



**Greenville
County**

COMMUNITY PROJECT ACCOUNT
(Small, De Minimus Public Projects)

APPLICATION

1) Name of Project: Greenville County Sheriff's Office - Bulletproof vests for Chaplains

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: \$8100.00

3) Project Sponsor

Organization: Greenville County Sheriff's Office

Mailing Address: 4 McGee Street, Greenville, SC 29601

4) Contact Person:

Name Sheriff Brown **Title** _____

Telephone 864-271-5210 **Alt. Telephone No.** _____

Email _____ **Fax No.** _____

Council Representative(s) Dr. Cates

5) Project Timeline ~ Beginning: _____ **Ending:** _____
MONTH/DAY/YEAR MONTH/DAY/YEAR

6) Date Funds are Needed: _____

7) Location of Project: _____

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

- a. General Description: Bulletproof vests for Sheriff Office Chaplains

- b. Benefit project will provide the Community:
Will provide additional safety for the Chaplains

- c. Additional Comments: _____

9) Project Budget:

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

List below all funding sources for this project:

Funding Source	Amount
Community Project Account Funds	\$8100.00
TOTAL:	

Signed

Date

Title