

**Clean Communities Program**  
**SUMMARY SHEET**

In order to obtain funding for your project, this form **MUST** be completed and return to Alloway Township Clean Communities Coordinator following completion of your cleanup. Please take this form on cleanup day to be accurate.

Group Name: \_\_\_\_\_

Project Location: \_\_\_\_\_

Date(s) of clean-up: \_\_\_\_\_

Please **ESTIMATE** to the best of your ability:

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 name and address: \_\_\_\_\_

\_\_\_\_\_