

COMMUNITY PROJECT ACCOUNT

(Small, De Minimus Public Projects)

APPLICATION

1) Name of Project: <u>ADA Standards Restroom Upgra</u>	<u>ides</u>
Check Project Type:	
☐ Nonrecurring community requests for infrastruct	ture:
☐ Flooding	
□ Roads	
☐ Lights	
☐ Sewer and drainage	
X Public buildings and grounds	
☐ Infrastructure related studies	
☐ Contributions to local governments in Greenville	County for community projects
2) Amount of Funds Requested: \$\\$11,000\$ 3) Project Sponsor Organization: Upstate Circle of Friends Mailing Address: 29 Ridgeway Dr	
Greenville, South Carolina 2960 4) Contact Person:	<u>15</u>
Name George Singleton Telephone (864) 277-5788 Email George@UCFGreenville.org Council Representative(s)Ennis Fant	TitleVP/COOAlt. Telephone NoFax No
5) Project Timeline ~ Beginning: 4/3/2023 MONTH/DAY/YEAR	Ending:

6) Date Funds are Needed: April 2023	2
7) Location of Project: 29 Ridgeway Dr	
8) Project Description: (Attach additional pages if necessary)	
a. General Description: Renovate restrooms to current ADA	A standards
b. Benefit project will provide the Community:	
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 Projects Account	\$11,000
TOTAL	¢11.000
TOTAL:	\$11,000
Ennis Fant 3/7/2 Signed Date	2023
<u>Councilmember</u> Title	