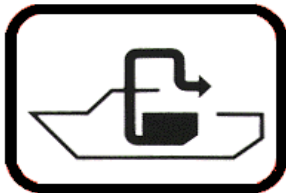


**Bid: RFP #DEP-BOR-CVA 2021, April 1, 2020**  
**Clean Vessel Act Application Form**



**Connecticut Department of  
 Energy & Environmental Protection**  
 Bureau of Outdoor Recreation  
 Boating Division



**Clean Vessel Act – Opportunity for  
 Funding the Construction, Installation,  
 Purchase, Operation & Maintenance of  
 Marine Sewage Disposal Facilities (MSDF)**  
 Funded Through the Federal Clean Vessel Act



## Application Form

*All applicants must complete the entire application with the exception of Parts V, VI and VII. Complete Part V for funding of Operation and Maintenance Costs Associated with a Land-Based MSDF, complete Part VI for Operation and Maintenance Costs Associated with a Pumpout Vessel, and complete Part VII for Construction/Purchase/Installation of a New MSDF or Repair or Upgrade of an Existing MSDF (including purchase or repair/upgrade of a Pumpout Vessel). Please complete this form in accordance with the instructions (DEEP-BOATING-CVA-INST-001). Be sure to read the instructions to complete each line item in this application correctly.*

### Part I: Applicant Information

1.	Applicant Name: _____	
	Contact Person: _____	Relationship to Facility: _____
	Mailing Address: _____	
	City/Town: _____	State: _____ Zip Code: _____
	Business Phone: _____	ext. _____
	E-mail: _____	
2.	Federal Employer Identification or Social Security Number: _____	

### Part II: Eligibility and Application Type

1. Eligibility Checklist	
a. Will the MSDF be available for use by all <b>recreational</b> vessels in need of such facilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If No, your project is not eligible to receive funding, with the exception of Pumpout Vessel off loading stations which are eligible to receive funding.</b>	
b. Will the use of the MSDF be offered for free?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If No, your project is not eligible to receive funding.</b>	
c. Is the installation of a proposed MSDF, a result of a state or federal enforcement action?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If Yes, your project is not eligible to receive funding.</b>	
2. Application Types - Check all that apply:	
<input type="checkbox"/> <b>Operation and Maintenance Costs Associated with a Land Based MSDF</b>	
<input type="checkbox"/> <b>Operation and Maintenance Costs Associated with a Pumpout Vessel</b>	
<input type="checkbox"/> <b>Construction/Purchase/Installation of a New MSDF or Repair or Upgrade of an Existing MSDF (including purchase or repair/upgrade of a Pumpout Vessel)</b>	

### Part III: Facility Information

1. Facility Name (if different from applicant name): \_\_\_\_\_

Location Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

2. Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

3. Name of Waterbody Location(s) Served (e.g., Long Island Sound, CT River, etc.):  
\_\_\_\_\_

4. Does the facility currently have operational MSDFs?  Yes  No

If yes, specify the types and number of each MSDF facility:

stationary: # \_\_\_\_\_  cart-style: # \_\_\_\_\_  boat: # \_\_\_\_\_

central vacuum system: # \_\_\_\_\_  dump station: # \_\_\_\_\_

Other (specify type and number): \_\_\_\_\_

5. Provide an estimate of how many pumpouts will be conducted by the existing and/or proposed MSDF in a calendar year. (provide estimate based on prior year data, if available)  
\_\_\_\_\_

6. If the applicant is seeking funding for Operation and Maintenance or repair/upgrade of an existing MSDF, please provide a description of the existing facility or Pumpout Vessel (include age and condition; include photographs as Attachment E to this application).

