



**SPARTA TOWNSHIP
CLEAN COMMUNITIES**

CLEAN-UP GRANT PROGRAM:
“ADOPT-A-ROAD”
“ADOPT-A-PARK”





FORM A

SPARTA TOWNSHIP CLEAN COMMUNITIES CLEAN-UP GRANT PROGRAM

NAME OF NON-PROFIT ORGANIZATION\ENTITY:

TAX IDENTIFICATION NUMBER: _____

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\park selections and dates will be on a first come/first serve basis. Every opportunity to accommodate your proposed location and date will be considered. However, the Township of Sparta reserves the right of final selection. Your road\park 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 the Program Coordinator at (973)729-6174



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 (referred to as APPLICANT) must affirm that it is a bonafide non-profit group. Further, if awarded a Clean Communities Clean-Up Grant the APPLICANT agrees to the following:

- a. Utilize **no less than ten (10) persons**, to actively participate in a project of litter pickup and removal for a minimum of a two (2) hour period. Depending upon funding availability each organization may be permitted up to, but not more than four (4) cleanups per year. The Township reserves the right to reject any application.
- b. Provide adult supervision for all participants under 18 years of age at a ratio of (at a minimum) one adult supervisor for each five participants under 18 years of age.
- c. If the clean up activity is on a public roadway, schedule the clean up activity on both sides of the road but insure that participants will NOT be on both sides of the roadway at the same time.
- d. If the clean up activity is in a Township park, a designated area within the park must be identified by the APPLICANT prior to the event so as not to interfere with regular activities within the park. The Program Coordinator will coordinate activities with the Recreation Division.
- e. Provide all transportation necessary to implement the clean up activity including the pickup and return of all equipment loaned to the APPLICANT (which may include trash bags, gloves, safety vests, and safety signs) by the Township of Sparta. This equipment must be picked up by the APPLICANT by calling the Program Coordinator BEFORE the scheduled day of the clean up activity.
- f. Provide a safety orientation meeting for all participants prior to the clean up event utilizing the "Safety Guidelines" provided in the application packet. The Program Coordinator must be notified of the date of this orientation.
- g. Prior to the clean up event, provide the Program Coordinator with the completed Form A, Form B (Pages 1 & 2), and a valid Certificate of Liability Insurance (designate Township of Sparta as the certificate holder for this event).
- h. Submit the completed Form C "Group Roster" and "Sparta Township Clean Communities Report Form" at the finish of the clean up event in order to receive the payment voucher in the amount of \$250.00. All checks will be issued in the group/organization name.



FORM B

Page 2

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 the 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 Sparta, members and employees from any accidents or injuries to persons or property resulting either directly or indirectly from the clean up event 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 Sparta Township Adopt-A-Road\Adopt-A-Park Program shall be required to comply with the following requirements:

1. 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.
2. Never cross over or pick up trash on the traveled pavement.
3. If working in a park or athletic facility please be mindful of ongoing functions such as games and events and remain clear of all playing surfaces. Choose a central meeting location within the facility to coordinate the clean up activity.
4. 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.
5. Do not possess or drink alcoholic beverages.
6. Conduct at least one safety orientation by reviewing these safety requirements with your group/organization.
7. 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.)
8. Avoid peak traffic hours, construction areas, and extreme inclement weather conditions.
9. Avoid all horseplay or demonstrations of any nature on the right of way.
10. 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 **PLEASE** alert the Police Department.
11. Notify the APPLICANT of known allergies and any physical infirmities prior to participation.
12. Learn to identify poison ivy. During the spring, summer, and fall, there is a high probability that volunteers will encounter poison ivy.
13. 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**; these will be provided by the Program Director prior to each clean up event.
14. Be alert for bees, wasps, hornets, fire ants, and snakes.



15. Pay special attention to the handling of broken glass. Participants must be careful not to step or kneel on broken glass.
16. 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.
17. 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.



FORM C

GROUP ROSTER

ALL participants and supervisors must sign the roster the day of the cleanup.
(Must be filled out and returned after each cleanup event in order to qualify for the grant. If there is more than one location, a separate form for each location is required.)

RETURN FORM TO:

Sparta Township
ATTN: Clean Communities Coordinator
65 Main Street
Sparta, NJ 07871
PHONE: 973-729-6174 FAX: 973-726-3653

SUPERVISOR'S SIGNATURE(S): ADDRESS
(1 supervisor (older than 18 years) for every 5 participants under the age of 18.)



SPARTA TOWNSHIP CLEAN COMMUNITIES REPORT FORM

*(Must be filled out and returned after each cleanup event in order to qualify for the grant.
If there is more than one location, a separate form for each location is required.)*

RETURN FORM TO:

Sparta Township
ATTN: Clean Communities Coordinator
65 Main Street
Sparta, NJ 07871
Phone: 973-729-6174 Fax: 973-726-3653

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