



# FWC Derelict Vessel Removal Grant Application

FOR OFFICE USE ONLY	
<b>Derelict Vessel Removal Grant Application Number :</b>	<b>Date Received:</b>
<b>Applicants Initial Validated Grant Request</b>	<b>\$</b>
<b>Revised Allowable Total Grant Maximum Percentage</b>	<b>%</b>
<b>Revised Allowable Total Grant Maximum</b>	<b>\$</b>

*Fill in all sections that apply – Input N/A for those areas Not Applicable.*

I – APPLICANT INFORMATION		
a. Applicant:		
b. Federal Employer ID		
c. Project Manager Name:	Project Manager Title:	
d. Mailing Address:	City:	Zip Code:
e. Shipping Address:	City:	Zip Code:
f. Telephone:	Fax:	Email:
g. District Numbers:	State House:	State Senate:

II – PROJECT SUMMARY	
a. Project Title:	
b. Project Goal(s):	
c. Project Cost:	Total Cost: \$ _____ Grant Amount Requested: \$ _____
d. Project Type(s):	<input type="checkbox"/> Bulk Derelict Vessel Grant (See Section 5.1 of guidelines for eligibility and restrictions) <input type="checkbox"/> Rapid Removal Derelict Vessel Grant (See Section 6.1 of guidelines for eligibility and restrictions.)

e. Brief Project Summary (Detailed project summary/scope of work is required as an attachment to this application.):

### **III – Justification for Rapid Removal Grant Request vs. Bulk Derelict Vessel Grant Request**

Describe how the vessel to be removed meets the rapid removal criteria listed in section VI of the Derelict Vessel Removal Grant guidelines using specific conditions which demonstrate it is in danger of imminent sinking, breaking apart, or is a critical danger to the public safety or the environment.

### **IV – PROJECTED OUTCOMES**

a. What percentage of the total derelict vessels located within this project's jurisdiction will be removed by this project? (Limited to those listed in the Statewide At-Risk and Derelict Vessel Database.)

b. Describe the system to be used in demonstrating complete removal and destruction of the removed vessel(s). Include the procedure to verify contractor's completeness in removal of the vessel(s).

**V – BUDGET**

a. In your Derelict Vessel Removal Grant application, each vessel must have an individual cost quote for removal. These quotes from the project contractor must be attached to the application package when submitted. Please refer to the FWC opportunity announcement for grant limits.

b. PROJECT COST: NON-CASH FUNDS (May not exceed 10% of total derelict vessel grant request)

Administration	\$	\$		\$
In-Kind Project Management	\$	\$		\$
In-Kind Labor	\$	\$		\$
In-Kind Materials	\$	\$		\$
In-Kind Equipment	\$	\$		\$
Total Non-Cash Funds	\$	\$		\$

c. PROJECT COST: CASH FUNDS (Must be at least 15% of total derelict vessel grant request.)

Cost Item	Applicant	Other Source (List in Section VI below)	Grant Request	TOTAL
	\$	\$	\$	\$
Total Cash Funds	\$	\$	\$	\$

d. TOTAL FUNDS (Non-cash + Cash)	\$	\$	\$	\$
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**VI – OTHER SOURCE OF FUNDS (STATUS)**

a.  Federal       State/Local       Loan      Agency: \_\_\_\_\_

b. Grant Name: \_\_\_\_\_ Amount \$ \_\_\_\_\_

c. Approval Status:       Approved       Pending       Intend to Apply Date: \_\_\_\_\_

<b>VII – LAW ENFORCEMENT CASE DATA</b>						
	<b>AGENCY</b>	<b>Agency Case Number</b>	<b>Vessel Registration</b>	<b>Vessel Make</b>	<b>Vessel Length</b>	<b>Vessel Removal Quote</b>
1						\$
2						\$
3						\$
4						\$
5						\$
6						\$
7						\$
8						\$
9						\$
10						\$
11						\$
12						\$
13						\$
14						\$
15						\$
16						
17						
18						
19						
20						
21						
22						
23						
24						
<b>TOTAL</b>						\$

