



Florida Boating Improvement Program Grant Application

FOR OFFICE USE ONLY	
Grant Application Number :	Date Received:

Fill in all sections that apply – Put N/A for all sections that do not apply

I – APPLICANT INFORMATION			
Applicant Organization Name:			DUNS #:
Federal Employer Id. No.:	State Senate District:	State House District:	U.S. Congressional District
Signature Authority Name:		Signature Authority Title:	
Project Manager Name:		Project Manager Title:	
Mailing Address:		City:	Zip Code:
Shipping Address:		City:	Zip Code:
Telephone:	Fax:	Email:	

II – PROJECT SUMMARY	
Project Title:	
Type of Application: <input type="checkbox"/> New (never considered before) <input type="checkbox"/> Reconsideration <input type="checkbox"/> Phased Continuation–Phase No.:	
Type of Request: <input type="checkbox"/> FCO Design/Engineering/Permitting <input type="checkbox"/> FCO Construction <input type="checkbox"/> Non-FCO Project	
Project Category: (Select only one) <input type="checkbox"/> Boat Access Facilities <input type="checkbox"/> Recreational Channel Markings/Uniform Waterway Markers	
<input type="checkbox"/> Boater Education <input type="checkbox"/> Other Boating Related Activities <input type="checkbox"/> Derelict Vessels	
Project Cost:	Total Project Cost: \$ FBIP Amount Requested: \$
Project Summary:	

III – PROJECT INFORMATION

Project Type: Boat Access New Construction (New Facility) Boat Access New Construction (Existing Facility)
 Boat Access Engineering/Permitting (no construction) Boat Access Renovation/Replacement
 New Channel Markers New Regulatory Markers
 New Information Markers Replace/Repair Channel Markers
 Replace/Repair Regulatory Markers Replace/Repair Information Markers
 Derelict Vessel Kiosks /Signs
 Educational Program Portable Exhibits (trade show exhibit)
 Printed Materials (boater guides, brochures)

Current Facility Description: Boat Ramp/Public Launching Facility Marina/Tie-up/Overnight Moorage Facility
 Primitive Other:

Facility Location: County: _____ Water body: _____
 Latitude: N deg. _____ min. _____ sec. Longitude: W deg. _____ min. _____ sec.
 Facility Street Address or Location: _____

Upland Ownership: Public - Fee Simple Public – Lease
 Number of Years Remaining in Lease: _____ Name of Owner: _____

Is this facility open to the general public? Yes No

Estimate percent (%) use of launching facility: _____ % Motorboats/Sailboats _____ % Non-Motorboats

Current day use, parking or launch fee amount: \$ _____ Tie-up/Overnight Moorage fee: \$ _____

How frequently are facilities inspected or maintained?
 Who does the inspections and maintenance?

To capture boating access opportunities in the area, please provide names of comparable boating facilities (ramps, tie-up facilities/marinas) within a 10-mile radius of the proposed facility.

Name	Distance	Name	Distance
1. _____	_____	2. _____	_____
3. _____	_____	4. _____	_____
5. _____	_____	6. _____	_____
7. _____	_____	8. _____	_____
9. _____	_____	10. _____	_____

IV - FACILITY COMPONENTS AND USE – EXISTING CONDITIONS

Number of Launch Lanes:

Type of Ramp: Asphalt Concrete Other
 Condition: Poor Average Good

Number of Boarding Docks:

Length: Ft.

Type of Dock: Fixed Wood Fixed Concrete Aluminum Floating Other
 Condition: Good Average Poor

Moorage or Tie-up Dock:

Ft or Slip

Type of Dock: Fixed Wood Fixed Concrete Aluminum Floating Other
 Condition: Good Average Poor

Number of Boat Trailer Parking Spaces:

Number of ADA Boat Trailer Parking Spaces:

Type of Parking: Asphalt Concrete Grass Other
 Condition: Good Average Poor

Other Facility Attributes:

Restroom: <input type="checkbox"/> Yes <input type="checkbox"/> No	Pump-out Station: <input type="checkbox"/> Yes <input type="checkbox"/> No
Showers: <input type="checkbox"/> Yes <input type="checkbox"/> No	Garbage Cans/Dumpster: <input type="checkbox"/> Yes <input type="checkbox"/> No
Laundry Facilities: <input type="checkbox"/> Yes <input type="checkbox"/> No	Hoist Launching System: <input type="checkbox"/> Yes <input type="checkbox"/> No
Shelters at Launch Sites: <input type="checkbox"/> Yes <input type="checkbox"/> No	Wave attenuation /Breakwater: <input type="checkbox"/> Yes <input type="checkbox"/> No
Other:	

V - PROJECT ENGINEERING AND CONSTRUCTION

Who is or will be completing project design/engineering?

