

State of California – California Natural Resources Agency
DIVISION OF BOATING AND WATERWAYS
ONE CAPITOL MALL, SUITE 500
SACRAMENTO, CA 95814
(916) 327-1825
WWW.DBW.PARKS.CA.GOV



VESSEL TURN IN PROGRAM (VTIP)
GRANT APPLICATION
Fiscal Year 2014/15

Local Agency Name: _____

Address: _____

City: _____ State: CA Zip Code: _____

Phone: _____ Fax: _____

Contact Person: Name: _____

Note: The contact person is the individual who will address ALL questions and concerns on behalf of the Grantee.

Phone: _____

Fax: _____

E-Mail: _____

Grant request amount: \$ _____

Note: Per Harbors and Navigation Code 525 (C) "A grant awarded by the department pursuant to subparagraph (A) shall be matched by a 10% contribution from the local agency receiving the grant." Grant monies WILL NOT be reimbursed by the Department of Boating and Waterways until the 10% contribution is met.

Prepared by: _____ Date: _____

Signature of Officer: _____ Date: _____

Title of Officer: _____