

# PROJECT CLEAN

## Atlantic City Department of Public Works



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# OVERVIEW

The City of Atlantic City, Department of Public Works is kicking off a new Cleaning Initiative. Churches, sports leagues, civic associations, and groups of 5 or more residents can adopt blocks of 4 or more in radius and can receive \$200 a month (clean communities mini grant) for a total of 4 months beginning June 5, 2023, 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 a minimum of 2 clean-ups per month and the Department of Public Works needs to be notified 3 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 for distributing. Any participant under the age of 18yrs old will need to have the consent of a parent or legal guardian.

**TAKE PRIDE IN YOUR COMMUNITY AND LEND A HAND!**



**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)

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**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 injury 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](mailto:kastin@cityofatlanticcity.org)

**COMPANY NAME:** \_\_\_\_\_

**CONTACT:** \_\_\_\_\_  
FIRST NAME LAST NAME

**ADDRESS:** \_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY STATE

\_\_\_\_\_  
ZIP CODE COUNTY

<b>REMITTANCE ADDRESS:</b>	_____
<b>FOR</b>	_____
<b>PURCHASE ORDERS</b>	_____
<b>&amp; PAYMENT</b>	_____

**TELEPHONE:** \_\_\_\_\_  
AREA CODE TELEPHONE NUMBER

**E-MAIL ADDRESS:** \_\_\_\_\_

**FAX:** \_\_\_\_\_  
AREA CODE TELEPHONE NUMBER

**FEIN#** \_\_\_\_\_

<b>PLEASE SUBMIT:</b>	_____
<b>A BRIEF DESCRIPTION</b>	_____
<b>OF PRODUCTS/</b>	_____
<b>SERVICES</b>	_____