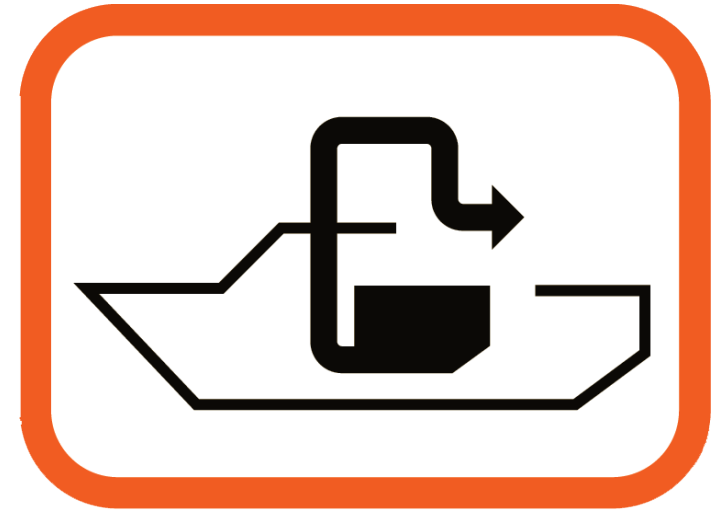


# CLEAN VESSEL ACT GRANT PROGRAM: PUMPOUT GRANT APPLICATION PROCESS



# CLEAN VESSEL ACT (CVA) GRANT PROGRAM

- The Florida Clean Vessel Act Program provides grant funding to marina owners and operators for boater pumpout facilities in service to the public.
- CVA grant funds can be obtained for recreational boater pumpout-related projects.
- Grants will cover up to 75% reimbursement of cost for these projects — with 25% of the approved project cost covered by the grantee.



Grant-funded work **cannot** be started before an agreement is in place. Costs incurred before an agreement is executed will not be covered or reimbursed by the grant.





# ALLOWABLE PROJECTS AND EXPENSES

- Equipment purchase and installation.
- Dump station, portable, stationary, pumpout vessel, holding tank, lift station.
- Piping, plumbing, electrical work.
- Operations, maintenance and repair.
- Sewage hauling and holding tank.
- Pumpout signage.
- Education and outreach materials.



New Smyrna City Marina



# CVA APPLICATION CHECKLIST

- CVA Application.
- Quotes or bids.
- Federal Funding Accountability and Transparency Act (FFATA) if applicable.
- Project plan and pictures.
- Division of Corporations Registration.
- MyFloridaMarketPlace (MFMP) Vendor Registration.
- SAM.Gov Registration.
- W-9.
- Insurance.
- Workers Compensation.








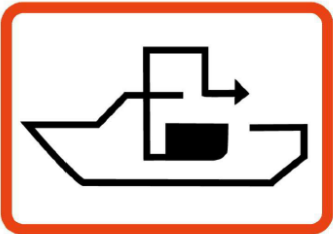
# CVA GRANT APPLICATION

## CVA Grant application.



Florida Department of Environmental Protection

### Clean Vessel Act Grant Application & Instructions



**KEEP FLORIDA'S WATER CLEAN**

**Clean Vessel Act Grant Requirements**

- The Clean Vessel Act (CVA) application form is an online application. You will receive a confirmation email upon completion. You may go to <https://net.adobe.com> to complete the application online via email. You will not be charged.
- Be sure to review all the following requirements before submitting your application. Additional information can be found at the Clean Vessel Act website: <https://floridadep.gov/cvp/cva/content/apply-cva-na>
- These items should be completed before submitting your application.
- No work may be started until a grant agreement is signed by you that you may begin your project.

**Public Access**  
To receive CVA funds, both publicly and privately-owned facilities are eligible to receive CVA funds.

**Fees**  
Fees to use the pumpout equipment cannot exceed \$5.00 per vessel pumpout. Any fees collected shall be reported back to the Department of Management Services, My Florida Marketplace V in the state of Florida, please register at: <https://vendor.myfloridaplatform.com>

**Plan your project**  
Provide a summary of your project in the application. For larger projects, to discuss the project and for guidance on any additional documents but not yet ready to apply, please give us a call; we would like to help you.

**Engineering plans or drawing of proposed project site**  
Provide a drawing of your project with the proposed pumpout equipment marked. It can be an aerial photo or drawing from your survey or the project to develop your agreement and to insure permitting requirements.

**Permits**  
Facilities are responsible for all permits applicable to the pumpout equipment. Private businesses (not applicable to governmental entities) must obtain a permit from the Department of Management Services, My Florida Marketplace V in the state of Florida, please register at: <https://vendor.myfloridaplatform.com>

**Business Registration**  
Private businesses (not applicable to governmental entities) must obtain a permit from the Department of Management Services, My Florida Marketplace V in the state of Florida, please register at: <https://vendor.myfloridaplatform.com>

**Vendor Registration**  
All applicants for CVA grants (private businesses and governmental entities) must obtain a permit from the Department of Management Services, My Florida Marketplace V in the state of Florida, please register at: <https://vendor.myfloridaplatform.com>

**Insurance**  
All facilities must be insured by carrier licensed in or eligible to do business in the state of Florida. Commercial General Liability, Automobile Liability, and Worker's Compensation insurance that includes the Florida Department of Environmental Protection as an additional insured. Go to our website at <https://floridadep.gov/cvp/cva/content/apply-cva-na> for more detailed information on Insurance Requirements.

If the applicant is a Florida governmental entity, which is self-insured, provide in writing, on official letter-head, from the applicant's Chief Financial Officer.

