

Greenwich Township

CLEAN COMMUNITIES

**CLEAN-UP GRANT
PROGRAM**

GREENWICH TOWNSHIP CLEAN COMMUNITIES PROGRAM

CLEAN-UP GRANT APPLICATION

NAME OF ORGANIZATION: _____

MAILING ADDRESS _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT PERSON: _____ PHONE: _____

*PROPOSED CLEAN-UP

SITE: _____

*DATE OF CLEAN-UP: _____ RAIN DATE: _____

START TIME: _____ (Not before 9:00 or after 3:00)

NUMBER OF PARTICIPANTS _____

AGE RANGE _____

*All road or location selections and dates will be on a first come/first serve basis. Every opportunity to accommodate your proposed location and date will be considered.

Township of Greenwich reserves the right of final approval.

If location or date needs to be changed, you will be notified as soon as possible.

*After you receive approval, you cannot change your Location, Clean-Up date, Rain date or Clean-up time without prior approval. For any changes, Call 856-423-1038, ext. 211 to get approval prior to your event.

GREENWICH TOWNSHIP CLEAN COMMUNITIES PROGRAM

CLEAN-UP GRANT REQUIREMENTS

To be eligible for a CLEAN COMMUNITIES PROGRAM CLEAN-UP GRANT Award, the group (hereafter known as APPLICANT), affirms that it is a bonafide non-profit group. Further, if awarded a Clean Communities Clean-Up Grant (hereafter known as PROGRAM), APPLICANT agrees to:

- a) Utilize **no less than ten (10) persons**, to actively participate in a project of litter pickup and removal (PROGRAM) for a minimum of a two (2) hour period. Depending upon funding availability each organization may be permitted up to, but not more than two (2) cleanups per year. The Township reserves the right to reject any application.
- b) Provide adult supervision for all (PROGRAM) participants under 18 years of age at a ratio of (at minimum) one adult supervisor for each five participants under 18 years of age.
- c) Schedule the (PROGRAM) clean up activity on both sides of the road but insure that (PROGRAM) participants will NOT be on both sides of the roadway at the same time.
- d) Provide all transportation necessary to implement the (PROGRAM), including the pickup and return of all equipment loaned to APPLICANT (which may include trash bags, gloves, safety vests and safety signs) by the Township. This equipment must be picked up by the APPLICANT by calling the Program Coordinator BEFORE the (PROGRAM) scheduled day.
- e) Provide a safety orientation meeting for all participants prior to (PROGRAM) utilizing the "Safety Guidelines" provided in the application packet.
- f) Prior to the (PROGRAM) provide the Program Coordinator with the completed Application package (Pages 1 & 2) and a valid Certificate of Liability Insurance (designate Township of Greenwich as the endorsed certificate holder for this event).
- g) Upon completing the event, submit the completed "Group Roster" and "Greenwich Township Clean Communities Report Form" in order to receive the payment voucher in the amount of \$500.00. All checks will be issued in the group/organization name.

I, the undersigned, certify on behalf of the APPLICANT, that I have read and understand the CLEAN COMMUNITIES PROGRAM CLEAN-UP GRANT CONTRACT. I acknowledge APPLICANT will comply with these documents in accordance with the contract in order to be eligible for a grant award.

Furthermore I, the undersigned, certify that on behalf of the APPLICANT, will indemnify and hold harmless the Township of Greenwich, members and employees from any accidents or injuries to persons or property resulting either directly or indirectly from PROGRAM participation. I believe the information provided to be true and accurate to the best of my knowledge.

Print Name _____ Title _____

Signature _____ Date _____

OFFICIAL USE ONLY DO NOT WRITE BELOW THIS LINE _____

Clean Communities Coordinator Signature _____

_____ APPROVED Date Received _____

GREENWICH TOWNSHIP CLEAN COMMUNITIES PROGRAM

CLEAN-UP GRANT SAFETY REQUIREMENTS

Participants in the Greenwich Township CLEAN-UP GRANT Program shall be required to comply with the following requirements

If conducting roadway clean up, cleanup will include BOTH sides of the road, however, NEVER have participants on both sides of the roadway at the same time. Vehicles will need clearance when approaching your group. Pick up litter on one side of the road at a time. Carpool or vanpool to the site.