- Applicant's Own Staff
- Consulting Engineers
- N/A (Materials or Equipment Purchase)
- Other:

Level of engineering completed at time of application:

- None
- Conceptual (Master Plan Phase)
- Preliminary
- Final (Ready to Bid)

VI - PERMITS

	Submitted	Approved	N/A
U.S. Army Corps of Engineers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Florida Department of Environmental Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FWC (Projects involving mooring buoys must be permitted pursuant to Chapter 68D-23, F.A.C.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local and Others (If needed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VII – PROJECT SCOPE

Need Statement: The Applicant must explain why the project is necessary, timely, and how it fulfills a need. Describe why existing facilities are insufficient to meet demand.

Project Purpose: The Applicant must succinctly summarize the ultimate purpose for the proposed project and link the purpose to the demonstrated need. Be specific and focus on the benefits to the boater and boating access.

VII – PROJECT SCOPE

Expected Results or Benefits: The Applicant must describe how the structures, service, or other activities will address the need(s) and benefits for boating access. Describe how the project increases boating access, safety or education.

Project Goals & Timeline: The Applicant must clearly describe the project goal(s) and proposed timeline to reach the desired outcome of the project.

VII – PROJECT SCOPE

Approach and Tasks: Using the preferred format outlined in the example below, the Applicant should describe the approach, tasks and activities used to meet the project goal(s). Applicant should describe how each task will be completed, by whom and the anticipated completion date. The goal(s) should be specific, measurable, and those which can be accomplished within the project time frame.

EXAMPLE:

GOAL: *Anywhere County will utilize the approved design, engineering plans and permits to procure contracted services to construct and install a new one-lane boat ramp with a concrete approach.*

Tasks:

- *Prepare construction plans, details, sections, and specifications necessary for bidding: Complete by 01/2020*
- *Advertise the construction project documents to interested bidders: Complete by 02/2020*
- *Review bids and make recommendation of award to the County: Complete by 04/2020*
- *Dredge 400 cubic yards from the end of the boat ramp to the creek: Complete by 05/2020*
- *Demolish the existing boat ramp: Complete by 07/2020*
- *Install a 15-foot by 40-foot concrete boat ramp: Complete by 08/2020*
- *Install a 70 square foot concrete approach slab at the head of the boat ramp: Complete by 08/2020*
- *Install 5-foot by 11-foot aluminum compliant ramp connected to the existing floating dock that is adjacent to the boat ramp: Complete by 09/2020*

VIII – BUDGET			
Budget Category	FBIP Request	Cost Share	Total (FBIP + Cost Share)
Administration (Project Management)	\$	\$	\$
Contracted Services	\$	\$	\$
Permitting & Project Inspection Fees	\$	\$	\$
Site Preparation	\$	\$	\$
Demolition and Removal	\$	\$	\$
Construction	\$	\$	\$
Equipment (Rental or In-Kind Use)	\$	\$	\$
Contingency Costs	\$	\$	\$
Other Costs	\$	\$	\$
Pre-Award Costs	\$	\$	\$
TOTAL BUDGET:	\$	\$	\$
Cost Share Breakout			
Grantee/Applicant Share: Non-cash/in-kind and cash funds			\$
Partnerships (Other sources of funds): Public and private partners			\$
FBIP Grant Request:			\$
Partnership Details			
Funding Source/Agency:			
Type of Funding (Federal grant; State grant; Federal loan; State loan):			
Grant Name:			
Amount Awarded/Applied: \$			
Approval Status (Approved, Pending, Date Intend to Apply):			
Funding Source/Agency:			
Type of Funding (Federal grant; State grant; Federal loan; State loan):			
Grant Name:			
Amount Awarded/Applied: \$			
Approval Status (Approved, Pending, Date Intend to Apply):			

IX – BUDGET NARRATIVE

Cost Estimate: The Applicant is required to provide a schedule of values in the form of a formal bid, written quote from proposed vendor, or an engineer's cost estimate, or in the alternative, may provide a detailed explanation of how the budget was developed. Please attach to this application.