**W-9 Form and Substantive W-9 Filing**  
All applicants (private businesses and governmental entities) are required to submit a copy of their W-9 form with the grant application and file the facilities substitute W-9 with My Florida Marketplace. If the facility has not yet filed their substitute W-9 please file it at: <https://floridadep.gov/cvp/cva/content/apply-cva-na>

### Clean Vessel Act Grant Application Form

**Facility General Information**

Facility Name: \_\_\_\_\_

Federal Employer ID #: \_\_\_\_\_ Facility's Fiscal Year-From: \_\_\_\_\_

Facility Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Facility Phone Number: \_\_\_\_\_ Facility Fax Number: \_\_\_\_\_

Facility Website: \_\_\_\_\_

Facility Email Address: \_\_\_\_\_

Is the facility involved in any community partnership or public events? ☐ Yes ☐ No If yes, please describe: \_\_\_\_\_

**Contact Responsible for CVA Grant Application and Project Implementation**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Is the contact person: ☐ Consultant ☐ Contractor ☐ Facility Employee

**Facility Owner(s) Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Is the facility owned/operated by a self-insured governmental entity (state, county, or city)? ☐ Yes ☐ No

**Facility Location Information**

Type of Facility (check all that apply): ☐ Marina ☐ Dock/wharf ☐ Boat ramp ☐ Other \_\_\_\_\_

**Estimated Project Budget**

| Tasks   | Category               | Total Amount | 75% grant (estimatedly estimated) | (no) |
|---|------------------------|--------------|-----------------------------------|------|
| Permits   | Miscellaneous Expenses | \$ 0.00      |                                   |      |
| Site Preparation                                      | Contractual Services   | \$ 0.00      |                                   |      |
|   | Salaries               | \$ 0.00      |                                   |      |
| Renovation  | Contractual Services   | \$ 0.00      |                                   |      |
|   | Salaries               | \$ 0.00      |                                   |      |
| Equipment Purchase                                    | Equipment              | \$ 0.00      |                                   |      |
| Equipment Installation                                | Contractual Services   | \$ 0.00      |                                   |      |
|   | Salaries               | \$ 0.00      |                                   |      |
| Operations of Equipment                               | Contractual Services   | \$ 0.00      |                                   |      |
|   | Salaries               | \$ 0.00      |                                   |      |
| Maintenance and Repair                                | Contractual Services   | \$ 0.00      |                                   |      |
|   | Supplies               | \$ 0.00      |                                   |      |
|   | Salaries               | \$ 0.00      |                                   |      |
| Sewage Hauling  | Contractual Services   | \$ 0.00      |                                   |      |
| Pumpout Signage                                       | Miscellaneous Expenses | \$ 0.00      |                                   |      |
|   | Salaries               | \$ 0.00      |                                   |      |
| Education and Instructional Materials                 | Miscellaneous Expenses | \$ 0.00      |                                   |      |
| <b>Total Project Amount (100%)</b>                    |                        | \$ 0.00      |                                   |      |
| <b>Total Grant Award Amount (no greater than 75%)</b> |                        | \$ 0.00      |                                   |      |
| <b>Total Match Amount (no less than 25%)</b>          |                        | \$ 0.00      |                                   |      |

**Note:** The facility should include estimated hourly rate of pay for all in-house labor costs when calculating any salaries above. Only the direct hourly rate of pay for the facility's employees are reimbursable. Thus, the facility shall not be reimbursed for wage multipliers (i.e. fringe benefits, overhead, indirect, and/or general and administrative rates). To request reimbursement for hourly rate of pay, the costs shall be itemized by employee position, hourly rate of pay, and the associated activity using the table below. At its discretion, the Department may request additional supporting documentation.

**Hourly Rate of Pay for Grant Reimbursement**

Click here for detailed instructions on how to complete this chart if the proposed project's budget does not include in-house labor (salaries) costs.

| Position Title             | Rate/Hour | # Hours | Total (estimatedly estimated) |
|----------------------------|-----------|---------|-------------------------------|
| Example: Operations Worker | \$12.00   | 150     | \$1,800                       |
|                            |           |         | \$                            |
|                            |           |         | \$                            |
|                            |           |         | \$                            |
|                            |           |         | \$                            |
|                            |           |         | \$                            |
|                            |           |         | \$                            |

**CVA Grant Application Submission Checklist**

Check each box to indicate completion/agreement

- ☐ The facility is registered with the My Florida Marketplace Vendor System
- ☐ The facility is registered with the Florida Division of Corporations (not applicable to governmental facilities)
- ☐ The facility's Certificate of Insurance will be submitted with the grant application (not applicable to governmental facilities)
- ☐ The facility is a self-insured governmental entity and will submit a statement to indicate as such with the grant application
- ☐ If the equipment or service costs exceed \$2,500, two vendor quotes will be submitted with the grant application

If the total project cost exceeds \$30,000, the Federal Funding Accountability and Transparency Act Form will be submitted with the grant application

As an authorized agent for \_\_\_\_\_, I verify that this facility is in regulatory compliance with the Florida Department of Environmental Protection, and all local, state, and federal permits and approvals applicable to the project specified in this application will be obtained before beginning work or purchasing any equipment.

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Submission Instructions:**

- When you are satisfied with your entries and ready to submit the application, save a copy of the application form for your records by using the 'Save As' option under the 'File' Menu.
- Then click on the 'Submit Application' button below.
- An email window will appear with the application form attached.
- Before sending the email, attach all required documentation along with the application. It is helpful if all document attachments are clearly titled with your facility's name.
- Your application will not be processed or approved until all required documentation is received.

