

GENERAL PROJECT DETAILS

IS THIS ON PRIVATE PROPERTY? _____

PROJECT TITLE: _____

GROUP NAME: _____

- MY PROJECT IS TAKING PLACE AT A PARK AND/OR RECREATION FACILITY.
- MY PROJECT IS ORGANIZED BY A COMMUNITY GROUP OR CDC.

If you checked above, please enter the name of the park, recreation center, or community group.

ENTER A BRIEF PROJECT DESCRIPTION: _____

Location, current condition, plans for site use, progress on this plan, community support for project, and any match funding or agreements with partner organizations.

VOLUNTEER DETAILS

TOTAL NUMBER OF VOLUNTEERS REQUESTED/PROJECTED: _____

(Each project site must be limited to 20 volunteers max and should be limited to even below 20 where possible. This includes yourself and any volunteers you can identify at the time of submitting this form. Please note, your project will no longer be available to accept volunteers once your requested number of volunteers is reached.)

PROJECT LOCATION & REFUSE COLLECTION DETAILS

This is the physical location of the project. It will also serve as the location where collected waste and litter should be left for city collection.

PLEASE LIST THE NEIGHBORHOOD THE CLEANUP WILL TAKE PLACE: _____

PROJECT LOCATION NAME: _____

PROJECT LOCATION STREET ADDRESS: _____

PROJECT LOCATION ZIP CODE: _____

VOLUNTEERS WILL MEET AT: _____

PROJECT APPLICATIONS DUE BY MONDAY, MARCH 29, 2021



PRIMARY CONTACT

(This will become the PRIMARY contact information to be used for all communication regarding this project.)

FIRST NAME: _____

LAST NAME: _____

EMAIL ADDRESS: _____

PRIMARY CONTACT PHONE NUMBER: _____

IS THE PRIMARY CONTACT A BLOCK CAPTAIN? _____

ALTERNATE CONTACT DETAILS

Although the primary method for communication about this project will be conducted through the above PRIMARY CONTACT fields, you can optionally add an additional person of contact. All communication about this project will go to both the Primary Contact and this Alternate Contact.

ALTERNATE CONTACT FIRST NAME: _____

ALTERNATE CONTACT LAST NAME: _____

ALTERNATE CONTACT EMAIL: _____

ALTERNATE CONTACT PHONE NUMBER: _____

REQUESTED SUPPLIES

Please place an "X" to the right of the supplies required for your project in the boxes below.

Bags Rakes Shovels Gloves Brooms Masks

No supplies needed

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