Never cross over or pick up trash on the traveled pavement.

Upon arriving at the worksite, immediately put on safety vests provided and display the "Litter Crew Ahead" safety signs in 500 feet in advance of the pick-up site.

Do not possess or drink alcoholic beverages.

Conduct at least one safety orientation by reviewing these safety requirements with your group/organization.

Provide appropriate and adequate adult supervision when youth groups are involved in litter pick-ups. (At least one adult for each five participants under 18 years of age.).

Avoid peak traffic hours, construction areas and extreme inclement weather conditions.

Avoid all horseplay or demonstrations of any nature on the right of way.

Avoid hazardous materials such as car batteries, or any unidentified questionable items or animal carcasses. Instruct younger participants to notify a leader of any potentially hazardous materials. Should you encounter such items alert the Police Department to contact Emergency Management. Notify the APPLICANT of known allergies and any physical infirmities prior to participation.

Learn to identify poison ivy. During the Spring, Summer, and Fall, there is a high probability that volunteers will encounter poison ivy.

Wear the proper clothing. Long pants, blue jeans are recommended along with long sleeve shirts. Work boots or sturdy closed shoes or sneakers are required. Work gloves and safety vests are a MUST.

Be alert for bees, wasps, hornets, fire ants, and snakes.

Pay special attention to the handling of broken glass. Participants must be careful not to step or kneel on broken glass.

Know emergency procedures such as the location of the nearest emergency facility and how to quickly summon the police or an ambulance. (911) The leader should assure that at least one working cell is present at the clean-up site and that a good cell signal is obtained or plan for alternate communication device at the site such as a two way hand held or mobile radio.

APPLICANT should provide a first aid kit.

Avoid over-exertion and heat problems by drinking water and taking breaks. Lunch/refreshments will be the responsibility of the APPLICANT. Keep in mind that there may not be any restroom facilities on site.

GREENWICH TOWNSHIP CLEAN COMMUNITIES PROGRAM

CLEAN-UP GRANT ROSTER

ALL participants and supervisors must sign the roster the day of the cleanup.
(Must be filled out and returned after each cleanup event to)

Greenwich Township
420 Washington Street
Gibbstown, NJ 08027
856-423-1038 x 211

SUPERVISORS' SIGNATURE(S) and business mailing Address
1 supervisor (older than 18 years) for every 5 under the age of 18.

MEMBER SIGNATURE & ADDRESS (AGE if under 18)

(Use additional copies of this page if needed.)

GREENWICH TOWNSHIP CLEAN COMMUNITIES PROGRAM

CLEAN-UP GRANT REPORT FORM

(Must be filled out and returned after each cleanup event to)

Greenwich Township
420 Washington Street
Gibbstown, NJ 08027
856-423-1038 x 211

GROUP NAME: _____

GROUP ADDRESS: _____

SUPERVISOR/LEADER: _____

DATE OF CLEAN UP: _____

NUMBER OF PARTICIPANTS: _____ HOURS WORKED: _____

CLEAN-UP LOCATION: _____

Please estimate: Total number of bags (based on 30 gallon bag) and weight of trash disposed of properly:

Number of Bags: _____ X Weight in lbs.= _____ Total lbs.
collected.

Arrival time _____ Departure time _____

SUPERVISOR/LEADER NAME PRINTED : _____

SIGNATURE: _____

OFFICIAL USE ONLY DO NOT WRITE BELOW THIS LINE _____

Clean Communities Coordinator Signature _____

_____ APPROVED Date Received _____ Voucher/PO Number _____