**Print**

**Submit**

If you are unable to submit the application with the submission button above, you can email, fax, or mail the completed application and required documentation to:

**Florida Department of Environmental Protection Clean Vessel Act Grant Program**  
Mail Station 235  
3900 Commonwealth Boulevard  
Tallahassee, FL 32399-3000  
[Clean.Vessel.Act@floridadep.gov](mailto:Clean.Vessel.Act@floridadep.gov)  
Fax Number: 1-866-340-4683

For help or further instruction, please visit the [Clean Vessel Act](https://floridadep.gov/cvp/cva/content/apply-cva-na) website or call us at 850-245-2847

CVA Application Page 3



# PROJECT BUDGET

Quotes used to fill out the CVA application:

- If a category exceeds \$2,500, then two quotes must be provided. The lower one should be used to fill the CVA application.
- If a category is under \$2,500, no quotes are needed.
- To find out the maximum hourly rate of pay for each position that the grant can reimburse for, please see: [The Hourly Rate of Pay for Grant Reimbursement Guide](#).

Estimated Project Budget

| Tasks  | Category               | Total Amount | 75% grant<br>(automatically calculated) | 25% match<br>(automatically calculated) |
|--|------------------------|--------------|---|---|
| Permits  | Miscellaneous Expenses |              | \$ 0.00                                 | \$ 0.00                                 |
| Site Preparation                                     | Contractual Services   |              | \$ 0.00                                 | \$ 0.00                                 |
|  | Salaries               |              | \$ 0.00                                 | \$ 0.00                                 |
| Renovation   | Contractual Services   |              | \$ 0.00                                 | \$ 0.00                                 |
|  | Salaries               |              | \$ 0.00                                 | \$ 0.00                                 |
| Equipment Purchase                                   | Equipment              |              | \$ 0.00                                 | \$ 0.00                                 |
| Equipment Installation                               | Contractual Services   |              | \$ 0.00                                 | \$ 0.00                                 |
|  | Salaries               |              | \$ 0.00                                 | \$ 0.00                                 |
| Operations of Equipment                              | Contractual Services   |              | \$ 0.00                                 | \$ 0.00                                 |
|  | Salaries               |              | \$ 0.00                                 | \$ 0.00                                 |
| Maintenance and Repair                               | Contractual Services   |              | \$ 0.00                                 | \$ 0.00                                 |
|  | Supplies               |              | \$ 0.00                                 | \$ 0.00                                 |
| Sewage Hauling                                       | Contractual Services   |              | \$ 0.00                                 | \$ 0.00                                 |
|  | Salaries               |              | \$ 0.00                                 | \$ 0.00                                 |
| Pumpout Signage                                      | Miscellaneous Expenses |              | \$ 0.00                                 | \$ 0.00                                 |
|  | Salaries               |              | \$ 0.00                                 | \$ 0.00                                 |
| Education and Instructional Materials                | Miscellaneous Expenses |              | \$ 0.00                                 | \$ 0.00                                 |
| Total Project Amount<br>100%                         |                        | \$ 0.00      |   |   |
| Total Grant Award<br>Amount (no greater than<br>75%) |                        | \$ 0.00      |   |   |
| Total Match Amount (no<br>less than 25%)             |                        | \$ 0.00      |   |   |

**Note:** The facility should include estimated hourly rate of pay for all in-house labor costs when calculating any salaried task above. Only the **direct** hourly rate of pay for the facility's employees are reimbursable. Thus, the facility **shall not be reimbursed for wage multipliers** (i.e. fringe benefits, overhead, indirect, and/or general and administrative rates). To request reimbursement for hourly rate of pay, the costs shall be itemized by employee position, hourly rate of pay, and the associated activity using the table below. At its discretion, the Department may request additional supporting documentation.

Hourly Rate of Pay for Grant Reimbursement

[Click here for detailed instructions on how to complete this table.](#)

(Please skip this chart if the proposed project's budget does not include in-house labor (salaries) costs)


| Position Title             | Rate/Hour | # Hours | Total Salary<br>(automatically calculated) |
|----------------------------|-----------|---------|--|
| Example: Operations Worker | \$12.00   | 150     | \$1,800.00                                 |
|                            |           |         | \$ 0.00                                    |
|                            |           |         | \$ 0.00                                    |
|                            |           |         | \$ 0.00                                    |
|                            |           |         | \$ 0.00                                    |
|                            |           |         | \$ 0.00                                    |



# FFATA FORM

If 75% of the total project cost exceeds \$30,000, then a completed [FFATA form](#) must be provided with the application.

This form is used to report the funding awards back to the Federal Government.

 **Florida Department of Environmental Protection**  
Federal Funding Accountability and Transparency Act Form - Subaward to a Recipient

Submit completed form to: [Contracts\\_Adms@FloridaDEP.gov](mailto:Contracts_Adms@FloridaDEP.gov)

**Purpose:** The Federal Funding Accountability and Transparency Act (FFATA) was signed on September 20, 2006. The intent of this legislation is to empower every American with the ability to hold the government accountable for each spending decision. The FFATA legislation requires information on federal awards (federal assistance and expenditures) be made available to the public via a single, searchable website, which is <http://www.usaspending.gov/>.

The FFATA Subaward Reporting System (FSRS) is the reporting tool the Florida Department of Environmental Protection ("DEP") must use to capture and report subaward and executive compensation data regarding first-tier subawards that obligate \$30,000 or more in Federal funds (including Recovery funds as defined in section 2512(a)(2) of the American Recovery and Reinvestment Act of 2009, Pub. L. 111-5).  
(Note: This reporting requirement is not applicable for the procurement of property and services obtained by the DEP through a Vendor relationship. Refer to 2 CFR Ch. 1 Part 170 Appendix A, Section 1.2.3 for the definition of "subaward".)

