



COMMUNITY PROJECT ACCOUNT
(Small, De Minimus Public Projects)

APPLICATION

1) Name of Project: River Falls Fire Department Operating Expenses

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: \$ 539

3) Project Sponsor

Organization: River Falls Fire Department

Mailing Address: 602 River Falls Road

Marietta, South Carolina 29661

4) Contact Person:

Name Linda Embry

Title Administrator

Telephone 836-3203

Alt. Telephone No. _____

Email _____

Fax No. _____

Council Representative(s) Dill, Meadows

5) Project Timeline ~ Beginning: 07/1/3013 Ending: 06/30/2014

MONTH/DAY/YEAR

MONTH/DAY/YEAR

6) Date Funds are Needed: July 15, 2014

7) Location of Project: River Falls Fire District

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

a. General Description: Help cover the cost of fire service protection for the River Falls Fire Department for the fiscal year 2014

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 Project Account Funds	\$539
TOTAL:	\$539

Signed

Date

Title