<b>VIII – APPLICATION ATTACHMENTS CHECKLIST</b>	
For mailed applications, include a copy on electronic media with paper copy or you may email entire application to: <a href="mailto:DVGrant@MyFWC.com">DVGrant@MyFWC.com</a>	
Incl.	<b>--- Required Attachments ---</b>
<input type="checkbox"/>	a. <b>Cover Letter:</b> A brief letter explaining overview of project and responsible parties involved.
<input type="checkbox"/>	b. <b>Application:</b> One (1) application with original signature from authorized individual.
<input type="checkbox"/>	c. <b>Project Proposal:</b> a detailed description of the project as described in the application instructions.
<input type="checkbox"/>	d. <b>Delegation of Authority:</b> Formal documentation to show that the person signing the application has the authority to apply for, administer and commit the governing body or not-for-profit organization to the grant project on behalf of the applicant.
<input type="checkbox"/>	e. <b>Detailed Cost Estimate:</b> Cost estimate in the form of a formal bid, written quote from proposed vendor or a detailed cost estimate for the project elements. One tabbed section for each vessel removal requested to include the Derelict Vessel Data Sheet (Attachment “A”).

**APPLICANT SIGNATURE**

Application is hereby made for the activities described herein. 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 (see grant guidelines section IV, 4.4), including the necessary requisite property interests, to undertake the proposed activities.

I also certify that the applicant’s governing body is aware of and has authorized the project manager 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 signature below, the applicant agrees to comply with all applicable federal, state, and local laws in conjunction with this proposal and resulting project so approved.

\_\_\_\_\_  
Print/Type Name Title

\_\_\_\_\_  
Applicant Signature Date

STATE OF FLORIDA, COUNTY OF ( \_\_\_\_\_ )

Personally appeared before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_  
who subscribed and swore to the above instrument in my presence.

Notary Public Name: \_\_\_\_\_ My commission expires: \_\_\_\_\_

NOTE: Instruction and further information regarding this application and the FWC Derelict Vessel Removal Grant Program can be found in the Program’s Guidelines document or you may contact the Program Administrator at Florida Fish and Wildlife Conservation Commission, Boating and Waterways Section, Derelict Vessel Program, 620 South Meridian Street, Tallahassee, FL 32399-1600; or call (850) 488-5600.

**Attachment A**

(Submit one sheet for each vessel requested in grant application)

**Derelict Vessel Data Sheet**

Law Enforcement Case Number: \_\_\_\_\_

County of Vessel's Location: \_\_\_\_\_

Describe Vessel's Location: (example: *Vessel is in shallow water within mangroves at boat ramp.*)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Vessel Coordinates: (**Degrees-Decimal Minutes**) Example: 30° 26.222 (N) / 84° 16.649 (W)

\_\_\_\_\_ (N) \_\_\_\_\_ (W)

Vessel Color: \_\_\_\_\_

Vessel Length: \_\_\_\_\_

Vessel Registration: \_\_\_\_\_

Investigating Agency: \_\_\_\_\_

Photo of Vessel: Yes ( ) No ( ) (*Include photos as attachment in this tab.*)

Rapid Removal ( ) Bulk Removal ( ) (*Check One*)

Are there pollutants on the vessel requiring removal? Yes ( ) No ( ) (*Check One*)

Is the vessel resting on the bottom? Yes ( ) No ( ) (*Check One*)

Is the vessel located in or above seagrass or coral? Yes ( ) No ( ) (*Check One*)

Vessel Removal Cost: \$ \_\_\_\_\_ (*Include contractors written quote for the vessel*)

Contractor's Name \_\_\_\_\_

Contractors Address \_\_\_\_\_

Contractors Phone # ( ) \_\_\_\_\_

**FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION  
Derelict Vessel Removal Grant Program**

**SECTION II: Instructions for completing the Derelict Vessel Removal Grant application.**

**GENERAL INSTRUCTIONS**

**PLEASE READ THE DERELICT VESSEL REMOVAL GRANT GUIDELINES BEFORE PROCEEDING TO THE APPLICATION.**

- Submit one (1) original and four (4) photocopies of the application with attachments.
- Submit one (1) electronic copy of application on compact disk (CD) or other electronic media.
- Staple application in upper left-hand corner, or clip with one binder clip. **Do not place in a spiral binder, three-ring binder, or report cover.**
- Please place a tabbed divider between each attachment. Each vessel within the overall project will be a separate section of the application. A separate removal quote must be given for each vessel in the project. A single quote for all vessels will not be acceptable. The total project cost must also be given in the application.
- Please make all photocopies of attachments on 8 ½” x 11” paper.

