A C ANDERSON COUNTY TRANSPORTATION COMMITTEE T C

1428 Pearman Dairy Road
Anderson, South Carolina 29625
(864) 260-4190

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

I certify that the applicant has sufficient Right of Way available to perform work? _____Yes

Note: Location maps should accompany this application.

_____ _____

Date Applicant's Signature