

COMMUNITY PROJECT ACCOUNT

(Small, De Minimus Public Projects)

APPLICATION

1) Name of Project:	Lake C	unningham	Fire	District	Automated	External	Defibrillator
Check Project Typ	e:						
☐ Nonrecurring o	ommunit	ty requests	for it	ıfrastructu	re:		
☐ Flooding	,						
☐ Roads							
☐ Lights							
☐ Sewer a	nd draina	ige					
☐ Public b	uildings a	and ground	is				
☐ Infrastru	ucture re	lated studi	es				
	n local d	overnment	's in G	reenville (County for c	ommunity	nmiects
	.o .oca. g		0		ouncy for c	o	projects
2) Amount of Funds Req	uested:	\$5,000	.00				
3) Project Sponsor Organization:L	ake Cunn	ingham Fi	re Di	strict		· · · · · · · · · · · · · · · · · · ·	
Mailing Address:2	802 N Mc	Elhaney R	d				
G	reer, SC	29651					
4) Contact Person:							
NameTravis	Balliew	7		Title	Fire Chie	f	
Telephone 864-	895-1212	2		Alt. Tel	ephone No.	864-304-	-3095
Email <u>tballi</u>	ew@lcfd.	us		Fax No	864-895	-9863	
					c 100	/10	
5) Project Timeline ~ B	eginning	6/1/18 MONTH/E	AV/VE		ng:6/30	H/DAY/YEAF	2
		PIORITI/E	,,, iE			., Uni ; tant	•
6) Date Funds are Neede	ed:0	5/30/18					

) Location of Project: Lake Cunningham Firefighters	
Project Description: (Attach additional pages if necessary)	
a. General Description:	and one broke to
Replace aged & out of date AED's. All are 10 years old	
maintain interoperability and currents software. The De	partment is requesti
four units.	
 Benefit project will provide the Community: 	
Enabling Firefighers a tool to save others in an emerger	icy.
c. Additional Comments:	
Donato at Bookers.	
Project Budget:	
a. Total Project Budget including all sources of funds: \$ 5.0	
b. Percent request equals of the total Project Budget?	L00%
st below all funding sources for this project:	
unding Source	Amount
Greenville County Community Project Account	5,000.00
	4
TOTAL:	5,000.00
TOTAL	5,000.00
	5,000.00
10 Callon 6/4/18	
10 Callon 6/4/18	
15 Callo 6/4/18	