**Organization and Project Information:** As of October 1, 2015, the following information must be provided to the DEP prior to the DEP's issuance of a subaward (agreement) that obligates \$30,000 or more in federal funds as described above. Please provide the following information and return the signed form to DEP as requested. If you have any questions, please contact the DEP's Bureau of General Services, Contracts Team at [Contracts\\_Adms@FloridaDEP.gov](mailto:Contracts_Adms@FloridaDEP.gov) or at telephone number 850/245-2361 for assistance.

(b)(6)  
(b)(7)(C)

DEP must be provided (b)(3) information not including details:  
Federal Award ID Number (FAIN#): \_\_\_\_\_  
Catalog of Federal Domestic Assistance (CFDA#): \_\_\_\_\_  
DEP Assigned Grant Agreement#: \_\_\_\_\_  
Dollar Amount of Grant Disbursement: \_\_\_\_\_

\* If your company or organization does not have a tax number, you will need to refer to the tax.gov website at <http://tax.irs.gov/irs/efile/> to register your entity to request a unique entity ID.

Business Name: \_\_\_\_\_  
DBA Name (if applicable): \_\_\_\_\_

**Principal Place of Business Address:**  
Address Line 1: \_\_\_\_\_  
Address Line 2: \_\_\_\_\_  
Address Line 3: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip+4: \_\_\_\_\_

DEP 15-230  
Rev. 06-23-2022

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Rev. 06-23-2022

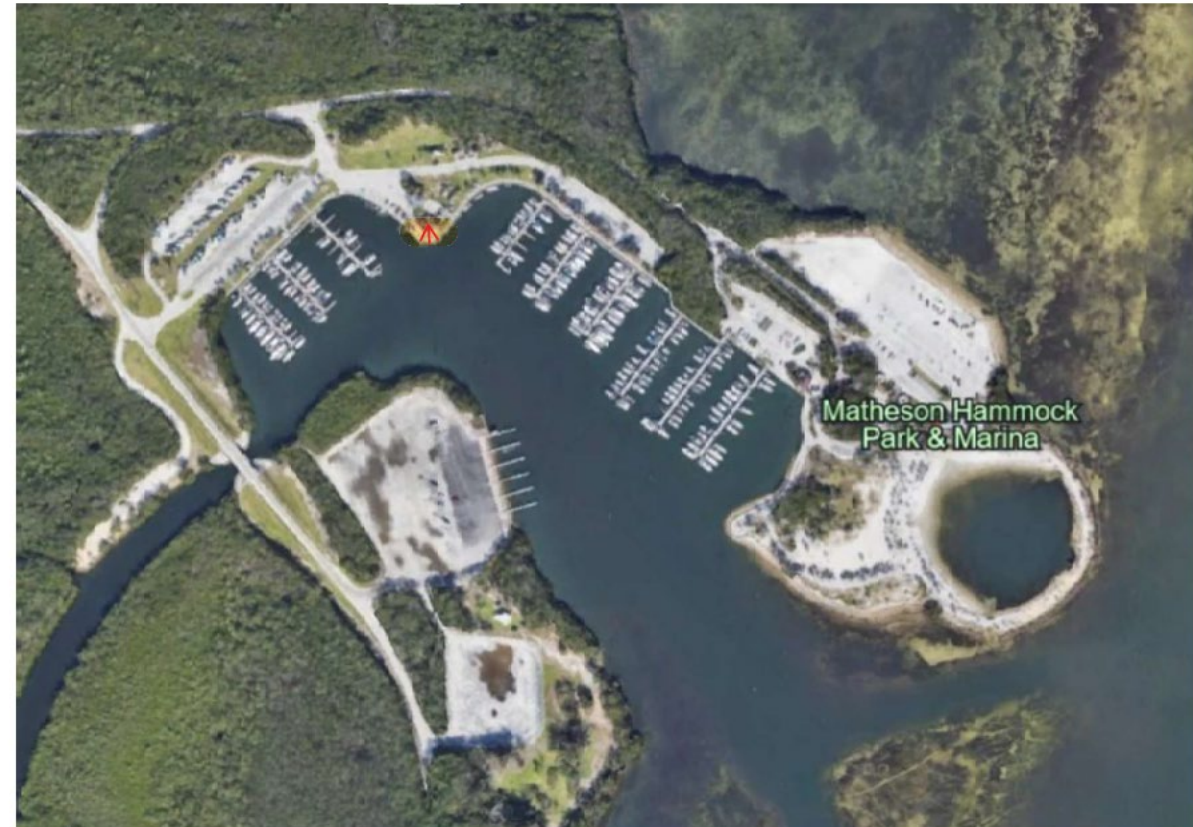
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# PLAN YOUR PROJECT

- Provide an aerial drawing or engineering plans of proposed project site with pumpout location marked.
- Use Google Earth and provide a broader marked aerial view of where the pumpout will be placed.

Matheson Hammock Marina  
2024 Clean Vessel Act Grant



↑ Pump-out system location





# PLAN YOUR PROJECT (CONTINUED)

- Pictures of proposed project site.
- Pictures of the current pumpout signages present in the facility, if not applying for pumpout signages.



Location of dock where vessels will be able to receive fuel and pumpout.

This is where a stationary unit and holding tank will be located. Plumbing and electric will run from this location to the above fuel dock.

Inter Bay Moorings



# PUMPOUT SIGNAGE

All projects funded with CVA grants are required to have two posted signages:

- 3' x 4' universal pumpout logo facing waterway.
- Informational placard on or next to the equipment, informing patrons of pumpout instructions and funding accreditation.

