



**E. Application Form
BOATING INFRASTRUCTURE
GRANT PROGRAM
FOR TIER I-STATE OR TIER II-NATIONAL
FUNDING ASSISTANCE**



Submit to:
Department of Energy & Environmental Program
Bureau of Outdoor Recreation – Boating Division
P.O. Box 280, 333 Ferry Road
Old Lyme, CT 06371-0280

Contact Person:
Kate Hughes Brown
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F: 860-434-3501
kate.brown@ct.gov

Tier I – State (a total of \$190,000 Federal Funds Available)

Tier II - National (greater than \$200,000 Federal Funds)

1. Applicant (Facility Name):

Contact Person:

Relationship to Facility:

Mailing Address:

City/Town:

Zip Code:

Business Phone:

Fax:

Cell Phone (optional):

E-mail:

2. Owner/Chief Elected Authority or Designee of Proposed Project

Name:

Mailing Address:

City/Town:

Zip Code:

Business Phone:

Fax:

Federal Employer Identification Number of Social Security #:

3. Project Location

Facility Location Address:

Water body:

City or Municipality:

Latitude:

County:

Longitude:

4. Physical Requirements: check applicable boxes

- | | Yes | No |
|---|--------------------------|--------------------------|
| • Facilities are on navigable waters. | <input type="checkbox"/> | <input type="checkbox"/> |
| • The application identifies a specific useful life for each capital improvement component of the project and references a generally accepted method of determining useful life (projects with a longer useful life are more competitive) | <input type="checkbox"/> | <input type="checkbox"/> |
| • Facilities are for temporary (less than 15 day visit) transient recreational vessels (greater than or equal to 26 feet and operated primarily for pleasure). | <input type="checkbox"/> | <input type="checkbox"/> |
| • Facilities are located in water greater than or equal to 6 feet of depth at the lowest tide, or a demonstration has been made that water depth less than 6 feet at the lowest tide is sufficient to serve the typical boater and vessel type at the project location. | <input type="checkbox"/> | <input type="checkbox"/> |
| • Public pumpout is available on site or within two miles. Location of pumpout facility: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| • Facilities provide security, safety, and service (including a pumpout station within 2 miles for overnight facilities). | <input type="checkbox"/> | <input type="checkbox"/> |
| • Facilities are open to the public without regard to age, race, color, religion, sex, disability (Handicap), familial status or national origin. | <input type="checkbox"/> | <input type="checkbox"/> |

5. Project Description and Schedule of Work

A. Provide Scope of Work to be performed (use additional pages if necessary).

B. Provide a schedule of work to be performed (use additional pages if necessary).

C. Attachments:

- Scaled Area Map
- Scaled Vicinity Map, include the Latitude and Longitude
- Scaled Site Plans, include plan & elevation views and the affected coastal resources, and location of mean low water, mean high water & the high tide line (also include datum).

6. What permits will be needed for the proposed work? (Federal, State, Local)

What is the status of these permits at this time?

7. What fees, if any will be charged:

Daily:

Nightly:

8. Project Justification

- a. Please attach separate pages to provide a clear description of **NEED, OBJECTIVE, EXPECTED BENEFITS**, and **APPROACH** for Tier I-State and Tier II-National applications. Please refer to the section on “**How to Apply-Submission Requirements**” for a description and examples of which is needed in each.
- b. Please also read the section on “**How Projects are Scored**” to determine if you have provided sufficient justification to compete with other projects nationally. Please attach separation pages to provide a clear description of how your project meets the scoring criteria listed below.
- c. Please attach a separate page to provide a clear description of your useful life determination for each project component which is a capital improvement. Please be sure to reference the method by which your useful life determination(s) have been made for each capital improvement and how these improvements will be maintained for that useful life.

1. Explain your plan to connect, renovate, and maintain tie-up facilities for transient, non-trailerable recreational vessels (less than 15 days in a single location and greater than or equal to 26 feet long).
2. What innovative techniques will be used to increase the ability of tie-ups? What are the creative or difference approaches chosen that will improve the overall project?
3. List all entities that will provide public/private, public/public partnerships, other than the lead state agency.
4. Does this project provide a significant link to prominent destinations such as those near major metropolitan areas, cultural or natural attractions, or safe harbors from storms? Please identify location(s) and describe.
5. Describe how this project will provide access to national, regional and local recreational, historic, cultural, natural, or scenic attractions.
6. How does this project provide a significant positive economic impact to its community?
7. How is this project cost-efficient? Discuss the features that add a high value compared with the funds required from the proposal. (For example, constructing a small feature to an existing facility, which adds value and boating opportunities verses installing a complete facility.)
8. Are you involved in any Multi-state coordination for locating tie-up facilities?
9. List all funds (private, local or other State funds in addition to the non-Federal match to be applied to the project and what percentage this funding represents.

9. Project Summaries and Budget Sheet

A. PROPOSED PROJECT COMPONENTS (Eligible Costs)

| | Number | Replacement? | New Installation? | Estimate Cost |
|-------------------|--------|--------------|-------------------|---------------|
| DOCKS | | | | \$ |
| SLIPS | | | | \$ |
| MOORING BUOYS | | | | \$ |
| NAVIGATIONAL AIDS | | | | \$ |

| | | | | |
|---|--|--|--|----|
| OTHER: | | | | \$ |
| OTHER: | | | | \$ |
| OTHER: | | | | \$ |
| INITIAL DREDGING (safe channel depths to the facility only) | | | | \$ |
| GRAND TOTAL | | | | \$ |

B. BUDGET FORM

| <u>DESCRIPTION</u> | <u>TOTAL</u> | <u>FEDERAL MATCH</u> | <u>LOCAL MATCH</u> |
|--|--------------|----------------------|--------------------|
| Design/Permitting/Engineering Costs: <i>(specify)</i> (Including Permit Application Fees and Development Costs for Plans and Specifications. | | | |
| | | | |
| | | | |
| Equipment: Purchases/Repairs: <i>(specify)</i> | | | |
| | | | |
| | | | |
| Supplies: <i>(specify)</i> | | | |
| | | | |
| | | | |
| Construction/Installation Costs: <i>(itemize)</i> | | | |
| | | | |
| | | | |

| | | | |
|---|--|--|--|
| Total Project Costs: <i>(total of above)</i> | | | |
| Funding Requested = % of Total (Maximum of 75%) | | | |
| Match Amount = % of Total (Minimum of 25%) | | | |

Signatures

“I have personally examined and am familiar with the information submitted on this application and all attachments thereto, and I certify that based on reasonable investigation, including my inquiry of the individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief.”

Applicant Signature: _____ Date: _____

Title: _____

Applicant Printed Name: _____

Owner/Chief Elected Authority of Designee

Signature: _____ Date: _____

Title: _____

Owner Printed Name: _____

Return One (1) original application with the original signature and Attachments and Four (4) copies of the completed application.