

COMMUNITY PROJECT APPLICATION

1.	Name of Project:	
2.	residents of Greenville County	Community centers open to the flooding, roads, lights, sewer and eational, and educational programs
3.	Amount of funds requested:	_
4.	Project Sponsor Organization: Mailing Address:	
	W-9 requested (if needed):	_
5.	Contact Person: Name: Telephone: Email:	_ Title:
6.	Council Representatives(s):	_ _ _
7.	Location of Project:	_

8.	Project Description:			
	Include a general description of the project and the benefit to the community. Attach additional pages, if necessary.			
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9.	Project Budget Total Project Budget (include all funding)			
	Percent request equals of the Total Project Budget			
10.	List all funding sources for the Project:			
	Funding Source	Amount		
	TOTAL			
	Cour	ncil Member		
	Cou	ncil District		