



Dear Applicant,

Thank you for your interest in the Camden County **2024 Clean Communities Mini-Grant Program** and in applying for a \$500.00 Clean Communities Mini-Grant.

The ELIGIBILITY requirements for the Mini-Grant program are outlined on **Form B** of the enclosed application.

- APPLICATION DEADLINE: **Must be post marked by SEPTEMBER 30, 2024.** No applications will be accepted after that date.
- PROOF OF NON-PROFIT STATUS must be provided (tax-exempt number) - on pg 2 and W-9 on pg 6.
- Minimum of **20 Participants** required.
- **Attachment A, Forms A, B and C and the attached W-9 form, (and a copy of your organizations' Certificate of Insurance, if available at that time), should be sent to:**

CAMDEN COUNTY  
DIVISION OF ENVIRONMENTAL AFFAIRS  
1301 Park Blvd.  
Cherry Hill, NJ 08002

- PROOF of INSURANCE COVERAGE **must be submitted prior to approved clean up date.** The dates of coverage on your "**Certificate of Insurance**" **MUST** correspond to the date of your Mini-Grant Clean-up. **No clean-ups will be performed without a Certificate of Insurance.**
- "Grantees" must agree to adopt their clean-up site for a one-year period and clean a total of three (3) times within that one-year period. All initial clean-ups must be held between **APRIL 1<sup>st</sup> and JUNE 30, 2024, or between SEPTEMBER 1<sup>st</sup> and OCTOBER 31, 2024.**
- **Forms D and E** should be filled out **AFTER** your initial clean-up has been completed, and returned to the above address, as well as a one-page narrative describing your experience.

Submission of a completed application **does NOT** obligate Camden County to award a Mini-Grant to your organization. We desire to assist as many organizations as possible, however, geographic location, ability to satisfy eligibility requirements and availability of funds will be considered in all cases.

Those organizations that have been approved for a 2024 Mini-Grant will receive confirmation from this office. **Confirmation must be received before any clean-ups can be done through this program, as no organization will be awarded \$500.00 without prior approval.**

Once a Mini-Grant has been awarded and the **initial clean-up has been completed, Forms D and E** should be submitted, as well as a brief narrative, (which describes your experience).

Please contact me at (856) 858-5241 should you have any questions.

Sincerely,

Brian Costantino, Director  
Div. of Environmental Affairs



# CLEAN COMMUNITIES MINI GRANT

## ***SOME SUGGESTIONS FOR A SUCCESSFUL PROGRAM .....***

1. To facilitate payment, establish a bank account in the name of your organization, if you have not already done so. All Mini-Grant checks will be issued in the organization's name and will be disbursed AFTER the successful completion of your clean-up program.
2. Designate a contact person, email address and daytime telephone number.
3. Select two (2) alternate dates at the time you schedule your clean-up date.
4. Designate an individual who is available during the day to pick up all items needed for the clean-up.
5. Pick-up & return of supplies must be coordinated through the Division of Environmental Affairs personnel - (856) 858-5241
  - T-shirts, bags, tools, etc., are to be picked up at:

**Camden County**  
**DIVISION OF ENVIRONMENTAL AFFAIRS**  
**1301 Park Blvd.**  
**Cherry Hill, NJ 08002**

6. Before beginning your clean-up, instruct all participants NOT TO PICKUP anything which may be POTENTIALLY HAZARDOUS. (i.e. medical waste, unknown liquid chemical substances, etc.). Should you encounter such items, please alert your Municipal Public Works Department.
7. Contact the Public Works Department in the town where your clean-up is taking place and notify them that a recycling/trash pickup will be needed in that area. (*Numbers for Public Works Departments can be obtained through the Division of Environmental Affairs office.*)
8. Make your clean-up a learning experience. Ask children who participate in the program to write about their experience. Mail letters to us at the address listed above. We value every child's letter.
9. Designate an individual to serve as photographer on the day of your clean-up. We would appreciate copies of any pictures you take. (*before and/or after clean-up picture, or group picture*) These pictures may be used in our "**Recycler**" Newsletter, which a publication sent to all County residents and businesses.
10. You may want to contact your local newspaper for media coverage, as weekly newspapers are always looking for local interest stories.

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Please contact us at (856) 858-5241 with any questions.



DATE RECV: \_\_\_\_\_

CLEAN-UP DATE: \_\_\_\_\_

INSURANCE: Y or N



# CLEAN COMMUNITIES MINI-GRANT APPLICATION

- APPLICATION DEADLINE:** Must be post marked by **September 30, 2024**. No applications will be accepted after that date.
- Your first clean-up date must be between **April 1, 2024 to June 30, 2024** or **September 1, 2024 to October 31, 2024**

Please use the calendar below to select your FIRST clean-up and rain dates.

