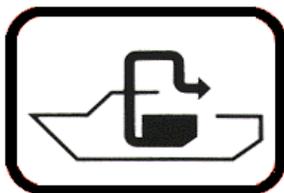




**Connecticut Department of
Energy & Environmental Protection**
Bureau of Outdoor Recreation
Boating Division



**Clean Vessel Act – Opportunity for
Funding the Construction, Installation,
Purchase, Operation & Maintenance of
Marine Sewage Disposal Facilities (MSDF)**



Funded Through the Federal Clean Vessel Act

Application Form

All applicants must complete the entire application with the exception of Parts V, VI and VII. Complete Part V for funding of Operation and Maintenance (O&M) activities associated with Land-Based MSDFs only, complete Part VI for O&M activities associated with pumpout vessels only, and complete Part VII for Construction/Purchase/Installation / Repair or Upgrade activities only. Please complete this form in accordance with the [instructions](#) (DEEP-BOATING-CVA-INST-001). Be sure to read the instructions to complete each line item in this application correctly.

Part I: Applicant Information

1. Applicant Name: _____
Contact Person: _____ Relationship to Facility: _____
Mailing Address: _____
City/Town: _____ State: _____ Zip Code: _____
Business Phone: _____ ext. _____
E-mail: _____
2. Federal Employer Identification or Social Security Number: _____

Part II: Eligibility and Application Type

1. Eligibility Checklist
a. Will the MSDF be available for use by all recreational vessels in need of such facilities? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, your project is not eligible to receive funding, with the exception of pumpout vessel off loading stations which are eligible to receive funding.
b. Will the use of the MSDF be offered for free? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, your project is not eligible to receive funding.
c. Is the installation of a proposed MSDF, a result of a state or federal enforcement action? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, your project is not eligible to receive funding.
2. Application Types - Check all that apply:
<input type="checkbox"/> Operation and Maintenance (O&M) (Complete Part V: Budget Information for O&M associated with a land-based MSDF or Part VI: Budget Information for O&M associated with a pumpout vessel)
<input type="checkbox"/> Construction/Purchase/Installation of a New MSDF (Complete Part VII: Budget Information. A design must be prepared and submitted as Attachment B to this application- use Appendix A of the instructions as a guide.)
<input type="checkbox"/> Repair or Upgrade of an Existing MSDF (Including Purchase of Associated Equipment) (Complete Part VII: Budget Information. A design must be prepared and submitted as Attachment B to this application- use Appendix A of the instructions as a guide.)
<input type="checkbox"/> Purchase of a Pumpout Vessel (Complete Part VII: Budget Information)

Part III: Facility Information

1. Facility Name (if different from applicant name): _____
Location Address: _____
City/Town: _____ State: _____ Zip Code: _____
2. Latitude: _____ Longitude: _____
3. Name of Waterbody Location(s) Served (e.g., Long Island Sound, CT river, etc.):

4. Does the facility currently have operational MSDFs? Yes No
If yes, specify the types and number of each type of MSDF facility:
 stationary: # _____ cart-style: # _____ boat: # _____
 central vacuum system: # _____ dump station: # _____
 Other (specify type and number): _____
5. Provide an estimate of how many vessels with heads will be serviced by the existing and/or proposed MSDF in a calendar year. _____
6. If the applicant is seeking funding for O&M or repair/upgrade of an existing MSDF, please provide a description of the existing facility or pumpout vessel (include age and condition; include photographs as Attachment F to this application).

