

COMMUNITY PROJECT ACCOUNT

(Small, De Minimus Public Projects)

APPLICATION

Name of Project	CA4I / Fount	ain Inn Matching S	Support
Check Project Typ	e:		
☐ Nonrecurring c	ommunity requ	ests for infrastruc	ture:
☐ Flooding	j		
Roads			
☐ Lights			
☐ Sewer a	nd drainage		
Public b	uildings and gro	ounds	
☐ Commu	nity Centers ope	en to residents of (Greenville County
	ucture related s	studies	
☐ Contractual ag	reements for so	cial, recreational,	and educational programs
☐ Contributions t	o local governn	nents in Greenville	County for community projects
2) Amount of Funds Req	uested: <u>\$2,500</u>		
Project Sponsor Organization:	CA4I		
Mailing Address:	101 North Ma	ain Street, Suite 14	100
	Greenville, So	outh Carolina 9260	01
4) Contact Person:			
NameDoug	g Webster		Title
Telephone 242-	6169		Alt. Telephone No
Email <u>dou</u> g	<u>j.webster@cbre</u>	e.com	Fax No
Council Represen	tative(s)	Dan Tripp	
5) Project Timeline ~ Be	ginning: MON	03/01/2020 TH/DAY/YEAR	Ending: MONTH/DAY/YEAR
6) Date Funds are Neede	ed: <u>March</u>	2020	
7) Location of Project:_	Green\	ville County	

 a. General Description: Funds RIDES+ start up in the Fountain Inn area. b. Benefit project will provide the Community: 	
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Project will improve mobility for disabled, special needs, seni	iors, veterans, and other tran
challenged populations living in the Fountain Inn area.	
c. Additional Comments:	
Project Budget: a. Total Project Budget including all sources of fun	nds: <u>\$</u>
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