



COMMUNITY PROJECT ACCOUNT
(Small, De Minimus Public Projects)

APPLICATION

1) **Name of Project:** Sigal Music Museum Building Upgrades

Check Project Type:

Nonrecurring community requests for infrastructure:

Flooding

Roads

Lights

Sewer and drainage

Public buildings and grounds

Community Centers open to residents of Greenville County

Infrastructure related studies

Contractual agreements for social, recreational, and educational programs

Contributions to local governments in Greenville County for community projects

2) **Amount of Funds Requested:** \$20,456

3) **Project Sponsor**

Organization: Sigal Music Museum

Mailing Address: 516 Buncombe Street, Greenville, SC 29601

4) **Contact Person:**

Name David Sims **Title** Executive Director

Telephone 864-520-8807 **Alt. Telephone No.** _____

Email david@sigalmusicmuseum.org **Fax No.** _____

Council Representative(s) Mr. Harrison

5) **Project Timeline** ~ **Beginning:** July 1, 2024 **Ending:** December 31, 2024
MONTH/DAY/YEAR MONTH/DAY/YEAR

6) Date Funds are Needed: July 31, 2024

7) Location of Project: Sigal Music Museum

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

- a. **General Description:** Donation will help defray expenses related to upgrades to HVAC including new blowers and humidifiers.
- b. **Benefit project will provide the Community:** Upgrades needed to ensure instruments are properly stored
- c. **Additional Comments:**

9) Project Budget:

- a. **Total Project Budget including all sources of funds:** \$ 100,000
- b. **Percent request equals of the total Project Budget?** 20%

List below all funding sources for this project:

Funding Source	Amount
Mr. Harrison Community Project Funds	\$20,456
Donations and museum revenue	\$80,000
TOTAL:	\$100,456

Mr. Harrison

6/20/24

Signature

Date

District 21
Title