

City of Duluth

PROJECT REQUEST

For more information, please contact:

Cheryl Skafte, Volunteer Coordinator, City of Duluth
218-730-4334 (phone) | 218-730-5913 (fax)

cskafte@duluthmn.gov

EVENT COORDINATOR INFORMATION

Coordinator Name:

Organization Name:

Type of Organization (select one):

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Afterschool | <input type="checkbox"/> Faith Based |
| <input type="checkbox"/> School Based | <input type="checkbox"/> Youth Group |
| <input type="checkbox"/> Business | <input type="checkbox"/> Scout/Troop |
| <input type="checkbox"/> Nonprofit | <input type="checkbox"/> Adopt-a-Spot |
| <input type="checkbox"/> Neighborhood | <input type="checkbox"/> Individual/Family |
| <input type="checkbox"/> Other: | |

Primary Phone Number:

Email Address:

Mailing Address:

PROJECT DETAILS

Date and Time of Event

Name/Location of Area Cleaned

Please provide a detailed description of the proposed clean-up area, including street, creek and/or trail names to define the boundaries of the area as specifically as possible.

Number of Expected Volunteers:

Would you like the City of Duluth to recruit additional volunteers to participate in your clean-up event? YES NO

Is the event site kid-friendly? YES NO

Does your group require available restrooms? YES NO

We cannot guarantee that restrooms will be available at every location, but we will do our best to accommodate requests.

Does your event include activities other than a clean-up? If so, please explain. *Please indicate if your group would like to include additional clean-up activities such as weeding, raking, invasive species removal, park maintenance, etc.*



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Type of activities (please check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Graffiti Removal | <input type="checkbox"/> Litter Removal |
| <input type="checkbox"/> Gardening/Weeding | <input type="checkbox"/> Trail Cleanup |
| <input type="checkbox"/> Roadside Cleanup | <input type="checkbox"/> Trail Maintenance |
| <input type="checkbox"/> Native Landscaping/Beautification | <input type="checkbox"/> Mowing/Trimming/Weed Whipping |
| <input type="checkbox"/> Invasive Species Removal | <input type="checkbox"/> Park Maintenance |
| <input type="checkbox"/> Tree, Shrub or Flower Planting | <input type="checkbox"/> Tree Maintenance |
| <input type="checkbox"/> Other: | |

SUPPLY/TOOL REQUEST

Please indicate the number of each item you will require. Garbage bags, latex gloves, safety vests and guideline packets will be made available to all groups. Other supplies will be distributed on a first come, first served basis, as available. Please indicate any other supply or tool needs you may have for your event.

Item	Amount	Item	Amount
Work Gloves		Disposable Gloves	
Safety Vests <i>Recommended for group leads and projects along the road ONLY</i>		Wheelbarrows	
Plastic Rakes		Metal Rakes	
Small Buckets		Small Litter Pickers	
Large Buckets		Medium Litter Pickers	
Shovels		Long Litter Pickers	

Material Delivery

Please indicate if you'd like to have material delivered for your project. Clearly state what type of material (mulch, class 5, limestone, street sweepings, etc) and the amount (5 yards, etc).

Waste/Material Removal

Please indicate if you'd like to have material removed from your project. Clearly state what type of material will need to be removed (buckthorn, knotweed, garbage bags, dump site material, etc) and the anticipated amount (5 yards, etc).

Other Tools/Supplies

Please indicate if there are other tools (loppers, brush saws, weed wrenches, pitch forks, etc) that are not listed above that you need for your project. Clearly state what type and amount of each tool you need.