

# FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION CLEAN VESSEL ACT GRANT PROGRAM CLEAN VESSEL ACT GRANT APPLICATION



### **Terms and Conditions**

Please review the following terms *before* completing the application form on the next page. *Check boxes indicate additional documentation* required to be submitted with the application to be considered complete. Detailed instructions can be found at the <a href="CVA Program website">CVA Program website</a>.

Work may not begin until an Agreement is fully executed by DEP and the facility has been formally informed that the project may begin.

Public Access and Fees:
The facility must agree to provide public access to the pumpout equipment, regardless of membership status. Facilities are encouraged to
offer pumpout services free of charge. However, should a fee be required to use the pumpout equipment it cannot exceed \$5.00 per vessel
pumped, for the life of the executed Agreement, as well as 5 years beyond the Agreement's completion date.
Permits:
Grantees are required to submit copies of applicable permits to the CVA Program in order to receive reimbursement for any permitted
activities performed within the scope of the project.
Vendor Registration:
Private businesses and governmental entities must be registered and active with the State of Florida - Department of Management Services,
My Florida Marketplace Vendor System. Register at <a href="https://vendor.myfloridamarketplace.com">https://vendor.myfloridamarketplace.com</a> .
Business Registration:
Private businesses (not applicable to governmental entities) must be registered and active with the State of Florida – Division of
Corporations/Sunbiz. If applicable, register/activate the Fictitious Name being used. Register at: <a href="https://efile.sunbiz.org/onlmenu.html">https://efile.sunbiz.org/onlmenu.html</a> .
W-9 Form and Substitute W-9 Filing:
Private businesses and government entities are required to submit a copy of their W-9 form with their grant application <i>and</i> file the facility's
substitute W-9 with My Florida Marketplace. File substitute W-9s at: <a href="https://flvendor.myfloridacfo.com">https://flvendor.myfloridacfo.com</a> .
Insurance:
A current Certificate of Insurance that includes the Florida Department of Environmental Protection as an additional insured must be
submitted with the grant application submission. Facilities must be insured by carriers licensed in or eligible to do business in Florida, and
must maintain applicable Commercial General Liability, Automobile Liability, and Worker's Compensation coverage. See the <a href="CVA Application">CVA Application</a>
<u>Supporting Documents</u> webpage for detailed instructions.
Florida government applicants, which are self-funded for liability insurance, may provide an official letter-head, from the city or county CFO
confirming the governmental entity as self-insured, as an alternative.
Vendor Quotes:
Two competitive quotes for any purchase of goods or services that exceed \$2,500 and over need to be submitted along with the grant
application submission. See the CVA Application Supporting Documents webpage for detailed instructions on procurement requirements.

### Allowable Expenses:

Expenses for permits, site preparation, equipment purchase and installation, renovation, operations, maintenance and repair, sewage hauling, required CVA signage, and educational materials are allowed for reimbursement.

### Signage:

The grantee must purchase and display at least one pumpout operation sign with accreditation information and one pumpout symbol sign. Both signs must be posted no later than the time of your final payment submission or before any operations funding is expended, whichever is earlier.

### DEP District Site Visit:

DEP District Coordinator may visit the facility to determine if any permits are needed for the proposed project. As well as to ensure the proposed pumpout location allows for proper sewage disposal. This will not be a regulatory inspection, but it must be conducted as a federal grant requirement.

## **Facility Information**

Facility Name:			
Owning Entity:		FE	IN:
Facility Address:			
City: State:	County:	Zip Co	ode:
Mailing Address (ifdifferent):	_		
City: State:	County:	Zip Co	ode:
Facility Phone Number:	Facility E-mail Address:		
Facility Contact:	Contact E-mail Address:		
Contact's Title:	Facility Website:		
Facility's coordinates (in decimal degrees)?	Latitude: Find your facility's coor	Longitude:	www.latlong.not/
Total number of slips currently have at the facility:	Wet:	Dry:	Mooring:
Of the total slips, how many are:	Transient:		ted to one Owner:
Name of the common/local waterbody where the		200.00	
Proposed pumpout projects is for an: [	Existing Facility  Facility currently under co		lot yet under construction)
Facility Type (check all that apply): [	Marina  Dockominium Other	Boat Ramp Mooring Field	☐ Boatyard ☐ Yacht/Boat Club
Is the facility a designated:	Clean Marina	Clean Boatyard	Resilient Marina
J	☐ Clean Retailer ☐	None	
If none, are you interested in learning noise the facility owned/operated by a self-insured good Does the facility allow public access to docking and the facility allow public access to docking and the facility allow public access to docking and the facility allows the facility and the facility allows the facility and the facility allows the fa	government entity? d marina services?	Yes Yes	No No No
Does the facility currently have pumpout equipm  If yes, was the current equipment purch		Yes Yes	O No O No
Will the proposed pumpout project be replacing the		O Yes	O No
Does the facility have a State Lands Lease?	number.	<b>○</b> Yes	O No
If yes, what is the submerged land lease	e number:		
	Project Description	1	
Anticipated project state date:	Anticipated project comp	letion date:	
Requested equipment type (check all that apply):		Pumpout Vessel	Portable Unit
	Lift Station	Dump Station	Portable Toilet Waste Station
Where on the premises will the pumpout/dumpounts  Number of pumpout connections to be installed to		) On Dock	On Land
Disposal method for the proposed pumpout/dum			
O Directly to a permitted wastewater treatment facility			
	·		
O Directly to an on-site sewage treatment	·		
	system	ent facility	
<ul><li>Directly to an on-site sewage treatment</li><li>Directly to an on-site septictank</li><li>Into holding tank, then transported to p</li><li>Availability ofpumpout/dumpout services?</li></ul>	system	y	ry ☐ Thursday ☐ 24 hours a day

