



**CVAP
(Clean Vessel Assistance Program)**

I&E APPLICATION

www.efc.ny.gov/CVAP

Organization

Name: _____

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)

Project Description

Method of Distribution

In which manner is the final product to be disbursed?

Type of Project

- Brochure/Pamphlet Signs Small Boater Flags
- Workshop Website Other _____
- Advertisement (_____ Newspaper _____ Radio _____ Television)

Area to be served:

Regional/County/Town/City/Village: _____

Is the area to be served a No Discharge Zone (NDZ)? Yes No

Specific waterbody(ies) served:

Attach map showing area intended to be served by this project.

Target audience:

Boaters Marina Owners Both Other (Explain)

How many people do you expect to reach through this project? _____

Project Specifics

What issue related to pumpout use is this project addressing?

Is this issue unique to your area, and if so, how?

Has this issue been targeted by any other governmental, environmental or public interest agency? Yes No



If yes, please provide details and/or attach reports or summaries.

Is this project being done in conjunction with any other agency? Yes No

Is the other agency also applying for funding under this grant? Yes No

If yes to either of these questions, please provide details: _____

Has the applicant previously produced I & E materials? Yes No

If yes, please attach a copy or picture of the item produced.

Has the applicant previously received grant monies for other projects? Yes No

If yes, please provide general information on the type of project, year completed, and amount of grant.



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: _____

Submit application to:

NYS Environmental Facilities Corporation
Att: CVAP
625 Broadway, 7th Floor
Albany, NY 12207

cvap@efc.ny.gov
518.486.9267 Phone
518.402.6954 Fax



Project Completion

Please specify, to the best of your knowledge, the anticipated time frame for completion of the project once this application is accepted:

<u>ACTION</u>	<u>TIME FRAME TO ACCOMPLISH</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____

FINAL COMPLETION DATE: _____

Funding Requested

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

Summary

<u>COST CATEGORY</u>	<u>TOTAL COSTS</u>
Design	\$ _____
Printing/Publishing	\$ _____
Distribution	\$ _____
Workshop Fees (Speakers, Rental, etc.)	\$ _____
Miscellaneous	\$ _____
Other	\$ _____



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 \$5,000 per I&E project.

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

Please see page 7 to certify the application. An original signature is required.



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



New York State Clean Vessel Assistance Local Information & Education Grant Program

The purpose of this program is to provide funding for local information and education efforts regarding pumpouts and the Clean Vessel Assistance Program.

These grants are available to any municipal level of government and not-for-profit organizations.

This is a reimbursement program. Funding is available for up to 75% of the eligible project costs with a maximum of \$5,000.00 per project. In the application the applicant will be required to provide details of the project including, but not limited to: quotes, draft text, draft layouts, etc.

Upon acceptance of the application and execution of an agreement between the applicant and EFC, the applicant will be required to proceed with the project, at their own expense, and will be required to submit proof of payment to EFC in order to obtain reimbursement.

During the course of the project, the applicant may be required to submit working copies of the product or further information as EFC deems necessary according to the scope of the project. All projects must pertain to some aspect of the Clean Vessel Act as it applies to the use of pumpouts and dump stations, etc. This program must be given credit as a source of funding for the project as detailed in the guidelines given in the Final Application.

The municipality or not-for-profit organization must provide EFC with proof of their tax-exempt status.

The exact name of the municipality or not-for-profit as it appears on official record must be given. The Authorized Representative is the person who is legally authorized to sign all documents. If someone other than the authorized representative is acting as project manager, information for this person must also be provided.

Please check the box for the type of project for which you are applying for funding. Please note if this project is for reprinting of previously approved material. If the project type is "Other", please provide a description. You must also provide information on how you intend to distribute the product.

The source of your funding must be disclosed. Federal money cannot be used as "match" money for this project.

If you have any questions regarding the completion of this application, contact Angela Petrone at 518.486.9267 or cvap@efc.ny.gov.

