****Clean Vessel Act Grant Application Form

***For Marina & Moorage Facilities to Install, Replace or Renovate Marine Sewage Collection Facilities***

**Oregon State Marine Board**

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| ***FOR OFFICE USE ONLY*** | CVA Grant Number: |
| Biennium: **2017-19** | Date Received: |

**Instructions regarding this application and the Clean Vessel Act Grant (CVA) Program can be found in the Private Marina/Moorage Facilities Procedure Guide**

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| ***1– APPLICANT INFORMATION*** |
| Applicant Type: [ ]  Corporation [ ]  Partnership [ ]  Limited Partnership [ ]  Limited Liability Partnership [ ] Other       |
| Entity or Legal Business Name:      | Phone Number:      | E-Mail:      |
| Project Manager Name and Title:      | Phone Number:      | E-Mail: (if different from above)      |
| President, CEO, Owner:      | Phone Number:      | E-Mail:      |
| Mailing Address:      | City:      | Zip Code:      |

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| ***2– SITE LOCATION AND OWNERSHIP INFORMATION*** |
| Facility Site Name      | Waterbody       | River mile      |
| Site Location: County:       Tax map #       Tax lot #       GPS Coordinates(*Decimal*) Latitude:       Longitude:        |
| Driving directions- *How would a boater find this facility from a major highway or interstate?*       |
| U.S. Congressional District Number:      Oregon Legislative District Number:      House:      Senate      |
| **Identify the current ownership of the site:**[ ]  Site is owned in fee simple by the applicant. How long has the applicant owned the site? ­      yrs. Describe any restrictive easements or deed restrictions:     [ ] Site is leased by applicant. Number of years remaining in lease:      Name of property owner:      Describe other interest in site and tenure:      Identify the applicant’s current management of the site:[ ] Site is managed solely by the applicant. [ ]  Site is managed cooperatively with another entity.Identify the entity (volunteer host, concession, etc.):       |
| Who will maintain the site when project is completed?[ ]  Applicant [ ]  Other- Name       Phone Number:       |
| Point of contact for maintenance:Name:       Phone Number:       E-Mail:       |

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| ***3– GENERAL SITE INFORMATION*** |
| Estimate the mix of boats that use this Marina/Moorage facility (based on 100%)<16 ft. motorized      % 27 ft. and over      % 17-26 Ft. motorized      % All non-motorized      % |
| Describe the mix of users at this Marina/Moorage facility:Floating Homes      % Liveaboards      % Commercial Boats      % Paddlecraft (i.e., kayak, canoe, raft)      %Recreational Boats (i.e., sail boat, ski boat, cruiser/yacht, personal watercraft)      %  |
| Number of Wet Slips (Open and Covered)<16 ft.      16-26 ft.      26-40 ft.      40-65 ft.      >65 ft.      Feet of Broadside Tie-Up       | Number of Dry Storage (boats)<16 ft.      16-26 ft.      26-40 ft.      40-65 ft.      >65 ft.       | Short-term Docks/Slips<16 ft.      16-26 ft.      26-40 ft.      40-65 ft.      >65 ft.      Feet of Broadside Tie-Up       |

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| **Identify the months that the pumpout/dump station does and/or will receive high, medium, and low boat use and what months will the system be closed.**

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| **Month** | **High Use** | **Medium Use** | **Low Use** | **Closed** |
| January | [ ]  | [ ]  | [ ]  | [ ]  |
| February | [ ]  | [ ]  | [ ]  | [ ]  |
| March | [ ]  | [ ]  | [ ]  | [ ]  |
| April | [ ]  | [ ]  | [ ]  | [ ]  |
| May | [ ]  | [ ]  | [ ]  | [ ]  |
| June | [ ]  | [ ]  | [ ]  | [ ]  |
| July | [ ]  | [ ]  | [ ]  | [ ]  |
| August | [ ]  | [ ]  | [ ]  | [ ]  |
| September | [ ]  | [ ]  | [ ]  | [ ]  |
| October | [ ]  | [ ]  | [ ]  | [ ]  |
| November | [ ]  | [ ]  | [ ]  | [ ]  |
| December | [ ]  | [ ]  | [ ]  | [ ]  |

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| Identify all public or private boating facilities that have a pumpout or potty dump station within a 5-mile radius. If none, identify the closest:  Direction Distance  Name of Facility N, S, E, W Units  |
| 1. |       |       |       |
| 2. |       |       |       |
| 3. |       |       |       |
| 4. |       |       |       |
| 5. |       |       |       |
| 6. |       |       |       |
| 7. |       |       |       |
| 8. |       |       |       |
| 9. |       |       |       |
| 10. |       |       |       |

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| Does your facility currently use a pumpout boat service? [ ]  Yes [ ]  NoDoes your slip/moorage rental contract contain language prohibiting discharge of boat sewage into facility waterway? [ ]  Yes [ ]  No, but will add for season beginning 20     Are you a Certified Clean Marina? [ ]  Yes [ ]  No |

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| ***4- PROJECT DESCRIPTION*** |
| Project Description Narrative:*Answer all parts completely. This is your opportunity to “sell” your project. Do not assume the Marine Board staff will know this information.* 1. Describe the need for the project (i.e.; what is the problem or issue; how long have problems existed; what measures have been taken to address problems; how will the project resolve problems or issues; etc.).

      1. Describe the type and location of utilities on site or the nearest location. (Is the water from a well, municipal line, how is sewage currently being treated; holding tank, municipal line, drain field. What is the age of the utilities, etc.)

     1. Describe the specific actions to be taken as a part of the proposed project (i.e.; what will be purchased; what new facilities will be constructed or installed; which existing facilities will be renovated, removed or demolished; etc.).

     1. Describe how the proposed work will be accomplished (i.e.; will a contractor or consultant be hired; will applicant-owned materials or equipment be used; will applicant staff perform any of the work; etc.) Who will provide supervision over the proposed project?

     1. Describe the general character of the site, the existing development, and the current use. Provide any use or attendance statistics you have for the site. Include information on the number of tenant leases, seasonal rentals, short term rental (less than 10 days) day use, houseboats, liveaboards, or commercial activities.

     1. Who will use the pumpout and potty dump station? Estimate how many users annually and the number of gallons.

     1. List the anticipated project start and end dates for construction.

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| ***5– EXISTING AND PROPOSED PROJECT COMPONENTS*** *Check all that apply* |
|  | Existing | Replacement | Expansion | New  |
| VESSEL WASTE DISPOSAL (CVA) | Pumpout Station | [ ]  | [ ]  | [ ]  | [ ]  |
| Potty Dump Station | [ ]  | [ ]  | [ ]  | [ ]  |
| Portable Pumpout | [ ]  | [ ]  | [ ]  | [ ]  |
| Pumpout Boat | [ ]  | [ ]  | [ ]  | [ ]  |
| Floating Restroom  | [ ]  | [ ]  | [ ]  | [ ]  |
| UTILITIES | Water | [ ]  | [ ]  | [ ]  | [ ]  |
| Sewer | [ ]  | [ ]  | [ ]  | [ ]  |
| Electric | [ ]  | [ ]  | [ ]  | [ ]  |
| Sewage Holding Tank | [ ]  | [ ]  | [ ]  | [ ]  |
| Sewage Lift Station | [ ]  | [ ]  | [ ]  | [ ]  |
| MISCELLANEOUS | Docks | [ ]  | [ ]  | [ ]  | [ ]  |
| Piling | [ ]  | [ ]  | [ ]  | [ ]  |
| Other (specify)       | [ ]  | [ ]  | [ ]  | [ ]  |

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| Intended Location of: | Fuel Dock  | Existing Docks  | New Docks  | Other (identify) |
| Pumpout Station | **[ ]**  | **[ ]**  | **[ ]**  |       |
| Potty Dump | **[ ]**  | **[ ]**  | **[ ]**  |       |
| Portable Pumpout | **[ ]**  | **[ ]**  | **[ ]**  |       |
| Floating Restroom GPS(decimal)Latitude:       Longitude:       |
| Pumpout Boat Service Location GPS(decimal)Latitude:       Longitude:       |

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| ***6– PROPOSED PROJECT FUNDING –ADMINISTRATIVE MATCH*** *Not eligible for Grant Reimbursement* |
|  | Applicant | Other | Marine Board | TOTAL |
| Administration | $      | $      |  N/A | $      |
| Pre-agreement costs *(complete table below)* | $      | $      |  N/A | $      |
| Permit fees | $      | $      |  N/A | $      |
| Legal fees | $      | $      |  N/A | $      |
| System development charge (SDC) | $      | $      |  N/A | $      |
| Other (specify)       | $      | $      |  N/A | $      |
| Total Administrative Match | **$** | $      | N/A | **$** |
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| **Pre-agreement Expenses Match** (*Attach documentation*) |
| Item Description | Value |
|       | $      |
|       | $      |
|       | $      |