### **Estimated Project Budget**

See the Estimated Project Budget page on our website for more information.

Tasks	Category	Total Amount	75% grant	25% Match
Permits	Miscellaneous Expenses		\$ 0.00	\$ 0.00
Cita Daga anating	Contractual Services		\$ 0.00	\$ 0.00
Site Preparation	Salaries		\$ 0.00	\$ 0.00
Renovation	Contractual Services		\$ 0.00	\$ 0.00
	Salaries		\$ 0.00	\$ 0.00
Equipment Purchase	Equipment Purchase		\$ 0.00	\$ 0.00
Facility and the stellar in	Contractual Services		\$ 0.00	\$ 0.00
Equipment Installation	Salaries		\$ 0.00	\$ 0.00
Operations of Equipment	Contractual Services		\$ 0.00	\$ 0.00
Operations of Equipment	Salaries		\$ 0.00	\$ 0.00
	Contractual Services		\$ 0.00	\$ 0.00
Maintenance and Repair	Salaries		\$ 0.00	\$ 0.00
	Miscellaneous Expenses		\$ 0.00	\$ 0.00
Sewage Hauling	Contractual Services		\$ 0.00	\$ 0.00
Pumpout Signage	Miscellaneous Expenses		\$ 0.00	\$ 0.00
	Salaries		\$ 0.00	\$ 0.00
Educational and Instructional Materials	Miscellaneous Expenses		\$ 0.00	\$ 0.00
	Total Project Amount 100%	\$ 0.00		
	Total Grant Award Amount (up to 75%)		\$ 0.00	
	Total Match Amount (no less than 25%)			\$ 0.00

**Note**: The facility should include estimated hourly rate of pay for all in-house labor costs when calculating any salaries tasks 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**

See the <u>Hourly Rate of Pay for Grant Reimbursement</u> page on our website for information. (Skip this chart if the proposed project's budget does not include in-house labor costs)

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

<ul> <li>Briefly summarize the proposed project and how grant funds will be used to complete the project.</li> <li>If the proposed project is requesting funds for equipment purchase, include pump types, and sizes.</li> <li>If the proposed project is requesting funds for any type of piping, list all piping sizes and lengths</li> <li>If equipment is being replaced, ensure that the current equipment and proposed equipment are thoroughly described.</li> <li>Rough sketches or Engineering Plans are highly encouraged to be submitted with application. Indicate where pumpout systems will be located at the facility.</li> </ul>
Example Summary:  ABC Marina plans to install one stationary pumpout to service resident and visiting boaters. The pumpout will be installed on the dock with piping to service each boat slip. The proposed pumpout equipment will be purchased and installed by contractors. All permits will be obtained by the facility before the installation of the equipment, and during the grant award period. The plumbing and electrical wiring will be installed by local contractors. We plan to purchase and install the signs ourselves utilizing marina staff time. ABC would also like to apply for funds to operate and maintain the equipment once installed.
I verify that this facility is in regulatory compliance with the clorida Department of Environmental Protection, and all local, state, and federal permits and approvals applicable to the project specified in this application will be obtained <i>before</i> beginning work or purchasing any equipment.
Name: Date:

For help or further instruction visit the <u>Clean Vessel Act Website</u>, or call us at 850-245-2100 or 850-245-2847.

### **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 e-mail 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 Application** 

### **Submit Application**

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@dep.state.fl.us Fax

Number: 1-866-340-4683

For help or further instruction please visit the Clean Vessel Act Websitehere: <a href="https://floridadep.gov/rcp/cva">https://floridadep.gov/rcp/cva</a>
or call us at 850-245-2100 or 850-245-2847

Clean Vessel Act Grant Application (Revised 6/20/2018), Page 4 of 4