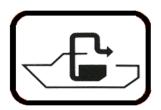


Connecticut Department of Energy & Environmental Protection

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 Costs Associated with a Land-Based MSDF, complete Part VI for Operation and Maintenance Costs Associated with a Pumpout Vessel, and complete Part VII 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). 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

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	y Number:			
Part II: Eligibility and Application Type				
Eligibility Checklist				
Will the MSDF be available for use by all recreat If No, your project is not eligible to receive funding stations which are eligible to receive funding	ınding, <i>with t</i>		☐ Yes Vessel off	☐ No Ioading
 b. Will the use of the MSDF be offered for free? If No, your project is not eligible to receive full 	nding.		☐ Yes	☐ No
c. Is the installation of a proposed MSDF, a result o If Yes, your project is not eligible to receive fu		deral enforcement action?	☐ Yes	☐ No
2. Application Types - Check all that apply:				
☐ Operation and Maintenance Costs Associated w	ith a Land Ba	sed MSDF		
☐ Operation and Maintenance Costs Associated with a Pumpout Vessel				
☐ Construction/Purchase/Installation of a New MS purchase or repair/upgrade of a Pumpout Vesse	•	or Upgrade of an Existing	g MSDF (in	cluding

Part III: Facility Information

Facility Name (if different from applicant name):				
Location Address:	Location Address:			
City/Town:	State:	Zip Code:		
2. Latitude: Longitude:				
3. Name of Waterbody Location(s) Serv	/ed (e.g., Long Isl	land Sound, CT river, etc.):		
4. Does the facility currently have opera	ational MSDFs?	☐ Yes ☐ No		
If yes, specify the types and number of e	each MSDF facility	y:		
stationary: #] cart-style: #	□ boat: #		
central vacuum system: #	☐ dump stat	ation: #		
Other (specify type and number):				
 Provide an estimate of how many pu MSDF in a calendar year. (provide estimate) 		onducted by the existing and/or proposed prior year data, if available)		
	of the existing fac	Maintenance or repair/upgrade of an existing cility or Pumpout Vessel (include age and sapplication).		

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: <i>May 15 through October 30, 7 days per week, 7:00 a.m. – 7:00 p.m.</i>):
2.	If the applicant is seeking both Operation and Maintenance and Construction/Purchase/Installation of a New MSDF or Repair or Upgrade of an Existing MSDF (including purchase or repair/upgrade of a Pumpout Vessel) funding, describe the planned start and end date for this phase of the project. (Example: March 1 through April 15)
	Project Completion Timeframe:
3.	Specify the type and number of MSDFs for which you are requesting Operation and Maintenance funding:
	☐ Stationary: # ☐ Cart-style: # ☐ Boat: #
	☐ Central vacuum system: # ☐ Dump station: #
	☐ Other (specify type and number):
4.	Does the facility have a fuel dock?
	If Yes, is the MSDF located on the fuel dock?
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:
-	The Control of the Control of the Control of the MODE about the the control of th
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. Hailing frequency:
	b. Contact phone number:
	c. Website address:

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

Please complete this section.

Ente	er the following information:	Description		Total
1.	Personnel Types Administration Program	Description Hourly rates	Estimated time	\$
2.	Contractual			\$
3.	Operating			\$
4.	Equipment (including repairs and upgrades/purchases)			\$
5.	Sewage Waste Removal			\$
6.	Supplies			\$
7.	Other (specify)			\$
8.	Total Eligible O&M Costs			\$
9.	Funding Requested = 75% of Total O&M Costs (multiply line 10 X 0.75)			\$
Atta	ch additional sheets if needed.			

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

Please complete this section.

Total	Total Funding Requested cannot exceed \$45,000 per vessel.				
Enter	Enter the following Information:				
		De	scription	Total	
1.	Personnel Types Administration Program	Hourly Rates	Estimated time	\$	
2.	Contractual			\$	
3.	Operating			\$	
4.	Boat Expenses			\$	
5.	Equipment (including repairs, purchases, and upgrades)			\$	
6.	Sewage Waste Removal			\$	
7.	Supplies			\$	
8.	Other (specify)			\$	
9. <i>(T</i>	Total Eligible O&M Costs otal Costs from above)			\$	
	Funding Requested = 75% Funding requested from Pump			\$	
At	tached additional sheets if ne	eeded.			

For pumpout vessel programs with detailed budgets and costs, please attach a separate spreadsheet to document anticipated expenses.

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)

Please complete this section.

Enter the following Information: Description 1. Equipment Upgrade/Purchase (specify):	Total \$
Construction/Installation Costs include Plumbing, Electrical and Site Work (specify):	\$
3. Supplies (specify)	\$
Total Construction/Purchase/Installation/Repair Upgrade (<i>Total of lines 1 through 3</i>)	\$
5. Funding Requested = 75% of Total Costs (multiply line 4 X 0.75)	\$
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 (CT 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 10 + Part VI, line 10 + Part VII, line 4) (Part V, line 11 + Part VI, line 11 + 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:	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 . You may download the W9 form and instructions at: www.irs.gov/pub/irs-pdf/fw9.pdf .
	Attachment E:	*Photographs of Existing MSDFs or Pumpout Vessels; digital or color prints only. Black and white or color photocopies will NOT be accepted.
* R	equired for a	all applications.

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.

"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.

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.

I certify that this application is on complete and accurate forms as prescribed by the commissioner without alteration of the text.

I further certify, upon submission of this application, all of the following:

- 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;
- 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)		
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

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

architects, professional engineers, surveyors, consultants, etc.)

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



Connecticut Department of Energy & Environmental Protection

Applicant Compliance Information

	DEEP ONLY	
App. No		
Co./Ind. No) .	

	Applicant Name:		
	Mailing Address:		
	City/Town:	State:	Zip Code:
	Business Phone:	ext.:	
	Contact Person:	Phone:	ext.
	*E -mail: If you answer <i>yes</i> to any of the questions below, you the reverse side of this sheet as directed in the instr		
A.	During the five years immediately preceding submis convicted in any jurisdiction of a criminal violation of	f any environmental la	
	☐ Yes ☐ N	lo	
B.	During the five years immediately preceding submis imposed upon the applicant in any state, including 0 violation of an environmental law?		
	☐ Yes ☐ N	lo	
C.	During the five years immediately preceding submis five thousand dollars been imposed on the applican administrative proceeding for any violation of an environment.	t in any state, including	
	☐ Yes ☐ N	lo	
D.	During the five years immediately preceding submis Connecticut, or federal court issued any order or en violation of any environmental law?		
	☐ Yes ☐	No	
E.	During the five years immediately preceding submis Connecticut, or federal administrative agency issue any environmental law?		
	☐ Yes ☐ N	lo	

Table of Enforcement Actions

(1) Type of Action	(2a) Date Commenced	(2b) Date Terminated	(3) Jurisdiction	(4) Case/Docket/ Order No.	(5) Description of Violation

[☐] Check the box if additional sheets are attached. Copies of this form may be duplicated for additional space.

ATTACHMENT E-PHOTOS OF EXISTING MSDFS OR PUMPOUT VESSELS