



# CLINTON TOWNSHIP DPW CLEAN COMMUNITIES – MINI GRANT GRANT PROGRAM



## APPLICATION & SAFETY RULES

*Thank you for participating in the Clinton Township Clean Communities Mini Grant Program! We appreciate your participation in protecting our environment and keeping our Township beautiful.*

### **MINI-GRANT REQUIREMENTS**

- Only nonprofit groups/organizations are eligible to participate in this program (W9/501c3 forms required).
- Your organization must originate or be located in Clinton Township, New Jersey.
- Application and W-9 form must be completed and mailed back **at least two months** prior to clean up.
- All cleanup sessions are scheduled from 9AM – 11AM, unless otherwise noted. Please be on time.
- The Township reserves the right to assign clean up locations based on age range & group size.
- The Team Leader who signs up should be at the cleanup as our main point of contact. That person will collect paperwork and sign the purchase order. If they cannot make it, please assign someone else.
- There will be a Public Works employee and/or a Police Officer at each site, as it may be needed.
- Carpool to your location whenever possible.
- Release forms must be completed for every person participating in the clean-up. Please make sure all paperwork is submitted before the cleanup begins.
- Once you have received the purchase order in the mail, please sign as the “claimant” and return to:

**Department of Finance  
Attn: Clean Communities Mini-Gant Program  
1225 Route 31 S, Lebanon, NJ 08833**

*Each organization must have a valid bank account so the check can be properly deposited. Checks cannot be issued until all paperwork is signed and returned.*

## **SAFETY TIPS**

A Public Works employee will hold a brief safety meeting prior to the clean-up. Litter supplies will be distributed once the entire group arrives. Please keep in mind the following:

- Please dress accordingly. **No shorts. No open-toed shoes. No flip flops.** We strongly suggest long pants and boots/sneakers.
- Please be cognizant of the weather on the day of your cleanup and dress accordingly.
- The Township will provide gloves, safety vests, insect repellent and bottled water at each clean up. All participants are required to wear gloves but are welcome to bring their own if preferred.
- Groups must designate one adult who will be responsible for the Sharps Box. The Sharp Box will be provided by the Township to dispose of any sharp or dangerous items found during the cleanup.

We look forward to working with you!



# CLINTON TOWNSHIP DPW CLEAN COMMUNITIES – MINI GRANT PROGRAM APPLICATION



(\$500 PER 2-HOUR CLEANUP)

Name of Nonprofit Organization/Group:			Tax ID #:		
Organization Mailing Address <i>(where purchase orders and checks will be sent):</i>					
Contact E-mail address			Contact phone #:		
How would you best describe your organization? <i>(choose all that apply)</i>					
	Girl Scouts		School/PTA		
	Boy/Cub Scout		Civic Group		
	Church Group		Youth Athletics		
	Environmental Club	Other <i>(describe):</i>			
Number of participants anticipated at cleanup: <i>(7 participants minimum)</i>					
Has your group previously participated in a mini grant program?			Yes	No	If yes, Vendor #:
<b>Cleanup Dates &amp; Time:</b>					
<b>First Date:</b>	<b>AM</b>	<b>PM</b>	<b>Second Date:</b>	<b>AM</b>	<b>PM</b>

**Submit complete application via e-mail to: [jmeixsell@clintontwpnj.org](mailto:jmeixsell@clintontwpnj.org)**

<b>FOR INTERNAL USE ONLY</b>			
Location of clean up:			
Date:	W9 form:	501c3 certificate:	Previous cleanup?



# CLINTON TOWNSHIP DPW CLEAN COMMUNITIES – MINI GRANT



## HOLD HARMLESS AND RELEASE AGREEMENT

**THIS HOLD HARMLESS AND RELEASE AGREEMENT** (hereinafter the “Agreement”) by and between the Township of Clinton, Hunterdon County, New Jersey, having an address at 1225 Route 31 S, Lebanon, NJ 08833 (the “Township”) and

\_\_\_\_\_, having an address as listed below.  
(Name)

We, the undersigned, understand that participation in the Township’s Clean Communities Program involves activities that pose a potential risk of personal injury. Some examples of these activities include handling sharp or heavy trash; working outdoors in weather that can turn unexpectedly hot, cold, windy, or stormy; walking on surfaces that can conceal sharp or hazardous objects; working along roadways that are heavily travelled by automobiles, trucks, and other vehicles.

In that regard, we assume all risks associated with our participation in the program and hereby for ourselves, heirs, executors, administrators, hereby agree to waive, release and forever hold harmless the Township of Clinton and its officials, employees and agents from and against any and all claims, demands, liabilities, risk of loss, losses, injuries, costs, expenses, fines, penalties and damages (*including without limitation, reasonable attorneys’ fees*) of any nature, including wrongful death, arising out of or associated with any act or thing done whatsoever done or any condition created as a result of the undersigned’s participation in the Township’s Clean Communities Program.

We hereby certify that we have reviewed and understand the Clean Communities packet materials prior to the undersigned’s participation in the program. We understand that while these materials contain instructions intended to protect me from injury, even my full compliance with those instructions will not guarantee that no injury will occur.

**\*THIS RELEASE MUST ALSO BE SIGNED BY A PARENT/GUARDIAN FOR MINORS UNDER 18 YEARS OF AGE.\***

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Group/Affiliation Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Parent/Guardian – Name

\_\_\_\_\_  
Parent/Guardian – Signature

\_\_\_\_\_  
Parent/Guardian Address  
(if different from participants)

**\*\*Release forms must be submitted before the cleanup begins. \*\***



# CLINTON TOWNSHIP DPW CLEAN COMMUNITIES – MINI GRANT MINI-GRANT SUMMARY REPORT



**MUST BE SUBMITTED UPON COMPLETION OF CLEANUP PROGRAM!!**

NAME OF ORGANIZATION:			
SITE CLEANED:			
PROJECT DATE:		TIME OF CLEAN UP:	
		FROM: _____	TO: _____
HOURS WORKED:		TOTAL PARTICIPANTS:	
TOTAL AREA WORKED (estimated square footage):			

NON-RECYCLABLES COLLECTED:	# BAGS	TOTAL WEIGHT (estimated weight of full bags):
RECYCLABLES COLLECTED:	# BAGS	TOTAL WEIGHT
Aluminum		
Glass Bottles		
Plastic Bottles		
Steel/Tin Cans		
Wood		
Paper		
Other (please specify):		

Description of clean up: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

\_\_\_\_\_  
 Signature:

\_\_\_\_\_  
 Date of Report: