



Florida Boating Improvement Program Grant Application for Recreational Channel Markers and Other Uniform Waterway Markers

FOR OFFICE USE ONLY	
Grant Application Number :	Date Received:

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

I – APPLICANT INFORMATION		
a. Applicant:		
b. Federal Employer Id. No.:		
c. Project Manager Name:	Project Manager Title:	
d. Mailing Address:	City:	Zip Code:
e. Shipping Address:	City:	Zip Code:
f. Telephone:	Fax:	Email:
g. District Numbers:	State House:	State Senate:

II – PROJECT SUMMARY			
a. Project Title:			
b. Type of Application:	<input type="checkbox"/> New (never considered before)	<input type="checkbox"/> Reconsideration	<input type="checkbox"/> Phased Continuation–Phase No.: _____
c. Project Type:	<input type="checkbox"/> New Recreational Channel Markers	<input type="checkbox"/> Replace/Repair Recreational Channel Markers	
	<input type="checkbox"/> New Regulatory Markers	<input type="checkbox"/> Replace/Repair Regulatory Markers	
	<input type="checkbox"/> New Information Markers	<input type="checkbox"/> Replace/Repair Information Markers	
d. Project Cost:	Total Cost: \$ _____		Amount Requested: \$ _____
e. Project Summary:			

III – PROJECT DESCRIPTION

a. List Primary Need for Project:

- | | |
|--|--|
| <input type="checkbox"/> Safety | <input type="checkbox"/> High Demand by Users |
| <input type="checkbox"/> Age-end of Useful Life | <input type="checkbox"/> Recommended by FWC Staff |
| <input type="checkbox"/> Environmental Needs of the Area | <input type="checkbox"/> Lack of In-house Capability |
| <input type="checkbox"/> Other: _____ | |

b. Need Statement:

c. Approach (Scope of Work): Describe the project’s scope of work by providing a list of tasks and deliverables:

d. Project Benefits:

IV - PERMITS

	Submitted	Approved	N/A
a. Florida Department of Environmental Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Florida Fish and Wildlife Conservation Commission*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. U.S. Army Corps of Engineers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Local and Others (If needed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* Note: Projects must be permitted pursuant to Chapter 68D-23, Florida Administrative Code.

V – BUDGET

a. Has a detailed cost estimate been developed for this project? If yes, attach a copy to application.

Yes, Preliminary

Yes, Final

No

b. PROJECT COST: NON-CASH MATCH

Cost Item	Applicant Share	Other Share (List below in Section VI)	Do Not Use This Column	TOTAL
Administration	\$	\$		\$
In-Kind Management	\$	\$		\$
In-Kind Labor	\$	\$		\$
In-Kind Materials	\$	\$		\$
In-Kind Equipment	\$	\$		\$
Total Non-Cash Match	\$	\$		\$

c. PROJECT COST: CASH FUNDS

Cost Item	Applicant Share	Other Share (List below in Section VI)	FBIP Grant Share	TOTAL
Planning/ Engineering	\$	\$	\$	\$
Implementing	\$	\$	\$	\$
Other:	\$	\$	\$	\$
Total Cash Funds	\$	\$	\$	\$

d. TOTAL COST (Non-Cash Match + Cash Funds)	\$	\$	\$	\$
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VI – OTHER SOURCE OF FUNDS (Partnerships)

a. Funding source / Agency: _____

b. Type of funding: Federal grant State/Local grant Loan

c. Grant Name: _____ Amount \$ _____

d. Approval Status: Approved Pending Intend to Apply, Date: _____

a. Funding source / Agency: _____

b. Type of funding: Federal grant State/Local grant Loan

c. Grant Name: _____ Amount \$ _____

d. Approval Status: Approved Pending Intend to Apply, Date: _____

a. Funding source / Agency: _____

b. Type of funding: Federal grant State/Local grant Loan

c. Grant Name: _____ Amount \$ _____

d. Approval Status: Approved Pending Intend to Apply, Date: _____

VII – ENVIRONMENTAL ASSESSMENT

	YES	NO
a. Will the project significantly or adversely affect the environment?	<input type="checkbox"/>	<input type="checkbox"/>
b. If Yes, please explain key issues and describe any mitigation actions proposed.		

VIII – BOATER SAFETY

a. Explain how the project may affect boater safety whether positively or negatively.

IX – APPLICATION ATTACHMENTS CHECKLIST	
Submit one (1) signed original plus two (2) photocopies of the application with attachments and an electronic copy on CD.	
Inc.	--- Required Attachments ---
<input type="checkbox"/>	a. Cover Letter: application transmittal cover letter (Identify priority rank with multiple applications).
<input type="checkbox"/>	b. Application: One (1) application with original signature from authorized individual.
<input type="checkbox"/>	c. Resolution: An adopted resolution, by the Governing Body, authorizing that the Project Manager has the authority to apply for and administer the grant on behalf of the applicant. If the Applicant is applying on behalf of another public entity, then a Memorandum of Understanding between the Applicant and the public entity must also be submitted.
<input type="checkbox"/>	d. Permits: Photocopies of necessary project permit(s) or permit application(s). If exempt, provide notification of exemption from permitting agency.
<input type="checkbox"/>	e. Existing Condition Photographs: Photographs of existing signs for repair/replacement projects.
<input type="checkbox"/>	f. Detailed Cost Estimate: Cost estimate in the form of a formal bid, written quote from proposed vendor or an engineer's cost estimate.
--- Optional Attachments ---	
<input type="checkbox"/>	g. Support/Opposition: Attach letters of known public support or known public opposition.

APPLICANT 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 requisite property interests to undertake the proposed activities.

I also certify that the Applicant's governing body is aware of and has authorized the Project Manager 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 Florida Boating Improvement Program can be found in the Florida Boating Improvement Program Guidelines or you may contact the Program Administrator at: Florida Fish and Wildlife Conservation Commission, Florida Boating Improvement Program, 620 South Meridian Street, Tallahassee, FL 32399-1600; or call (850) 488-5600; or email fbip@MyFWC.com.

FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION FLORIDA BOATING IMPROVEMENT PROGRAM

Instructions for Completing the Recreational Channel Marker or Other Uniform Waterway Marker Grant Application

General Instructions:

- Submit one (1) original and two (2) copies.
- Submit an electronic copy of application on CD.
- Staple application in upper left-hand corner, or clip with one binder clip. **Do Not Spiral Bind Or Place In A Three-Ring Binder Or Report Cover.**
- Please place a tabbed divider between each attachment.
- Please make all photocopies of attachments on paper no larger than 11" x 17".

I – APPLICANT INFORMATION	
a. Applicant:	Enter the name of the county, municipality, or other governmental entity applying for the grant.
b. Federal Employer Id. No.:	Enter the applicant’s Federal Employer Identification (FEID) Number. Payment will be sent to the address associated with this FEID number.
c. Project Manager Name: Title:	Enter the name and title of the person in charge of the project. All correspondence will be sent to this person.
d. Mailing Address:	Enter the mailing address for the Project Manager. All correspondence will be sent to this address.
e. Shipping Address:	Enter the physical address for the Project Manager (no post office boxes) for delivery of overnight packages.
f. Telephone No.: Fax No.: E-mail:	Enter the telephone number, fax number, and email address where the Project Manager may be contacted during regular business hours.
g. District Numbers:	Enter the numbers for the State House district and State Senate district where the project is located.

