

COMMUNITY PROJECT ACCOUNT
(Small, De Minimus Public Projects)

APPLICATION

1) Name of Project: TR Christmas Parade

Check Project Type:

Nonrecurring community requests for infrastructure:

- Flooding
- Roads
- Lights
- Sewer and drainage
- Public buildings and grounds
- Infrastructure related studies

Contributions to local governments in Greenville County for community projects

2) Amount of Funds Requested: \$1500

3) Project Sponsor

Organization: City of Travelers Rest

Mailing Address: 6711 State Park Road
Travelers Rest, SC 29690

4) Contact Person:

Name Dianna Turner

Title City Administrator

Telephone 864.834.8740

Alt. Telephone No. _____

Email Dianna@travelersrestsc.com

Fax No. 864.834.7270

5) Project Timeline ~ Beginning 12/08/12 Ending: 12/08/12
MONTH/DAY/YEAR MONTH/DAY/YEAR

6) Date Funds are Needed: 12/08/12

7) Location of Project: **Main Street, Travelers Rest**

8) Project Description: (Attach additional pages if necessary)

- a. General Description: This is our 40th consecutive Christmas parade**

- b. Benefit project will provide the Community: Last year, our parade brought over 14,000 people to our community of 4000 citizens. Great potential for our local businesses to benefit from our visitors, a great time to showcase the investment in our Swamp Rabbit Trail our new businesses along the route. It also provides free entertainment to our citizens, and an affordable way for our merchants to showcase their businesses**


c. **Additional Comments:** The funds received from this grant will help defray the expenses. We only charge our entrants \$15, \$20 or \$25 allowing for all who desire to participate. We pay the 2 bands who participate \$300 each, which barely covers the cost of their transportation. This year, we are in negotiations with a 3rd band to participate. Joe Dill and Willis Meadows have faithfully supported our event and we hope they will be allowed to continue to do so.

9) Project Budget:

- a. **Total Project Budget including all sources of funds: \$ 3600** _____
- b. **Percent request equals of the total Project Budget? 41%** _____

List below all funding sources for this project:

| Funding Source | Amount |
|--------------------------------|-------------|
| Registration fees | 1650 |
| County Donation (Dill/Meadows) | 1500 |
| City of Travelers Rest | 450 |
| | |
| | |
| TOTAL: | 3600 |



 Signed

 City Administrator
 Title

10/16/12

 Date