

PROJECT CLEAN

Atlantic City Department of Public Works



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Crystal J. Lewis, Public Works Director

Ahmid Abdullah, Sr., Asst. Director Public Works

Angela Brooks-Pittman, Clean Communities Coordinator

Phone 609-347-5700

Fax 609-347-6115

OVERVIEW

As part of the City of Atlantic City Department of Public Works Clean Communities initiative, churches, sports leagues, civic associations, and groups of 5 or more residents can adopt blocks of four or more in radius and can receive \$200 a month (clean communities mini grant) for a total of four months beginning June 3, 2024, for a grand total of \$800. Each group will need to have a team captain who will be responsible for the collection of the monthly stipend. Each group will be responsible for two clean-ups per month and the Department of Public Works needs to be notified three days prior to each clean-up for oversight.

Each participant will need to fill out a Hold Harmless Agreement prior to clean-ups for each clean-up which the team captain will be responsible to distribute. Any participant under the age of 18yrs old will need to have consent of a parent or legal guardian.

TAKE PRIDE IN YOUR COMMUNITY AND LEND A HAND!



This Photo by

CITY OF ATLANTIC CITY CLEAN COMMUNITIES COMMUNITY PROGRAM

CLEAN COMMUNITIES GRANT APPLICATION

Name of Recipient / Organization: _____

If Recipient is a Group, Provide Names Below:

(Add Additional Paper if Needed)

Address: _____

City: _____ State: ____ Zip Code: _____

Phone Number: _____ Email: _____

Name of Principal Contact Person: _____

Phone Number: _____ Email: _____

Please Provide Location to Which you Choose to Clean
(Attach Additional Sheets if Necessary)

We understand that all materials for cleaning will be provided by the Atlantic City Clean Communities Program _____

Initials

Grants of funds under the Clean Communities Program will be issued once a month, for 4 months in the amount of \$200 per month for two (2) clean-ups per month _____

Initials

I certified that I have read the entire grant packet that was provided to me, and I am fully aware of my responsibilities _____

Signature

Principal Contact Person for Applicant / Organization

Date

FOR OFFICE USE ONLY

Crystal J. Lewis
Director, Public Works Department

Date

Anthony Swan, Esq.
Business Administrator

Date

Approval:

YES _____

NO _____

CLEAN COMMUNITY EVENT PERMISSION SLIP & WAIVER OF LIABILITY

Team Captain Name: _____

Name of Group: _____

Date of Clean-Up _____

Participant Name: _____ Male _____ Female _____ Age: _____

Name of Parent/Guardian: _____

Phone: (H) _____ (W) _____ (C) _____

Address: _____

Emergency Contact(s): _____

Phone: (H) _____ (W) _____ (C) _____

Please Indicate Medical Concerns/Allergies/Special Needs: _____

**RELEASE OF LIABILITY & PARENT/GUARDIAN'S
AGREEMENT/AUTHORIZATION/RELEASE:**

I understand that participation in the event activities/programs set forth above may carry inherent risks. I understand and acknowledge that participation in this event and activities/programs is purely voluntary, and participants should not participate in any activity beyond their physical or medical condition, which makes them uncomfortable, or which they consider unsafe. By way of this form, I authorize the staff providing/monitoring the activity to obtain medical/hospital treatment for the above participant in the event of an emergency, including medical transport, if necessary.

I hereby and represent that if the participant is a minor, I am his/her parent/guardian and authorized to provide the releases, authorizations, and permissions stated herein and all the information provided is accurate and complete. I hereby give permission for the participant named above to participate in the above listed event activity/program, including transportation in approved vehicles and lodging if necessary. I acknowledge that if the City of Atlantic City has a policy for conduct in participation of this event and any associated activities/programs that I hereby agree that the participant is subject to said policies, including the disciplinary provisions of the policy.

I further give the City of Atlantic City permission to use the image albeit, in print, video, slide show or website of myself or that of my child/children or charge to promote City of Atlantic City and/or its' programming. I will not hold the City of Atlantic City responsible for any reproduction or any other form of use not intended for City of Atlantic City purposes.

By initialing the following box [] I opt out of the preceding provision and **do not** want to or give permission to have my image or that of my child, children or charge used.

I have read the above information and understand that I am responsible for any medical bills incurred because of accidents or injuries.

I, individually and on behalf of my child/ward, for any and all heirs and personal representatives, do hereby release and forever discharge the City of Atlantic City, as well as individuals and entities related to the City of Atlantic City, including but not limited to the City of Atlantic City's directors, officers, employees, agents, principals, attorneys, and successors and all persons acting by, through, under or in concert with any of them from any and all claims, obligations, debts, demands, actions, causes of action, suits, accounts, covenants, contracts, agreements, and damages whatsoever of every name and nature, both in law and equity, which I now have or in the future may have relating to, occurring during, or arising out of, any injured sustained by me or my child as a result of his/her participation in this Event and associated activities/programs.

PLEASE READ CAREFULLY. THIS RELEASE OF LIABILITY CONTAINS A RELEASE OF KNOWN AND UNKNOWN CLAIMS BY YOU AND YOUR CHILD. BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THIS RELEASE OF LIABILITY, AND KNOWINGLY AND VOLUNTARILY SIGN BELOW:

Signature of Participant or Parent/Guardian if participant is under 18

Date

VENDOR INFORMATION FORM
CITY OF ATLANTIC CITY
DIVISION OF PURCHASING
CITY HALL
TELEPHONE: 609-347-5393
FAX: 609-347-5250

FAX COMPLETED FORM ALONG WITH A COPY OF YOUR W-9 TO 609-347-5250 OR
E-MAIL TO kastin@cityofatlanticcity.org

COMPANY NAME: _____

CONTACT: _____
FIRST NAME LAST NAME

ADDRESS: _____
STREET ADDRESS

_____ CITY STATE

_____ ZIP CODE COUNTY

REMITTANCE ADDRESS: _____
FOR _____
PURCHASE ORDERS _____
& PAYMENT _____

TELEPHONE: _____
AREA CODE TELEPHONE NUMBER

E-MAIL ADDRESS: _____

FAX: _____
AREA CODE TELEPHONE NUMBER

FEIN# _____

PLEASE SUBMIT: _____
A BRIEF DESCRIPTION _____
OF PRODUCTS/ _____
SERVICES _____

**2024 PROJECT CLEAN
KEEP ATLANTIC CITY CLEAN AND LEAN**

KICK OFF JUNE 3 – September 30, 2024



**SPONSORED BY
City of Atlantic City
Department of Public Works**

**Honorable Marty Small Sr., Mayor
Crystal Lewis, Director of Public Works
Ahmid Abdullah Sr., Asst. Director Public Works
Angela M. Brooks-Pittman, Certified Clean Communities Coordinator
Call (609)347-5700**