II – PROJECT SUMMARY	
a. Project Title:	Provide a brief title for the project.
b. Type of Application:	Check “New” if you have never applied for FBIP funding for this project. Check “Reconsideration” if you have applied before but did not receive funding. Check “Phased Continuation” if the project has previously received FBIP funding.
c. Project Type:	Check all project types that apply.
d. Project Cost:	Enter total amount of project cost, including only the eligible project elements where grant funds will be used. Enter the amount of funds requested from FBIP.
e. Project Summary:	Provide a brief description of the goal of the project, the work to be done and the expected outcome or final product.

III - PROJECT DESCRIPTION	
a. List Primary Need for Project:	Check the category that is most applicable.
b. Need Statement:	Briefly describe why this project is needed. Explain any existing problems or deficiencies this project will rectify.
c. Approach(Scope of Work):	Describe in detail the exact work to be completed.
d. Project Benefits:	Describe how this project will enhance boating in the local community.

IV – PERMITS	
a. Florida Department of Environmental Protection	<p>Check status of all permit applications. If project does not require permits, or project is exempt from permitting requirements, check “N/A”. If applicable, attach a photocopy of all permits or permit applications. If project is exempt, attach a copy of exemption notification.</p> <p>Note: Projects must be permitted pursuant to Chapter 68D-23, Florida Administrative Code.</p>
b. Florida Fish and Wildlife Conservation Commission	
c. U.S. Army Corps of Engineers	
d. Local and Others (If needed)	

V – BUDGET	
a. Has a detailed cost estimate-e been developed for this project?	Indicate whether a preliminary or final cost estimate has been developed. If yes, attach a copy of the estimate to the application.
b. PROJECT COST - NON-CASH MATCH*	Enter amount of in-kind match for each cost item. Amounts in “Other” column should include in-kind match from any third-party agreements (provided by someone other than the applicant). *Please note: All applications must include some form of non-cash match.
c. PROJECT COST - CASH FUNDS	Enter amount of funding to be provided by the applicant and other sources. Enter the amount of funding requested in the column labeled “FBIP.”
d. TOTAL COST	Sum of non-cash match and cash funds for each column.

VI - OTHER SOURCE OF FUNDS (STATUS)

Include information on funding from sources other than FBIP or applicant. Enter information for each funding source.

a. Funding Source:	Check source of funds: Federal grant, State/Local grant, or loan.
b. Grant Name:	Enter name of grant program.
c. Approval Status:	Enter status of grant/loan application. If "Intending to Apply", enter date of application deadline.

VII - ENVIRONMENTAL ASSESSMENT

a. Will the project significantly or adversely affect the environment?	Explain how the project will have a significant or adverse affect on the environment and include information on the impacts to water quality, wetlands, seagrasses, imperiled species, etc.
b. If Yes, please explain key issues and describe any mitigation actions proposed.	

VIII – BOATER SAFETY

a. Explain how the project may affect boater safety whether positively or negatively.	Provide explanation of how the project may improve boater safety (i.e. increased education, increased law enforcement, etc.) or, explain any potential boater safety hazards and how they will be corrected. Also, please indicate if the project will have no effect on boater safety.
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IX – APPLICATION ATTACHMENTS CHECKLIST

Indicate which attachments have been included with the application. Required attachments must be included or application will be deemed incomplete. Optional attachments may be omitted.

Please place a tabbed divider between each attachment. Submit one (1) original (with original signature) and two (2) photocopies of the entire application with attachments.

Completed applications should be in the following order: cover letter, application form, resolution, permits/permit applications, photographs, cost estimate, letters of support/opposition (if included).



Florida Boating Improvement Program Grant Application for Boating Access Facilities

FOR OFFICE USE ONLY	
Grant Application Number :	Date Received:

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

I – APPLICANT INFORMATION			
a. Applicant:			
b. Federal Employer Id. No.:			
c. Project Manager Name:		Project Manager Title:	
d. Mailing Address:		City:	Zip Code:
e. Shipping Address:		City:	Zip Code:
f. Telephone:	Fax:	Email:	
g. District Numbers:	U.S. Congressional:	State Senate:	State House:

II – PROJECT SUMMARY		
a. Project Title:		
b. Type of Application: <input type="checkbox"/> New (never considered before) <input type="checkbox"/> Reconsideration <input type="checkbox"/> Phased Continuation–Phase No.: _____		
c. Project Category:	TIER-I	TIER-II
	<input type="checkbox"/> A – Public Launching Facilities	<input type="checkbox"/> A – Boat Ramps, Piers, and Docks <input type="checkbox"/> B – Public Launching Facilities
d. Project Cost:	Total Cost: \$ _____	Amount Requested: \$ _____
e. Project Summary:		

III - FACILITY INFORMATION

a. Facility Name: _____

b. Type of Facility:

Existing Boat Ramp / Public Launching Facility

Existing Marina / Tie-up / Overnight Moorage Facility

Proposed Boat Ramp / Public Launching Facility

Proposed Marina / Tie-up / Overnight Moorage Facility

Other: _____

c. Facility location:

County: _____ Water body: _____

Township: _____ Section: _____ Range: _____

Latitude: N deg. min. sec. Longitude: W deg. min. sec.

Facility Street Address or Location: _____

d. Upland Ownership:

Public - Fee Simple

Public - Lease

Number of Years Remaining in Lease: _____

Name of Owner: _____

e. Is this facility open to the general public? Yes No

f. Estimate Percent (%) Use of Launching Facility: _____% Motorboats/Sailboats _____% Non-Motorboats

g. Day Use, Parking or Launch Fee Amount: \$_____ Tie-up/Overnight Moorage: \$_____

h. Number of Launch Lanes: _____ Condition: New Good Average Poor

i. Number of Boarding Docks: _____ Length: _____ Ft. Condition: New Good Average Poor

Type of docks: Fixed Wooden Fixed concrete Floating Other : _____

j. Number of Boat Trailer Parking Spaces: _____ Condition: New Good Average Poor

k. Tie-up Dock or Moorage: _____Ft or _____Slip Condition: New Good Average Poor

Type of docks: Fixed Wooden Fixed concrete Floating Other : _____

l. Other Facility Attributes:

Restroom: Yes No Proposed

Other: _____

Pump out or Dump Station: Yes No

Other: _____

m. Names of adjacent boating facilities, public and private (ramps, tie-up facilities/marinas) within a 10-mile radius.

Name	Distance	Name	Distance
1. _____	_____	2. _____	_____
3. _____	_____	4. _____	_____
5. _____	_____	6. _____	_____
7. _____	_____	8. _____	_____
9. _____	_____	10. _____	_____

IV – PROJECT DESCRIPTION

a. List Primary Need for Project:

Safety

Age-end of Useful Life

Environmental Needs of the Area

Other: _____

High Demand by Users

Recommended by FWC Staff

Lack of In-house Capability

b. Need Statement:

c. Approach (Scope of Work): Describe the project's scope of work by providing a list of tasks and deliverables:

d. Project Benefits:

V – BUDGET

a. Has a detailed cost estimate been developed for this project? If yes, attach a copy to application.

