

Basic Information for Your Organization

Your Organization	
Name	BOILING SPRINGS FIRE DISTRICT - SPARTANBURG
Address (Street or PO Box)	186 RAINBOW LAKE ROAD
Address (City, State, Zip)	BOILING SPRINGS, SC 29316
Organization website address	WWW.BSFDSC.COM
Organization type (nonprofit, local government, etc.)	LOCAL GOVERNMENT

Organization Contact	
Name	SCOTT MILLER
Position	FIRE CHIEF
Telephone	864-578-6200
Email	

State Contribution	
Amount	1,600,000.00
Purpose	FIRE STATION AND LADER TRUCK
State Agency Providing Contribution	SCLLR

Person Completing this Report	
Name	SCOTT MILLER
Position	FIRE CHIEF

Governing Board and Executive Officer - Nonprofit Organizations Only

For nonprofit organizations only, provide below the names of the individuals who serve on your organization's governing board and, if applicable, their board position. Please also provide the name and title of your organization's executive officer.

Members of Your Organization's Governing Board	
Name	Board Position, if applicable
CYNTHIA KNOX	COMMISSION BOARD-CHAIR PERSON
LEON KIMBRELL	COMMISSIONER
FRED MCABEE	COMMISSIONER
RANDY COGGINS	COMMISSIONER
JOHN OWENS	COMMISSIONER
HANK MASON	COMMISSIONER
SEAN GIOVENNETTI	COMMISSIONER

Your Organization's Executive Officer	
Name	Title
SCOTT MILLER	FIRE CHIEF

Accounting of how the funds were spent

Provide below an accounting of how the state contribution received was spent as compared to the budget which you had been directed to provide to the State on or before [due date]. Expenditure descriptions similar to those used in your organization's accounting records should be used. All amounts should be entered in whole dollars. Where applicable, use the Explanation column to provide additional information to categorize expenditures by program or initiative and to provide additional details for categories that exceed 10% of the total appropriation. If you have not spent all of the State contribution received, use the last section on this worksheet to explain why and provide a timeline for when the unspent funds will be spent for the purpose they were given.

Description	Budget	Actual	Explanation
Satellite Station	400,000		
Purchase of Candlenut property and facility		369,284	0 & 171 CANLDENUT LANE PROPERTY
Home inspection		345	Home inspection report fee
Roof repairs		6,854	ROOF INSTALL 171 CANDLENUT LANE
Termite treatment		975	TERMITE TREATMENT-171 CANDLENUT
Red Line Containers		250	STATION 3 CONTAINER RENTAL FEES - RED LINE CONTAINERS
Septic tank repairs		400	SEPTIC SERVICE FOR STATION 3
Misc supplies for maintenance repairs		524	Repair and maintenance supplies
Wood infestation report		125	360 PEST SOLUTIONS - WOOD INFESTATION REPORT
Fleet Vehicle	1,200,000		
2022 Pierce Ladder Truck -Spartan Fire		1,106,140	Purchase of Ladder truck for fleet - truck only
Misc tools and supplies to stock Ladder truck		2,135	Purchase of tools, shelving, supplies, etc. to prepare truck for service
Grand Total	1,600,000	1,487,032	

112,968

Explanation of unspent funds
The remaining funds will be used to cover the expenses related with completing the satellite station as well and purchasing tools and supplies to stock the fleet vehilce.

Outcome Measures

Detail the outcome measures used to determine the success of the stated goals. The outcome measures should generally be the same as success measures which you had been directed to provide to the State on or before **[due date]**.

Measure	Description
1	Successfully procured land for phase one of the satellite station.
2	Procured and placed in-to service a new fire apparatus.
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If additional lines are needed, copy and paste Measure 15.

Goals accomplished

List the goals accomplished with the State funds received. The goals listed should generally be the same as those which you had been directed to provide to the State on or before [due date]. Copy and paste the last line as needed to expand the list.

Goal	Description
1	Purchased a satellite station and procured land to house the detached garage for the fleet vehicles
2	Purchased a fire suppression unit and a portion of the necessary equipment for the apparatus.
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If additional lines are needed, copy and paste Goal 15.