



## Application for Financial Aid -- 801 Fiscal Year \_\_\_\_\_

Agency \_\_\_\_\_

County \_\_\_\_\_

Address \_\_\_\_\_

**General Description of Boating Safety and Enforcement Programs:**

*(Give a comprehensive description of all programs in the County. If more space is needed, please attach a separate sheet).*

Waterways to be Patrolled					Estimated Density by Quarter <sup>a/</sup>			
Lakes, Open Ocean	Area in Square Miles	Primary Usage <sup>b/</sup>	Type(s) of Patrols <sup>c/</sup>	FT or PT <sup>d/</sup>	1st	2nd	3rd	4th
1. _____								
2. _____								
3. _____								
4. _____								
5. _____								
6. _____								
7. _____								
8. _____								
9. _____								
10. _____								
11. _____								
12. _____								
13. _____								
14. _____								
Rivers	Length in Miles	Primary Usage <sup>b/</sup>	Type(s) of Patrols <sup>c/</sup>	FT or PT <sup>d/</sup>	1st	2nd	3rd	4th
1. _____								
2. _____								
3. _____								
4. _____								
5. _____								
6. _____								
7. _____								
8. _____								
9. _____								
10. _____								

a/ Enter the highest number of boats on the waterway at any one time on any one day in each quarter, excluding holidays and holiday weekends.  
 b/ A = Fishing; B = Combined recreational boating activities (fishing, water skiing, pleasure boating, etc.)  
 c/ On-water, foot, truck/vehicle, and/or air  
 d/ FT = Full-time; PT = Part-time. If less than full-time, specify patrol schedule on a separate sheet.



## Boating Safety and Enforcement Aid Program Proposed Program Costs -- 801.1 Fiscal Year \_\_\_\_\_

Agency \_\_\_\_\_

Address \_\_\_\_\_

County \_\_\_\_\_

### Proposed Program Costs

1. Personnel (Form 801.2)	
2. Operations, Maintenance and Equipment (Form 801.3) <sup>a/</sup>	
3. Total direct BS&E proposed program cost (2+3)	
4. Administrative costs <sup>b/</sup>	
5. Total BS&E proposed program costs (3+4)	
6. Less: Boat Taxes (Form 801.4)	
7. Total Net Proposed Program Cost (5-6)	

a/ New applicant agencies should use 30% of personnel costs to estimate operations, maintenance and equipment costs in lieu of form 801.3.

b/ Administrative costs cannot exceed five percent of direct BS&E proposed program cost (line 3).

*County Authorized Representative:*

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TYPED NAME

\_\_\_\_\_  
TELEPHONE



**Boating Safety and Enforcement Aid Program  
Proposed Personnel Costs -- 801.2  
Fiscal Year \_\_\_\_\_**

Agency \_\_\_\_\_

County \_\_\_\_\_

**Proposed Personnel Costs**

**Employee Compensation**

	Title	Grade	No. Hours or Months	Pay per Hour or Month	Total Compensation
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
21. Total					

22. Average Customary Fringe Benefit Percent \_\_\_\_\_

23. Total Proposed Personnel Costs \_\_\_\_\_



## Boating Safety and Enforcement Aid Program Proposed Operations, Maintenance and Equipment Costs -- 801.3 Fiscal Year \_\_\_\_\_

Agency \_\_\_\_\_ County \_\_\_\_\_

*Patrol Vessels:* Fuel \_\_\_\_\_ + Repair \_\_\_\_\_ + Storage \_\_\_\_\_ = \$ \_\_\_\_\_ -

*Vehicles:* Miles \_\_\_\_\_ Mileage Allowance \_\_\_\_\_ = \_\_\_\_\_ -

LIST OTHER O&M AND EQUIPMENT

1.		\$	
2.		\$	
3.		\$	
4.		\$	
5.		\$	
6.		\$	
7.		\$	
8.		\$	
9.		\$	
10.		\$	
11.		\$	
12.		\$	
13.		\$	
14.		\$	
15.		\$	
16.		\$	
17.		\$	
18.		\$	
19.		\$	
20.		\$	
21.		\$	
22.		\$	
23.		\$	
24.		\$	
25.		\$	
<b>Total</b>			\$ _____ -



# Documentation of Estimated Boat Tax Revenues -- 801.4 Fiscal Year \_\_\_\_\_

Agency \_\_\_\_\_

County \_\_\_\_\_

Total estimated costs are offset by the estimated prior year vessel taxes received by the county to determine the maximum amount of financial aid you are eligible for. Vessel taxes received by the county represent 100% of the amount received by the county from the share of personal property taxes on vessels allocated to the County General Fund for boating safety and enforcement activities. Report on line 1 the estimated amount of prior year vessel taxes you anticipate you will receive.

**1. Estimated boat tax revenues from prior fiscal year** \$ \_\_\_\_\_

### C e r t i f i c a t i o n

I attest that I am a duly authorized representative of the auditor's office of  
\_\_\_\_\_ county/city;  
and that this calculation results in the best estimate of boat tax revenues  
for the fiscal year noted.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TYPED NAME AND TITLE

\_\_\_\_\_  
TELEPHONE