Yes, Preliminary

Yes, Final

No

b. PROJECT COST: NON-CASH MATCH

Cost Item	Applicant Share	Other Share (List below in Section VI)	Do Not Use This Column	TOTAL
Administration	\$	\$		\$
Project Management	\$	\$		\$
In-Kind Engineering	\$	\$		\$
In-Kind Labor	\$	\$		\$
In-Kind Materials	\$	\$		\$
In-Kind Equipment	\$	\$		\$
Total Non-Cash Match	\$	\$		\$

c. PROJECT COST: CASH FUNDS

Cost Item	Applicant Share	Other Share (List below in Section VI)	FBIP Grant Share	TOTAL
Administration / Project Management	\$	\$	\$	\$
Design / Engineering	\$	\$	\$	\$
Permitting	\$	\$	\$	\$
Construction / Repair: Boat Ramps	\$	\$	\$	\$
Construction / Repair: Lifts, Hoists, Marine Railways	\$	\$	\$	\$
Construction / Repair: Piers or Docks	\$	\$	\$	\$
Construction / Repair: Parking	\$	\$	\$	\$
Construction / Repair: Restrooms	\$	\$	\$	\$
Other:	\$	\$	\$	\$
Other:	\$	\$	\$	\$
Other:	\$	\$	\$	\$
Other:	\$	\$	\$	\$
Other:	\$	\$	\$	\$
Total Cash Funds	\$	\$	\$	\$

d. TOTAL COST: (non-cash match + cash funds)	\$	\$	\$	\$
---	----	----	----	----

VI – OTHER SOURCE OF FUNDS (Partnerships)

a. Funding source / Agency: _____

b. Type of funding: Federal grant State/Local grant Loan

c. Grant Name: _____ Amount \$ _____

d. Approval Status: Approved Pending Intend to Apply, Date: _____

a. Funding source / Agency: _____

b. Type of funding: Federal grant State/Local grant Loan

c. Grant Name: _____ Amount \$ _____

d. Approval Status: Approved Pending Intend to Apply, Date: _____

a. Funding source / Agency: _____

b. Type of funding: Federal grant State/Local grant Loan

c. Grant Name: _____ Amount \$ _____

d. Approval Status: Approved Pending Intend to Apply, Date: _____

VII - PROJECT ENGINEERING AND CONSTRUCTION

a. Who is or will be completing project design/engineering?

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

b. Level of engineering completed at time of application:

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

VIII - PERMITS

	Submitted	Approved	N/A
a. Florida Department of Environmental Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Florida Fish and Wildlife Conservation Commission*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. U.S. Army Corps of Engineers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Local and Others (If needed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*** Note: Projects involving mooring buoys must be permitted pursuant to Chapter 68D-23, F.A.C.**

IX – ENVIRONMENTAL ASSESSMENT

a. Explain how the project may impact the environment and describe any mitigation or actions proposed to minimize impacts.

X – BOATER SAFETY

a. Explain how the project may affect boater safety whether positively or negatively.

XI – APPLICATION ATTACHMENTS CHECKLIST

Submit one (1) signed original plus two (2) photocopies of the application with attachments and an electronic copy on CD.

--- Required Attachments ---	
<input type="checkbox"/>	a. Cover Letter: application transmittal cover letter (Identify priority rank with multiple applications).
<input type="checkbox"/>	b. Application: One (1) application with original signature from authorized individual.
<input type="checkbox"/>	c. Resolution: An adopted resolution, by the Governing Body, authorizing that the Project Manager has the authority to apply for and administer the grant on behalf of the applicant. If the Applicant is applying on behalf of another public entity, then a Memorandum of Understanding between the Applicant and the public entity must also be submitted.
<input type="checkbox"/>	d. Boundary Map: indicate boundary of the project area.
<input type="checkbox"/>	e. Site Control Documentation: (e.g. a deed, lease, results of title search, etc. for the project site.)
<input type="checkbox"/>	f. Existing Condition Photographs (sufficient to depict the physical characteristics of the project area)
<input type="checkbox"/>	g. Aerial Photographs (marked with the approximate boundaries of the project site)
<input type="checkbox"/>	h. Detailed Cost Estimate: Cost estimate in the form of a formal bid, written quote from proposed vendor or an engineer’s cost estimate.
<input type="checkbox"/>	i. Navigational Chart: An 8.5” x 11” photocopy of a current NOAA North American Datum 83 nautical chart (provide the NOAA chart name and number) indicating the precise location of the project site.
--- For Construction Grants ---	
<input type="checkbox"/>	j. Permits: Photocopies of necessary project permit(s) or permit application(s). If exempt, provide notification of exemption from permitting agency.
--- Optional Attachments ---	
<input type="checkbox"/>	k. Plans: preliminary design/engineering plans (if completed).
<input type="checkbox"/>	l. Support/Opposition: Attach letters of known public support or known public opposition.

APPLICANT 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 requisite property interests to undertake the proposed activities.

I also certify that the Applicant’s governing body is aware of and has authorized the Project Manager 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 Florida Boating Improvement Program can be found in the Florida Boating Improvement Program Guidelines or you may contact the Program Administrator at: Florida Fish and Wildlife Conservation Commission, Florida Boating Improvement Program, 620 South Meridian Street, Tallahassee, FL 32399-1600; or call (850) 488-5600; or email fbip@MyFWC.com.

**FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION
FLORIDA BOATING IMPROVEMENT PROGRAM**

Instructions for completing the Grant Application for Boat Access Facilities

General Instructions:

- Submit one (1) signed original and two (2) copies.
- Submit an electronic copy of application on CD.
- Staple application in upper left-hand corner, or clip with one binder clip. **DO NOT SPIRAL BIND OR PLACE IN A THREE-RING BINDER OR REPORT COVER.**
- Please place a tabbed divider between each attachment.
- Please make all photocopies of attachments on paper no larger than 11” x 17”.

I – APPLICANT INFORMATION	
a. Applicant:	Enter the name of the county, municipality, or other governmental entity applying for the grant.
b. Federal Employer Id. No.:	Enter the applicant’s Federal Employer Identification (FEID) Number. Payment will be sent to the address associated with this FEID number.
c. Project Manager Name: Title:	Enter the name and title of the person in charge of the project. All correspondence will be sent to this person.
d. Mailing Address:	Enter the mailing address for the Project Manager. All correspondence will be sent to this address.
e. Shipping Address:	If mailing address is a P.O. box, please include a street address for overnight deliveries.
f. Telephone No.: Fax No.: E-mail:	Enter the telephone number, fax number, and email address where the Project Manager may be contacted during regular business hours.
g. District Numbers:	Enter the number of the U.S. Congressional district, State House district, and State Senate district where the project is located.

II – PROJECT SUMMARY	
a. Project Title:	Provide a brief title for the project.
b. Type of Application:	Check “New” if you have never applied for FBIP funding for this project. Check “Reconsideration” if you have applied before but did not receive funding. Check “Phased Continuation” if the project has previously received FBIP funding.
c. Project Category:	Check only one project category. Refer to the guidelines for project category descriptions. Application will compete only against other applications within the same project category. The Commission reserves the right to re-assign the application to a different project category to maximize funding.
d. Project Cost:	Enter total amount of project cost, including only the eligible project elements where grant funds will be used. Enter the amount of funds requested from FBIP (rounded to the nearest dollar).
e. Project Summary:	Provide a brief description of the goal of the project, the work to be done and the expected outcome or final product.

III - GENERAL FACILITY INFORMATION
Describe existing conditions by checking all that apply. For new facilities, provide information as facility is proposed to be and check “New” for questions about condition of facility.

IV - PROJECT DESCRIPTION	
a. List Primary Need for Project:	Check the category that is most applicable.
b. Need Statement:	Briefly describe why this project is needed. Explain any existing problems and how this project will correct the problem.
c. Approach(Scope of Work):	Describe in detail the exact work to be completed. For example, Task 1 – Construct one-lane, concrete boat ramp, Task 2 – Construct 20 boat/trailer parking spaces.
d. Project Benefits:	Describe how this project will enhance boating in the local community.

