



Fire District Millage Request Application

Contact Information

District Name: _____ State FDID Number _____
Fire Chief's Name _____ Email: _____
Mailing Address _____ City, State, Zip _____
Contact Person's Name: _____ Email: _____
Address: _____ City, State, Zip _____
Phone: _____ Fax: _____

Financial Operations

Please Check One of the Following Options:

- Our district is seeking to maintain our current millage rate
- Our district is seeking a millage rate increase
- Our district is seeking bond approval

FD Annual Budget _____ Value of One Mill _____
FD Current Millage Rate _____ Value of Total Millage _____
Taxes collected last fiscal year (July 1-June 30) _____
Supplemental non-tax income last fiscal year (grants, fundraisers, etc.) _____
Number of Paid Firefighters _____ Number of Volunteer Fire Fighters _____

***For the following financial measurements, please provide a dollar amount.
(Any additional pertinent information can be detailed in an attached sheet.)***

Debt Service _____
(include annual amount of any/all payments on stations, apparatus, and equipment)

Operating Expenses _____
(include all normal operating expenses, including operational overhead and salary expenses)

Reserve/Savings _____
(include any/all reserve and/or savings currently on hand for breakdowns, purchases or replacements)

When did your district last request a millage increase? _____
Was your request granted? _____

If so, please detail your accomplishments with the additional revenue? (You may attach a separate sheet if necessary.)

Performance Data

ISO Rating _____

Year Rating Received _____

Population Served (daytime) _____

Population Served (nighttime) _____

Number of Households _____

Number of Businesses _____

Total Number of Calls Last Year (fiscal year?) _____

Number of Structure Fires _____

Number of MVA's _____

Number of Medical Calls _____

Number of Brush Fires _____

Number of Vehicle Fires _____

Number of Mutual Aid Calls _____

*For the following questions, please circle or highlight "Y" for Yes or "N" for No.
(Any additional pertinent information may be provided in a separate sheet.)*

- Is your district registered with the State Firefighter Mobilization? **Y / N**
- Does your district participate in the South Carolina Fire Incident Reporting System? **Y / N**
- Is your district in compliance with the SC Firefighter Registration Act? **Y / N**
- Does your district meet requirements of OSHA Standard 1910.30 for Infectious Disease Control? **Y / N**
- Does your district perform annual SCBA fit testing on all active personnel? **Y / N**
- Do your district's firefighters meet minimum OSHA training requirements? **Y / N**
- Does your district perform annual testing on all ground and aerial ladders to meet NFPA standard? **Y / N**
- Does your district meet all NIMS requirements? **Y / N**
- Does your district have a fire prevention program? **Y / N**
- Does your district have a Fire Safety inspection program? **Y / N**
- Does your district have a pre-fire plan program? **Y / N**
- Does your district meet minimum hose testing requirements? **Y / N**
- Does your district meet minimum pump testing requirements? **Y / N**
- Does your department meet minimum apparatus requirements? **Y / N**
- Does your district meet minimum equipment on apparatus requirements? **Y / N**
- Does your district have a preventive maintenance program for your apparatus? **Y / N**
- Does your district provide physicals to all members? **Y / N**
- Do all of your members meet the minimum training requirements for their specific job titles? **Y / N**
- Does your district meet minimum communication requirements? **Y / N**
- Does your district meet Narrow Band Requirements? **Y / N**
- Does your district house an EMS vehicle? **Y / N**

For the following questions, please provide the more detailed information necessary to understand the complexities for your district. You may attach separate sheets as necessary to fully answer the questions.

1. Please describe any businesses or structures which require special equipment or represent potentially dangerous calls.
2. Please list any mutual aid agreements or operational or resource sharing agreements your district participates in with other fire districts.
3. Please describe how, if at all, the requested millage increase will impact your district's ISO ratings.
4. Please describe the tax-exempt properties in your district and the services you provide to these entities.

Please assign a priority rating to your millage increase request from the following options: _____

Priority 1: Without the increase, we cannot continue to provide the level of service that we are giving currently. Our ISO ratings could be affected negatively. The need is dire.

Priority 2: Without the increase, we cannot purchase needed equipment to improve the level of service we are currently giving. ISO ratings may or may not be improved. This priority level also allows for needed specialty equipment to be acquired.

Priority 3: Without the increase, we can continue to provide excellent service to our district, but the increase will allow us to improve our operation in an exemplary way. ISO ratings may potentially be improved.

Opportunity for Council person(s) statement:

I, _____, County Council representative to this fire district, **Support / Do Not Support** this request.

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Please include with your application the following documents:

- A formal letter from the Commission stating the intentions to either maintain or increase millage;
- Last year's financial audit;
- A five-year plan (spreadsheet) showing projected revenues as well as operating and capital expenditures;
- Any background information necessary to justify the need of a millage increase; and
- A signed resolution from the governing body approving the operating/capital plan and millage increase.

All applications should be mailed or emailed to:
Greenville County Finance Committee
Attn: John Hansley, Deputy County Administrator
301 University Ridge, Suite 2400
Greenville, SC 29601

or

jhansley@greenvillecounty.org