



# Firemen's Insurance and Inspection Fund (1%)

## Annual Budget Form South Carolina State Firefighters' Association

<b>Date of Request</b>

Form 202- Annual Budget  
Calendar Year \_\_\_\_\_

Fire Department Information (Please print or type)		
Fire Dept Name:	Fire Dept ID#:	County:
Fire Dept Contact Name:	Contact Daytime Phone:	Contact Email Address:

A. Retirement and Insurance		
Retirement System		
Association Plan Contribution		\$
Non-Association Plan	A. Plan Administrator Name	
	B. Contribution Amount	\$
<b>Total Retirement</b>		\$
<p>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.</p>		
Group Insurance		
Insurance Company Name:	Insurance Type:	Number of Participants:
<b>Total Group Insurance</b>		\$
<b>GRAND TOTAL RETIREMENT AND INSURANCE</b>		\$

<b>Date of Request</b>		<b>Fire Dept Name</b>	
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<b>B. Training and Education</b>	
<b>Training and Education Materials- Please Specify</b>	\$
<b>Fire Prevention-Please Specify:</b>	\$
<b>SC Fire – Rescue Conference Expenses</b>	
<b>Privately Owned Vehicle Mileage</b>	\$
<b>Hotel and Lodging</b>	\$
<b>Meals</b>	\$
<b>Other-Specify:</b>	\$
<b>Other Conferences, Seminars or Schools</b>	
<b>Privately Owned Vehicle Mileage</b>	\$
<b>Hotel and Lodging</b>	\$
<b>Meals</b>	\$
<b>Other-Specify:</b>	\$
<b>Training and Education Fee – Amount found on yearly invoice</b>	\$
<b>GRAND TOTAL TRAINING AND EDUCATION</b>	\$

<b>Date of Request</b>		<b>Fire Dept Name</b>	
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### C. Recruitment and Retention

	Number of Dinners	# of Members	Enter PER MEAL Amt <b>NOT TO EXCEED \$20</b>	Total
<b>Drill Night Suppers</b>			\$	\$
	Number of Dinners	# of Members & Guests	Enter PER MEAL Amt <b>NOT TO EXCEED \$50</b>	Total
<b>Family/Holiday/ Retirement Dinners</b>			\$	\$
<b>Event Facility Name:</b>				\$
<b>Awards (plaques/badges) - Please identify:</b>				\$
<b>Incentive Programs - Attach a copy of program</b>				\$
<b>Furniture/Appliances (TV's, microwaves, recliners, etc.) - Please identify:</b>				\$
<b>Facility Construction/Renovation - Please forward detailed explanation for any renovations and a copy of the land deed or title</b>				\$
<b>Specialty Clothing (Tee shirts, caps, jackets, etc.) - Please identify:</b>				\$
<b>Health and Fitness Equipment - Please identify:</b>				\$
<b>Coffee/Kitchen Fund</b>				\$
<b>Flower Fund - Please attach policy</b>				\$
<b>SC State Firefighters' Association Dues</b>				\$
<b>Other Dues - Please specify:</b>				\$
<b>Registration Fees/Subscriptions - Please specify:</b>				\$

Date of Request

Fire Dept Name

**C. Recruitment and Retention - Continued**

Other 1 - Please specify:	\$
Other 2 - Please specify:	\$
Other 3 - Please specify:	\$
Other 4 - Please specify:	\$
Other 5 - Please specify:	\$
Other 6 - Please specify:	\$
Other 7 - Please specify:	\$
Other 8 - Please specify:	\$
Other 9 - Please specify:	\$
Other 10 - Please specify:	\$
Other 11 - Please specify:	\$
Other 12 - Please specify:	\$
Other 13 - Please specify:	\$
Other 14 - Attach additional list with details. Enter list total here.	\$
<b>TOTAL RECRUITMENT AND RETENTION</b>	

<b>Date of Request</b>		<b>Fire Dept Name</b>	
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<b>D. Totals</b>	
<b>A. Retirement and Insurance</b>	\$
<b>B. Training and Education</b>	\$
<b>C. Recruitment and Retention</b>	\$
<b>GRAND TOTAL BUDGET AMOUNT</b>	\$

**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 related to the breach of any certification made by this retirement system allocation.**

\_\_\_\_\_  
 Signature of Chair of Local Retirement Trustees Date