



COMMUNITY PROJECT ACCOUNT
(Small, De Minimus Public Projects)

APPLICATION

1) Name of Project: City of Travelers Rest – Community Events

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: \$ \$2,500

3) Project Sponsor

Organization: City of Travelers Rest

Mailing Address: 6711 State Park Rd

Travelers Rest, SC 29690

4) Contact Person:

Name Brandy Amidon Title Mayor

Telephone (864) 834-8740 Alt. Telephone No. _____

Email brandy@brandyamidoncpa.com Fax No. (864) 834-8740

Council Representative(s) Joe Dill

5) Project Timeline ~ Beginning: 6/1/2018 Ending: 8/1/2018

MONTH/DAY/YEAR

MONTH/DAY/YEAR

6) Date Funds are Needed: 5/21/2018

7) Location of Project: City of Travelers Rest

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

a. General Description: Will provide funding to host community events during the summer months.

b. Benefit project will provide the Community:
Brings visitors to Travelers Rest from all over the upstate region

c. Additional Comments: _____

9) Project Budget:

a. Total Project Budget including all sources of funds: \$ 2,500

b. Percent request equals of the total Project Budget? _____

List below all funding sources for this project:

Funding Source	Amount
Greenville County	\$2,500
TOTAL:	\$2,500

Joe Dill
Signed

May 1, 2018
Date

Councilor District 18
Title