



COMMUNITY PROJECT ACCOUNT
(Small, De Minimus Public Projects)

APPLICATION

1) Name of Project: City of Travelers Rest – Fire Dept. Phone Service

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: \$ \$1,000

3) Project Sponsor

Organization: City of Travelers Rest

Mailing Address: 6711 State Park Rd

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

Council Representative(s) Dill

5) Project Timeline ~ Beginning: 10/1/2017 Ending: 6/30/2018

MONTH/DAY/YEAR

MONTH/DAY/YEAR

6) Date Funds are Needed: 10/6/ 2017

7) Location of Project: City of Travelers Rest

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

a. General Description: The City will provide funding assist with funding of Fire Department phone service.

b. Benefit project will provide the Community:
Provides public safety for the community and visitors.

c. Additional Comments: _____

9) Project Budget:

a. Total Project Budget including all sources of funds: \$ 1,000

b. Percent request equals of the total Project Budget? _____

List below all funding sources for this project:

Funding Source	Amount
Greenville County	\$1,000
TOTAL:	\$1,000

Signed

September 13, 2017
Date

Councilor District 17
Title