April						
Su	M	Tu	W	Th	F	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

May						
Su	M	Tu	W	Th	F	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

June						
Su	M	Tu	W	Th	F	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

September						
Su	M	Tu	W	Th	F	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

October						
Su	M	Tu	W	Th	F	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

1<sup>st</sup> CLEAN-UP DATE: \_\_\_\_\_, 20\_\_\_\_

RAIN DATES / ALTERNATE DATES: \_\_\_\_\_ & \_\_\_\_\_

*(Every effort will be made to accommodate your first choice. However, due to potential scheduling conflicts we ask that you select two alternative dates for your clean-up)*

**\*\*\*\* PLEASE RETURN THIS PAGE along with FORMS A, B & C \*\*\*\***

GROUP: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_, 20\_\_\_\_

CONTACT: \_\_\_\_\_ DAY PHONE #: \_\_\_\_\_

EMAIL: \_\_\_\_\_

CLEAN-UP SITE: \_\_\_\_\_

MUNICIPALITY (WHERE SITE IS LOCATED): \_\_\_\_\_

CLEAN-UP DATE: \_\_\_\_\_ TIME OF CLEAN-UP: \_\_\_\_\_



**CLEAN COMMUNITIES MINI-GRANT APPLICATION**

**TODAY'S DATE:** \_\_\_\_\_, **20**\_\_\_\_\_

**GROUP NAME:** \_\_\_\_\_  
*(as it appears on your bank account)*

**TAX EXEMPT #:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**CONTACT:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_ **DAY PHONE#:** \_\_\_\_\_

**LOCATION of PROPOSED CLEAN-UP SITE (IF KNOWN):**

**MUNICIPALITY -** \_\_\_\_\_

**LOCATION -** \_\_\_\_\_  
\_\_\_\_\_

*If you are unsure of a clean-up site, contact your Municipal Clean Communities Coordinator or Public Works Department for suggestions.*

**DATE of PROPOSED CLEAN-UP**

*All clean-ups must be held between:*

**April 1 - June 30 or September 1 - October 31.**

\_\_\_\_\_, 20\_\_\_\_\_  
*(1<sup>st</sup> date)*      \_\_\_\_\_ *(Time)*      **RAIN DATES / ALTERNATE DATES:** \_\_\_\_\_ & \_\_\_\_\_  
*(2<sup>nd</sup> date)*      *(3<sup>rd</sup> date)*

**HOW WOULD YOU DESCRIBE YOUR ORGANIZATION?**

- |  |                                 |
|--|---------------------------------|
| _____ <i>Civic Group</i>                       | _____ <i>School/PTA (other)</i> |
| _____ <i>Environmental</i>                     | _____ <i>Scouts</i>             |
| _____ <i>Religious Group</i>                   | _____ <i>Youth Athletics</i>    |
| _____ <i>Other....., please describe</i> _____ |                                 |



**CLEAN COMMUNITIES MINI-GRANT APPLICATION**

The undersigned, being a duly authorized representative of \_\_\_\_\_  
*(Organization's Name)*  
*(hereafter APPLICANT)* hereby affirms that APPLICANT is a bonafide NONPROFIT GROUP  
and has no affiliation, either directly or indirectly, with any political party.

Further, if awarded a Clean Communities Mini-Grant, APPLICANT agrees to:

- A. Utilize NOT LESS THAN TWENTY (20) PERSONS, to actively participate in a Program of litter pickup and removal (PROGRAM).
- B. Provide adult supervision for all PROGRAM participants under the age of 18 years such that a ratio of no less than one adult supervisor for each five (5) participants under the age of 18 years is assured.
- C. Schedule the PROGRAM for not less than three (3) hours in duration.
- D. Provide all transportation necessary to implement the PROGRAM including the pickup and return of any and all tools and equipment loaned to APPLICANT by Camden County within 72 hours of the completion of the PROGRAM.
- E. Provide the County with the following information within two weeks, FOLLOWING completion of the PROGRAM:
  - 1. Completed documentation Forms D and E.
  - 2. A brief narrative describing your clean-up activities.
- F. Assume full responsibility for the recycling and disposal of all collected litter.
- G. Indemnify and hold harmless the County of Camden and its employees from any accidents or injuries to persons or property resulting either directly or indirectly from participation in the PROGRAM.



H. Provide the County with proof of liability insurance relative to said activity.

I. "Adopt" the clean-up site identified in the application for one (1) year from the date of the initial clean-up so as to provide not less than two (2) additional clean-ups of the site identified and without additional compensation.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

=====

**OFFICE USE ONLY**

APPROVED \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**FORM C TO BE COMPLETED & SUBMITTED PRIOR TO CLEAN-UP:**

Please fill out this Form (C). ---- Submit: Attachment A, Forms A, B & C and the W-9 form, (pgs: 1 to 6), and a copy of your Certificate of Insurance, for consideration

GROUP: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_, 20 \_\_\_\_  
 CONTACT NAME: \_\_\_\_\_ DAY PHONE#: \_\_\_\_\_  
 CLEAN-UP DATE: \_\_\_\_\_, 20 \_\_\_\_ **CLEAN-UP?: 1, 2 or 3 (circle one)**  
 CLEAN-UP SITE: \_\_\_\_\_

**NUMBER OF ITEMS NEEDED:**

**T-Shirts** (maximum 30) Adult Sizes: S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_  
 (How many in each size ????)

