



COMMUNITY PROJECT ACCOUNT
(Small, De Minimus Public Projects)

APPLICATION

1) Name of Project: Summer Neighborhood Programming

Check Project Type:

X Nonrecurring community requests for infrastructure:

- Flooding
- Roads
- Lights
- Sewer and drainage
- Public buildings and grounds
- Infrastructure related studies

X Contributions to local governments in Greenville County for community projects

2) Amount of Funds Requested: \$4,412

3) Project Sponsor

Organization: Greenville County Recreation

Mailing Address: 4806 Old Spartanburg Road

Taylors, SC 29687

4) Contact Person:

Name Gene Smith

Title Executive Director

Telephone 864-288-6470

Alt. Telephone No. _____

Email _____

Fax No. _____

Council Representative(s) Ms. Norris

5) Project Timeline ~ Beginning: June 2016

MONTH/DAY/YEAR

Ending: August 1 2016

MONTH/DAY/YEAR

6) Date Funds are Needed: June 2016

7) Location of Project: Neighborhood Community Centers

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

a. General Description: programs/services that benefit neighborhoods and neighborhood children

b. Benefit project will provide the Community:
Provides programs for young people to learn and grow

c. Additional Comments: _____

9) Project Budget:

a. Total Project Budget including all sources of funds: \$ 4,412

b. Percent request equals of the total Project Budget? 100%

List below all funding sources for this project:

Funding Source	Amount
Community Project Account	\$4,412
TOTAL:	\$4,412

Ms. Norris
Signed

6/9/16
Date