



CVAP (Clean Vessel Assistance Program)

www.efc.ny.gov/CVAP

GRANT APPLICATION

Please see Application Instructions

Facility Name: _____

Project Information

Name of Project: _____

Street address at pumpout location: _____

City: _____ State: _____ Zip Code: _____

County: _____ Municipality: _____

Circle one: Town Village City Borough

Telephone at project location: _____ Fax: _____

GPS Location of the pumpout: Latitude: _____ Longitude: _____

Project Description

Attach drawing showing facility layout, location of pumpout, boater access to pumpout, sewer lines to municipal system or storage tank, location of septic tanks/sewer hook-up, etc., rinse water (program requirements, etc.)

Attach maps showing location of marina/facility (local road map, facility brochure, web map, etc.)

Facility Type: Public Private Municipal Not-for-Profit Individual

Is use of this pumpout open to the public? Yes No

Pumpout Manufacturer: _____ Pumpout Model #: _____

Seasonally Moored _____ + Transient _____ = Total _____

VHF Channel Monitored _____ Pumpout Fee: \$_____ or Free of Charge

Method of disposal of collected waste:

Connection to municipal system Community: _____

Holding tank size: _____ Name of waste hauler: _____

On-site Septic System (Requires approval/acceptance from permitting agency or engineer)

Empty to existing pumpout location: _____

Permit requirements

Please submit a copy of the required permit(s) if the completion of this project includes any ground excavation, installation of docks, or other activities. Please submit documentation from an authorizing agency if it is determined that a permit is not required. In addition to contacting your local permit issuing agencies, please see additional contact information on the attached application instructions.

Please explain if permit is needed for the operation of the facility:

OR

I certify that there are no activities involved in this application that require a permit. _____
Initial

Waterbody served by this project: _____

Information specific to location and scope of the project

Project Type: New Renovation/Repair Replacement

Project Scope:

- Stationary Pumpout Portable Pumpout Pumpout Boat
- Boat Improvement Dump Station Floating Restroom
- Holding Tank Only Piping Only Hauling Equipment
- Disposal Upgrade Barge Tow Vessel
- Floating Pumpout STP Modification Pumpout Dock

Restrictions

Dates of Operation: _____ Days of Operation: _____

Hours of Operation: _____

Vessel size limitation: _____ Number of Slips: _____

Membership requirements: _____

Pumpout Capacity: _____ Residency requirements: _____

Restrooms available: Yes No Water Depth at Pumpout Location: _____

Type of Operation:

- Attendant Use Only Self Service
- Boater Use - Switch Operation Boater Use - Token
- Boater Use - Coin Boater Use - Credit Card Swipe

Other (please explain): _____



Facility/Ownership/Contact Information

Name of Owner of Facility

Last Name: _____ First Name: _____ M.I. ____

Title: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

County: _____ Municipality: _____

Circle one: Town Village City Borough

Telephone: _____ Fax: _____

E-mail: _____

Website: _____

Check if the above address will be used for mail

Check if the above address will be used for mailing packages (larger envelopes)

Property: Owned Leased

Note: If the property where the project is to be located is not owned by the applicant, please see further instructions attached to this application.

Please provide a completed W-9 Form. (www.irs.gov)

Also, please verify the following:

Name as shown on income tax return: _____

Business Entity Name, as filed with NYSDOS; if different from above:

Owner Type: Individual/Sole Proprietorship Corporation
 Partnership Government Other LLC



Authorized Representative (Person who will sign the contract if different from Owner)

Last Name: _____ First Name: _____ M.I. _____
Title: _____
Business Address: _____
City: _____ State: _____ Zip Code: _____
County: _____ Municipality: _____
Circle one: Town Village City Borough
Telephone: _____ Fax: _____
E-mail: _____
Website: _____

Project Manager/Primary Contact (if different)

Last Name: _____ First Name: _____ M.I. _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
County: _____ Municipality: _____
Circle one: Town Village City Borough
Telephone: _____ Fax: _____
E-mail: _____
Website: _____

Please provide an additional address for mailing packages if none of the above addresses will accept larger envelopes.



