



COMMUNITY PROJECT ACCOUNT
(Small, De Minimus Public Projects)

APPLICATION

1) Name of Project: City of Simpsonville – Downtown Mural Project

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: \$ 5,000

3) Project Sponsor

Organization: City of Simpsonville

Mailing Address: 118 NE Main Street

Simpsonville, South Carolina 29681

4) Contact Person:

Name Dianna Gracely Title City Administrator

Telephone (864) 967-9526 Alt. Telephone No. _____

Email dianna@simpsonville.com Fax No. _____

Council Representative(s) Kirven

5) Project Timeline ~ Beginning: 1/21/2020 Ending: 5/22/2020

MONTH/DAY/YEAR

MONTH/DAY/YEAR

6) Date Funds are Needed: July

7) Location of Project: City of Simpsonville

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

a. General Description: The City of Simpsonville's downtown mural art installation project is centered in downtown and will promote the local arts and increase foot traffic in the area.

b. Benefit project will provide the Community:
The public art and interactive nature of the artwork will encourage residents and tourists to visit downtown and patronize local shops and restaurants.

c. Additional Comments: _____

9) Project Budget:

- a. Total Project Budget including all sources of funds: \$ 5,000
- b. Percent request equals of the total Project Budget? _____

List below all funding sources for this project:

Funding Source	Amount
Community Projects Account	5,000
TOTAL:	\$5,000

Butch Kirven

1/2/20

Signed

Date

Councilmember
Title