ADOPT-A-STREET LITTER REMOVAL PROGRAM APPLICATION

KEEP PORT ST. LUCIE BEAUTIFUL~ CITY OF PORT ST. LUCIE OFFICE OF SOLID WASTE

ORGANIZATION/GROUP/INDIVIDUAL INFORMATION:			
Primary Contact:	Address:		
Telephone:	Email:		
Secondary Contact:	Address:		
Telephone:	Email:		
Official Name of Group:	Group Name (for Sign if applicable):		
Adoption Information/Streets (From - To)			
Length of street, Volunteer responsibility: ☐ One (1)	mile		
Adopt-A-Street groups are eligible for a sign in their designated areas that they keep clean. One (1) official Adopt-A-Street sign (with group name only) per 1 mile of responsibility (one (1) doubled-sided sign will be installed centrally within the adopted area). For more than 1 mile of responsibility , two (2) official Adopt-A-Street signs (with group name only) (two (2) one-sided signs will be installed; one at each end of their area, (one at the beginning and one at the end). Two signs are the maximum per group in any area of roadway adopted. If you do want a sign for your designated area, it will be posted by our Traffic Operations division in a location appropriate for the existing conditions. *If you do not want a sign, please check here. D			
CLEANUPS: Required: 12 per year = 1 cleanup per month and submit litter removal form			
Planned start date: Planned scho	edule:		
Number of volunteers: Number of adults: _	Number of minors:		
Please provide number of each size t-shirt: Small	Medium Large XL 2XL		
APPLICANT STATEMENT: On behalf of			
Applicant Signature: T	Title: Date:		
RECOMMENDED: APPROVAL DISAPPROVAL - Reason:			
Keep Port St Lucie Beautiful Program Manager	Date		
Office of Solid Waste Director	Date		

ADOPT-A-STREET

LITTER REMOVAL PROGRAM AGREEMENT

THIS AGREEMENT, made and	entered into thisday of	f	Year 20,
by and between the CITY OF POI hereinafter called the "GROUP".	RT ST. LUCIE herein-after ca	alled the "CITY" and $_$	
WHEREASNAME OF STREET OR ZO	from	to	
is part of the street system in Port St.	Lucie, Florida.		
WHEREAS the CITY is authorized to	o contract with the private sector	r for the performance of	its duties.
WHEREAS the CITY has encouraged local individuals or organizations in s	1	pt-A-Street program for t	the participation of
WHEREAS the GROUP is agreeable the application and summarized above		he section of road right-	of-way identified on
NOW THEREFORE, the parties agre	ee as follows:		

THE GROUP SHALL:

- A. Shall receive a safety video and conduct a safety meeting prior to the group's first cleanup. It is the responsibility of the group leader/representatives identified on the application to ensure that each new participant views and fully understands the safety video, program guidelines and obtains signed forms by each participant.
- **B.** Prior to any litter removal activities, contact Keep Port St. Lucie Beautiful (772) 871-5103 to arrange an appropriate litter removal schedule.
- C. Perform litter removal activities in the agreed to section(s) of road right-of-way adjacent to the street identified in this agreement/application a minimum of twelve times a year or more as necessary.
- **D.** Contact Keep Port St. Lucie Beautiful if any special accommodations are required by any GROUP member to safely perform the volunteer activities. The CITY will make reasonable accommodations as requested by the applicant.
- E. Remove litter during daylight hours and during non-inclement weather conditions only.
- **F.** Ensure that all participants either wear gloves or use proper litter removal tools and trash bags.
- **G.** Ensure that all participants wear proper clothing and bright colored shirts or safety vests. Proper shirts are provided to all participants and safety vests can be provided upon request.
- **H.** Contact Keep Port St. Lucie Beautiful if cones and traffic control signs are requested for a cleanup. It will be the responsibility of the group leader/representative to safely return these items to Keep Port St. Lucie Beautiful (Office of Solid Waste) on the next business day.
- I. Have a working cell phone and a first-aid kit on hand.
- **J.** Only allow such persons to participate as are determined by the GROUP to be responsible enough to safely participate in the litter removal activities. The minimum age of participants is ten (10) years old.
- **K.** Provide one adult supervisor for every five (5) youths ages ten (10) to seventeen (17).
- L. Avoid picking up litter in construction areas, road medians, or in a street with high traffic volumes.
- M. Avoid lifting heavy or dangerous objects. Report any dangerous or suspicious items to the program coordinator or call 911.
- N. Submit a minimum of one (1) litter removal form every month after each cleanup = twelve (12) annually
- **0.** Report any injury accidents to the program supervisor at (772) 871-5103 or call 911.

THE CITY (OFFICE OF SOLID WASTE) SHALL:

- A. Issue the safety video, safety checklist, and other program materials that are provided as part of this program.
- B. Provide permanent Adopt-A-Street signs as applicable and identified on page one of the application.
- C. Provide T-shirts (or safety vests) for all active participants in the program.
- D. Remove trash bags from the roadway section when requested by the group.

E. Monitor compliance with program terms.	
	II.
hold harmless the CITY, any maintaining agencies and a loss, damage, cost charges or expense arising out of any the performance of this agreement, whether direct or ind CITY or said parties may be subject, except that neither	ROUP covenants and agrees that we will indemnify and all of their officers, agents and employees from any claim, y act, action, neglect or omission by the GROUP during irect, and whether to any person or property to which the er GROUP nor any of its members shall be liable under persons or property directly caused or resulting from the and all their officers, employees or agents.
Ti	П.
	or GROUP may terminate this agreement for any reason
T	V.
	ny beautification activities must be pursued by another
IN WITNESS WHEREOF, the parties hereto caused the above.	ese present to be executed, the day and year first written
NAME OF GROUP:	
RV·	
BY:GROUP REPRESENTATIVE	
SIGNATURE:	DATE:
DLN:	
Witness by CITY staff:	
CITY OF PORT ST. LUCIE, FLORIDA OFFICE OF SOLID WASTE	
BY:	&
KEEP PORT ST. LUCIE BEAUTIFUL PROGRAM MANAGER	OFFICE OF SOLID WASTE DIRECTOR