

CLINTON TOWNSHIP DPWCLEAN 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 PAR	TOTAL PARTICIPANTS:	
TOTAL AREA WORKED (estimated squ	uare footage):		
NON-RECYCLABLES COLLECTED:	# BAGS	TOTALWEIGHT (estimated weight of full b	ags):
RECYCLABLES COLLECTED:	# BAGS	TOTAL WEIGH	T
Aluminum			
Glass Bottles			
Plastic Bottles			
Steel/Tin Cans			
Wood			
Paper			
Other (please specify):			
Description of clean up:	1		
Name of Contact Person:			
Signature:		Date of Report:	