

**A  
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**ANDERSON COUNTY  
TRANSPORTATION COMMITTEE**

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735 Michelin Boulevard  
Anderson, South Carolina 29626  
(864) 260-4190  
FAX (864) 260-4629

***C FUND ASSISTANCE APPLICATION***

Project Location \_\_\_\_\_

Is the road (Check appropriate box)

State \_\_\_\_\_

Local \_\_\_\_\_

Name of Government Entity making application \_\_\_\_\_

Address: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

Contact Person's Telephone Number: \_\_\_\_\_

Total Project Cost: \$ \_\_\_\_\_ Total C-Funds Requested: \$ \_\_\_\_\_

Brief description of existing problem and/or need \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Who will be the Project Manager? \_\_\_\_\_

Brief description of how the proposed improvement will remedy the existing problem/need:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you aware of other funding sources (i.e., State or local governments, special purpose district, businesses, property owners, etc.)? If so, please identify them.

\_\_\_\_\_

\_\_\_\_\_

Who will be responsible for any cost overruns? \_\_\_\_\_

Are pictures or a video tape provided with this application? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is supplemental data attached to this application? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Note: Location maps should accompany this application.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature