



GREENVILLE LEGISLATIVE DELEGATION
TRANSPORTATION COMMITTEE

301 University Ridge, Suite 2400
Greenville, South Carolina 29601
Telephone: 864-467-7112
Facsimile: 864-467-7151

C-FUND ASSISTANCE APPLICATION

Project Location _____ House District _____

Road ownership: State County Local (City)

Applicant's Name _____

Applicant's Address _____

Applicant's Phone # _____ Email Address _____

Total Project Cost \$ _____ Total C-Fund Requested \$ _____

Applicable Government Entity _____
(if unknown, GLDTC will assign)

Brief description of existing problem or need:

Brief description of how the proposed improvement will remedy the existing problem or need:

Are you aware of any other funding sources (i.e., State or local governments, special purpose district, businesses, property owners, etc.)? If so, please identify them.

Who will be responsible for cost overruns? _____

Who will be the Project Manager? _____

Is supplemental data provided with this application? Yes No
(Cost estimate, pictures, etc.)

If yes, please specify _____

**Note: Please submit the original and twelve (12) additional copies of the application.
Location maps should also accompany the application.**

Date

Applicant's Signature