

COMMUNITY PROJECT ACCOUNT (Small, De Minimus Public Projects)

APPLICATION

1) Name of Project: <u>Clear Spring Fire Rescue – Mobile Data Terminal</u> Check Project Type:

- □ Nonrecurring community requests for infrastructure:
 - □ Flooding
 - □ Roads
 - □ Lights
 - □ Sewer and drainage
 - □ Public buildings and grounds
 - □ Community Centers open to residents of Greenville County
 - □ Infrastructure related studies
- □ Contractual agreements for social, recreational, and educational programs
- X Contributions to local governments in Greenville County for community projects

2) Amount of Funds Requested: \$4,431

| 3) Project Sponsor | | |
|---------------------|--|---|
| Organization: | Clear Spring Fire District | |
| Mailing Address: | 3008 Woodruff Rd | |
| - | Simpsonville, SC 29681 | |
| 4) Contact Person: | | |
| Name | Mike Huppmann | TitleChief |
| Telephone | (864) 288-1173 | Alt. Telephone No |
| Email <u>mhupp</u> | mann@clearspringfire.org | Fax No |
| Council Repre | esentative(s)Butch Kirver | l |
| 5) Project Timeline | ~ Beginning: <u>Sept. 2021</u> MONTH/DAY/YEAR | Ending: <u>Sept. 2021</u> MONTH/DAY/YEAR |

6) Date Funds are Needed: <u>September 2021</u>

7) Location of Project: Clear Spring Fire Rescue

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

a. General Description: <u>Allows for purchase of mobile data terminal and</u> <u>related vehicle mounts and hardware</u>.

b. Benefit project will provide the Community:

Allows mission critical communications

c. Additional Comments: _____

9) Project Budget:

- a. Total Project Budget including all sources of funds: <u>\$ 4,431</u>
- b. Percent request equals of the total Project Budget? _____

List below all funding sources for this project:

| Funding Source | | Amount |
|---------------------------------|--------|---------|
| Council Community Project Funds | | \$4,431 |
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| | | |
| | | |
| | TOTAL: | \$4,431 |
| | | |

Butch Kirven _____ Signed

8/23/2021 Date 2

<u>Council Member – District 27</u> Title