Project Costs / Funding Requested

<u>Item</u>	<u>Cost</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total Costs (100%): \$ _____

75% of Total Costs: \$ _____

Amount of Funding Requested (75% up to *max): \$ _____

(Note: Funding Requested is the amount to be reimbursed which is 75% or the *max)

Amount of Matching Share: \$ _____ (25% minimum)

Source of Matching Share: _____

(Note: Source of Matching Share must be non-federal dollars)

* Maximum grant award is \$35,000 per construction/renovation project or \$60,000 per boat.

Estimates and price quotes have been attached to justify costs quoted above.

Please read:

Applicants seeking funding for their projects through the CVAP should be advised that such funds may not be available for costs incurred prior to the effective date of the CVAP grant agreement, as awards are made on a first come, first served basis as funds are made available. To ensure availability of funds for your project, EFC recommends that you await receipt of a fully executed grant agreement prior to commencing project construction and prior to incurring any costs associated with the project. EFC further recommends that you exercise due diligence in completing the project and submit all cost documentation in connection with the project in a timely manner to ensure disbursement of CVAP funds.



Program Requirements – You must comply with the following requirements for eligibility in this program:

1. The proposed project involves the construction, purchase, or renovation of any of the following land based pumpout/dump stations; or pumpout boats and floating restrooms in the water not connected to land or structures, connected to the land, used solely by boaters. Eligible grant activities also include any activity necessary to hold and transport sewage to sewage treatment plants such as holding tanks, piping, hauling costs, and any activity necessary to get sewage treatment plants to accept sewage such as installing bleed-in facilities.
2. The project must focus on recreational boaters who are the primary user established in the Federal rule (50 CFR 85).
3. The public will have full and reasonable access to the pumpout/dump station.
4. A flag will be provided by EFC and must be posted and visible to boaters from the water to assist boaters in identifying the location of the pumpout. Signs which credit CVAP for funding will also be provided and must be posted, and the signs must include the following information: 1) Pumpout fee [\$5 max.] 2) Days of operation 3) Hours of operation 4) Restrictions, if any [i.e. Attendant use only, etc.] 5) Name and telephone number or location to contact someone in case of operational problems. 6) Operating instructions [if self-service].
5. Rinse water and all necessary attachments (including a “potty wand” if no dump station onsite) must be available for use as needed during operational hours.
6. The applicant understands that this is a reimbursement grant once the project is complete. Recipients may receive up to 75% of eligible costs with a maximum grant award limit of \$35,000 per construction/renovation/replacement project or \$60,000 per pumpout boat.

Please initial here to indicate you understand and will comply with the above requirements throughout the useful life of the project _____

Initial



APPLICANT CERTIFICATION

A signed original form must be received by New York State Environmental Facilities Corporation in order to process an agreement for grant funding.
(Faxed or e-mailed copies are not acceptable)

On behalf of the applicant, the applicant hereby certifies that the information set forth in this application is accurate and that it has been reviewed and understood according to the requirements necessary to obtain reimbursement of costs under the Clean Vessel Assistance Program for a Clean Vessel Act project at (name of facility/project) _____, as set forth in the program information provided with the final application and reimbursement package, and the applicant agrees to comply with such requirements. On behalf of the applicant, the applicant also certifies that the applicant will diligently investigate and obtain all licenses, agreements, easements and permits necessary to undertake the project prior to commencing the project. On behalf of the applicant, the applicant also certifies that the applicant is in compliance with all necessary local, state and federal laws relating to the project and that the applicant will continue to comply with all such laws for the useful life of the project.

Authorized Representative Name - Printed or Typed

Title

Authorized Representative Signature

Date

Mail To:

New York State Environmental Facilities Corporation
Att: CVAP
625 Broadway, 7th Floor
Albany, NY 12207-2997

www.efc.ny.gov/CVAP

