



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:
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	\$
Total Retirement System		\$ 0
<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		
Company Name:	Insurance Type:	Number of Participants:
Total Insurance		\$
TOTAL RETIREMENT AND INSURANCE		\$ 0

Date of Request		Fire Dept Name	
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B. Training and Education			
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Training and Education Materials			\$	
Fire Prevention			\$	
SC Fire-Rescue Conference Expenses				
Privately Owned Vehicle Mileage			\$	
Hotel and Lodging			\$	
Meals			\$	
Other – Specify:			\$	
Other Conferences, Seminars or Schools				
Privately Owned Vehicle Mileage			\$	
Hotel and Lodging			\$	
Meals			\$	
Other – Specify:			\$	
Training and Education Fee - Amount found on yearly invoice			\$	
TOTAL TRAINING AND EDUCATION			\$	0

C. Recruitment and Retention				
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Drill Night Suppers	Number of dinners during the year:	# of Members:	\$15 per meal	\$ 0
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 during the year:	# of Members/Guests:	\$40 per meal	\$ 0
	Event Facility Name:			\$
Awards (plaques/badges) – Please identify:				\$
Incentive Programs – Attach a copy of program				\$
Furniture/Appliances (TV's, microwaves, recliners, etc.) – Please identify:				\$

Date of Request		Fire Dept Name	
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C. Recruitment and Retention - Continued	
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 – Please identify:	\$
Fire Department Registration Fee – Please identify type of activity:	\$
Coffee/Kitchen Fund	\$
Flower Fund – Please attach policy	\$
SC State Firefighters’ Association Dues	\$
Other Dues – Please specify:	\$
Subscriptions – Please specify:	\$
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.	\$
TOTAL RECRUITMENT AND RETENTION	\$ 0

Date of Request		Fire Dept Name	
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Budget Summary	
A. Retirement and Insurance	\$ 0
B. Training and Education	\$ 0
C. Recruitment and Retention	\$ 0
GRAND TOTAL BUDGET AMOUNT	\$ 0

**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

Deliver this form and any supporting attachments to SC Firefighters’ Association via either of the options below:

- Fax **(803) 454-6596**
- Email to **onepercent@scfirefighters.org**