Application Preview

Applicant Information

1.	App	licant Information				
	a.	Applicant Name				
	b.	Organizational Unit				
	c.	Address				
	d.	Address 2				
	e.	City	State	Zip		
	f.	Federal ID Number	Reference	No.		
	g.	Applicant fiscal year (beginning month and day)				
	h.	Agency Type				
		C City	0	County		
		Federally Recognized Native American Tribe	C	District		
2.	Proj	ect Information				
Pro	oject (Cost is Amount of Funds Requested plus 10% required contribution,	, per Harbors	and Navigation	n Code 525 (1) (C	:).
	a.	Project Name				
	b.	Is implementing agency same as Applicant		C Yes	C No	
	C.	Implementing Agency Name				
		Address				
		City	State	Zip		
		Phone	Fax	ΖIP		
	d.	Project Start Date	End Date			
	e.	Amount of Funds Requested	Project Co			
	C .	Amount of Funds requested	i iojeci ci	USI		

3. Contact Information

A second contacts page will appear to add additional contacts once "Save and Continue" button is clicked on this page.

a. Contact Type

Name

Title

Mailing Address

City State Zip Code

Telephone Fax

E-mail Address

Letter of Intent

1. Agency Type and Area of Responsibility (AOR)

Briefly describe the agency type and Area of Responsibility (AOR).

2. Statement of Need

Briefly explain your agency's interest and need for the AWAF. Explain any present Abandoned and Derelict Vessel (ADV) issue problems and state the amount of anticipated costs for current issues. If no immediate ADVs, please state. In addition briefly explain agency interest and need for Vessel Turn-In Program.

Scope of Work

Legal authority to remove abandoned vessels
Briefly explain your legal authority to remove abandoned vessels.
2. Agency Experience
Explain agency experience with abandoned vessels and what (if any) special conditions exist that may contribute to or
cause abandoned vessels to occur in agency's area of responsibility (AOR): e.g. safe harbor marina, excessive lien sale vessels, "anchor out" boating communities, etc.
vessels, anonor our boating communities, etc.
 Adjudication Process Explain the adjudication procedures followed to identify and tag abandoned vessels, processes for removal, storage areas
(wet/dry, on site, etc.), advertising, lien sales procedures (for vessels with CF or HIN numbers), and salvage activities
(explain your agency's role in the destruction of vessels.)
4. Agency prevention efforts of abandoned vessels
Summarize how your agency will prevent or is preventing abandoned vessels.
5. Application Questionnaire
 Does your agency have a local marine law enforcement detail tasked with addressing Yes No abandoned vessels in your jurisdiction?
If yes, explain in detail. If no, elaborate on your
agency's efforts to create a program or if you utilize enforcement services from another
agency and how.
 Does your agency have a submerged navigational hazard abatement plan (SNHAP)? This Yes No may include: 1) An established internal process outlining procedures to prevent, mitigate
and process abandoned vessels; 2) Bylaws, regulations, or ordinances that help prevent or mitigate abandoned vessels.
If Yes, provide plan documentation on the next page (Submerged Navigational Hazard Abatement Plan (SNHAP)
documentation).
If No, explain your agency's efforts to create a SNHAP and anticipated date of effect.

3.	At-risk vessels: Explain if/how your agency identifies at-risk vessels (what indicators do you look for). Do you identify and document existing owners/occupants, and do you work with owners to prevent vessels from being abandoned?					
4.	Does your agency regularly check vessels in o your AOR for current registrations?	Yes C No				
	If Yes, What is your process?					
5.	List by name and size the bodies of water or waterways in your agency's area of responsibility. If you wish to maps or photos, please click on the BLUE arrow below to upload.					
	Name		A441			
	Name	Size	Attachment			
	Name	Size	Attachment			
	Name	Size	Attachment			
	Name	Size	Attachment			
6.	Local agencies are required to make a 10 percent able to comply with the 10 percent match in advan reimbursed?	match by cash, or in-kind. Is you				
 7. 	Local agencies are required to make a 10 percent able to comply with the 10 percent match in advan	match by cash, or in-kind. Is you ce before any grant money is				
7.	Local agencies are required to make a 10 percent able to comply with the 10 percent match in advan reimbursed? To provide additional information, please click on the second control of the second co	match by cash, or in-kind. Is you ce before any grant money is he Blue Arrow to				

Work Plan

2.

 Outreach / Advertising plan for implementing a Vessel Turn-In Progra 	1. (Outreach /	Advertising p	lan for im	plementing a	Vessel 1	furn-In Prog	ram
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- 1) Please explain your outreach/advertising plan to inform the public that you are a Vessel Turn-In Program participant.
- 2) Define your target audience: e.g. general public, local community, specific group(s) or individuals.
- 3) Upload a flyer or advertisement that your agency plans to use for public outreach (optional).

(Please attach necessary documents at the end of the application)

	Administrative Inform	nation		
1.	Please state if you wi outside Area of Resp		nly within Area of Responsibility	(AOR) or if you will accep
	☐ Within AOR		AOR	
2.	Identify schedule for	accepting surrendered vessels		
	□ Daily	☐ Weekly	☐ Monthly	☐ As Needed
3.	Location where vesse	els will be accepted		
	C Agency Office	C Local Landfill	Pickup by Agency or Salvager	C As Needed
4.	Storage area: Does y pending destruction?	our agency have a storage area	a for surrendered vessels	C Yes C No
	If Yes, identify the typ	pe of storage area		
	□Water	Land		

Certification

<u>1</u>	Applicant Certification
Pleas	e fill out the names of Prepared by, Reviewed by and Approving Officer.

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." This matching fund may be rendered in cash, or through in-kind contributions which must be verified, and are at the discretion of DBW. These contributions may include (but are not limited to) the following: administrative costs, personnel hours, removal, and/or storage.

	Gran	t monies WILL NOT be reimbursed by DBW unless 10% of each reimbursement claim is met.
a.		Under penalty of perjury, I certify that I have examined this application and the document(s), proposal(s), and statement(s) submitted in conjunction herewith, and that to the best of my information and belief, the information contained herein is true, accurate, correct, and complete.
b.		I certify that I am the person authorized to submit this application on behalf of the applicant.

Prepared by: Name: Date:

Reviewed by: Name: Date:

Approving Name: Date:

Officer: