

**MISSISSIPPI CLEAN VESSEL ACT
DEPARTMENT OF MARINE RESOURCES
GRANT APPLICATION**

Proposal No. _____

Grant funds are being provided by the U. S. Fish and Wildlife Service through the Mississippi Department of Marine Resources. Eligible applicants are all state agencies, municipal, county, political sub divisions, or commercial entities which own and operate recreational boating facilities open to the public.

PRINT OR TYPE

| | | | |
|---------------------------|-----------|------------------|----------------------|
| Facility Name | Telephone | Fax Number | Federal Employer ID# |
| Facility Address | City | County | Zip Code |
| Applicant | | Telephone Number | |
| Applicant Mailing Address | City | County | Zip Code |

PROJECT DESCRIPTION (Check all that apply)

| <p>Type of Project: <input type="checkbox"/> New Construction</p> <p><input type="checkbox"/> Renovation <input type="checkbox"/> Expansion</p> <p><input type="checkbox"/> Equipment Acquisition <input type="checkbox"/> Education/Information Materials</p> | <p>Type and Number of Pumpouts/Dumpouts Proposed:</p> <p><input type="checkbox"/> Pumpout with sewer connection _____ <input type="checkbox"/> Portable Pumpout _____</p> <p><input type="checkbox"/> Portable toilet dumping station _____ <input type="checkbox"/> Pumpout Boat _____</p> <p><input type="checkbox"/> Pumpout with septic tank connection _____</p> <p><input type="checkbox"/> Pumpout with holding tank _____</p> <p><input type="checkbox"/> Floating portable toilet dump station with holding tank _____</p> | | | | | | | | | | | | |
|--|---|--------------|-----------|---------|-----------|--|--|--|--|--|--|--|--|
| <p>Intended Location of Pumpout Equipment: <input type="checkbox"/> Fuel Dock <input type="checkbox"/> Other dock</p> <p><input type="checkbox"/> Every houseboat <input type="checkbox"/> All slips <input type="checkbox"/> On bulkhead <input type="checkbox"/> Mobile, goes to boat</p> | <p>Intended Location of Portable Toilet Dumpout Equipment:</p> <p><input type="checkbox"/> Fuel dock <input type="checkbox"/> Floating dock <input type="checkbox"/> All slips</p> | | | | | | | | | | | | |
| <p>Projected number of vessels to receive pumpout service each week _____</p> | <p>Projected number of vessels to receive dumpout service each week _____</p> | | | | | | | | | | | | |
| <p>Under this proposed project who will do the pumpout?</p> <p><input type="checkbox"/> Self-serve <input type="checkbox"/> Facility Staff <input type="checkbox"/> Outside Contractor</p> | <p>Will this project use solar technology or environmentally friendly materials (recycled materials, concrete instead of creosote, etc) ?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> | | | | | | | | | | | | |
| <p>Contents from boat holding tanks shall be discharged to:</p> <p><input type="checkbox"/> directly to a city sewer system</p> <p><input type="checkbox"/> a holding tank whereby sewage may be safely stored until it is transported in an authorized manner to a permitted domestic wastewater treatment facility.</p> <p><input type="checkbox"/> directly to an on-site septic system.</p> | <p>Proposed availability of Pumpout and portable toilet dumpout services.</p> <p>Days and Hours of Operation</p> <p>Days, <input type="checkbox"/> Daily or just on</p> <p><input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun</p> <p>Hours: <input type="checkbox"/> 24 hours or between _____ and _____</p> | | | | | | | | | | | | |
| <p>This project is a partnership with: <input type="checkbox"/> Local Governments <input type="checkbox"/> Private <input type="checkbox"/> Non-for-Profit <input type="checkbox"/> Political Subdivision <input type="checkbox"/> N/A</p> <p>For each partnership organization give name of organization, contact name, address and telephone number.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;">ORGANIZATION</th> <th style="width:20%;">CONTACT</th> <th style="width:30%;">ADDRESS</th> <th style="width:20%;">TELEPHONE</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> | | ORGANIZATION | CONTACT | ADDRESS | TELEPHONE | | | | | | | | |
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PROJECT COST SUMMARY

Complete the following budget summary to list costs anticipated in completing the project. Remember, this is a matching grant where 75% of the total project cost can be paid from federal/state funds and at least 25% of the project cost must be provided by the applicant.

| Project components | Total Estimated Costs |
|--|-----------------------|
| 1. Permitting | \$ _____ |
| 2. Construction | \$ _____ |
| 3. Renovation | \$ _____ |
| 4. Equipment Purchase | \$ _____ |
| 5. Equipment Installation | \$ _____ |
| 6. Operations and Maintenance | \$ _____ |
| 7. Information (sign, brochures) | \$ _____ |
| 8. Education and Training | \$ _____ |
| Total Proposed Project Cost | \$ _____ (100%) |
| Total Applicant Cash or In-kind Match | \$ _____ (25%) |
| Total State Funds Requested | \$ _____ (75%) |