## Part IV: Proposal Information

1. Operating months, days and hours of the MSDF.

**Please be specific.** This information will be posted on the DEEP website and the Boater's Guide.  
(Example: *May 15 through October 30, 7 days per week, 7:00 a.m. – 7:00 p.m.*):

\_\_\_\_\_

2. If the applicant is seeking both Operation and Maintenance **and** Construction/Purchase/Installation of a New MSDF or Repair or Upgrade of an Existing MSDF (including purchase or repair/upgrade of a Pumpout Vessel) funding, describe the planned start and end date for this phase of the project.  
(Example: March 1 through April 15)

Project Completion Timeframe: \_\_\_\_\_

3. Specify the type and number of MSDFs for which you are requesting Operation and Maintenance funding:

Stationary: # \_\_\_\_\_  Cart-style: # \_\_\_\_\_  Boat: # \_\_\_\_\_

Central vacuum system: # \_\_\_\_\_  Dump station: # \_\_\_\_\_

Other (specify type and number): \_\_\_\_\_

4. Does the facility have a fuel dock?  Yes  No

If Yes, is the MSDF located on the fuel dock?  Yes  No

5. What is the proximity of the MSDF to the dock-mounted fuel dispenser, in feet: \_\_\_\_\_

6. At the location of the MSDF, what is the approximate depth of water, in feet, during low tide, in relation to the mean low water elevation: \_\_\_\_\_

7. Identify the proximity, in feet or nautical miles, of the MSDF closest to the nearest Federal Navigational Channel or Fairway: \_\_\_\_\_

8. Provide the following for boaters to contact the MSDF:

a. Hailing frequency: \_\_\_\_\_

b. Contact phone number: \_\_\_\_\_

c. Website address: \_\_\_\_\_

**Part V: Budget Information for Operation and Maintenance Costs Associated with a Land-Based MSDF**

*Please complete this section.*

Enter the following information:			
	<b>Description</b>		<b>Total</b>
1. Personnel Types	Hourly rates	Estimated time	\$ _____
Administration _____	_____	_____	
Program _____	_____	_____	
_____	_____	_____	
_____	_____	_____	
2. Contractual			\$ _____
3. Operating			\$ _____
4. Equipment (including repairs and upgrades/purchases)			\$ _____
5. Sewage Waste Removal			\$ _____
6. Supplies			\$ _____
7. Other (specify)			\$ _____
8. Total Eligible O&M Costs			\$ _____
9. Funding Requested = 75% of Total O&M Costs (multiply line 8 X 0.75)			\$ _____

Attach additional sheets if needed.

**Part VI: Budget Information for Operation and Maintenance Costs Associated with a Pumpout Vessel**

Please complete this section.

Total Funding Requested **cannot exceed \$45,000** per vessel.

Enter the following Information:

			Description	Total
1.	Personnel Types	Hourly Rates	Estimated time	\$ _____
	Administration _____	_____	_____	
	Program _____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
2.	Contractual			\$ _____
3.	Operating			\$ _____
4.	Boat Expenses			\$ _____
5.	Equipment (including repairs, purchases, and upgrades)			\$ _____
6.	Sewage Waste Removal			\$ _____
7.	Supplies			\$ _____
8.	Other (specify)			\$ _____
9.	Total Eligible O&M Costs <i>(Total Costs from above)</i>			\$ _____
10.	Funding Requested = 75% of Total O&M Costs <i>(multiply line 9 X 0.75)</i> <i>(Funding requested from Pumpout Vessel budget above)</i>			\$ _____

Attached additional sheets if needed.

**For pumpout vessel programs with detailed budgets and costs, please attach a separate spreadsheet to document anticipated expenses and label "Attachment C".**

**Part VII: Budget Information for Construction/Purchase/Installation of a New MSDF or Repair or Upgrade of an Existing MSDF (including purchase or repair/upgrade of a Pumpout Vessel)**

*Please complete this section.*

Enter the following Information:		
	<b>Description</b>	<b>Total</b>
1.	Equipment Upgrade/Purchase (specify):	\$ _____
2.	Construction/Installation Costs include Plumbing, Electrical and Site Work (specify):  _____	\$ _____
3.	Supplies (specify)	\$ _____
4.	Total Construction/Purchase/Installation/Repair Upgrade ( <i>Total of lines 1 through 3</i> )	\$ _____
5.	Funding Requested = 75% of Total Costs ( <i>multiply line 4 X 0.75</i> )	\$ _____

Attach additional sheets if needed.

## Part VIII: Total Budget Information

**Total Costs:** \$ \_\_\_\_\_ **Funding Requested** (75% of Total Costs): \$ \_\_\_\_\_  
(Part V, line 8 + Part VI, line 9 + Part VII, line 4) (Part V, line 9 + Part VI, line 10 + Part VII, line 5)

**Match (Dollar Value) to be Provided by Applicant** (25% of Total Costs): \$ \_\_\_\_\_  
(Total Costs X 0.25) Please see Part VIII of the instructions for further details about match requirements.