Budget Narrative: Responding to the budget narrative questions below, the Applicant is required to provide more budget detail on how they estimated the budget in narrative form. If any of the questions are not applicable, put N/A.

Budget Category Cost Justification: The Applicant must explain all requested budget items/costs listed in the proposed project budget completed in this application. Demonstrate a clear connection between costs and the proposed project activities by providing a brief description of activities, including the estimated number of billable units and rate(s), for each budget category.

Administration:

Contracted Services:

Permitting & Project Inspection Fees:

Site Work:

Demolition & Removal:

Construction:

Equipment:

Contingency Costs:

Other Costs:

Pre-Award Costs: Pre-award costs occur prior to the Application being submitted. The Applicant may submit for reimbursement of the costs of design and engineering costs (site surveys, working drawings, construction plans, cost estimates, technical feasibility studies, etc.) and costs for tests, surveys, and application preparation required for permitting as part of the grant Application. In order to be granted pre-award costs, the Applicant must provide an explanation as to why it was necessary to incur these costs prior to the grant Application submission.

Proration (if applicable): The Applicant must prorate costs for facilities that will benefit non-boating users sharing landside facilities such as restrooms, etc.

After Project Completion User Fees (if applicable): Describe the amount and frequency of proposed fees that will be charged to boaters for the use of the funded infrastructure after construction is complete and the Agreement ends or has been terminated. Fees charged must be comparable to those charged regionally. The collected fees must be used for operation and maintenance of the funded infrastructure for its useable life.

X – APPLICATION COMPLETION CHECKLIST	
<input type="checkbox"/>	Cover Letter: One (1) application transmittal cover letter (identify priority rank with multiple applications).
<input type="checkbox"/>	Application: Three (3) applications. One MUST have original signature from authorized individual.
<input type="checkbox"/>	Electronic Copy on CD: One (1) application with attachments on a CD.
- - Required Attachments - -	
<input type="checkbox"/>	Authorization: An adopted resolution or other authorization, by the Governing Body, authorizing the individual signing the Application the authority to apply for the grant and authorizing the project manager to administer the grant on behalf of the Applicant. If the Applicant is applying on behalf of another public entity, then an MOU between the Applicant and the public entity must also be submitted.
<input type="checkbox"/>	Site Control Documentation: Site control documentation for the upland portion of project site (e.g. deed, lease, results of title search, etc.)
<input type="checkbox"/>	Boundary Map: Map indicating boundary of the project area being dedicated for public use.
<input type="checkbox"/>	Existing Condition Photographs: Sufficient photos to depict the physical characteristics of the project area.
<input type="checkbox"/>	Detailed Cost Estimate: Cost estimate in the form of a formal bid, written quote from proposed vendor or an engineer’s cost estimate, or in the alternative, a detailed explanation of how the budget was developed.
<input type="checkbox"/>	Navigational Chart: If available, submit an 8.5” x 11” photocopy of a current NOAA North American Datum 83 nautical chart (provide the NOAA chart name and number) indicating the precise location of the project site.
<input type="checkbox"/>	Permits: Photocopies of all necessary project permit(s). If exempt, provide notification of exemption from permitting agency.
- - - Optional Attachments - - -	
<input type="checkbox"/>	Site Plan: Attach preliminary site plan or conceptual plan (if completed).
<input type="checkbox"/>	Support Letters: Attach letters of known public support.

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 the Applicant possesses the authority, including the necessary requisite property interests, to undertake the proposed activities.

I also certify that the Applicant’s governing body 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, I represent that the Applicant agrees to comply with all applicable federal, state, and local laws in conjunction with this proposal and resulting project, if approved.

Print/Type Name Individual Signing Application

Title

Signature

Date

WARNING: “Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083.” § 837.06, Florida Statutes.

NOTE: Instruction and further information regarding this application and the Florida Boating Improvement Program can be found in the Florida Boating Improvement Program Guidelines or by contacting the Program Administrator at: Florida Fish and Wildlife Conservation Commission, Florida Boating Improvement Program, 620 South Meridian Street, Tallahassee, FL 32399-1600; or call (850) 488-5600; or email fbip@MyFWC.com.