

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

Name of Organization: _____

Address: _____

Contact Person: _____

Phone Number: _____

Location of Clean Up: _____

Date of Clean Up: _____ 10/25/2025 _____

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