For more info, view the [Pumpout Signage Requirements](#).




Halifax Harbor Marina



# DIVISION OF CORPORATIONS REGISTRATION

- Applicants must be a registered corporation. If marina is not, register at: [Sunbiz.org](https://sunbiz.org).
- To verify a registration online go to: [Sunbiz.org](https://sunbiz.org). In the top banner, select the 'Search Records' button.
- This is Not applicable for governmental entity applicants.

 **DIVISION of CORPORATIONS**  
an official State of Florida website

Department of State / Division of Corporations / Search Records / Search by FEI/EIN Number /

[Previous On List](#) [Next On List](#) [Return to List](#)

[Events](#) **No Name History**

**Detail by FEI/EIN Number**  
Foreign Limited Liability Company  
SHM REGATTA POINTE, LLC

**Filing Information**

|                      |                       |
|----------------------|-----------------------|
| Document Number      | M18000005204          |
| FEI/EIN Number       | 83-0690161            |
| Date Filed           | 06/01/2018            |
| State                | DE                    |
| Status               | ACTIVE                |
| Last Event           | LC STMNT OF RA/RO CHG |
| Event Date Filed     | 10/09/2019            |
| Event Effective Date | NONE                  |

**Principal Address**  
14875 PRESTON RD  
STE 975  
DALLAS, TX 75254

**Mailing Address**  
14875 PRESTON RD  
STE 975  
DALLAS, TX 75254

**Registered Agent Name & Address**  
CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301  
  
Name Changed: 10/09/2019  
  
Address Changed: 10/09/2019

**Authorized Person(s) Detail**


|   |              |
|---|--------------|
| <b>Name &amp; Address</b>   | <b>Title</b> |
| SOLE MEMBER   |              |
| SAFE HARBOR MARINAS, LLC<br>14875 PRESTON RD<br>DALLAS, TX 75254      |              |
|   | COO          |
| BURCHETT, KATHERYN<br>14875 PRESTON RD<br>STE 975<br>DALLAS, TX 75254 |              |
|   | VP           |
| CLARK, PETER<br>14875 PRESTON RD<br>STE 975<br>DALLAS, TX 75254       |              |





# DIVISION OF CORPORATIONS (FICTITIOUS NAME)

If the corporation is doing business under a different name, that fictitious name must be active as well, and match the owner's name, principal address and FEI Number from the corporation record.

DIVISION of  
**CORPORATIONS**  
*an official State of Florida website*

[Previous on List](#) [Next on List](#) [Return to List](#) [Filing History](#)

### Fictitious Name Detail

**Fictitious Name**  
TWIN DOLPHIN MARINA

**Filing Information**  
Registration Number G06363700003  
Status ACTIVE  
Filed Date 12/29/2006  
Expiration Date 12/31/2021  
Current Owners 1  
County MANATEE  
Total Pages 3  
Events Filed 2  
FEI/EIN Number 59-1371866

**Mailing Address**  
1200 1ST AVE WEST  
SUITE 200  
BRADENTON, FL 34205

**Owner Information**  
DON MILLER DEVELOPMENT CORP.  
1200 1ST AVE WEST SUITE 200  
BRADENTON, FL 34205  
FEI/EIN Number: 59-1371866  
Document Number: 393007

**Document Images**  
[12/29/2006 -- REGISTRATION](#)   
[12/13/2016 -- Fictitious Name Renewal Filing](#)   
[12/11/2014 -- Fictitious Name Renewal Filing](#)



# VENDOR REGISTRATION

- Applicants must be a registered vendor in Florida. If you are not registered, marinas can register at: [MFMP](#).
- To verify a Vendor Registration online, visit [MFMP](#).

**myFlorida Market Place** Registration :: :: Welcome, publicuser :: [Logout](#)

## Vendor Information Portal

**View Vendor Detail**

### General Vendor Information

|                                   |                                    |
|-----------------------------------|------------------------------------|
| Vendor Status / Effective Date:   | AC / 02/24/2012                    |
| Vendor Name:                      | Don Miller Development Corporation |
| Short Name (Does Business As):    | Twin Dolphin Marina                |
| Dun and Bradstreet Number (DUNS): |                                    |
| Website:                          |                                    |
| W9 Status:                        | Valid W-9 on File                  |
| DFS W9 Last Update Date:          | Oct 13, 2011                       |
| Business Designation              | Corporation                        |
| Primary Place of Business: FL     |                                    |

### Certified Business Enterprise (CBE) Category

Non-Minority / Non-Woman-Owned / Non-FVBE

### Solicitations

Registered for Sourcing: Yes, Date participated: 5/11/10 4:09 PM  
Registered for VBS: Yes, Date participated: 5/11/10 4:09 PM  
Solicitation/Sales Contact Email: natalie@millerinvesting.com

### Special Exceptions

|                                       |                          |
|---------------------------------------|--------------------------|
| Fee has been waived:                  | <input type="checkbox"/> |
| Terms of Use have not been agreed to: | <input type="checkbox"/> |

### Reluctant Vendor

Reluctant Vendor:



# SAM.GOV REGISTRATION

All applicants will need to have a Unique Entity Identification number.

- Marinas can register at [SAM.Gov](https://sam.gov).

The screenshot shows the SAM.GOV website's registration page. At the top is the SAM.GOV logo and a navigation bar with links for Home, Search, Data Bank, Data Services, and Help. The main heading is "Get Started with Registration and the Unique Entity ID", followed by the text "Submitting a registration and getting a Unique Entity ID are FREE." Below this is a section titled "Before You Get Started" which explains the purpose of registration. A four-step process bar is shown, with the first step, "About Registration", highlighted in blue. Below the process bar, the first step is expanded, showing the text: "If you want to apply for federal awards as a prime awardee, you need a **registration**. A registration allows you to bid on government contracts and apply for federal assistance. As part of registration, we will assign you a Unique Entity ID."