V – BUDGET	
a. Has a detailed cost estimate been developed for this project?	Indicate whether a preliminary or final cost estimate has been developed. If yes, attach a copy of the estimate to the application.
b. PROJECT COST - NON-CASH MATCH*	Enter amount of in-kind match for each cost item. Amounts in “Other” column should include in-kind match from any third-party agreements (provided by someone other than the applicant). *Please note: All applications must include some form of non-cash match.
c. PROJECT COST - CASH FUNDS	Enter amount of funding to be provided by the applicant and other sources. Enter the amount of funding requested in the column labeled “FBIP Grant Share.”
d. TOTAL PROJECT COST	Sum of non-cash match and cash funds for each column.

VI - OTHER SOURCE OF FUNDS (Partnerships)	
Include information on funding from sources other than FBIP or the applicant. Enter information for each funding source.	
a. Funding Source / Agency:	Enter the name of the funding source or the partner
b. Type of funding:	Check source of funds: Federal grant, State/Local grant, or loan.
c. Grant Name:	Enter the name of the grant program (if applicable).
d. Approval Status:	Enter status of grant/loan application. If “Intending to Apply”, enter date of application deadline.

VII - PROJECT ENGINEERING AND CONSTRUCTION	
a. Who is or will be completing project design/engineering?	Please check as appropriate.
b. Level of engineering completed at time of application:	Please check as appropriate. If engineering is complete (conceptual, preliminary, or final), please include a copy of the plans with your application.

VIII – PERMITS	
a. Florida Department of Environmental Protection	<p>Check status of all permit applications. If project type does not require permits, or project is exempt from permitting requirements, check “N/A”. If applicable, attach a photocopy of all permits or permit applications. If project is exempt, attach a copy of exemption notification.</p> <p>Note: Projects involving mooring buoys must be permitted pursuant to Chapter 68D-23, F.A.C.</p>
b. Florida Fish and Wildlife Conservation Commission	
c. U.S. Army Corps of Engineers	
d. Local and Others (If needed)	

IX - ENVIRONMENTAL ASSESSMENT	
a. Will the project significantly or adversely affect the environment?	<p>Explain how the project will have a significant or adverse affect on the environment and include information on the impacts to water quality, wetlands, seagrasses, imperiled species, etc.</p>
b. If Yes, please explain key issues and describe any mitigation actions proposed.	

X – BOATER SAFETY	
a. Explain how the project may affect boater safety whether positively or negatively.	<p>Provide explanation of how the project may improve boater safety (i.e. increased education, increased law enforcement, etc.) or, explain any potential boater safety hazards and how they will be corrected. Also, please indicate if the project will have no effect on boater safety.</p>

XI – APPLICATION ATTACHMENTS CHECKLIST
<p>Indicate which attachments have been included with the application. Required attachments must be included or application will be deemed incomplete. Optional attachments may be omitted.</p> <p>Please place a tabbed divider between each attachment. Submit one (1) original (with original signature) and two (2) photocopies of the entire application with attachments. (Only one (1) copy of the permits and site control documentation is necessary.)</p> <p>Completed applications should be in the following order: Cover Letter, Application Form, Attachments in the order they are listed on the checklist.</p>



Florida Boating Improvement Program Grant Application for Derelict Vessel Removal

FOR OFFICE USE ONLY	
Grant Application Number :	Date Received:

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

I – APPLICANT INFORMATION		
a. Applicant:		
b. Federal Employer Id. No.:		
c. Project Manager Name:	Project Manager Title:	
d. Mailing Address:	City:	Zip Code:
e. Shipping Address:	City:	Zip Code:
f. Telephone:	Fax:	Email:
g. District Numbers:	State House:	State Senate:

II – PROJECT SUMMARY		
a. Project Title:		
b. Type of Application:	<input type="checkbox"/> New (never considered before)	<input type="checkbox"/> Reconsideration
c. Project Cost:	Total Cost: \$ _____	Amount Requested: \$ _____
d. Project Summary:		

III – PROJECT DESCRIPTION

a. List Primary Need for Project:

Safety

Age-end of Useful Life

Environmental Needs of the Area

Other: _____

High Demand by Users

Recommended by FWC Staff

Lack of In-house Capability

b. Need Statement:

c. Approach (Scope of Work): Describe the project's scope of work by providing a list of tasks and deliverables:

d. Project Benefits:

IV - PERMITS

	Submitted	Approved	N/A
a. Florida Department of Environmental Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Florida Fish and Wildlife Conservation Commission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. U.S. Army Corps of Engineers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Local and Others (If needed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

V – BUDGET

a. Has a detailed cost estimate been developed for this project? If yes, attach a copy to application.

Yes, Preliminary

Yes, Final

No

b. PROJECT COST: NON-CASH MATCH

Cost Item	Applicant Share	Other Share (List below in Section VI)	Do Not Use This Column	TOTAL
Administration	\$	\$		\$
In-Kind Management	\$	\$		\$
In-Kind Labor	\$	\$		\$
In-Kind Materials	\$	\$		\$
In-Kind Equipment	\$	\$		\$
Total Non-Cash Match	\$	\$		\$

c. PROJECT COST: CASH FUNDS

Cost Item	Applicant Share	Other Share (List below in Section VI)	FBIP Grant Share	TOTAL
Planning/ Engineering	\$	\$	\$	\$
Implementing	\$	\$	\$	\$
Other:	\$	\$	\$	\$
Total Cash Funds	\$	\$	\$	\$

d. TOTAL COST (Non-Cash Match + Cash Funds)

\$

\$

\$

\$

VI – OTHER SOURCE OF FUNDS (Partnerships)

a. Funding source / Agency: _____

b. Type of funding: Federal grant State/Local grant Loan

c. Grant Name: _____ Amount \$ _____

d. Approval Status: Approved Pending Intend to Apply, Date: _____

a. Funding source / Agency: _____

b. Type of funding: Federal grant State/Local grant Loan

c. Grant Name: _____ Amount \$ _____

d. Approval Status: Approved Pending Intend to Apply, Date: _____

a. Funding source / Agency: _____

b. Type of funding: Federal grant State/Local grant Loan

c. Grant Name: _____ Amount \$ _____

d. Approval Status: Approved Pending Intend to Apply, Date: _____

VII – ENVIRONMENTAL ASSESSMENT

	YES	NO
a. Will the project significantly or adversely affect the environment?	<input type="checkbox"/>	<input type="checkbox"/>
b. If Yes, please explain key issues and describe any mitigation actions proposed.		

VIII – BOATER SAFETY

a. Explain how the project may affect boater safety whether positively or negatively.

IX – APPLICATION ATTACHMENTS CHECKLIST	
	Submit one (1) signed original plus two (2) photocopies of the application with attachments and an electronic copy on CD.
Inc.	--- Required Attachments ---
<input type="checkbox"/>	a. Cover Letter: application transmittal cover letter (Identify priority rank with multiple applications).
<input type="checkbox"/>	b. Application: One (1) application with original signature from authorized individual.
<input type="checkbox"/>	c. Resolution: An adopted resolution, by the Governing Body, authorizing that the Project Manager has the authority to apply for and administer the grant on behalf of the applicant. If the Applicant is applying on behalf of another public entity, then a Memorandum of Understanding between the Applicant and the public entity must also be submitted.
<input type="checkbox"/>	d. Derelict Vessel List: a complete list of all derelict vessels designated for removal as outlined in the instructions.
<input type="checkbox"/>	e. Derelict Vessel Report Forms: a copy of a Fish and Wildlife Conservation Commission Derelict or Abandoned Vessel Report or a copy of Appendix A completed by a sworn law enforcement officer for each derelict vessel to be removed.
<input type="checkbox"/>	f. Existing Condition Photographs: photograph of each derelict vessel showing the DV number marked on the vessel.
<input type="checkbox"/>	g. Detailed Cost Estimate: Cost estimate in the form of a formal bid, written quote from proposed vendor or an engineer’s cost estimate.
	--- Optional Attachments ---
<input type="checkbox"/>	h. Permits: Photocopies of necessary project permit(s) or permit application(s). If exempt, provide notification of exemption from permitting agency.
<input type="checkbox"/>	i. Support/Opposition: Attach letters of known public support or known public opposition.