Part IV: Proposal Information

1. Operating months, days and hours of the MSDF.

Please be specific. This information will be posted on the DEEP website and the Boater's Guide. (Example: *May 15 through October 30, 7 days per week, 7:00 a.m. – 7:00 p.m.*):

2. If the applicant is seeking both construction/purchase/installation/repair/upgrade/ **and** O&M funding, describe the planned start and end date for this phase of the project. (Example: March 1 through April 15)

Construction/Purchase/Installation / Repair/Upgrade Timeframe: _____

3. Specify the type and number of MSDFs for which you are requesting O&M funding:

stationary: # _____ cart-style: # _____ boat: # _____

central vacuum system: # _____ dump station: # _____

Other (specify type and number): _____

4. Does the facility have a fuel dock? Yes No

If Yes, is the MSDF located on the fuel dock? Yes No

5. What is the proximity of the MSDF to the dock-mounted fuel dispenser, in feet: _____

6. At the location of the MSDF, what is the approximate depth of water, in feet, during low tide, in relation to the mean low water elevation: _____

7. Identify the proximity, in feet or nautical miles, of the MSDF closest to the nearest federal navigational channel or fairway: _____

8. Provide the following for boaters to contact the MSDF:

a. your hailing frequency: _____

b. contact phone number: _____

c. website address: _____

Part V: Budget Information for Operation and Maintenance Costs Associated with a Land-Based MSDF

Complete only for O&M activities associated to a land-based MSDF as identified in Part I of this application.

Description			Totals
Operation and Maintenance Costs			
1.	Sewage Waste Removal Costs		\$ _____
2.	Equipment Repairs (specify):		\$ _____

3.	Supplies (specify):		\$ _____

4.	Total Maintenance Costs (total of lines 1 through 3)		\$ _____
5.	Personnel Costs		
	Personnel Type	hourly rates	estimated time
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
6.	Total Eligible O&M Costs (line 4: Maintenance Costs + Line 5: Personnel Costs)		\$ _____
7.	Funding Requested (75% of Total Eligible O&M Costs) (multiply line 6 x 0.75)		\$ _____

For items #2, 3 and 5, attach additional sheets if needed.

Part VI: Budget Information for Operation and Maintenance Costs Associated with a Pumpout Vessel

Complete only for O&M activities associated with a pumpout vessel as identified in Part I of this application.

Please submit a completed mobile pump out vessel budget as Attachment D to this application, using the [sample budget form](#).

Total Funding Requested cannot exceed \$45,000 per vessel.

Enter the following Information from your mobile pumpout vessel budget:

1. **Total Eligible O&M Costs**
(Total Costs from pumpout vessel budget attached) \$ _____

2. **Funding Requested = 75% of Total O&M Costs**
(Funding requested from pumpout vessel budget attached)) \$ _____

Part VII: Budget Information for Construction/Purchase/Installation of a New MSDF or Repair or Upgrade of an Existing MSDF (including purchase or repair/upgrade of a pumpout vessel)

Description	Totals
1. *Equipment Upgrade/Purchase (specify): _____ _____ _____	\$ _____
2. Construction/Installation Costs (specify): <i>(Include Plumbing, Electrical and Site Work)</i> _____ _____ _____	\$ _____
3. Supplies (specify): _____ _____ _____	\$ _____
4. Total Construction/Upgrade/Purchase Costs <i>(Total of lines 1 through 3)</i>	\$ _____
5. Funding Requested = 75% of Total Construction/Upgrade/ Purchase Costs <i>(line 4 x 0.75)</i>	\$ _____

For items #1, 2 and 3, attach additional sheets if needed.

*Note: For any goods or services costing more than \$2,500.00 per item, you must obtain **three (3)** quotes ([CI DAS General Letter #71](#)). If your funding request is greater than \$2,500.00, **you must submit, as Attachment C, a written copy of each quote you received (minimum of 3) and specify which vendor you will be selecting.** If the selected vendor did not submit the lowest quote, please include in Attachment C, justification for the selection.

Part VIII: Total Budget Information

Total Costs: \$ _____ **Funding Requested** (75% of Total Costs): \$ _____
(Part V, line 6 + Part VI, line 1 + Part VII, line 4) (Part V, line 7 + Part VI, line 2 + Part VII, line 5)

Match (Dollar Value) to be Provided by Applicant (25% of Total Costs): \$ _____
(Total Costs X 0.25) Please see Part VIII of the instructions for further details about match requirements.

Projects which provide more than 25% match will be more competitive.

Part IX: Supporting Documents

Check the applicable box below for each attachment being submitted with this application form. When submitting any supporting documents, please label the documents as indicated in this part (e.g., Attachment A, etc.) and be sure to include the applicant's name as indicated on this application form.

