

COMMUNITY PROJECT ACCOUNT (Small, De Minimus Public Projects)

APPLICATION

1) Name of Project: <u>City of Fountain Inn – City Park Fountain</u> Check Project Type:

- □ Nonrecurring community requests for infrastructure:
 - □ Flooding
 - □ Roads
 - □ Lights
 - □ Sewer and drainage
 - □ Public buildings and grounds
 - □ Infrastructure related studies
- X Contributions to local governments in Greenville County for community projects

2) Amount of Funds Requested: <u>\$1,000</u>

3) Project Sponsor Organization: <u>City of Fountain Inn</u>	
Mailing Address: 200 N Main Street	
Fountain Inn, SC 29644	
4) Contact Person:	
Name_Eddie Case	Title <u>City Administrator</u>
Telephone <u>864-862-4421</u>	Alt. Telephone No
Email_eddie.case@fountaininn.org	Fax No
Council Representative(s) <u> Kirven</u>	
5) Project Timeline ~ Beginning: <u>July, 2015</u> MONTH/DAY/YEAR	Ending: <u>Sept 2015</u> MONTH/DAY/YEAR
6) Date Funds are Needed: July 30, 2015	

7) Location of Project: <u>City of Fountain Inn</u>

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

a. General Description: Will assist with installation of a fountain to be dedicated

in the name of Dan Powell at a new City park_

b. Benefit project will provide the Community:

Community Park for City residents and visitors in subdivision and recognizing

the service provided to the City by Mr. Powell____

c. Additional Comments: _____

9) Project Budget:

- a. Total Project Budget including all sources of funds: <u>\$ \$1,000</u>
- b. Percent request equals of the total Project Budget? _____

List below all funding sources for this project:

Funding Source	Amount
Community Project Funds	1,000
TOTAL:	\$1,000
TOTAL.	\$1,000

Butch Kirven	June 25, 2015
Signed	Date