

Cleanup Cuyahoga

A litter supply kit program



Results Report Form

Organization's Name:				
Date of Clean Up:				
Number of People Involved: Adults	Youth			
Number of trash bags collected				
Number of recyclable bags collected				
Will digital photos be included with this report?	Yes	or	No	
Will video be included with this report?	Yes	or	No	
Describe the project and what the youth learned f	from the	e proje	ct	

Please return this form within a month of your clean up event to Kathleen Rocco, CCSWD, 4750 East 131 Street, Garfield Heights, Ohio 44105 or krocco@cuyahogacounty.us

