



#OUROCONEE

OurOconee Program Roadway Litter Cleanup Grant Annual Application

1. Organization Information

Organization Name

Address:

City:

State:

Zip Code:

Phone:

Email:

2. Contact Information

Name:

Role in the organization:

Address:

City:

State:

Zip Code:

Phone:

Email:

3. Project Leader Information *(if different than above)*

Name:

Address:

City:

State:

Zip Code:

Phone:

Email:

4. Which of the one of the following most closely describes the organization? *(May not be a representative of or affiliated with any political party.)*

Nonprofit Organization

Yes

No

School

Yes

No

Business

Yes

No

Civic Group

Yes

No

Other *(Describe)* _____

Yes

No

5. How many years has the organization been in existence? *(Must be a minimum of one year prior to application submittal.)*

6. Please attach the following documents.

(a) Proof of 501(c)3 status *(if applicable)*

(b) Completed W-9 form

(c) Proof of liability insurance

(d) List of all participants *(All participants must be at least 16 years old on the application submittal date.)*

(e) Individual liability waivers for each participant listed

7. What are the preferred road(s) and/or mileage? *(The Oconee County Sheriff's Office will assign roads/mileage.)*

8. What are the tentative cleanup dates and times?

9. Organization's Authorized Signature and Date