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| ***7– PROPOSED PROJECT FUNDING – FORCE ACCOUNT MATCH***  |
| *Complete tables below for each* | Applicant | Other | Marine Board | TOTAL |
| Force account labor | $      | $      |  N/A | $      |
| Force account materials  | $      | $      |  N/A | $      |
| Force account equipment | $      | $      |  N/A | $      |
| Total Force Account Match | **$** | $      |  N/A | **$** |

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| **Force Account Labor** |
| Staff | Other |  Labor Description | Value |
| [ ]  | [ ]  |       | $      |
| [ ]  | [ ]  |       | $      |
| [ ]  | [ ]  |       | $      |
| [ ]  | [ ]  |       | $      |

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| **Force Account Materials and Supplies** |
| Owned | Donated |  Material or Supply Description and Purpose | Value |
| [ ]  | [ ]  |       | $      |
| [ ]  | [ ]  |       | $      |
| [ ]  | [ ]  |       | $      |
| [ ]  | [ ]  |       | $      |

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| **Force Account Equipment** |
| Owned | Donated |  Equipment Description and Purpose  | Value |
| [ ]  | [ ]  |       | $      |
| [ ]  | [ ]  |       | $      |
| [ ]  | [ ]  |       | $      |
| [ ]  | [ ]  |       | $      |

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| ***8– PROPOSED PROJECT FUNDING – CASH MATCH*** |
|  | Applicant | Other | Marine Board | TOTAL |
| Construction contract  | $      | $      | $      | $      |
| Materials purchased | $      | $      | $      | $      |
| Equipment rental | $      | $      | $      | $      |
| Eligible permit fees | $      | $      | $      | $      |
| Consultant contract (*Attach copy of contract)* | $      | $      | $      | $      |
| Other:       | $      | $      | $      | $      |
| Total Cash Match | **$** | **$** | **$** | **$** |

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| ***9– TOTAL PROPOSED PROJECT FUNDING*** |
|  | Applicant | Other | Marine Board | TOTAL |
| Total Administrative Match (from 6) | $      | $      | N/A | $      |
| Total Force Account Match (from 7) | $      | $      | N/A | $      |
| Total Cash Match (from 8) | $      | $      | $      | $      |
| **Grand total** | **$** | **$** | **$** | **$** |

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| ***10-“OTHER” SOURCE, TYPE AND AMOUNT OF (NON-APPLICANT) CONTRIBUTIONS***  |
| Match Source | Name of Grant/Loan | Approved – Y/N | Amount of Match |
|       |       |       | $      |
|       |       |       | $      |
|       |       |       | $      |
|       |       |       | $      |

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| ***11- PERFORMANCE*** |
| Describe your performance on any grant(s) previously awarded by the Marine Board. Are you in compliance with applicable rules, policies and guidelines?       |

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| ***12- SUPPORT AND OPPOSITION*** |
| Identify specific support and or opposition to the proposed project: *(attach emails and letters)* |
|  | **Supporters Name** | **Opponents Name** |
| [ ]  Adjacent land owners |       |       |
| [ ]  User groups |       |       |
| [ ]  Local/State/Federal government |       |       |
| [ ]  Tenants |       |       |
| [ ]  Other (specify) |       |       |

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| ***13-CULTURAL AND ENVIRONMENTAL***  |
| **Cultural Resources** | Yes | No | Unknown |
| 1. Are there any historic, archaeological, or cultural sites or resources on the site?
 | [ ]  | [ ]  | [ ]  |
| 1. Has a cultural resources survey or report been completed for the project site?
 | [ ]  | [ ]  | [ ]  |

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| **Water Resources**  | Yes | No | Unknown |
| 1. Structures in federally navigable waterways may require a Section 10 Permit from the Army Corps of Engineers (ACOE)