FACILITY PROFILE

| | | |
|---|--|---|
| Owner(s) or Partner(s) Name | | Telephone Number |
| Owner(s) or partner(s) Name | | Telephone Number |
| Mailing Address | City | Zip Code |
| Facility location <input type="checkbox"/> Private Land <input type="checkbox"/> State Owned Land | Facility Submerged Land Location <input type="checkbox"/> Private Land <input type="checkbox"/> State Owned Land <input type="checkbox"/> Other | If state owned Land, provide submerged lands lease number or the grandfather registrations number. |
| Name of state/local road access to facility. | Common/local name of water body of facility. | Distance to the nearest maintained navigation channel. |
| Nearest channel marker number. | Latitude Coordinates of facility Deg _____ Min _____ Sec _____ | Longitude Coordinates of Facility Deg _____ Min _____ Sec _____ |
| Method used to obtain position <input type="checkbox"/> Loran <input type="checkbox"/> GPS-single point <input type="checkbox"/> GPS-average point <input type="checkbox"/> GPS-differential process | Nautical Chart # _____ <input type="checkbox"/> Quad Sheet Named _____ | Datum Used <input type="checkbox"/> NAD27 <input type="checkbox"/> NAD83 or WGS84 (listed on chart) |
| Approximate total linear feet of fixed dock at this facility. _____ | Capacity: Slips _____ Covered Wet _____ _____ Open Wet Slips _____ _____ Moorings _____ _____ Dry Slips _____ | Type of Facility <input type="checkbox"/> Marina <input type="checkbox"/> Boatyard <input type="checkbox"/> Yacht Club <input type="checkbox"/> Mooring Field <input type="checkbox"/> Dockminium <input type="checkbox"/> Public Dock <input type="checkbox"/> Boat Ramp <input type="checkbox"/> Other _____ |
| Approximate total linear feet of floating dock at this facility. _____ | | |
| Number of boats _____ under 26' _____ 26'-40' _____ over 40' _____ | Number of Houseboats _____ | |
| Average estimate of boat population within 2 miles radius. _____ | Which best describes this facility? <input type="checkbox"/> Home Port <input type="checkbox"/> Destination <input type="checkbox"/> In or Out | |
| Dockside depth at this facility _____ feet | Slip/mooring rental contract contains language prohibiting discharge of sewage into facility water? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| On average, estimate the monthly number of customers who stay overnight aboard their boat. _____ | Not yet, but will add for season beginning 199 _____ | |
| Rest Rooms available <input type="checkbox"/> Yes <input type="checkbox"/> No | Floating Dock <input type="checkbox"/> Yes <input type="checkbox"/> No | Dockside water connection <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Shower Facilities <input type="checkbox"/> Yes <input type="checkbox"/> No | Gasoline <input type="checkbox"/> Yes <input type="checkbox"/> No | Security Patrol <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Laundry Facilities <input type="checkbox"/> Yes <input type="checkbox"/> No | Diesel <input type="checkbox"/> Yes <input type="checkbox"/> No | Telephone <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Dockside Power <input type="checkbox"/> Yes <input type="checkbox"/> No | Marine Store <input type="checkbox"/> Yes <input type="checkbox"/> No | Shoreline <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | Accommodations <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | Fire Extinguisher <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | Other <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | First Aid Kit <input type="checkbox"/> Yes <input type="checkbox"/> No |

PUMPOUT SURVEY

(Respond to this section only if facility currently has pump-out or portable waste reception)

| | |
|---|--|
| Pumpout service available to the public at this site? <input type="checkbox"/> Yes <input type="checkbox"/> No | Portable waste reception for portable toilets available? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| What year did service begin? 19 _____ | If yes, what year did service begin? 19 _____ |
| Is there a fee for pumpout service? <input type="checkbox"/> Yes <input type="checkbox"/> No | If portable waste reception service is available, is there a fee? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, how much? _____ | If yes, how much? _____ |
| Who provides pumpout service to boaters? <input type="checkbox"/> Self-serve <input type="checkbox"/> Facility Staff <input type="checkbox"/> Outside Contractor | Who provides portable waste reception service to boaters? <input type="checkbox"/> Self-serve <input type="checkbox"/> Facility Staff <input type="checkbox"/> Outside Contractor |
| Pumpout service, provide estimate of number of boats served per month. _____ | Portable waste reception service, provide estimate of number o boats served per month. _____ |
| Facility staff or outside contractor performs pumpout, they do it: <input type="checkbox"/> Dockside <input type="checkbox"/> Pumpout Boat | Are operational logs kept? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Are maintenance logs kept? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Next closest pumpout facility. _____ miles | Existing equipment is maintained on <input type="checkbox"/> Preventative maintenance schedule <input type="checkbox"/> As needed basis |
| Availability of existing pumpout and portable toilet dumpout service. Days: <input type="checkbox"/> Daily or just on <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun | |
| Hours: <input type="checkbox"/> 24 hours or between _____ and _____ | |
| Are informational materials on the use of pumpout/portable waste reception equipment available? <input type="checkbox"/> Yes <input type="checkbox"/> No | What kind of educational materials are available? <input type="checkbox"/> Printed Handouts <input type="checkbox"/> Signs <input type="checkbox"/> Brochures <input type="checkbox"/> Other _____ |

APPLICANT/PROJECT COORDINATOR SIGNATURE

DATE

APPLICATION INSTRUCTIONS

1. Please type or print with black ink
2. Fill in all blocks that apply to your project
3. Omitting needed information may result in the delay of processing your application
4. Be sure to sign and date side 2
5. If you are unsure of the information requested, please call us for further assistance at 394-5000
6. Fold the application and return it to the Mississippi Department of Marine Resources, 1141 Bayview Ave. Drive, Biloxi, MS 39531