



BOAT PUMPOUT GRANT PROGRAM APPLICATION

MICHIGAN PARTICIPATION IN THE FEDERAL CLEAN VESSEL ACT

This information is required by the authority of the Michigan Department of Natural Resources through the U. S. Fish and Wildlife Service to be considered for grant funding.

APPLICANT INFORMATION		
Facility Name	Federal Employer Identification Number	
Street Address	Data Universal Numbering System (DUNS) Number	
City, State, ZIP	Owner's Name	
County	Contact Person's Name	
Name of Body of Water	Contact Person's Telephone No.	Contact Person's Fax. No.

DISPOSAL FACILITY PROPOSAL INFORMATION <i>(check all that apply)</i>		
Location of Proposed Pumpout: <input type="checkbox"/> Fuel dock <input type="checkbox"/> Mobile (Goes to Boats) <input type="checkbox"/> All Slips <input type="checkbox"/> On Bulkhead <input type="checkbox"/> Other Dock <input type="checkbox"/> Other: _____	Type of Facilities Planned: <input type="checkbox"/> Portable Unit on Wheels <input type="checkbox"/> Dump Station <input type="checkbox"/> Portable Unit on Boat <input type="checkbox"/> Remote Operated <input type="checkbox"/> Stationary Unit Multi-Station System	
Number of Vessels to be Served:	Make of New Equipment:	
Will facility be shared with others? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>(attach details)</i>	Will the facility be open to the public for use? <input type="checkbox"/> No <input type="checkbox"/> Yes	

GRANT REQUEST INFORMATION <i>(check all that apply)</i>																						
PUMPOUT FACILITIES PART OF A: <input type="checkbox"/> New Marina <input type="checkbox"/> Expansion of existing Marina <input type="checkbox"/> Improvement of existing Marina <input type="checkbox"/> Local <input type="checkbox"/> Health Department	REQUIRED PERMITS: <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Permit Type</th> <th style="text-align: center;">Approval</th> <th style="text-align: center;">Pending</th> <th style="text-align: center;">N/A</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Federal</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> State</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Local</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Health Department</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>		Permit Type	Approval	Pending	N/A	<input type="checkbox"/> Federal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> State	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Local	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Health Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Total Project Cost: (Attach a breakdown of costs and copy of any bids that have been received.)	Expected Date to Begin New Disposal Service:																					

CERTIFICATION	
<i>I certify that all statements on this form and the attachments hereto are true, complete and accurate to the best of my knowledge.</i>	
_____ Name (Printed/Typed)	_____ Title
_____ Signature	_____ Date

For additional information: Telephone Number: (517) 241-4934 or FAX: (517) 373-1547

Mail completed application with necessary attachments to:

CVA - PUMPOUT GRANT PROGRAM
FINANCE AND OPERATIONS DIVISION, FEDERAL AID SECTION
MICHIGAN DEPARTMENT OF NATURAL RESOURCES
PO BOX 30425
LANSING MI 48909-7925

FOR DEPARTMENT OF NATURAL RESOURCES USE ONLY		
Grant Amount Approved	Required Match	Total
Program Coordinator's Name (Printed)	Title	
_____ Program Coordinator's Signature	_____ Date	