APPLICANT 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 requisite property interests to undertake the proposed activities.

I also certify that the Applicant’s governing body is aware of and has authorized the Project Manager 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 Florida Boating Improvement Program can be found in the Florida Boating Improvement Program Guidelines or you may contact the Program Administrator at Florida Fish and Wildlife Conservation Commission, Florida Boating Improvement Program, 620 South Meridian Street, Tallahassee, FL 32399-1600. Phone: (850) 488-5600 or Email: fbip@myfwc.com.

**FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION
FLORIDA BOATING IMPROVEMENT PROGRAM**

Instructions for Completing the Grant Application for Derelict Vessel Removal

General Instructions:

- Submit one (1) original and two (2) copies.
- Submit an electronic copy of application on CD.
- Staple application in upper left-hand corner, or clip with one binder clip. **DO NOT SPIRAL BIND OR PLACE IN A THREE-RING BINDER OR REPORT COVER.**
- Please place a tabbed divider between each attachment.
- Please make all photocopies of attachments on paper no larger than 11” x 17”.

I – APPLICANT INFORMATION	
a. Applicant:	Enter the name of the county, municipality, or other governmental entity applying for the grant.
b. Federal Employer Id. No.:	Enter the applicant’s Federal Employer Identification (FEID) Number. Payment will be sent to the address associated with this FEID number.
c. Project Manager Name: Title:	Enter the name and title of the person in charge of the project. All correspondence will be sent to this person.
d. Mailing Address:	Enter the mailing address for the Project Manager. All correspondence will be sent to this address.
e. Shipping Address:	If mailing address is a P.O. box, please include a street address for overnight deliveries.
f. Telephone No.: Fax No.: E-mail:	Enter the telephone number, fax number, and email address where the Project Manager may be contacted during regular business hours.
g. District Numbers:	Enter the District numbers for the State House and State Senate for the project location.

II – PROJECT SUMMARY	
a. Project Title:	Provide a brief title for the project.
b. Type of Application:	Check “New” if you have never applied for FBIP funding for this project. Check “Reconsideration” if you have applied before but did not receive funding.
c. Project Cost:	Enter total amount of project cost, including only the eligible project elements where grant funds will be used. Enter the amount of funds requested from FBIP.
d. Project Summary:	Provide a brief description of the project, including the number of derelict vessels to be removed, the water body where they are located, and the method of disposal.

III - PROJECT DESCRIPTION	
a. List Primary Need for Project:	Check the category that is most applicable.
b. Need Statement:	Briefly describe why this project is needed. Explain any existing problems or deficiencies this project will rectify.
c. Approach (Scope of Work):	Describe in detail the work to be completed. (Identify individual derelict vessels to be removed in the Derelict Vessel List attachment.)
d. Project Benefits:	Describe how this project will enhance boating in the local community.

IV – PERMITS	
a. Florida Department of Environmental Protection	Check status of all permit applications. If project does not require permits, or project is exempt from permitting requirements, check “N/A”. If available, attach a photocopy of all permits or permit applications. If project is exempt, attach a copy of exemption notification.
b. Florida Fish and Wildlife Conservation Commission	
c. U.S. Army Corps of Engineers	
d. Local and Others (If needed)	

V – BUDGET	
a. Has a detailed cost estimate been developed for this project?	Indicate whether a preliminary or final cost estimate has been developed. If yes, attach a copy of the estimate to the application.
b. PROJECT COST - NON-CASH MATCH*	Enter amount of in-kind match for each cost item. Amounts in “Other” column should include in-kind match from any third-party agreements (provided by someone other than the applicant). *Please note: All applications must include some form of non-cash match.
c. PROJECT COST - CASH FUNDS	Enter amount of funding to be provided by the applicant and other sources. Enter the amount of funding requested in the column labeled “FBIP Grant Share.”
d. TOTAL COST	Sum of non-cash match and cash funds for each column.

VI - OTHER SOURCE OF FUNDS (STATUS)	
Include information on funding from sources other than FBIP or applicant. Enter information for each funding source.	
a. Funding Source:	Check source of funds: Federal grant, State/Local grant, or loan.
b. Grant Name:	Enter name of grant program.
c. Approval Status:	Enter status of grant/loan application. If “Intending to Apply”, enter date of application deadline.

VII - ENVIRONMENTAL ASSESSMENT	
a. Will the project significantly or adversely affect the environment?	Explain how the project will have a significant or adverse affect on the environment and include information on the impacts to water quality, wetlands, seagrasses, imperiled species, etc.
b. If Yes, please explain key issues and describe any mitigation actions proposed.	

VIII – BOATER SAFETY

a. Explain how the project may affect boater safety whether positively or negatively.

Provide explanation of how the project may improve boater safety (i.e. increased education, increased law enforcement, etc.) or, explain any potential boater safety hazards and how they will be corrected. Also, please indicate if the project will have no effect on boater safety.

IX – APPLICATION ATTACHMENTS CHECKLIST

Indicate which attachments have been included with the application. Required attachments must be included or application will be deemed incomplete. Optional attachments may be omitted.

Please place a tabbed divider between each attachment. Submit one original (with original signature) and two (2) photocopies of the entire application with attachments.

Completed applications should be in the following order: cover letter, application form, resolution, derelict vessel list, derelict vessel report forms, photographs, cost estimate, permits/permit applications (if included), letters of support/opposition (if included).

DERELICT VESSEL LIST

A list of derelict vessels designated for removal including the following information for each derelict vessel to be removed:

- a. DV number: a unique number for each derelict vessel (**This should be the FWC case report number when available.**)
- b. Location of vessel with latitude/longitude
- c. Description of vessel with make and type (i.e. sailboat, open-hull, etc.) and registration number or hull identification number, if known
- d. Method of disposal (i.e. landfill, artificial reef, sell for scrap).

You may submit the information in table format as follows:

DV number	Latitude	Longitude	Description	Disposal

The information on the derelict vessel reports must be consistent with the information in the Statewide At-Risk and Derelict Vessel Database. Applications that are missing photos, narrative statements, and investigative reports will be considered incomplete.

ATTACHMENT A

FLORIDA BOATING IMPROVEMENT PROGRAM DERELICT VESSEL REPORT

DV # _____

Description of Vessel:	
Reg/Doc # _____	Currently Registered? Yes <input type="checkbox"/> No <input type="checkbox"/> Last Registration Date: _____ State: _____
H.I.N. _____	Hull Material: Wood <input type="checkbox"/> F/G <input type="checkbox"/> Metal <input type="checkbox"/> Rubber <input type="checkbox"/> Other: _____
Length: _____	Make: _____ Type: _____ Color: _____
Motor Attached: Yes <input type="checkbox"/> No <input type="checkbox"/>	Type: _____ Name on Vessel: _____
Other Identifiers: _____	
Location of Vessel:	
County: _____	Lat.: N _____ ° _____ ' Long.: W- _____ ° _____ '
Physical Location: _____	
Tied to Dock <input type="checkbox"/> Tied to Object <input type="checkbox"/> Explain: _____	
Property Owner: State submerged land <input type="checkbox"/> Federal Property <input type="checkbox"/> Other <input type="checkbox"/> (explain) _____	
Property Owner/Address: _____	
Condition of Vessel: (check all that apply)	
Wrecked: Sunk <input type="checkbox"/> Aground <input type="checkbox"/> Capsized/Listing <input type="checkbox"/> Hull Damage <input type="checkbox"/> Broken Up <input type="checkbox"/> Burned <input type="checkbox"/> Other <input type="checkbox"/> Explain: _____	
Junked: Inoperative <input type="checkbox"/> Stripped for parts <input type="checkbox"/> Dumped/Abandoned <input type="checkbox"/> Other <input type="checkbox"/> Explain: _____	
Substantially Dismantled <input type="checkbox"/> Explain what parts/systems are missing: _____	
Docked/Beached on private property without permission <input type="checkbox"/> Anchored/stored at a port without permission <input type="checkbox"/>	
Personal items on board: YES <input type="checkbox"/> NO <input type="checkbox"/> Such as: _____	
Threat to Navigation: YES <input type="checkbox"/> NO <input type="checkbox"/> (If YES, explain) _____	
Danger to Environment: YES <input type="checkbox"/> NO <input type="checkbox"/> (If YES, explain) _____	
Vessel Owner/Custodian:	
Name: _____	D.O.B. _____
Driver's License #: _____	State: _____ Other I.D.: _____
Boat Reg. Address: _____	
City/State/Zip: _____	
Narrative: (Explain efforts to have the rightful owner remove the vessel.)	

Reporting Officer Name (Print): _____ Title: _____

Agency: _____

Signature: _____ Date: _____

**FLORIDA BOATING IMPROVEMENT PROGRAM
DERELICT VESSEL REPORT**

DV # _____

Narrative: (Cont.)

Reporting Officer Name (Print): _____ Title: _____

Agency: _____

Signature: _____ Date: _____



Florida Boating Improvement Program Boater Education Grant Application

FOR OFFICE USE ONLY	
Grant Application Number :	Date Received:

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

I – APPLICANT INFORMATION		
a. Applicant:		
b. Federal Employer Id. No.:		
c. Project Manager Name:	Project Manager Title:	
d. Mailing Address:	City:	Zip Code:
e. Shipping Address:	City:	Zip Code:
f. Telephone:	Fax:	Email:
g. District Numbers:	State House:	State Senate:

II – PROJECT SUMMARY	
a. Project Title:	
b. Project Cost:	Total Cost: \$ _____ Grant Amount Requested: \$ _____
c. Project Type(s):	<input type="checkbox"/> Classroom Education <input type="checkbox"/> Printed Materials (boater guides, brochures, pamphlets, etc.) <input type="checkbox"/> Kiosks / Signs <input type="checkbox"/> Portable Exhibits (tabletop display, trade show exhibit) <input type="checkbox"/> Interactive Displays <input type="checkbox"/> Broadcast Media (TV/radio PSA, billboard, etc.) <input type="checkbox"/> Print Media (magazines, newspapers) <input type="checkbox"/> Promotional Items (PFDs, key chains, whistles, etc.)
d. Project Summary:	

III – PROJECT NEED

a. List Primary Need for Project:

Safety

Environmental Needs of the Area

Other:

High Demand by Users

Recommended by FWC Staff

Lack of In-house Capability

b. Need Statement:

IV – PROJECT ELEMENTS

Describe all materials for distribution, educational programs, and displays. See instructions for the information required.

a. Materials for distribution:

b. Educational programs

c. Displays

V – BUDGET

a. Has a detailed cost estimate been developed for this project? If yes, attach a copy to application.

Yes, Preliminary

Yes, Final

No

b. PROJECT COST: NON-CASH MATCH

Cost Item	Applicant Share	Other Share (List in Section VI below)	Do Not Use This Column	TOTAL
Administration	\$	\$		\$
In-Kind Project Management	\$	\$		\$
In-Kind Labor	\$	\$		\$
In-Kind Materials	\$	\$		\$
In-Kind Equipment	\$	\$		\$
Total Non-Cash Match	\$	\$		\$

c. PROJECT COST: CASH FUNDS

Cost Item	Applicant Share	Other Share (List in Section VI below)	FBIP Grant Share	TOTAL
Administration / Project management	\$	\$	\$	\$
Materials for distribution	\$	\$	\$	\$
Educational programs	\$	\$	\$	\$
Displays	\$	\$	\$	\$
Other:	\$	\$	\$	\$
Total Cash Funds	\$	\$	\$	\$

d. TOTAL COST (Non-cash match + Cash)	\$	\$	\$	\$
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VI – OTHER SOURCE OF FUNDS (STATUS)

a. Federal State/Local Loan Agency: _____

b. Grant Name: _____ Amount \$ _____

c. Approval Status: Approved Pending Intend to Apply, Date: _____

a. Federal State/Local Loan Agency: _____

b. Grant Name: _____ Amount \$ _____

c. Approval Status: Approved Pending Intend to Apply, Date: _____

a. Federal State/Local Loan Agency: _____

b. Grant Name: _____ Amount \$ _____

c. Approval Status: Approved Pending Intend to Apply, Date: _____

VII – BOATER SAFETY

Explain how the project may affect boater safety.

VIII - PERMITS

a. Does the project require a permit? Yes No

b. If Yes, what type: Local State Other, explain:

c. Status of Permit Application: Not yet applied for Applied for, pending Approved

IX – APPLICATION ATTACHMENTS CHECKLIST	
Submit one (1) signed original plus two (2) photocopies of the application with attachments and an electronic copy on CD.	
Inc.	--- Required Attachments ---
<input type="checkbox"/>	a. Cover Letter: application transmittal cover letter (Identify priority rank with multiple applications).
<input type="checkbox"/>	b. Application: One (1) application with original signature from authorized individual.
<input type="checkbox"/>	c. Project Proposal: a detailed description of project as outlined in the application instructions.
<input type="checkbox"/>	d. Resolution: An adopted resolution, by the Governing Body, authorizing that the Project Manager has the authority to apply for and administer the grant on behalf of the applicant. If the Applicant is applying on behalf of another public entity, then a Memorandum of Understanding between the Applicant and the public entity must also be submitted.
<input type="checkbox"/>	e. Detailed Cost Estimate: Cost estimate in the form of a formal bid, written quote from proposed vendor or an engineer’s cost estimate.
--- Optional Attachments ---	
<input type="checkbox"/>	f. Permits: Photocopies of necessary project permit(s) or permit application(s). If exempt, provide notification of exemption from permitting agency.
<input type="checkbox"/>	g. Plans: preliminary design or draft material (if completed).
<input type="checkbox"/>	h. Support/Opposition: Attach letters of known public support or known public opposition.

APPLICANT 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 requisite property interests to undertake the proposed activities.

I also certify that the Applicant’s governing body is aware of and has authorized the Project Manager 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 Florida Boating Improvement Program can be found in the Florida Boating Improvement Program Guidelines or you may contact the Program Administrator at: Florida Fish and Wildlife Conservation Commission, Florida Boating Improvement Program, 620 South Meridian Street, Tallahassee, FL 32399-1600; or call (850) 488-5600; or email fbip@MyFWC.com.

**FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION
FLORIDA BOATING IMPROVEMENT PROGRAM**

Instructions for Completing the Boater Education Grant Application

GENERAL INSTRUCTIONS

- Submit one (1) original and two (2) photocopies of the application with attachments.
- Submit an electronic copy of application on CD.
- Staple application in upper left-hand corner, or clip with one binder clip. **Do not place in a spiral binder, three-ring binder, or report cover.**
- Please place a tabbed divider between each attachment.
- Please make all photocopies of attachments on paper no larger than 11” x 17”.

