

Fire Department Budget Request Form – FY21

Name:	<input type="checkbox"/> Special Team Request (identify team):	
Budgetary Category (as per the Supplemental Assignment List):		
<input type="checkbox"/> Is this a replacement item? Choose an item.		
If Yes: Age of item being replaced:	Useful Life Expectancy:	
Brief Description of Request:		
Quantity:	Cost (Per Item): \$	Total Cost: \$

Justification: Should Address One or More of the Following (please select):

- ☐ Fulfills a goal or objective within the strategic plan Which Number?
- ☐ Referenced in Program Improvement Plan of an Annual Program Evaluation (attach copy)
- ☐ Fills a quantifiable performance gap
- ☐ Other

Detailed explanation of **HOW** this budget request pertains to the above: