



One-Percent Annual Budget Form South Carolina State Firefighters' Association

(Please Print or Type)

Name of Fire Department _____ FDID# _____

County _____ FD Contact Name _____

Contact Daytime Phone _____ E-Mail Address* _____

A. Retirement and Insurance

Retirement System:

Provider _____

(Forward a copy of Plan Document if other than Retirement System sponsored by the Assoc.)

Plan on file at Association Office Yes _____
(If not or if plan has changed forward copy)

Group Insurance:

Company _____

Insurance Type _____

Number of Participants and Premium Amount
(Please Specify) _____

B. Training and Education

Training and Educational Materials: _____

Fire Prevention: _____

S.C. Fire-Rescue Conference Expenses:

Conference Fees (Other Than Registration Fees) _____

Privately Owned Vehicle Mileage _____

Hotel Room _____

Meals _____

Other Conferences, Seminars, or School
(Please Specify) _____

Privately Owned Vehicle Mileage _____

Hotel Room _____

Meals _____

Training and Education Fee: _____

C. Recruitment and Retention

Drill Night Suppers:

Number of Dinners During Year _____

Number of Members x \$10.00 (Maximum) x _____

Total to be Spent \$ _____

Family/Holiday Dinners: (Christmas, Memorial Day, July 4, etc)

Number of Dinners During Year _____

Number of Attendees x \$30.00 (Maximum) x _____

Total to be Spent \$ _____

Event Facility: _____

(Please Identify)

FD Name _____

C. Recruitment and Retention (Continued)

Awards (plaques/badges) _____
Please Identify: _____

Incentive Programs (Attach a copy of program) _____

Furniture/Appliances: (TV's, microwaves, recliners, etc.) _____
Please Identify: _____

Facility Construction/Renovation _____
(Please forward detailed explanation for any renovations and a copy of the land deed or title)

Specialty Clothing: (tee-shirts, caps, jackets, etc.) _____
Please Identify: _____

Health and Fitness Equipment: _____
Specify Type: _____

Fire Department Registration Fee: _____
Type of Activity: _____

Coffee/Kitchen Fund: _____

Flower Fund: (Attach Policy) _____

S.C. State Firefighters' Association Dues: _____

Other Dues: _____
Please Specify: _____
(Only Dues That Apply to 100% of the Fire Department Membership Will Be Approved)

Subscriptions: _____
Please Specify: _____

Total Budget Amount _____

**Please Attach a One-Percent Expenditure Approval Form 201
Indicating Approval by 51% of the Department Membership**

Signature of Fire Chief

Date

***Please use e-mail for faster service.
All forms may be scanned and e-mailed to *info@scfirefighters.org*.**

Regular mail should be sent to:

S.C. State Firefighters' Association
P.O. Box 211725
Columbia, S.C. 29221

Phone: 803-454-1800 Toll Free: 800-277-2732 FAX: 803-454-1801