

## **COMMUNITY PROJECT ACCOUNT**

(Small, De Minimus Public Projects)

## **APPLICATION**

1) Name of Project: TRAVELERS REST CHRISTN	MAS PARADE
Check Project Type:	
☐ Nonrecurring community requests for infr	astructure:
☐ Flooding	
☐ Roads	
☐ Lights	
☐ Sewer and drainage	
☐ Public buildings and grounds	
☐ Infrastructure related studies	
X□ Contributions to local governments in Gr	eenville County for community projects
2) Amount of Funds Requested: \$1800  3) Project Sponsor Organization: City of Travelers Rest  Mailing Address: 6711 State Park Road  Travelers Rest, SC 29690	
4) Contact Person:	
Name <u>Dianna Turner</u>	Title City Administrator
Telephone <u>864-834-8740</u>	Alt. Telephone No
Email <u>Dianna@travelersrestsc.com</u>	Fax No. 864-834-7270
Council Representative(s)	
5) Project Timeline ~ Beginning: <u>12/14/2013</u> MONTH/DAY/YEAR	
6) Date Funds are Needed: <u>12/14/2013</u>	
7) Location of Project: Main Street Travelers Re	st

List below all funding sources for this project:

Mayor Title

Funding Source		Amount
Registrations fees		2250
Country Donation (Dill/Meadows)		1800
City of Travelers Rest		450
	TOTAL:	4500
Wagner Melale		
Wayn Mices		11-18-13
Signed	Date	