HARDYSTON TOWNSHIP
CLEAN COMMUNITIES PROGRAM

Litter and illegal dumping have become a problem in many communities and is not only unsightly but can be a health hazard. Through funds made available by the New Jersey Department of Environmental Protection and your local Government, a program of clean communities is available to help with this problem of littering in our communities. These funds help pay for the pick up and disposal of unwanted debris left on our roadsides and communities. How this helps us is to organize a litter patrol made up of volunteers who join together and help clean up litter and debris and dispose of it properly. All materials needed for this job will be supplied by the Township through this fund.

Information/Application attached for the following Group Clean-ups Programs:

- Group (Single) Cleanup Program
- Mini-Grant (Multiple) Cleanup Program

For further information contact Bob Schultz, DPW Supervisor – 973-827-3525

HARDYSTON TOWNSHIP
CLEAN COMMUNITIES PROGRAM

Group (Single) Cleanup Guidelines

1.   Group agrees to provide a minimum of ten (10) workers.

2.   Group agrees to provide one (1) adult supervisor for every ten (10) workers under the age of 17.

3.   Each group participant is expected to work a minimum of two (2) hrs.

4.   All recyclable material (bottles, cans, newspapers, cardboard, tires) must be separated from debris.

5.   All recyclable material becomes the property of Hardyston Township.

6.   Payment by the Clean Communities Program to participating group will be at a rate of $5.00 per worker.

7.   Bags and gloves will be provided by the Clean Communities Program.

8.   Pickup of litter/recyclables collected will be at designated locations coordinated by the Clean Communities Program.

HARDYSTON TOWNSHIP
2010 CLEAN COMMUNITIES PROGRAM

Group (Single) Cleanup Application

A. Name of Group

C. Approximate Number of Participants

_____

_____

B. Group Contact Person

D. Cleanup Date and Time

_____

_____

Address:

E. Project Location

_____

_____

Phone Number:

(Hardyston Twp. Clean Communities Program reserves the right to determine final project location.)

Days: _____

Eve.: _____

I certify that I have read the Hardyston Township Clean Communities Program Guidelines and that the above group will comply with these guidelines in the performance of the agreed upon project

_____

_____

NAME

TITLE

_____

_____

SIGNATURE

DATE

HARDYSTON TOWNSHIP
2010 CLEAN COMMUNITIES PROGRAM

SIGN IN SHEET
(Must be completed and submitted to Hardyston Township for payment)

Name of Organization_____

Date of Event_____

Location of Clean-Up Event_____

Adopt-A-Program Yes_____ **No**_____ **Single Event**_____

Name of Participant   **Address of Participant**

_____   _____

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HARDYSTON TOWNSHIP
CLEAN COMMUNITIES PROGRAM

<u>Mini-Grant Group Cleanup Guidelines</u>

1. Group agrees to provide a minimum of ten (10) workers.

2. Group agrees to provide one (1) adult supervisor for every ten (10) workers under the age of 17.

3. Each group participant is expected to work a minimum of two (2) hrs.

4. All recyclable material (bottles, cans, newspapers, cardboard, tires) must be separated from debris.

5. All recyclable material becomes the property of Hardyston Township.

6. Payment by the Clean Communities Program to participating group will be at a rate of $7.00 per worker for multiple annual clean ups. (Mini-Grants are $400.00 with two-year commitment.)

7. Bags and gloves will be provided by the Clean Communities Program.

8. Pickup of litter/recyclables collected will be at designated locations coordinated by the Clean Communities Program.

HARDYSTON TOWNSHIP
2010 CLEAN COMMUNITIES PROGRAM

<u>Mini-Grant Group Cleanup Application</u>

A. Name of Group

_____

B. Group Contact Person

Address

Phone Number:

Days: _____

Eve.: _____

C. Approximate Number of Participants

_____

D. Cleanup Dates and Times

_____

_____

_____

_____

E. Project Location

_____

(Hardyston Twp. Clean Communities Program reserves the right to determine final project location.)

I certify that I have read the Hardyston Township Clean Communities Program Guidelines and that the above group will comply with these guidelines in the performance of the agreed upon project

_____
NAME

_____
TITLE

_____
SIGNATURE

_____
DATE

HARDYSTON TOWNSHIP
2010 CLEAN COMMUNITIES PROGRAM

SIGN IN SHEET
(Must be completed and submitted to Hardyston Township for payment)

Name of Organization_____

Date of Event_____

Location of Clean-Up Event_____

Adopt-A-Program Yes_____ **No**_____ **Single Event**_____

Name of Participant   **Address of Participant**

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