



Name of Group/Organization: _____

Group Representative: _____

Contact Address (if different): _____

Telephone: _____ Email: _____

Check all that apply to the project location:

- | | | |
|----------------------------------------------|----------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Hillsborough County | <input type="checkbox"/> City of Tampa | <input type="checkbox"/> City of Temple Terrace |
| <input type="checkbox"/> Land based | <input type="checkbox"/> Water based | <input type="checkbox"/> Planting |
| <input type="checkbox"/> Adopt-A-Road | <input type="checkbox"/> Adopt-A-Park | <input type="checkbox"/> Storm drain marking |
| <input type="checkbox"/> Playground improved | <input type="checkbox"/> Weeding | <input type="checkbox"/> Adopt-A-Tube |
| | | <input type="checkbox"/> Adopt-A-Shoreline |
| | | <input type="checkbox"/> Street Signs clean |

Project Location: _____ Zip code: _____

Cross Streets (if right-of-way project): _____

Date of Project: _____ # Miles: _____ or Acres: _____

Total # of Volunteers: _____ Project Duration (Hours): _____

How many youth (under 18) _____ and adults _____

Were safety procedures reviewed prior to project? Yes No

_____ # bags of Trash _____ # bags of Recycle _____ #lbs. of invasives/weeds

_____ # Trees planted: Type/size _____

_____ # seeds planted _____ #Other plants: _____

Other large materials (ex. tires, Mattress, etc.): _____

Detailed location of all bags and materials to be removed: _____

Were any illegal dump sites noted? Yes No

How many storm drains did you clear in your location? _____

List any KTBB Board Members present, if any? _____

Other Comments/Notes to describe the project: _____

Remember to complete the In-Kind Donation form for any In-Kind Donations Received.