



COMMUNITY PROJECT ACCOUNT
(Small, De Minimus Public Projects)

APPLICATION

1) Name of Project: City of Mauldin - Wreaths Across America Ceremony

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

Contributions to local governments in Greenville County for community projects

2) Amount of Funds Requested: \$2,500

3) Project Sponsor

Organization: City of Mauldin

Mailing Address: P.O. Box 249

Mauldin, SC 29662

4) Contact Person:

Name Holly Abercrombie

Title Finance Director

Telephone (864) 289-8895

Alt. Telephone No. _____

Email habercrombie@mauldincitysc.com

Fax No. _____

Council Representative(s) Dan Tripp

5) Project Timeline ~ Beginning: 10/4/2022
MONTH/DAY/YEAR

Ending: 12/19/22
MONTH/DAY/YEAR

6) Date Funds are Needed: 11/1/2022

7) Location of Project: City of Mauldin's Cultural Center's Veterans Memorial

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

a. General Description: After Ceremony at Mauldin's Veteran Memorial, wreaths will be placed on graves of veterans at cemeteries within the City of Mauldin.

b. Benefit project will provide the Community: To remember, honor, and ensure that those veterans are not forgotten for their service and sacrifice.

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
Community Project Account	\$2,500
TOTAL:	\$2,500

Dan Tripp
Signature

10/4/22
Date

Councilor Dist. 28
Title