



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:

Association Plan Contribution \$ _____

Non-Association Plan a. Plan Administrator _____

b. Contribution \$ _____

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 Departments 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; and (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 _____

Insurance Type _____

Number of Participants and Premium Amount

(Please Specify) _____

Date of Request _____

FD Name _____

B. Training and Education

Training and Educational Materials: _____

Fire Prevention: _____

S.C. Fire-Rescue Conference Expenses:
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)

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: _____

Date of Request _____

Form 202 Page 3 of 3

FD Name _____

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

This section 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

***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**