



Boating Infrastructure Grant Program Grant Application

Fill in all sections that apply – leave all other sections blank

I – APPLICANT INFORMATION

Applicant:

Federal Employer Id. No.:

Project Manager Name:

Project Manager Title:

Mailing Address:

City:

Zip Code:

Shipping Address:

City:

Zip Code:

Telephone:

Fax:

Email:

PARTNERSHIPS

List partners involved in the project (Do not include the Fish and Wildlife Conservation Commission or USFWS):

1.

2.

3.

4.

5.

PROJECT SUMMARY

Type of Application: ☐ New (never before considered) ☐ Reconsideration ☐ Phased Continuation – Phase No.: _____

Grant Amount Requested: \$ _____

Total Project Cost: \$ _____

Provide a brief summary of the project:

PROJECT LOCATION				
Latitude (Degrees and decimal minutes, N ##° ##.###') N: _____ ° _____ '		Longitude (Degrees and decimal minutes, W -##° ##.###') W: - _____ ° _____ '		
Township:		Range:		Section:
Facility Name:				
County:		Water body:		
Facility Street Address or Location:				
Legislative Districts Numbers: U.S. House: U.S. Senate: State Senate: State House:				

GENERAL FACILITY INFORMATION	
Upland Ownership: <input type="checkbox"/> Public – Fee Simple <input type="checkbox"/> Public – Lease Years Remaining on Lease _____	
Name of Owner:	
Open to General Public? <input type="checkbox"/> Yes <input type="checkbox"/> No	Tie-up/Overnight Moorage Fee: \$ _____
Name of nearest adjacent transient boating facilities, public and private:	
Name:	Distance:
1.	
2.	
3.	
4.	
5.	
Name of recreational, historical, cultural, and natural attractions near facility	
Name:	Distance:
1.	
2.	
3.	
4.	
5.	

FACILITY COMPONENTS AND USE – EXISTING CONDITIONS	
Type of Dock:	
Condition: <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor	
Length of Tie-up Dock or Moorage: _____ Ft. No. of Slips: _____	
Type: <input type="checkbox"/> Slip <input type="checkbox"/> Broadside	
Condition: <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor	
Facility Attributes: Pumpout or Dump Station: <input type="checkbox"/> Yes <input type="checkbox"/> No Restroom: <input type="checkbox"/> Yes <input type="checkbox"/> No	

PROJECT DESCRIPTION

Primary Need for Project:

☐ Safety

☐ Age-end of Useful Life

☐ High User Demand

☐ Lack of In-house Capability

☐ Recommended by FWC Staff

Need Statement:

What is the objective of the project:

Approach: describe the methods and techniques the project will use to address the need:

PROJECT DESCRIPTION

Results and Benefits: describe the expected results and benefits of the project:

Describe the economic impact the project will have on the community:

Will the project significantly or adversely affect the environment?

☐ Yes

☐ No

If Yes, please explain key issues and describe any mitigation actions proposed:

PROJECT ENGINEERING AND CONSTRUCTION

Who is or will be completing project design/engineering?

- ☐ Applicant's Staff
☐ Consulting Engineers
☐ Other: _____
☐ N/A (Materials/Equipment Purchase)

Level of completion at time of application:

- ☐ None
☐ Conceptual (Master Plan)
☐ Preliminary
☐ Final (Ready to Bid)
☐ Bid Out

Has a preliminary or final engineer's cost estimate been developed for this project at time of application?

- ☐ Yes ☐ No If yes, please attach a copy of detailed engineer's cost estimate to application.

PROJECT ENGINEERING AND CONSTRUCTION*See Procedure Guide for definitions. Check all that apply*

COMPONENT	REPLACEMENT	EXPANSION	NEW	ENGINEERING/ PLANNING
Recreational Channel Marking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pumpout	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dump Station	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Portable pumpout	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transient tie-up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overnight moorage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access road	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paved parking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-paved parking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Curbs, signs, marking and lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sewage hookup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lift pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Debris deflection boom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Piles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dredging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pumpout dock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PROPERTY VALUE

Size – Acreage:

Assessed Value: \$

Appraisal Completed: ☐ Yes ☐ No

Current Zoning:

PROJECT COST			
Budget Information – Construction Projects			
Cost Classification	a. Total Cost	b. Costs Not Allowable for Participation	c. Total Allowable Costs (Columns a-b)
1. Administrative & legal expenses	\$	\$	\$
2. Land, structures, rights-of-way appraisals, etc.	\$	\$	\$
3. Relocation expenses & payments	\$	\$	\$
4. Architectural & engineering fees	\$	\$	\$
5. Other architectural & engineering fees	\$	\$	\$
6. Project inspection fees	\$	\$	\$
7. Site work	\$	\$	\$
8. Demolition & removal	\$	\$	\$
9. Construction	\$	\$	\$
10. Equipment	\$	\$	\$
11. Miscellaneous	\$	\$	\$
12. SUBTOTAL (Sum of 1-11)	\$	\$	\$
13. Contingencies	\$	\$	\$
14. SUBTOTAL	\$	\$	\$
15. Project (program) income	\$	\$	\$
16. TOTAL PROJECT COSTS (Subtract 15 from 14)	\$	\$	\$
FEDERAL FUNDING			
17. Federal assistance requested, calculate as follows: (Consult Federal agency for Federal percentage share.) Enter resulting Federal share Enter eligible costs from line 16c Multiply X ____ %	\$	\$	\$

