

Clean Communities Program
SUMMARY SHEET

In order to obtain funding for your project, this form MUST be completed and returned
To Alloway Township clean Communities Coordinator - *Address on Business*
Card provided - following completion of your cleanup. Please take this form
on clean up day to be accurate.

Group Name _____

Project Location _____

Please ESTIMATE to the best of your ability: (A scale is provided to assist you)

Total Miles from which litter was picked up _____

Trash Collection (Trash is solid waste collected, other than recyclables)

Number of bags _____ Total pounds collected _____

Recyclable Collection:

| | Estimated weight in lbs. |
|------------------------------------|--------------------------|
| Glass bottles | _____ |
| Scrap metal/aluminum | _____ |
| Plastic bottles | _____ |
| Tires - # _____ | _____ |
| Other (please specify) | _____ |
| _____ | _____ |
| TOTAL Weight of Recyclables | _____ |

Signature _____ Date _____

Send "grant check" to (address): _____
