

Storm Drain Medallion Project Agreement



Project Information

Organization Name: _____ Affiliation _____

City/Town: _____

Primary Contact

Name: _____ Role: _____

Phone: _____

Secondary Contact (required if primary contact is under 18)

Name: _____ Role: _____

Phone: _____

Target Installation Date: _____

Target Area:

Materials & Tools Provided:

of Medallions _____ # Glue Tubes _____

of Wire Brushes _____ # Paint Brushes _____ # of Safety Vests _____

SCARCE STAFF USE

\$25.00 cash deposit received by _____ on _____

By signing this agreement I understand that:

- I am responsible for returning all brushes and safety vests in working order as well as any unused medallions or glue. Failure to return any item will result in a forfeiture of the full cash deposit.
- I must have each participant sign a waiver that I will collect and turn in with the above materials.
- I must also complete the online Final Project Summary form in order to receive my cash deposit.
- I have reviewed the installation instructions and video and will ensure proper application of the medallions.
- I must notify SCARCE if there is any major change to the installation location of the storm drain medallions before installation.

Printed Name of primary contact

Signature

Date

Printed Name of adult if primary
contact is under the age of 18

Signature

Date