<b><i>I – APPLICANT INFORMATION</i></b>	
a. Applicant:	Enter the name of the governmental entity applying for the grant.
b. Federal Employer ID:	Enter the applicant’s Federal Employer Identification (FEID) Number. Payment will be sent to the address associated with this FEID number.
c. Project Manager Name: Title:	Enter the name and title of the person in charge of the project. All correspondence will be sent to this person.
d. Mailing Address:	Enter the mailing address for the Project Manager. All correspondence will be sent to this address.
e. Shipping Address:	Enter the physical address for the Project Manager (no post office boxes) for delivery of overnight packages.
f. Telephone No.: Fax No.: E-mail:	Enter the telephone number, fax number, and email address where the Project Manager may be contacted during regular business hours.
g. District Numbers:	Enter the District numbers for the State House and State Senate.

<b><i>II – PROJECT SUMMARY</i></b>	
a. Project Title:	Provide a brief title for the project.

b. Project Goal(s):	Provide a description of the intended goal(s) of the project in relation to removing derelict vessels to enhance the environment and boater safety.
c. Project Cost:	Enter total project monetary cost, including only the eligible project elements for grant funding. Enter the total funds requested from this program.
d. Project Type(s):	Indicate by checking the appropriate box whether this is a Bulk Derelict Vessel Removal Grant application or a Rapid Removal Derelict Vessel Grant Application.
e. Scope of Work/Detailed Project Summary:	Provide a brief summary of the scope of work and a thorough description of the work to be done, the full Scope of Work will be an attachment to the application using attachment A and any supporting documents.

***III – RAPID REMOVAL PROJECT JUSTIFICATION***

Briefly describe why this project has a need of urgency that would not allow for the use of the competitive grant process. Usually those cases, where the vessel is in danger of imminent sinking, breaking apart or is a critical danger to the public safety or the environment, are considered for rapid removal.

***IV - PROJECT OUTCOMES***

- a. List percentage of total active derelict vessels that will be removed by completion of this project. (Use Statewide At-Risk and Derelict Vessel Database as source of total numbers.)
- b. Explain procedures to be used to gauge the effectiveness of the project in order to evaluate contractor’s completeness of removal and post environmental damage assessment.

***V – BUDGET***

a. Individual Vessel Removal Quotes Required.	Each vessel within the applicant’s removal application must have an individual quote for removal cost. This cost may not exceed the Single Vessel Maximum as described in section 4.10 of the Derelict Vessel Grant guidelines.
b. PROJECT COST - NON-CASH FUNDS*	Enter amount of in-kind matching funds for each cost item. Amounts in “Other” column should include in-kind funds from any third-party agreements (provided by someone other than the applicant).
c. PROJECT COST - CASH FUNDS	Enter amount of funding to be provided by the applicant and other sources. Enter the amount of funding requested in the column labeled “Grant Request.”
d. TOTAL FUNDS	Sum of non-cash funds and cash funds for each column.

***VI – OTHER SOURCE OF FUNDS (Partnerships)***

Include information on funding from sources other than this grant program or the applicant. Enter information for each funding source.

a. Funding Source:	Check source of funds: Federal grant, State/Local grant, or loan.
b. Grant Name:	Enter name of grant program.
c. Approval Status:	Enter status of grant/loan application. If “Intending to Apply” enter date of application deadline.
<b><i>VII – LAW ENFORCEMENT CASE DATA</i></b>	
a. Agency:	Enter the name of the governmental agency that conducted the derelict vessel investigation.
b. Agency Case Number:	Enter the investigating agency’s case number pertaining to this vessel’s law enforcement investigation.
c. Vessel Registration:	Enter the vessel registration number if one exists.
d. Vessel Make:	Enter the make of the derelict vessel if known.
e. Vessel Length:	Enter the length of the derelict vessel if known.
f. Vessel Removal Quote:	Enter the removal cost estimate for this specific vessel. <b><i>Each vessel must have its own removal cost estimate.</i></b>

<b><i>VIII – APPLICATION ATTACHMENTS</i></b>	
<p>Please place a tabbed divider between each attachment. Mail one original (with original signature), and a copy of everything on electronic media or email entire application and supporting documentation to <i>DVGrant@MyFWC.com</i></p> <p>Completed applications should include: cover letter, application form, delegation of authority, project proposal, contractor quotes, and required attachments as referenced in the DV Grant guidelines.</p>	