**SAM.GOV**

Home Search Data Bank Data Services Help

## Get Started with Registration and the Unique Entity ID

Submitting a registration and getting a Unique Entity ID are FREE.

### Before You Get Started

Review these steps to choose which option is right for you. You can register to bid and apply for federal awards or you can request a Unique Entity ID only without having to complete a registration.

- 1 About Registration
- 2 Set up a SAM.gov Account
- 3 Prepare Your Data
- 4 Get Started

**1 About Registration**

If you want to apply for federal awards as a prime awardee, you need a **registration**.

A registration allows you to bid on government contracts and apply for federal assistance. As part of registration, we will assign you a Unique Entity ID.





# W-9

All applicants will need to submit their W-9.

| Form <b>W-9</b><br>(Rev. December 2014)<br>Department of the Treasury<br>Internal Revenue Service   |  | <b>Request for Taxpayer<br/>Identification Number and Certification</b> |   | Give Form to the<br>requester. Do not<br>send to the IRS.   |
|---|--|---|---|---|
| 1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.<br><b>Don Miller Development Corporation</b>  |  |   |   |   |
| 2 Business name/disregarded entity name, if different from above<br><b>Twin Dolphin Marina</b>  |  |   |   |   |
| 3 Check appropriate box for federal tax classification; check only one of the following seven boxes:<br><input type="checkbox"/> Individual/sole proprietor or single-member LLC<br><input type="checkbox"/> C Corporation<br><input checked="" type="checkbox"/> S Corporation<br><input type="checkbox"/> Partnership<br><input type="checkbox"/> Trust/estate<br><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶<br><b>Note.</b> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.<br><input type="checkbox"/> Other (see instructions) ▶ |  |   |   | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):<br>Exempt payee code (if any) _____<br>Exemption from FATCA reporting code (if any) _____<br><small>(Applies to accounts maintained outside the U.S.)</small> |
| 5 Address (number, street, and apt. or suite no.)<br><b>1200 1st Ave W</b>  |  |   | Requester's name and address (optional) |   |
| 6 City, state, and ZIP code<br><b>Bradenton, Florida 34205</b>  |  |   |   |   |
| 7 List account number(s) here (optional)  |  |   |   |   |
| <b>Part I Taxpayer Identification Number (TIN)</b>  |  |   |   |   |
| Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3.<br><b>Note.</b> If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.   |  |   |   | Social security number<br>____ - ____ - _____<br>or<br>Employer identification number<br><b>5 9 - 1 3 7 1 8 6 6</b>   |
| <b>Part II Certification</b>  |  |   |   |   |
| Under penalties of perjury, I certify that:   |  |   |   |   |
| 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and  |  |   |   |   |
| 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and   |  |   |   |   |
| 3. I am a U.S. citizen or other U.S. person (defined below); and  |  |   |   |   |
| 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.   |  |   |   |   |
| <b>Certification instructions.</b> You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding.   |  |   |   |   |



# INSURANCE REQUIREMENTS

- **Commercial General Liability Insurance** — \$300,000 aggregate/\$100,000 per occurrence required for a business.
- **Commercial Automobile Liability Insurance** — vehicles owned by and used at the business must be insured for \$300,000. If the business does not own or operate commercial vehicles at the project location, it must submit a written confirmation statement.
- **Workers Compensation Insurance** — applicant must meet legal requirements which are: \$100,000 per occurrence, \$500,000 aggregate and \$100,000 per disease required for **five or more employees**.

Before submitting your insurance, please make sure that DEP is listed as a certificate holder.

