

ANDREW SIMONE  
Certified Public Works Manager  
C.P.W.M.  
asimone@berlintwp.com

---



GIANNI MAGAZZU  
Clean Communities Coordinator  
Public Works Department  
gmagazzu@berlintwp.com

---

## **TOWNSHIP OF BERLIN**

**PUBLIC WORKS DEPARTMENT**

135 Route 73 South  
West Berlin, NJ 08091  
Phone (856) 767-5052  
Fax (856) 767-4231

# **Berlin Township Sponsored Clean Communities Mini-Grant Program**

Dear Applicant,

Thank you for your interest in the Berlin Township Clean Communities Mini-Grant Program and in applying for a \$500.00 Clean Communities Mini-Grant.

The purpose of this program is to support local nonprofit organizations, schools, scout troops, athletic organizations, civic groups, religious organizations, environmental groups, and community organizations interested in organizing litter cleanup and beautification efforts throughout Berlin Township.

---

## **ELIGIBILITY REQUIREMENTS**

The eligibility requirements for the Mini-Grant Program are outlined on Form B of the enclosed application.

### **APPLICATION DEADLINE**

Applications must be submitted by **September 30**.  
No applications will be accepted after that date.

### **ELIGIBLE APPLICANTS**

Applicants must:

- Be a nonprofit organization, school group, civic organization, youth organization, religious organization, environmental group, or community-based organization
- **Be based in or actively serving Berlin Township**
- Provide a W-9 form
- Designate a contact person and phone number

## **CLEANUP REQUIREMENTS**

Organizations awarded funding must:

- Organize a cleanup within Berlin Township
  - Utilize a minimum of twenty (20) participants
  - Conduct at least three (2) cleanups over a one-year period
  - Cleanups must be a minimum of two (2) hours
  - Complete their first cleanup between:
    - April 1– June 30
- OR**
- September 1– October 31

## **REQUIRED DOCUMENTS**

The following must be submitted:

- Attachment A
- Forms A, B, and C
- W-9 Form (blank copy provided on this application)
- Certificate of Insurance (if available at the time of application)

Applications should be submitted to:

Gianni Magazzu  
Berlin Township Department of Public Works  
200 Edgewood Ave  
West Berlin, NJ 08091

---

## **INSURANCE REQUIREMENTS**

Proof of insurance coverage must be submitted prior to the approved cleanup date.  
No cleanups may be conducted without proof of insurance coverage.

---

# PROGRAM REQUIREMENTS

Organizations receiving a Mini-Grant agree to:

- Adopt their cleanup location for one (1) year
- Conduct a minimum of two (2) cleanups during that period
- Submit Forms D and E following the initial cleanup
- Submit a brief one-page narrative describing the cleanup experience

Submission of an application does not guarantee funding. Berlin Township reserves the right to determine funding awards based on:

- Availability of funds
- Geographic distribution
- Ability to meet program requirements
- Community impact

Approved organizations will receive written confirmation prior to beginning cleanup activities.

---

## SOME SUGGESTIONS FOR A SUCCESSFUL PROGRAM

1. Establish a bank account in your organization's name to facilitate payment.
2. Designate a primary contact person with a daytime phone number and email address.
3. Select two alternate cleanup dates when scheduling your event.
4. Assign an individual responsible for supply pickup and return.
5. Coordinate cleanup supplies and equipment through Berlin Township Public Works.
6. Instruct participants NOT to handle hazardous materials such as:

- medical waste
- unknown chemicals
- syringes
- sharp objects

If hazardous materials are found, notify Berlin Township Public Works immediately.

7. Coordinate trash and recycling pickup with Berlin Township Public Works following the cleanup.
8. Make the cleanup educational and community-focused.
9. Designate someone to take photos during the cleanup. Photos may be used for Township newsletters, social media, or community outreach materials.