PROJECT COST			
SOFT (NON CASH) FUNDS			
Cost Item	Applicant	Other**	TOTAL
Administration	\$	\$	\$
In-Kind Engineering	\$	\$	\$
In-Kind Labor	\$	\$	\$
In-Kind Materials	\$	\$	\$
In-Kind Equipment	\$	\$	\$
In-Kind Inspection	\$	\$	\$
Other:	\$	\$	\$
TOTAL SOFT FUNDS:	\$	\$	\$

HARD (CASH) FUNDS				
Cost Item	Applicant	Other**	BIG P Grant	TOTAL
Property Acquisition	\$	\$	\$	\$
Consultant Master Plan	\$	\$	\$	\$
Consultant Engineering	\$	\$	\$	\$
Consultant Inspection	\$	\$	\$	\$
Construction	\$	\$	\$	\$
Other:	\$	\$	\$	\$
TOTAL HARD FUNDS:	\$	\$	\$	\$

GRAND TOTAL	\$	\$	\$	\$
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**Source of Other Funds:			
<input type="checkbox"/> Federal	<input type="checkbox"/> State/Local	<input type="checkbox"/> Loan	
Agency Name:			
Grant Name (if applicable):			
Approval Status:	<input type="checkbox"/> Approved	<input type="checkbox"/> Pending	<input type="checkbox"/> Intend to Apply, Date: _____

**Source of Other Funds:			
<input type="checkbox"/> Federal	<input type="checkbox"/> State/Local	<input type="checkbox"/> Loan	
Agency Name:			
Grant Name (if applicable):			
Approval Status:	<input type="checkbox"/> Approved	<input type="checkbox"/> Pending	<input type="checkbox"/> Intend to Apply, Date: _____

**Source of Other Funds:			
<input type="checkbox"/> Federal	<input type="checkbox"/> State/Local	<input type="checkbox"/> Loan	
Agency Name:			
Grant Name (if applicable):			
Approval Status:	<input type="checkbox"/> Approved	<input type="checkbox"/> Pending	<input type="checkbox"/> Intend to Apply, Date: _____

PROJECT PERMITTING			
<i>Construction Projects Only</i>			
Has an application been submitted to:	No	Yes (submit copy)	Approved (submit proof)
Florida Department of Environmental Protection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U.S. Army Corps of Engineers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local and Others (If needed)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REQUIRED APPLICATION ATTACHMENTS AND DOCUMENTATION

Please check all boxes that are applicable.

<input type="checkbox"/>	An adopted resolution, by the Governing Body authorizing that a designated representative has the authority to apply for and administer the grant on behalf of the applicant, and stating that the Governing Body is willing to enter into a 20-year agreement for the maintenance and operation of the project.
<input type="checkbox"/>	Boundary map of the project area. The map must provide a description and sketch of the project area boundaries, displaying known easements, and be legally sufficient to identify the project area.
<input type="checkbox"/>	Site control documentation (e.g. deed, lease, title search, etc.) for the project site.
<input type="checkbox"/>	Existing condition photographs sufficient to depict the physical characteristics of project site.
<input type="checkbox"/>	Aerial photographs marked with approximate boundaries of project site.
<input type="checkbox"/>	*An 8.5" X 11" photocopy (project site vicinity only) of a current NOAA North American Datum 83 nautical chart (provide the NOAA chart name and number) indicating the precise location of project site.
<input type="checkbox"/>	Photocopies of necessary project permits or applications
<input type="checkbox"/>	Engineering Cost Estimate (if completed)
<input type="checkbox"/>	Preliminary Design/Engineering Plans (if completed)
<input type="checkbox"/>	Application transmittal cover letter (Identify priority rank if multiple applications submitted)
<input type="checkbox"/>	One (1) original application (original signature required)
<input type="checkbox"/>	Three (3) copies of application (unbound, secured with binder clip in upper left-hand corner)
<input type="checkbox"/>	Projective narrative according to Federal Aid Grant Proposal Guidelines
<input type="checkbox"/>	CD – Copy of all the above scanned and saved to a CD.

APPLICANT ACKNOWLEDGEMENT AND SIGNATURE

Application is hereby made for the activities described herein. I certify that I am familiar with the information contained in the 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, including the necessary property interests, to undertake the proposed activities.

I also certify that the Applicant's Governing Body is aware of and has authorized the person identified as the official representative of the Applicant to act in connection with this application and subsequent project as well as to provide additional information as may be required. By signature below, the Applicant agrees to comply with all applicable federal, state, and local laws in conjunction with this proposal and resulting project so approved.

Print/Type Name

Title

Applicant Signature

Date

WARNING: "Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083." § 837.06, Florida Statutes.

Note: Instruction and further information regarding this application and the Boating Infrastructure Grant Program may be found in the Boating Infrastructure Grant Program Guidelines or contact the Program Administrator, Florida Fish and Wildlife Conservation Commission, 620 South Meridian Street, Tallahassee, FL 32399-1600, telephone: 850-488-5600.