 **PENNSYLVANIA FISH AND BOAT COMMISSION – BUREAU OF BOATING**

# **BOAT PUMPOUT GRANT PROGRAM APPLICATION**

## PENNSYLVANIA PARTICIPATION IN THE FEDERAL CLEAN VESSEL ACT

### ***This information is required by the authority of the PENNSYLVANIA FISH AND BOAT COMMISSION***

***through the U.S. Fish and Wildlife Service to be considered for grant funding.***

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| Section 1 - APPLICANT INFORMATION | | | | | |
| APPLICANT OR ENTITY NAME | | | | TELEPHONE NUMBER | FAX NUMBER |
| APPLICANT MAILING ADDRESS **1** | | | | APPLICANT MAILING ADDRESS 2 (IF APPLICABLE) | |
| CITY | STATE | ZIP CODE | | EMAIL ADDRESS | |
| PROJECT MANAGER (PERSON IN CHARGE OF THE PROJECT) | | | TITLE | | |
| ***IN THE NEXT TWO BOXES PLEASE IDENTIFY PERSON WHO WORKS CLOSELY WITH PROJECT MANAGER THAT CAN BE CONTACTED 99% OF THE TIME WHEN ISSUES ARISE THROUGHOUT THE PROJECT’S PHASES. THIS PERSON CAN BE CONTACTED IN LEIU OF THE PROJECT MANAGER FOR ANSWERS OR TO RECEIVE INFORMATION FROM THE PFBC*** | | | | | |
| NAME | | | TITLE | | |
| ***APPLICANT/ENTITY MUST PROVIDE THEIR FEDERAL IDENTIFICATION NUMBER AND SAP NUMBER. PLEASE BE SURE THAT THEY ARE CORRECT. TO OBTAIN AN SAP NUMBER APPLICANTS MUST APPLY THROUGH THE COMMONWEALTH’S CENTRAL VENDOR MANAGEMENT UNIT ON THE WEB AT:*** [*http://www.pasupplierportal.state.pa.us*](http://www.pasupplierportal.state.pa.us) | | | | | |
| FEDERAL ID NUMBER | | | SAP NUMBER | | |

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| SECTION 2 - PROJECT LOCATION | | |
| FACILITY NAME | COUNTY | WATERBODY |
| LATITUDE (IN DECIMAL DEGREES) | LONGITUDE (IN DECIMAL DEGREES) | |
| DRIVING DIRECTIONS FROM HARRISBURG, PA | | |

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| SECTION3 - PROJECT INFORMATION *(check all that apply)* | | | | | | | | | | | | | | | | | | | | | |
| GRANT FUNDS REQUESTED | | | | APPLICANT CASH | | | | | | | | OTHER CASH | | | | | Total Project Cost | | | | |
| **$** | | | | **$** | | | | | | | | **$** | | | | | **$** | | | | |
| Type of Project: | | | | | | | | | REQUIRED PERMITS: | | | | | | | | | | | | |
| **Construction of new pumpout facilities**  **Replacement of existing pumpout facilities**  **Upgrade of Existing Facilities**  **Repair of Existing Facilities** | | | | | | | | | **Permit Type** **Federal**  **State**  **Local**  **Other** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | **Approved** | | | | | **Pending** | | | **N/A** |
| LOCATION OF PROPOSED PUMPOUTS: | | | | | | | | | | | TYPE OF FACILITIES PLANNED: | | | | | | | | | | |
| **Fuel Dock**  **All Slips**  **Other Dock** | | **Mobile (Goes to Boats)**  **On Bulkhead**  **Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | **Portable Unit on Wheels**  **Dump Station**  **Stationary Unit** | | | | | **Pumpout vessel**  **Multi-Station System**  **Repair/Upgrade Unit** | | | | | |
| **Number of Vessels to be Served:** |  | | | | | | | **Number of pumpout connections installed through this project?** | | | | | | | | | | | |  | |
| **Make of Equipment** |  | | | | | | | | | | **Model # of Equipment** | | |  | | | | | | | |
| **Type of Pumpout Unit** | **Diaphragm Pump**  **Vacuum Pump** **Peristaltic Pump** | | | | | | | | | | | | | | | | | | | | |
| **Where on the premises will the pumpout, dump station be located?** | | |  | | | | | | | | | | | | | | | | | | |
| SECTION 3 - PROJECT INFORMATION *(continued)* | | | | | | | | | | | | | | | | | | | | | |
| **Disposal method for pumpout/ dump station, boat sewage?** | | | | | **Directly to a permitted wastewater treatment facility**  **Directly to an on-site sewage treatment plant**  **Directly to an on-site septic system**  **Into holding tank, then transported to permitted wastewater treatment facility** | | | | | | | | | | | | | | | | |
| **Availability of pumpout/ dump station services** | | | | | | | **Mon. –Fri. between the hours of** **and**  **Saturday between the hours of** **and**  **Sunday between the hours of** **and** | | | | | | | | | | | | | | |
| **Will fees be charged for pumpout service?** | | | | | | **Yes**  **No** | | | | **How much per pumpout?** | | | | | **$** | | | | | | |
| *NOTE: The United States Fish and Wildlife Service (USFWS) allows a maximum fee of $5.00 per pumpout with no justification. If higher fees are charged, they must be justified in this application and approved by the USFWS before they may be allowed.* | | | | | | | | | | | | | | | | | | | | | |
| **Anticipated project start date?** | | | | | |  | | | | **Anticipated project completion date?** | | | | | | | | |  | | |