I – APPLICANT INFORMATION	
a. Applicant:	Enter the name of the county, municipality, or other governmental entity applying for the grant.
b. Federal Employer Id. No.:	Enter the applicant’s Federal Employer Identification (FEID) Number. Payment will be sent to the address associated with this FEID number.
c. Project Manager Name: Title:	Enter the name and title of the person in charge of the project. All correspondence will be sent to this person.
d. Mailing Address:	Enter the mailing address for the Project Manager. All correspondence will be sent to this address.
e. Shipping Address:	Enter the physical address for the Project Manager (no post office boxes) for delivery of overnight packages.
f. Telephone No.: Fax No.: E-mail:	Enter the telephone number, fax number, and email address where the Project Manager may be contacted during regular business hours.
g. District Numbers:	Enter the District numbers for the State House and State Senate where the project is located.

II – PROJECT SUMMARY	
a. Project Title:	Provide a brief title for the project.
b. Project Cost:	Enter total amount of project cost, including only the eligible project elements where grant funds will be used. Enter the amount of funds requested from FBIP.
c. Type of Application:	Check all that apply.
d. Project Summary:	Provide a brief description of the goal of the project, the work to be done and the expected outcome or final product.

III - PROJECT NEED	
a. List Primary Need for Project:	Check the category that is most applicable.
b. Need Statement:	Briefly describe why this project is needed. Explain any existing problems and how this project will correct the problem, or describe how this project will enhance recreational boating in the local community.

IV – PROJECT ELEMENTS	
a. Materials for distribution	Describe all materials for distribution including topic, type of materials (brochures, pamphlets, etc.), quantity to be distributed, and method of distribution.
b. Educational programs	Describe all educational programs including topic of program, intended audience, and method of delivery (ie. classroom presentations).
c. Displays	Describe all displays including topic of display, size of display, material, and how the display will be used.

V – BUDGET	
a. Has a detailed cost estimate been developed for this project?	Indicate whether a preliminary or final cost estimate has been developed. If yes, attach a copy of the estimate to the application.
b. PROJECT COST - NON-CASH MATCH*	Enter amount of in-kind match for each cost item. Amounts in “Other” column should include in-kind match from any third-party agreements (provided by someone other than the applicant). *Please note: All applications must include some form of non-cash match.
c. PROJECT COST - CASH FUNDS	Enter amount of funding to be provided by the applicant and other sources. Enter the amount of funding requested in the column labeled “FBIP Grant Share.”
d. TOTAL COST	Sum of non-cash match and cash funds for each column.

VI – OTHER SOURCE OF FUNDS (Partnerships)	
Include information on funding from sources other than FBIP or applicant. Enter information for each funding source.	
a. Funding Source:	Check source of funds: Federal grant, State/Local grant, or loan.
b. Grant Name:	Enter name of grant program.
c. Approval Status:	Enter status of grant/loan application. If “Intending to Apply”, enter date of application deadline.

VII – BOATER SAFETY	
Explain how the project may affect boater safety whether positively or negatively.	Provide explanation of how the project may improve boater safety (i.e. increased education, increased law enforcement, etc.) or, explain any potential boater safety hazards and how they will be corrected. Also, please indicate if the project will have no effect on boater safety.

VIII – PERMITS	
a. Florida Department of Environmental Protection	Check status of all permit applications. If project does not require permits, or project is exempt from permitting requirements, check “N/A”. If available, attach a photocopy of all permits or permit applications. If project is exempt, attach a copy of exemption notification.
b. Florida Fish and Wildlife Conservation Commission	
c. U.S. Army Corps of Engineers	
d. Local and Others (If needed)	

IX – APPLICATION ATTACHMENTS CHECKLIST
<p>Indicate which attachments have been included with the application. Required attachments must be included or application will be deemed incomplete. Optional attachments may be omitted.</p> <p>Please place a tabbed divider between each attachment. Submit one original (with original signature) and two (2) photocopies of the entire application with attachments.</p> <p>Completed applications should be in the following order: cover letter, application form, project proposal, resolution, detailed cost estimate, permits/permit applications (if included), plans (if included), letters of support/opposition (if included),</p>

PROJECT PROPOSAL

The Project Proposal should be a detailed description of the project and should include the following elements:

- a. **Project Description:** A detailed description of the project including what the project will produce or accomplish, the audience the project will target, and how the project will serve the needs of boaters in your area.
- b. **Specific Tasks:** Describe the work that will be done in order to complete the project.
(For example: Task: Print and distribute 10,000 boater education guides, or Task: Conduct bi-weekly boater education classes)
- c. **Timetable:** Include a proposed schedule for when tasks are to begin and when they will be completed.



Florida Fish and Wildlife
Conservation Commission

MyFWC.com

Florida Boating Improvement Program Grant Application for Economic Development Initiatives and Other Local Boating-related Projects

FOR OFFICE USE ONLY	
Grant Application Number :	Date Received:

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

I – APPLICANT INFORMATION		
a. Applicant:		
b. Federal Employer Id. No.:		
c. Project Manager Name:	Project Manager Title:	
d. Mailing Address:	City:	Zip Code:
e. Shipping Address:	City:	Zip Code:
f. Telephone:	Fax:	Email:
g. District Numbers:	State House:	State Senate:

II – PROJECT SUMMARY		
a. Project Title:		
b. Type of Application:	<input type="checkbox"/> New (never considered before)	<input type="checkbox"/> Reconsideration
<input type="checkbox"/> Phased Continuation–Phase No.: _____		
c. Project Category:	TIER-I	TIER-II
<input type="checkbox"/> Other Local Boating Related Activity		<input type="checkbox"/> Economic Development Initiative
d. Project Cost:	Total Cost: \$ _____	Amount Requested: \$ _____
e. Project Summary:		

III – PROJECT NEED

a. List Primary Need for Project:

Safety

High Demand by Users

Age-end of Useful Life

Recommended by FWC Staff

Environmental Needs of the Area

Lack of In-house Capability

Other:

b. Need Statement:

IV - PERMITS

a. Does the project require a permit?

Yes

No

b. If Yes, what type:

Local

State

Other, explain:

c. Status of Permit Application:

Not yet applied for

Applied for, pending

Approved

V – BUDGET

a. Has a detailed cost estimate been developed for this project? If yes, attach a copy to application.

Yes, Preliminary

Yes, Final

No

b. PROJECT COST: NON-CASH MATCH

Cost Item	Applicant Share	Other Share (List below in Section VI)	Do Not Use This Column	TOTAL
Administration	\$	\$		\$
In-Kind Engineering/ Construction Management	\$	\$		\$
In-Kind Labor	\$	\$		\$
In-Kind Materials	\$	\$		\$
In-Kind Equipment	\$	\$		\$
Total Non-Cash Match	\$	\$		\$

c. PROJECT COST: CASH FUNDS

Cost Item	Applicant Share	Other Share (List below in Section VI)	FBIP Grant Share	TOTAL
Planning / Engineering / Design	\$	\$	\$	\$
Implementing	\$	\$	\$	\$
Other:	\$	\$	\$	\$
Total Cash Funds	\$	\$	\$	\$

d. TOTAL COST (Non-cash match + Cash funds)

\$ \$ \$ \$

VI – OTHER SOURCE OF FUNDS (Partnerships)

a. Funding source / Agency: _____

b. Type of funding: Federal grant State/Local grant Loan

c. Grant Name: _____ Amount \$ _____

d. Approval Status: Approved Pending Intend to Apply, Date: _____

a. Funding source / Agency: _____

b. Type of funding: Federal grant State/Local grant Loan

c. Grant Name: _____ Amount \$ _____

d. Approval Status: Approved Pending Intend to Apply, Date: _____

a. Funding source / Agency: _____

b. Type of funding: Federal grant State/Local grant Loan

c. Grant Name: _____ Amount \$ _____

d. Approval Status: Approved Pending Intend to Apply, Date: _____

VII – ENVIRONMENTAL ASSESSMENT

	YES	NO
a. Will the project significantly or adversely affect the environment?	<input type="checkbox"/>	<input type="checkbox"/>
b. If Yes, please explain key issues and describe any mitigation actions proposed.		