[*See Corps Guidance*](http://www.nwp.usace.army.mil/Missions/Regulatory/FAQ.aspx) | [ ]  | [ ]  | [ ]  |
| 1. Public boat ramps and docks in state navigable waterways may require a Facility license from Oregon Department of State Lands (DSL) [*See DSL Guidance*](http://www.oregon.gov/dsl/WW/Pages/Permits.aspx)
 | [ ]  | [ ]  |  |
| Will the project require any work to be done below the high water mark? If **No**, go to the next section. | [ ]  | [ ]  |  |
| 1. **Pending Applications**:

If DSL and ACOE have not issued permits, have both applications been submitted and accepted? If **Yes**, provide application numbers and filing datesACOE Permit Number:       ACOE Acceptance date:      DSL Permit Number:       DSL Acceptance date:      1. **Issued Permits:**

Have DSL and ACOE permit application for the project been issued?If **Yes**, provide permit numbers and dates. ACOE Permit Number:       ACOE Approval date:       DSL Permit Number:       DSL Approval date:       |
| 1. **No Permit Applications Filed:**

If DSL and ACOE permit applications have not been filed, who will prepare them? [ ]  Applicant [ ]  Consultant [ ]  OSMB to assist Applicant |
| 1. Identify any fish or aquatic species federally listed as threatened or endangered:

      1. List any consultations, biological opinions (provide copies), ESA Section exemptions, or other ESA related activities that may apply to this project:

     1. Describe how the project may impact the migration, spawning, rearing, or habitat of affected salmon, eulachon, or sturgeon species and the mitigation measures that will be used to reduce adverse effects on protected species and their habitat:

     1. Describe how the project may impact the migration, feeding, or habitat of other threatened or endangered species and the mitigation measures that will be used to reduce adverse effects on the species and their habitat:

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| ***14– CITY/COUNTY PLANNING DEPARTMENT AFFIDAVIT*** *Note: Construction Projects Only****THIS SECTION TO BE COMPLETED BY LOCAL AUTHORITY HAVING JURISDICTION*** |
| *This information is needed to determine if the proposed project complies with statewide planning goals and is compatible with local comprehensive plans (ORS 192.180).*  |
|  | Yes | No |
| Is the project subject to a local comprehensive plan and zoning ordinance? | [ ]  | [ ]  |
| Have land uses been approved?(Please include documentation of final approval) | [ ]  | [ ]  |
| Is the project compatible with the local comprehensive plan & zoning ordinances?(Please cite appropriate plan policies, ordinance section, and case numbers)Policy/Ordinance/Case Number       | [ ]  | [ ]  |
| Compatibility of this project with the local planning ordinance cannot be determined until the following local approvals are obtained: [ ] Conditional use permit [ ]  Development permit [ ]  Plan amendment  [ ]  Zone change [ ]  Other |
| An application has [ ]  has not [ ]  been made for the local approvals checked above.Planning comments:      Signature of local planning official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title:       Date:       |

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| ***15- APPLICANT SIGNATURE*** |
| **Applicant Signature and Certification** Application is hereby made for the activities described above, together with attachments. 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 this request and has authorized the person identified as the official representative of the Applicant to act in connection with this application and subsequent project as well as to provide additional information as may be required. By signing below, I affirm the Applicant’s intention to enter into a Cooperative Facility Grant Agreement and agree to comply with Oregon State Marine Board program rules, policies, and guidelines as well as all applicable federal, state, and local laws relating to this proposal, additional conditions applicable to an approved Boating Facilities Grant, and the resulting project. ­       Title:       (Print / Type Name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Applicant Signature) |

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| ***16- APPLICATION ATTACHMENTS*** |
| **[ ]**  | Cover letter |
| **[ ]**  | Existing condition and use photographs |
| **[ ]**  | Location/vicinity map (assessor’s map) |
| **[ ]**  | Design/engineering or conceptual plans and estimate |
| **[ ]**  | Material, supply or contractor quotes |
| **[ ]**  | Slip/moorage rental agreement |
| **[ ]**  | Pumpout boat operation and service plan |
| **[ ]**  | Consultant contract |
| **[ ]**  | Copies of permits  |
| **[ ]**  | Pre-agreement documentation |
| **[ ]**  | Support letters or emails. |

***Note: Instruction regarding this application and the Clean Vessel Act (CVA) Grant Program can be found in the Private Marina/Moorage Facilities Procedure Guide or you may contact the Boating Facilities Manager, Oregon State Marine Board, 435 Commercial St NE #400, PO Box 14145, Salem, Oregon 97309 - Phone: 503-378-2628***