



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.



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	
<i>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</i>			
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			
FEDERAL ID NUMBER		SAP NUMBER	

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

SECTION 3 - PROJECT INFORMATION <i>(check all that apply)</i>			
GRANT FUNDS REQUESTED	APPLICANT CASH	OTHER CASH	TOTAL PROJECT COST
\$	\$	\$	\$
TYPE OF PROJECT:	REQUIRED PERMITS:		
<input type="checkbox"/> Construction of new pumpout facilities <input type="checkbox"/> Replacement of existing pumpout facilities <input type="checkbox"/> Upgrade of Existing Facilities <input type="checkbox"/> Repair of Existing Facilities	Permit Type <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> Other _____	Approved <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Pending <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
LOCATION OF PROPOSED PUMPOUTS:		TYPE OF FACILITIES PLANNED:	
<input type="checkbox"/> Fuel Dock <input type="checkbox"/> All Slips <input type="checkbox"/> Other Dock	<input type="checkbox"/> Mobile (Goes to Boats) <input type="checkbox"/> On Bulkhead <input type="checkbox"/> Other: _____	<input type="checkbox"/> Portable Unit on Wheels <input type="checkbox"/> Dump Station <input type="checkbox"/> Stationary Unit	<input type="checkbox"/> Pumpout vessel <input type="checkbox"/> Multi-Station System <input type="checkbox"/> 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	<input type="checkbox"/> Diaphragm Pump <input type="checkbox"/> Vacuum Pump <input type="checkbox"/> Peristaltic Pump		
Where on the premises will the pumpout, dump station be located?			

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.

OBJECTIVE – Please provide a short, concise description of what will be accomplished with the project.

EXPECTED RESULTS AND BENEFITS – Demonstrate how the proposed facility will meet the needs and objectives.

APPROACH – Provide a discussion of the work to be completed. Be specific about pumpout models, dimensions, location of the pumpout, etc.

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

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.

EMAIL COMPLETED APPLICATION WITH ATTACHMENTS TO

Email: scbollinge@pa.gov

FOR ADDITIONAL INFORMATION

Telephone: (717) 346-8196
FAX Number: (717) 705-7901
Email: scbollinge@pa.gov

- FOR FISH AND BOAT COMMISSION USE ONLY -

Project Number:	Grant Amount Approved:	Required Match:	Total:
Program Coordinator's Name (Printed):		Title:	
Signature			Date