**DEP Address:** 2600 Blair Stone Road, MS-235, Tallahassee, FL 32399-2400.

| ACORD  |                                     | CERTIFICATE OF LIABILITY INSURANCE   |                 | DATE (MM/DD/YYYY)<br>10/25/2008   |  |  |
|--|-------------------------------------|--|-----------------|---|--|--|
| PRODUCER<br>Insurance Agent/Broker Name<br>Insurance Agent/Broker Street Address or P.O. Box<br>Insurance Agent/Broker City, State & Zip Code<br>Contact & Phone Number  |                                     | THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.  |                 |   |  |  |
| INSURED<br>Marina/Facility Name<br>Street Address or P.O. Box<br>City, State & Zip Code  |                                     | INSURERS AFFORDING COVERAGE  |                 | NAIC #  |  |  |
|  |                                     | INSURER A: Name of Insurance Company   |                 | Enter NAIC#   |  |  |
|  |                                     | INSURER B: Name of Insurance Company (if applicable)   |                 | Enter NAIC#   |  |  |
|  |                                     | INSURER C: Name of Insurance Company (if applicable)   |                 | Enter NAIC#   |  |  |
|  |                                     | INSURER D: Name of Insurance Company (if applicable)   |                 | Enter NAIC#   |  |  |
|  |                                     | INSURER E: Name of Insurance Company (if applicable)   |                 | Enter NAIC#   |  |  |
| COVERAGES  |                                     |  |                 |   |  |  |
| THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. |                                     |  |                 |   |  |  |
| NR<br>LTR  | ADDITIONAL<br>NR                    | TYPE OF INSURANCE  | POLICY NUMBER   | POLICY EFFECTIVE<br>DATE (MM/DD/YYYY)   | POLICY EXPIRATION<br>DATE (MM/DD/YYYY) | LIMITS   |
| A  | <input checked="" type="checkbox"/> | GENERAL LIABILITY<br><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> Marina Liability<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC | 90MA0045 -0     | 12/19/08  | 04/23/10                               | EACH OCCURRENCE \$1,000,000<br>DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$100,000<br>MED EXP (Any one person) \$Excluded<br>PERSONAL & ADV INJURY \$1,000,000<br>GENERAL AGGREGATE \$2,000,000<br>PRODUCTS - COMPO AGG \$ |
| B  | <input checked="" type="checkbox"/> | AUTOMOBILE LIABILITY<br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS<br><input type="checkbox"/> _____   | 4146366600      | 07/31/09  | 07/31/10                               | COMBINED SINGLE LIMIT (Each Occurrence) \$3,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$   |
|  | <input type="checkbox"/>            | GARAGE LIABILITY<br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> _____  |                 |   |  | AUTO ONLY - EA ACCIDENT \$<br>OTHER THAN EA ACC AGG \$   |
|  | <input type="checkbox"/>            | EXCESS/UMBRELLA LIABILITY<br><input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE<br><input type="checkbox"/> DEDUCTIBLE \$<br><input type="checkbox"/> RETENTION \$  |                 |   |  | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$<br>\$<br>\$   |
| C  | <input checked="" type="checkbox"/> | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED?<br>If yes, describe under SPECIAL PROVISIONS below   | WC 40-51-066-01 | 10/25/2008  | 10/25/2009                             | <input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER<br>E.L. EACH ACCIDENT \$1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$1,000,000<br>E.L. DISEASE - POLICY LIMIT \$1,000,000              |
|  | <input type="checkbox"/>            | OTH<br>Facilities employing fewer than 4 employees need to complete and submit a Workers Compensation Exemption Form.  |                 |   |  |  |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS<br>Marina, restaurant, gift shop<br>Marina/Facility Name<br>Street Address<br>City, State Zip  |                                     |  |                 |   |  |  |
| CERTIFICATE HOLDER<br>Florida Department of Environmental Protection<br>3900 Commonwealth Blvd.<br>Tallahassee, FL 32399-30000   |                                     |  |                 | CANCELLATION<br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.<br>AUTHORIZED REPRESENTATIVE |  |  |
| ACORD 25 (2001/08)   |                                     |  |                 | © ACORD CORPORATION 1988  |  |  |



# WORKERS COMPENSATION EXEMPTION FORM

Businesses with **four or fewer employees** can provide a completed [Worker's Compensation Exemption Form](#), in place of providing proof of coverage.



## Department of Environmental Protection

### Exemption from Workers' Compensation Insurance Requirements for Non-Construction Organizations ONLY

Company Name: \_\_\_\_\_

FEID #/SS#: \_\_\_\_\_

Entity Information:

☐ Sole Proprietor ☐ Partner

Total number of sole proprietors/partners: \_\_\_\_\_

Total number of sole proprietors/partners electing coverage: \_\_\_\_\_

(Include copy of Notice of Election of Coverage, DWC 251 or BCM 251)

☐ Corporation ☐ Limited Corporation

Total number of corporate officers: \_\_\_\_\_

Total number of corporate officers electing exemption: \_\_\_\_\_

(Include copy of Notice of Election to be Exempt, DWC 250 or BCM 250)

Total number of employees, other than sole proprietor, partners or corporate officers: \_\_\_\_\_

The above-referenced company is exempt from the requirement to carry workers' compensation insurance due to: (check one)

\_\_\_\_\_ Less than four (4) employees pursuant to 440.02(17)(a)(2), Florida Statutes

\_\_\_\_\_ Notice of Election to be Exempt, DWC2 50 or BCM 250 form, filed with the Division of Workers' Compensation.

Since the above-referenced organization is not required by state law to obtain worker's compensation insurance, the organization hereby agrees that the Department of Environmental Protection will not be liable for any worker's compensation related claims that may arise in relation to DEP Purchase Order/Contract/Agreement No. \_\_\_\_\_.

\_\_\_\_\_  
Signature of Person Authorized to Bind Organization

\_\_\_\_\_  
Typed/Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number





# SELF-INSURED

If the applicant is a **Government entity (city, county, state)**:

A written statement can be received, stating that the entity is self-insured.

If the government entity **is not** self-insured:  
They must provide proof of insurance as listed previously for for-profit and nonprofit organizations.



**CITY OF GULFPORT, FLORIDA**  
*Gateway to the Gulf*  
WWW.MYGULFPORT.US

SAMUEL HENDERSON, Mayor

DANIEL LIEDTKE, Councilmember, Ward 1  
CHRISTINE BROWN, Councilmember, Ward 2

YOLANDA ROMAN, Councilmember/ Vice Mayor, Ward 3  
MICHAEL FRIDOVICH, Councilmember, Ward 4

May 25, 2016

Florida Department of Environmental Protection  
Florida Clean Vessel Act Program Grant  
3900 Commonwealth Blvd. MS #30  
Tallahassee, FL 32399-2400

Re: City of Gulfport's Letter of Self-insurance

Dear Sir or Madam,

Please allow this letter to serve as evidence that the City of Gulfport has elected to be self-insured for its comprehensive general/law enforcement liability, workers' compensation and employers' liability, professional liability, public official's errors & omissions, motor vehicle liability, crime, and property exposures through an annual appropriation from the General Fund. The City of Gulfport is self-insured under Public Risk Management of Florida (PRM) which is a risk management and self-insurance pool for governmental entities in the State of Florida. As a municipality, the City of Gulfport and its various locations throughout the City of Gulfport are included in this self-insured program.