**Bags** (maximum 30) \_\_\_\_\_

**NUMBER OF ITEMS BORROWED:**

<b>BANNER</b>	(Y) (N)	RETURNED _____
<b>GRABBERS</b> (maximum 15)	_____	RETURNED _____
<b>BROOMS</b> (maximum 5)	_____	RETURNED _____
<b>SHOVELS</b> (maximum 8)	_____	RETURNED _____
<b>RAKES</b> (maximum 8)	_____	RETURNED _____
<b>PITCHFORKS</b> (maximum 5)	_____	RETURNED _____
<b>VESTS</b> (maximum 25)	_____	RETURNED _____
<b>GLOVES</b> (maximum 25)	_____	RETURNED _____
<b>SIGNS</b>	_____	RETURNED _____
<b>CONES</b>	_____	RETURNED _____

----- We ask that you NOTIFY this office (858=5241), PRIOR to your scheduled clean-up date so that we might schedule an equipment pick-up time.

----- All borrowed tools and unused Ts and bags must be returned on the TUESDAY or WEDNESDAY following your clean-up.

The cost for unreturned tools will be DEDUCTED from the \$500.00 MINI-GRANT at the rate of \$ 10.00 / per tool.

**EQUIPMENT Signed OUT:** \_\_\_\_\_  
 Signature Date

**EQUIPMENT RETURNED:** \_\_\_\_\_  
 Signature Date

**Request for Taxpayer  
Identification Number and Certification**

Give form to the requester. Do not send to the IRS.

**Print or type**  
**See Specific Instructions on page 2.**

Name (as shown on your income tax return)

Business name, if different from above

Check appropriate box:  Individual/Sole proprietor  Corporation  Partnership  
 Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ -----  Exempt payee  
 Other (see instructions) ▶

Address (number, street, and apt. or suite no.) Requester's name and address (optional)

City, state, and ZIP code

List account number(s) here (optional)

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I Instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number : : :
or
Employer identification number : : :

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Purpose of Form**

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,





**TO BE COMPLETED & SUBMITTED *AFTER* CLEAN-UP :**

GROUP: \_\_\_\_\_ CLEAN-UP DATE: \_\_\_\_\_, 20 \_\_\_\_

NUMBER of PARTICIPANTS: \_\_\_\_\_ **CLEAN-UP? 1, 2 or 3 (circle one)**

CLEAN-UP SITE: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ DAY PHONE#: \_\_\_\_\_

\*\*\*\*\* *Please ESTIMATE the following (to the best of your ability)* \*\*\*\*\*

**RECYCLABLE LITTER COLLECTED** --- Total number of bags (based on a 30-gallon bag) times the estimated wt. per bag collected = Total weight recycled

**Note** -- **LEAVES** are **NOT LITTER** and should **NOT** be factored in the Recyclable bag count.

-- Indicate "NOT APPLICABLE" categories below with the designated **N/A**

	<u>TOTAL # of BAGS</u>		<u>Estimated WEIGHT (lbs) per bag</u>	=	<u>TOTAL WEIGHT (lbs.)</u>	<u>MATERIAL WAS: (circle one)</u>
<u>TRASH</u>	_____	x	_____	=	_____ lbs.	
<u>GLASS/ALUMINUM</u>	_____	x	_____	=	_____ lbs.	<u>RECYCLED//TRASH</u>
<u>SCRAP METAL</u>	_____	x	_____	=	_____ lbs.	<u>RECYCLED//TRASH</u>
<u>PLASTIC</u>	_____	x	_____	=	_____ lbs.	<u>RECYCLED//TRASH</u>
<u>WOOD</u>	_____	x	_____	=	_____ lbs.	<u>RECYCLED//TRASH</u>
<u>OTHER (PLEASE SPECIFY)</u>	_____		_____	=	_____ lbs.	<u>RECYCLED//TRASH</u>
_____	_____		_____	=	_____ lbs.	<u>RECYCLED//TRASH</u>
_____	_____		_____	=	_____ lbs.	<u>RECYCLED//TRASH</u>
_____	_____		_____	=	_____ lbs.	<u>RECYCLED//TRASH</u>

**PLEASE SUBMIT THIS FORM WITHIN TWO WEEKS OF CLEAN-UP**

**PAYMENT OF GRANT FUNDS CANNOT BE MADE UNTIL THIS FORM (D), and FORM "E" ARE RECEIVED BY THE DIVISION OF ENVIRONMENTAL AFFAIRS**