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| Section 4 - GENERAL FACILITY INFORMATION **–** Existing Conditions | | | |
| **TYPE OF FACILITY (Identify the current type of facility/conditions at proposed project location.)** | | | |
| **Marina**  **Boat Yard**  **Yacht Boat Club** | **Boat Ramp**  **Mooring Field**  **OTHER:** | | |
| **Is the facility owned by a government entity (City, County, Borough, Township, or State)?** | | | **No** **Yes** |
| **Number of Slips? Wet:** **Dry:** **Mooring:** | | | |
| Names of Adjacent Marinas with Pumpout and/or Dump Station Facilities | | | |
| **NAME OF FACILITY** | | **DISTANCE BY BOAT (miles)** | |
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Provide a detailed listing of the parts, material, supplies and labor required to complete this project.

(Attach copies of any quotes or estimates received.)

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| SECTION 5 - Materials, Supplies, Products, Installation, etc. | Cost |
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| Total Project Cost |  |
| 75% Reimbursable |  |
| 25% Matching funds |  |
| SECTION 6 - PROJECT NARRATIVE | |
| Please address each category below. All categories must be completed. **(Attach additional sheets as required.)** | |
| NEED **- Please describe why this project is needed.** | |
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| OBJECTIVE **– Please provide a short, concise description of what will be accomplished with the project.** | |
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| EXPECTED RESULTS AND BENEFITS **– Demonstrate how the proposed facility will meet the needs and objectives.** | |
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| APPROACH – **Provide a discussion of the work to be completed. Be specific about pumpout models, dimensions, location of the pumpout, etc.** | |
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| SECTION 7 – APPLICANTS SIGNATURE | |
| **Application is hereby made for the activities described herein. I certify that I am familiar with all the information contained in this application, and to the best of my knowledge and belief, this information is true, complete, and accurate. I further certify that I possess the authority to undertake the proposed activities. By signature below, the Applicant agrees to comply with all applicable federal, state, and local laws in conjunction with the proposal and resulting project if so approved.** | |
| *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *Name (Printed/Typed)* | *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *Title* |
| *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *Signature* | *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *Date* |

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| SECTION 8 - Required Attachments | |
|  | **AREA MAP – showing the general location of your marina.** |
|  | **SITE MAP – map showing the exact location of the proposed project.** |
|  | **SCHEMATIC Plan – showing the layout of the marina and the location of where the project components will be developed.** |
|  | **COPIES OF SUPPLIER OR CONTRACTOR ESTIMATES – showing the cost of each component of the project. If doing the work yourself, include a breakdown of materials and labor costs on a separate sheet of paper.** |
|  | **PHOTOGRAPHS OF THE SITE WHERE PUMPOUT WILL BE LOCATED – Photo is necessary to evaluate the location for ADA accessibility.** |
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| ***EMAIL COMPLETED APPLICATION WITH ATTACHMENTS TO*** Email: RA-BoatGrants@pa.gov | *FOR ADDITIONAL INFORMATION* **Telephone: (717) 705-7816** **Email: RA-BoatGrants@pa.gov** |

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| - FOR FISH AND BOAT COMMISSION USE ONLY - | | | | |
| **Project Number:** | **Grant Amount Approved:** | **Required Match:** | | Total: |
| **Program Coordinator’s Name (Printed):** | | **Title:** | | |
| *Signature* | | | *Date* | |