



COMMUNITY PROJECT ACCOUNT
(Small, De Minimus Public Projects)

APPLICATION

1) Name of Project: Scottish Games

Check Project Type:

- Nonrecurring community requests for infrastructure:
 - Flooding
 - Roads
 - Lights
 - Sewer and drainage
 - Public buildings and grounds
 - Community Centers open to residents of Greenville County
 - Infrastructure related studies
- Contractual agreements for social, recreational, and educational programs
- Contributions to local governments in Greenville County for community projects

2) Amount of Funds Requested: \$ 2,500

3) Project Sponsor
Organization: City of Travelers Rest

Mailing Address: 6711 State Park Rd. Travelers Rest, SC 29690

4) Contact Person:
Name Dianne Gracely Title Administrator
Telephone 864 834-7958 Alt. Telephone No. _____
Email _____ Fax No. _____
Council Representative(s) _____

5) Project Timeline ~ Beginning: 05-28-2017 Ending: 05-29-2017
MONTH/DAY/YEAR MONTH/DAY/YEAR

6) Date Funds are Needed: ASAP