- Attachment A: [Applicant Compliance Information Form](#) (DEEP-APP-002)
- Attachment B: For Construction/Purchase/Installation/ of a New MSDF or Repair or Upgrade of an Existing MSDF, submit as Attachment B, the design of the proposed or existing MSDF which contains specific design or upgrade components - use Appendix A of the of the [instructions](#) as a guide.)
- Attachment C: For any goods or services costing more than \$2,500.00 per item, you must obtain three (3) quotes ([CT DAS General Letter #71](#)). Submit, as Attachment C, a written copy of each quote you received and specify which vendor you will be selecting. If the selected vendor did not submit the lowest quote, please provide a justification for the selection.
- Attachment D: Mobile Pumpout Vessel Operation and Maintenance Budget
- Attachment E: If you are **not** currently a vendor registered with the State Of Connecticut Comptroller's office you must also include a completed Agency Vendor Form. This form may be downloaded at: [www.das.state.ct.us/Purchase/Info/Vendor_Profile_Form_\(SP-26NB\).pdf](http://www.das.state.ct.us/Purchase/Info/Vendor_Profile_Form_(SP-26NB).pdf). You may download the W9 form and instructions at: www.irs.gov/pub/irs-pdf/fw9.pdf.
- Attachment F: Photographs of Existing MSDFs or Pumpout Vessels; digital or color prints only. Black and white or color photocopies will **NOT** be accepted.

Part X: Applicant Certification

The applicant *and* the individual(s) responsible for actually preparing the application must sign this part. An application will be considered incomplete unless all required signatures are provided. If the applicant is the preparer, please mark N/A in the spaces provided for the preparer.

Funding provided through this grant program is provided by the U.S. Fish and Wildlife Service, Clean Vessel Act Program and is administered through Connecticut's Department of Energy and Environmental Protection – Boating Division. Funds awarded through this grant application process are to be used solely for allowable costs and expenses as identified within the application instructions and any contract between the grantee and the State of Connecticut.

Any funding provided through any subsequent State Contract is subject to audit and investigation by the U.S. Office of the Inspector General (OIG) and the State of Connecticut Attorney General's Office (AG), as well as Connecticut's Department of Energy and Environmental Protection (DEEP). Any instances of potential fraud, waste, theft or abuse will be reported by DEEP to the OIG and the AG's office for investigation and prosecution.

False statement(s) in the submitted information is punishable as a criminal offense pursuant to section 53a-157b of the General Statutes, and in accordance with any other applicable statute or regulation.

<p>"I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that based on reasonable investigation, including my inquiry of the individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief.</p> <p>I understand that a false statement in the submitted information is punishable as a criminal offense, pursuant to section 53a-157b of the General Statutes, and in accordance with any other applicable statute or regulation.</p> <p>I certify that this application is on complete and accurate forms as prescribed by the commissioner without alteration of the text.</p> <p>I further certify, upon submission of this application, all of the following:</p> <ul style="list-style-type: none"> a) The application form and associated materials are complete and accurate; b) All requested costs and expenses shall be used solely for allowable costs and expenses; c) All requested costs and expenses shall be supported with original receipts, invoices or other supporting documentation; and d) There shall be no instances of fraud, theft, waste, abuse, mismanagement or misconduct regarding the funds provided through this grant application process." 	
Signature of Applicant	Date
Printed Name of Applicant	Title (if applicable)
Signature of Preparer	Date
Printed Name of Preparer	Title (if applicable)
<input type="checkbox"/> Check here if additional signatures are required. If so, please reproduce this sheet and attach signed copies to this sheet. You must include signatures of any person preparing any report or parts thereof required in this application (i.e., marine architects, professional engineers, surveyors, consultants, etc.)	

Note Please submit this completed Application Form and supporting documents to:

BOATING DIVISION
 DEPARTMENT OF ENERGY AND ENVIRONMENTAL PROTECTION
 P.O. BOX 280, 333 FERRY ROAD
 OLD LYME, CT 06371-0280