10. Contact local newspapers and media outlets to promote your cleanup efforts.

---

# ATTACHMENT A

## BERLIN TOWNSHIP CLEAN COMMUNITIES MINI-GRANT APPLICATION

### APPLICATION DEADLINE

September 30

### FIRST CLEANUP DATE MUST OCCUR BETWEEN:

- April 1 – June 30  
OR
- September 1 – October 31

---

GROUP NAME: \_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

CLEANUP SITE: \_\_\_\_\_

MUNICIPALITY: Berlin Township, NJ 08091

CLEANUP DATE: \_\_\_\_\_

RAIN DATES: \_\_\_\_\_ & \_\_\_\_\_

---

# FORM A

## ORGANIZATION INFORMATION

Organization Name: \_\_\_\_\_

Tax Exempt Number (if applicable): \_\_\_\_\_

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

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

Email Address: \_\_\_\_\_

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

Description of Organization:

- Civic Group
  - School/PTA
  - Scouts
  - Environmental Group
  - Religious Organization
  - Athletic Organization
  - Other: \_\_\_\_\_
-

# FORM B

## APPLICANT AGREEMENT

The undersigned agrees that the organization will:

- Utilize a minimum of twenty (20) participants
- Provide adult supervision for minors
- Conduct cleanup activities lasting at least two (2) hours
- Properly dispose of collected litter
- Return borrowed supplies/equipment
- Submit all required forms following cleanup completion
- Conduct two (2) cleanups during the one-year adoption period
- Hold harmless Berlin Township from liability related to cleanup participation

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Organization: \_\_\_\_\_

---

# FORM C

TO BE COMPLETED & SUBMITTED PRIOR TO CLEAN-UP: Please fill out this Form (C). --  
-- Submit: Attachment A, Forms A, B & C and the W-9 form, and a copy of your Certificate of Insurance, for consideration.

GROUP: \_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_, 20

CONTACT NAME: \_\_\_\_\_

DAY PHONE#: \_\_\_\_\_

CLEAN-UP DATE: \_\_\_\_\_, 20

CLEAN-UP: 1, or 2 (circle one)

CLEAN-UP SITE:  
\_\_\_\_\_

NUMBER OF ITEMS NEEDED:

Bags (maximum 30) \_\_\_\_\_

## **NUMBER OF ITEMS BORROWED:**

BANNER (Y) (N) RETURNED \_\_\_\_\_

GRABBERS (maximum 15): \_\_\_\_\_ RETURNED \_\_\_\_\_

BROOMS (maximum 5): \_\_\_\_\_ RETURNED \_\_\_\_\_

SHOVELS (maximum 8): \_\_\_\_\_ RETURNED \_\_\_\_\_

RAKES (maximum 8): \_\_\_\_\_ RETURNED \_\_\_\_\_

VESTS (maximum 25): \_\_\_\_\_ RETURNED \_\_\_\_\_

GLOVES (maximum 25): \_\_\_\_\_ RETURNED \_\_\_\_\_

CONES: \_\_\_\_\_ RETURNED \_\_\_\_\_

----- We ask that you NOTIFY the Berlin Township Public Works Department prior to your scheduled clean-up date so that we may schedule an equipment pick-up time.

----- All borrowed tools and unused T-shirts and bags must be returned on the MONDAY or following your clean-up.

The cost for unreturned tools may be DEDUCTED from the \$500.00 MINI-GRANT at the rate of \$10.00 per tool.

EQUIPMENT Signed OUT: \_\_\_\_\_

\_\_\_\_\_  
Signature Date

EQUIPMENT RETURNED: \_\_\_\_\_

\_\_\_\_\_  
Signature Date

# FORM D

## CLEANUP REPORT FORM

Number of Participants: \_\_\_\_\_

Estimated Bags Collected: \_\_\_\_\_

Estimated Weight Collected: \_\_\_\_\_

Types of Waste Collected:

- Trash
- Plastic
- Glass
- Aluminum
- Scrap Metal
- Other

Brief Narrative Summary:

---

---

---



## Request for Taxpayer Identification Number and Certification

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

**Give form to the  
 requester. Do not  
 send to the IRS.**

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

<b>Print or type.</b> See <i>Specific Instructions</i> on page 3.	<b>1</b>	Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	
	<b>2</b>	Business name/disregarded entity name, if different from above.	
	<b>3a</b>	Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . . <b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.  <input type="checkbox"/> Other (see instructions) _____	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____  <i>(Applies to accounts maintained outside the United States.)</i>
	<b>3b</b>	If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . <input type="checkbox"/>	
	<b>5</b>	Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)
	<b>6</b>	City, state, and ZIP code	
	<b>7</b>	List account number(s) here (optional)	

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

<b>Social security number</b>									
- -									
<b>OR</b>									
<b>Employer identification number</b>									
- - - - -									

**Note:** If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person	Date
------------------	--------------------------	------

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they