>	\$
Other 2 - Please specify: <input type="text"/>	\$
Other 3 - Please specify: <input type="text"/>	\$
Other 4 - Please specify: <input type="text"/>	\$
Other 5 - Please specify: <input type="text"/>	\$
Other 6 - Please specify: <input type="text"/>	\$
Other 7 - Please specify: <input type="text"/>	\$
Other 8 - Please specify: <input type="text"/>	\$
Other 9 - Please specify: <input type="text"/>	\$
Other 10 - Please specify: <input type="text"/>	\$
Other 11 - Please specify: <input type="text"/>	\$
Other 12 - Please specify: <input type="text"/>	\$
Other 13 - Please specify: <input type="text"/>	\$
Other 14 - Attach additional list with details. Enter list total here.	\$
TOTAL RECRUITMENT AND RETENTION	\$

Date of Request		Fire Dept Name	
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C. Recruitment and Retention

A. Retirement and Insurance	\$
B. Training and Education	\$
C. Recruitment and Retention	\$
GRAND TOTAL BUDGET AMOUNT	\$

**PLEASE ATTACH A FIREMEN'S INSURANCE AND INSPECTION FUND (1%)
EXPENDITURE APPROVAL FORM 201
INDICATING APPROVAL BY 51% OF THE DEPARTMENT MEMBERSHIP**

Signature of Fire Chief **Date**

This section is to be signed only if contributions are made to a Non-Association retirement plan.

The Department does hereby covenant and agree to indemnify and hold harmless the South Carolina Firefighters' Association, a South Carolina nonprofit association, and any subsidiaries and other affiliates, officers, directors, members, employees, trustees and agents thereof (collectively, the "Indemnified Parties") from and against all losses, penalties, fines, costs, claims, damages, liabilities, expenses, including reasonable attorneys' fees, costs of suit and costs of appeal, incurred by any such Indemnified Party, directly or indirectly, arising out of or relating to the breach of any certification made by this retirement system allocation.

Signature of Chair of Local Retirement Trustees **Date**