**CASTRO VALLEY SANITARY DISTRICT'S**

**PORTABLE RECYCLING CONTAINER DONATION PROGRAM**

"Get to the CORE through Bottle & Can Recycling"

## PROGRAM APPLICATION

Organization Name: _____

Organization Address: _____
Street City State Zip

Contact Name: _____

Contact Address: _____
(if different from above) Street City State Zip

Contact Phone: Home _____ Work _____

Estimated number of people impacted by recycling program: _____

Briefly describe your organization: _____

_____

_____

Briefly describe anticipated use of portable recycling containers: _____

_____

_____

Please be advised:

All donation requests will be reviewed by Castro Valley Sanitary District (CVSD) to determine eligibility. Response letters, advising if a donation has been granted, will be sent to above address within sixty (60) days of receipt of completed application. CVSD reserves the right to refuse any and all proposals without cause. Submission of request does not consent an expressed or implied award of donation.

Organizations accepting donations will be required to submit bi-annual reports to CVSD, 21040 Marshall Street, Castro Valley, CA 94546. Reports are due at six (6) month intervals from the day donation is received, for the duration of the donation's use, or until otherwise specified. Report requirements will be given when donation is rendered. Additionally, organization must accept full responsibility of Clearstream Recyclers.

I certify by signing this application that I am the responsible party for recycling coordination of the above organization. I am aware the submission of this document does not constitute that a donation has been approved by the District. I am aware of the reporting requirements should a donation be granted, and accept responsibility for meeting those requirements.

Signature: _____ Date: _____

Funding for PORTABLE RECYCLING CONTAINER DONATION PROGRAM funded by a grant from Department of Conservation.

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