**Projects which provide more than 25% match will be more competitive.**

## Part IX: Supporting Documents

Check the applicable box below for each attachment being submitted with this application form. When submitting any supporting documents, please label the documents as indicated in this part (e.g., Attachment A, etc.) and be sure to include the applicant's name as indicated on this application form.

- Attachment A: \* [Applicant Compliance Information Form](#) (DEEP-APP-002)
- Attachment B: For Construction/Purchase/Installation/ of a New MSDF or Repair or Upgrade of an Existing MSDF, submit as Attachment B, the design of the proposed or existing MSDF which contains specific design or upgrade components - use RFP Appendix A of the of the instructions as a guide.) They can be found at <https://portal.ct.gov/DEEP/Boating/CVA/CVA-Grant-Program-Information>
- Attachment C: *Mobile Pumpout Vessel Operation and Maintenance Budget.* Submit as Attachment C a Mobile Pumpout Vessel Operation and Maintenance Budget, if applicable, as identified under Part VI of this Application form.
- Attachment D If you are **not** currently a vendor registered with the State Of Connecticut Comptroller's office you must also include a completed Agency Vendor Form. This form may be downloaded at: [www.das.state.ct.us/Purchase/Info/Vendor\\_Profile\\_Form\\_\(SP-26NB\).pdf](http://www.das.state.ct.us/Purchase/Info/Vendor_Profile_Form_(SP-26NB).pdf). You may download the W9 form and instructions at: [www.irs.gov/pub/irs-pdf/fw9.pdf](http://www.irs.gov/pub/irs-pdf/fw9.pdf).
- Attachment E: \*Photographs of Existing MSDFs or Pumpout Vessels; digital or color prints only. Black and white or color photocopies will **NOT** be accepted.

\* Required for all applications.

## Part X: Applicant Certification

The applicant *and* the individual(s) responsible for actually preparing the application must sign this part. An application will be considered incomplete unless all required signatures are provided. If the applicant is the preparer, please mark N/A in the spaces provided for the preparer.

Funding provided through this grant program is provided by the U.S. Fish and Wildlife Service, Clean Vessel Act Program and is administered through Connecticut's Department of Energy and Environmental Protection – Boating Division. Funds awarded through this grant application process are to be used solely for allowable costs and expenses as identified within the application instructions and any contract between the grantee and the State of Connecticut.

Any funding provided through any subsequent State Contract is subject to audit and investigation by the U.S. Office of the Inspector General (OIG) and the State of Connecticut Attorney General's Office (AG), as well as Connecticut's Department of Energy and Environmental Protection (DEEP). Any instances of potential fraud, waste, theft or abuse will be reported by DEEP to the OIG and the AG's office for investigation and prosecution.

False statement(s) in the submitted information is punishable as a criminal offense pursuant to section 53a-157b of the General Statutes, and in accordance with any other applicable statute or regulation.

"I have personally examined and am familiar with the information submitted in this document 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.

I understand that a false statement in the submitted information is punishable as a criminal offense, pursuant to section 53a-157b of the General Statutes, and in accordance with any other applicable statute or regulation.

I certify that this application is on complete and accurate forms as prescribed by the commissioner without alteration of the text.

I further certify, upon submission of this application, all of the following:

- a) The application form and associated materials are complete and accurate;
- b) All requested costs and expenses shall be used solely for allowable costs and expenses;
- c) All requested costs and expenses shall be supported with original receipts, invoices or other supporting documentation; and
- d) There shall be no instances of fraud, theft, waste, abuse, mismanagement or misconduct regarding the funds provided through this grant application process."

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Title (if applicable)

\_\_\_\_\_  
Signature of Preparer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Preparer

\_\_\_\_\_  
Title (if applicable)

Check here if additional signatures are required. If so, please reproduce this sheet and attach signed copies to this sheet. You must include signatures of any person preparing any report or parts thereof required in this application (i.e., marine architects, professional engineers, surveyors, consultants, etc.)

Note Please submit this completed Application Form and supporting documents to [maegan.senerth@ct.gov](mailto:maegan.senerth@ct.gov) or

MAEGAN SENERTH  
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