Should any claims arise by reason of such operations or under an official contract or license agreement, they should be referred to the City of Gulfport, Human Resources, 2401 53<sup>rd</sup> Street S, Gulfport, FL 33707.

Respectfully,

A handwritten signature in blue ink, appearing to read "Cheryl Hannafin".

Cheryl Hannafin, CPA  
Finance Director  
City of Gulfport  
727-893-1014  
Channafin@mygulfport.us

2401 53<sup>rd</sup> Street South · Gulfport Florida 33707-5161  
(727) 893-1000 · FAX (727) 893-1005  
www.mygulfport.us



# SUBMIT YOUR CVA APPLICATION

Applications can be submitted by email, with the rest of the documents attached.

- Completely fill out your application.
- Select “Submit”.
- A blank email to [Clean.Vessel.Act@DEP.gov](mailto:Clean.Vessel.Act@DEP.gov) will be created with your application attached.
- Include the required supporting documents to complete your application package, before sending your email.

**CVA Grant Application Submission Checklist**  
Check each box to indicate completion/agreement

- ☐ The facility is registered with the MyFloridaMarketPlace vendor system.
- ☐ The facility is registered with the Florida Division of Corporations (not applicable to governmental facilities).
- ☐ The facility's certificate of insurance will be submitted with the grant application (not applicable to governmental facilities).
- ☐ The facility is a self-insured governmental entity and will submit a statement to indicate as such with the grant application.
- ☐ If the equipment or service costs exceed \$2,500, two vendor quotes will be submitted with the grant application.
- ☐ If the total project cost exceeds \$30,000, the Federal Funding Accountability and Transparency Act Form will be submitted with the grant application.

Anticipated start date?  Anticipated end date?

As an authorized agent for , I verify that this facility is in regulatory compliance with the Florida Department of Environmental Protection and all local, state and federal permits and approvals applicable to the project specified in this application will be obtained before beginning work or purchasing any equipment.

Name:  Title:  Date:

**Submission Instructions**

- When you are satisfied with your entries and ready to submit the application, save a copy of the application form for your records by using the Save As option under the File menu.
- Then click on the Submit Application button below.
- An email window will appear with the application form attached.
- Before sending the email, attach all required documentation along with the application. It is helpful if all document attachments are clearly titled with your facility's name.
- Your application will not be processed or approved until all required documentation is received.

If you are unable to submit the application with the submission button above, you can email, fax or mail the completed application and required documentation to:

**Florida Department of Environmental Protection**  
Office of Resilience and Coastal Protection  
Clean Vessel Act Grant Program  
2600 Blair Stone Road MS-235  
Tallahassee, FL 32399-3000  
[Clean.Vessel.Act@FloridaDEP.gov](mailto:Clean.Vessel.Act@FloridaDEP.gov)  
Fax Number: 866-340-4683

For help or further instruction, please visit the [Clean Vessel Act website](http://Clean.Vessel.Act) or call us at 850-245-2847

**Grant Instructions**

**CVA Application Page 1**



# CVA APPLICATION PROCESS

- CVA staff will be notified that a new application has been received.
- Grant manager is assigned.
- The application is checked for compilation, and an email confirming the recipient of your application is sent.
- Site visit is scheduled.
- Administrative approvals requested.
- Grant agreement draft is made and sent to the grantee to sign and sent back.
- Once the DEP supervisor signs, the grant is executed and the work can begin.
- Status reported quarterly until the end of the grant agreement (except for the Quarterly gallons pumped reported for five years).
- Invoice CVA program for 75% reimbursement.





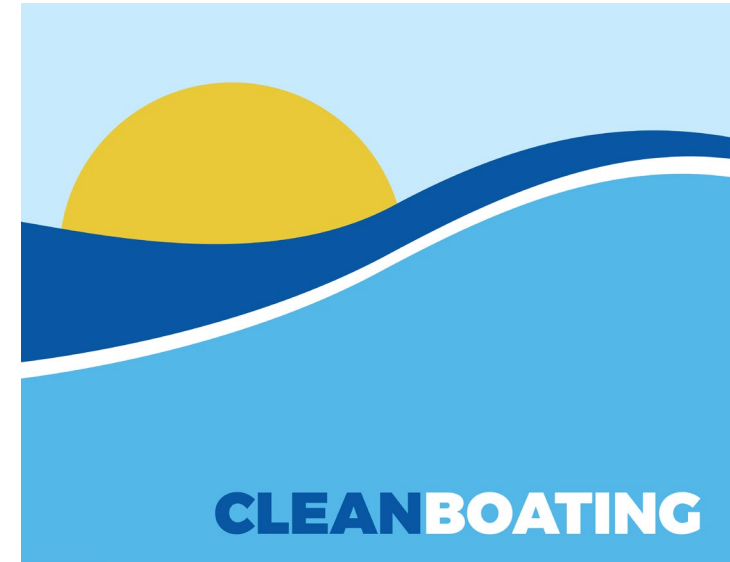
# CLEAN BOATING PROGRAMS

[Florida Clean Vessel Act Program](#)

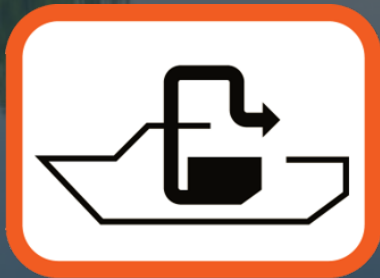
[Clean Boater Program](#)

[Florida Clean Marina Program](#)

[Clean and Resilient Marina](#)







# THANK YOU

Clean Boating Programs  
Office of Resilience and Coastal Protection  
Florida Department of Environmental Protection