

# SOUTH HARRISON TOWNSHIP CLEAN COMMUNITIES MINI-GRANT

## EVENT REQUIREMENTS

Mini-Grants are available for all Gloucester County non-profit organizations and Volunteer groups that perform a one-day (**Three Hours**) of clean up with at least **Ten People**.

1. If participants are under the age of 18, there must be one On-Site Supervisor present at all times for each five participants.
2. ALL participants must wear safety protective gear (vests, gloves and etc.) provided by the Township/Clean Communities Program.
3. Event Supervisor is responsible for the completion of the Litter Report Forms Attached.
4. ALL SUPPLIES PLUS THE LITTER REPORTS MUST BE RETURNED BEFORE YOUR PAYMENT CAN BE MADE!
5. Please mail or drop off the forms to:

South Harrison Township  
Celeste Brennen, Clean Communities Coordinator  
664 Harrisonville Road  
Mullica Hill, NJ 08062  
Office number (856) 769-3737 ext. 110 / Fax number (856) 769-8048  
E-Mail: [cbrennen@southharrison-nj.org](mailto:cbrennen@southharrison-nj.org)

Business Hours: Monday, Tuesday, Thursday 8am-5pm; Wednesday 8am-7pm; Friday closed

**NOTE: FOR ALL PARTICIPANTS UNDER THE AGE OF 18 YEARS OLD, AN ADDITIONAL FORM (ATTACHED) MUST BE SIGNED BY EACH PARENT OR GUARDIAN!**

**No less than one (1) week prior to the EVENT you must submit to the Clean Communities Coordinator the following:**

\*The completed **Mini-Grant Application** and the **Organizations Non-Profit/Tax Id Forms**

\* A copy of the **Organization's Certificate of Insurance Liability Form** showing a minimum coverage of \$1,500,000 and listing South Harrison Township, 664 Harrisonville Road, Mullica Hill, NJ 08062 as the additional insured.

*Thank you for helping to keep South Harrison a clean community!*

# SOUTH HARRISON TOWNSHIP CLEAN COMMUNITIES MINI-GRANT

## APPLICATION AND LITTER REPORT

All Gloucester County non-profit organizations and/or volunteer groups participating in the Clean Communities Mini-Grant Program must complete this form and return it to the Clean Communities Coordinator within five (5) working days of the approved event.

Name of Organization: \_\_\_\_\_  
(This is the name that will be on the grant check)

Contact Name: \_\_\_\_\_

Contact's Phone Number: \_\_\_\_\_

Contact's email address: \_\_\_\_\_

Address where payment should be mailed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of the Clean-Up Event: \_\_\_\_\_

Clean-up area: \_\_\_\_\_  
\_\_\_\_\_

Number of Participants: \_\_\_\_\_ Minors: \_\_\_\_\_ Supervisors: \_\_\_\_\_

**\*\* It is extremely important that the weight of both trash and recyclables are recorded after each clean-up. Estimates are accepted. \*\***

### TRASH (LITTER)

Number of Bags \_\_\_\_\_ Weight \_\_\_\_\_

### RECYCLABLES (COMMINGLED)

Number of Bags \_\_\_\_\_ Weight \_\_\_\_\_

### TIRES

Number \_\_\_\_\_

**\*\*Please specify other items picked up on the back of this form\*\***

# SOUTH HARRISON TOWNSHIP CLEAN COMMUNITIES MINI-GRANT

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*Must be completed for all participants under the age of 18*

Minor's Name \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

Minor's Name \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

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Minor's Name \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

# SOUTH HARRISON TOWNSHIP CLEAN COMMUNITIES MINI-GRANT

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*Must be completed for all participants over the age of 18*

Signature \_\_\_\_\_

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