VIII – BOATER SAFETY

a. Explain how the project may affect boater safety whether positively or negatively.

IX – APPLICATION ATTACHMENTS CHECKLIST	
	Submit one (1) signed original plus two (2) photocopies of the application with attachments and an electronic copy on CD.
Inc.	--- Required Attachments ---
<input type="checkbox"/>	a. Cover Letter: application transmittal cover letter (Identify priority rank with multiple applications).
<input type="checkbox"/>	b. Application: One (1) application with original signature from authorized individual.
<input type="checkbox"/>	c. Project Proposal: a detailed description of project as outlined in the application instructions.
<input type="checkbox"/>	d. Resolution: An adopted resolution, by the Governing Body, authorizing that the Project Manager has the authority to apply for and administer the grant on behalf of the applicant. If the Applicant is applying on behalf of another public entity, then a Memorandum of Understanding between the Applicant and the public entity must also be submitted.
<input type="checkbox"/>	e. Detailed Cost Estimate: Cost estimate in the form of a formal bid, written quote from proposed vendor or an engineer’s cost estimate.
--- Optional Attachments ---	
<input type="checkbox"/>	f. Permits: Photocopies of necessary project permit(s) or permit application(s). If exempt, provide notification of exemption from permitting agency.
<input type="checkbox"/>	g. Plans: preliminary design/engineering plans (if completed).
<input type="checkbox"/>	h. Support/Opposition: Attach letters of known public support or known public opposition.

APPLICANT 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 requisite property interests to undertake the proposed activities.

I also certify that the Applicant’s governing body is aware of and has authorized the Project Manager 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 Florida Boating Improvement Program can be found in the Florida Boating Improvement Program Guidelines or you may contact the Program Administrator at: Florida Fish and Wildlife Conservation Commission, Florida Boating Improvement Program, 620 South Meridian Street, Tallahassee, FL 32399-1600; or call (850) 488-5600; or send an email to fbip@MyFWC.com.

**FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION
FLORIDA BOATING IMPROVEMENT PROGRAM**

**Instructions for Completing the Grant Application for Economic
Development Initiatives and Other Local Boating-Related Projects**

General Instructions:

- Submit one (1) original and two (2) copies.
- Submit an electronic copy of application on CD or floppy disk.
- Staple application in upper left-hand corner, or clip with one binder clip. **DO NOT SPIRAL BIND OR PLACE IN A THREE-RING BINDER OR REPORT COVER.**
- Please place a tabbed divider between each attachment.
- Please make all photocopies of attachments on paper no larger than 11" x 17".

I – APPLICANT INFORMATION	
a. Applicant:	Enter the name of the county, municipality, or other governmental entity applying for the grant.
b. Federal Employer Id. No.:	Enter the applicant’s Federal Employer Identification (FEID) Number. Payment will be sent to the address associated with this FEID number.
c. Project Manager Name: Title:	Enter the name and title of the person in charge of the project. All correspondence will be sent to this person.
d. Mailing Address:	Enter the mailing address for the Project Manager. All correspondence will be sent to this address.
e. Shipping Address: Zip Code:	Enter the physical address for the Project Manager (no post office boxes) for delivery of overnight packages.
f. Telephone No.: Fax No.: E-mail:	Enter the telephone number, fax number, and email address where the Project Manager may be contacted during regular business hours.
g. District Numbers:	Enter the numbers for the State House district and State Senate district where the project is located.

II – PROJECT SUMMARY	
a. Project Title:	Provide a brief title for the project.
b. Type of Application:	Check “New” if you have never applied for FBIP funding for this project. Check “Reconsideration” if you have applied before but did not receive funding. Check “Phased Continuation” if the project has previously received FBIP funding.
c. Project Category:	Check only one project category. Refer to the guidelines for project category descriptions. Application will be ranked only against other applications within the same project category. The Commission reserves the right to re-assign an application to another project category to maximize funding.
d. Project Cost:	Enter total amount of project cost, including only the eligible project elements where grant funds will be used. Enter the amount of funds requested from FBIP.
e. Project Summary:	Provide a brief description of the goal of the project, the work to be done and the expected outcome or final product.

III - PROJECT NEED	
a. List Primary Need for Project:	Check the category that is most applicable.
b. Need Statement:	Briefly describe why this project is needed. Explain any existing problems and how this project will correct the problem, or describe how this project will enhance recreational boating in the local community.

IV – PERMITS
Check status of all permit applications. If project type does not require permits, or project is exempt from permitting requirements, check “No”. If available, attach a photocopy of all permits or permit applications. If project is exempt, attach a copy of exemption notification.

V – BUDGET	
a. Has a detailed cost estimate been developed for this project?	Indicate whether a preliminary or final cost estimate has been developed. If yes, attach a copy of the estimate to the application.
b. PROJECT COST - NON-CASH MATCH*	Enter amount of in-kind match for each cost item. Amounts in “Other” column should include in-kind match from any third-party agreements (provided by someone other than the applicant). *Please note: All applications must include some form of non-cash match.
c. PROJECT COST - CASH FUNDS	Enter amount of funding to be provided by the applicant and other sources. Enter the amount of funding requested in the column labeled “FBIP Grant Share.”
d. TOTAL COST	Sum of non-cash match and cash funds for each column.

VI - OTHER SOURCE OF FUNDS (STATUS)	
Include information on funding from sources other than FBIP or applicant. Enter information for each funding source.	
a. Funding Source:	Check source of funds: Federal grant, State/Local grant, or loan.
b. Grant Name:	Enter name of grant program.
c. Approval Status:	Enter status of grant/loan application. If “Intending to Apply”, enter date of application deadline.

VII - ENVIRONMENTAL ASSESSMENT	
a. Will the project significantly or adversely affect the environment?	Explain how the project will have a significant or adverse affect on the environment and include information on the impacts to water quality, wetlands, seagrasses, imperiled species, etc.
b. If Yes, please explain key issues and describe any mitigation actions proposed.	

VIII – BOATER SAFETY	
a. Explain how the project may affect boater safety whether positively or negatively.	Provide explanation of how the project may improve boater safety (i.e. increased education, increased law enforcement, etc.) or, explain any potential boater safety hazards and how they will be corrected. Also, please indicate if the project will have no effect on boater safety.

IX – APPLICATION ATTACHMENTS CHECKLIST

Indicate which attachments have been included with the application. Required attachments must be included or application will be deemed incomplete. Optional attachments may be omitted.

Please place a tabbed divider between each attachment. Submit one (1) original (with original signature) and two (2) photocopies of the entire application with attachments.

Completed applications should be in the following order: cover letter, application form, project proposal, resolution, detailed cost estimate, permits/permit applications (if included), plans (if included), letters of support/opposition (if included).

PROJECT PROPOSAL

The Project Proposal should be a detailed description of the project and should include the following elements:

Project Description	A detailed description of the project including what the project will produce or accomplish and how the project will serve the needs of recreational boaters and boating-related activities in your area.
Specific Tasks	Describe the work that will be done in order to complete the project. (For example: Task 1 – Conduct Boater Survey, Task 2 – Feasibility Study, Task 3 – Develop Economic Impact Statement)
Timetable	Include a proposed schedule for when tasks are to begin and when they will be completed by quarter.