

**BURLINGTON TWP. CLEAN COMMUNITIES  
MINI-GRANT APPLICATION**

**Name of Organization:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Location of Clean Up:** \_\_\_\_\_

**Date of Clean Up:** \_\_\_\_\_ 10/14/23 \_\_\_\_\_

**Grant Amount:** \_\_\_\_\_ \$250.00 \_\_\_\_\_

*If you are unsure of a clean-up site, we can assign an area to you. The Clean Communities Program reserves the right to determine what area(s) will be served. We will attempt to approve the area requested by the applicant.*

**How would you describe your organization?**

Church Group          Civic Group          Girl Scouts/Boy Scouts

Youth Athletics          School/PTA          Other (Describe)

*To be considered for a grant, your organization must be located in Burlington Twp., NJ OR the majority of its members must reside in Burlington Twp., NJ.*

**Expected Number of Participants:** \_\_\_\_\_

**E-Mail Application to:** [dflannery@twp.burlington.nj.us](mailto:dflannery@twp.burlington.nj.us)