

PENNSVILLE TOWNSHIP

CLEAN COMMUNITIES

CLEAN-UP GRANT

PROGRAM

FORM A

PENNSVILLE TOWNSHIP CLEAN COMMUNITIES CLEAN-UP GRANT
PROGRAM

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 _____
AGES _____

*All road selections and dates will be on a first come/first serve basis. Every opportunity to accommodate your proposed road location and date will be considered. However, the Township of Pennsville reserves the right of final selection. Your road location or date may need to be changed. If this occurs you will be notified as soon as possible.

*After you receive your approval, you CANNOT change your DATE OF CLEAN-UP, RAIN DATE or STARTING TIME without calling Angela at 678-3089, ext. 124 or Deneen at ext. 125.

FORM B

Page 1

CLEAN-UP GRANT CONTRACT SECTION

In order 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 of Pennsville. 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 Form A, Form B (Pages 1 & 2) and a valid Certificate of Liability Insurance (designate Township of Pennsville as the certificate holder for this event).

- g) Submit the completed Form C "Group Roster" and "Pennsville Township Clean Communities Report Form" at the finish of the (PROGRAM) in order to receive the payment voucher in the amount of \$200.00. All checks will be issued in the group/organization name.

FORM B
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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 Pennsville, 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.

Name (Print)

Title

Signature

Date

OFFICE USE ONLY

DATE

REC'D _____

APPROVED _____

SAFETY REQUIREMENTS

Participants in the Pennsville Township Adopt-A—Road Program shall be required to comply with the following requirements

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 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 shoes 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) 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.

PENNSVILLE TOWNSHIP CLEAN COMMUNITIES REPORT FORM

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

Pennsville Township

90 North Broadway

Pennsville, NJ 08070

856-678-3089 PHONE 856-678-9428 FAX

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: _____

SIGNATURE