Clean Vessel Act - Pumpout symbol
Orange square with boat and arrow.


# Clean Vessel Act (CVA) Grant Application Form

### For eligible boating facilities to install, repair, or renovate marine sewage collection facilities

| 1. Facility Information | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of facility: | Click or tap here to enter text. | | | | | | | |
| Address of facility: | *Address, City, State Zip Code* Click or tap here to enter text. | | | | | | | |
| GPS coordinates | Lat: Click or tap here to enter text. | | | Long: Click or tap here to enter text. | | | UTM: Click or tap here to enter text. | |
| Owned by: | *Government Unit, Organization, Tribe, Individual(s)* Click or tap here to enter text. | | | | | | | |
| FEIN # Federal Employer Identification Number \* | | | |  | | | | |
| Facility Business filing information with the Minnesota Secretary of State \*\* | | | | *Business Name:*  Click or tap here to enter text. | | *File Number:*  Click or tap here to enter text. | | |
| Vender Number\*\*\* | | | |  | | | | |
| Did this facility awarded for CVA Grant before? | | | | Yes  When: | | No | | |
| Waterbody the facility is located on: | | Click or tap here to enter text. | | | | | | |
| County | Click or tap here to enter text. | | | GPS Coordinates | Click or tap here to enter text. | | | |
| Approximate number of days the facility is open for operation? | | | | | Click or tap here to enter text. | | | |
| Daily hours of the facility operation? | | | Click or tap here to enter text. | | | | | |
| Does your slip/moorage rental contract contain language prohibiting discharge of boat sewage into the waterway? | | | | | Yes | | | No |
| Is the Facility a certified Clean Marina? | | | | | Yes | | | No |

\* FEIN # The Federal Employer Identification Number (FEIN), is a unique nine-digit number assigned by the Internal Revenue Service (IRS) to business entities operating in the United States for the purposes of identification and taxes.

\*\* Facility Business filing information: Click here [How to register your business](https://www.sos.state.mn.us/business-liens/start-a-business/) to register your Business with the Office of the Minnesota Secretary of State.

\*\*\* Vendor Information: The State of Minnesota, The Department of Administration has a number of resources for vendors. Whether you currently do business with the State of Minnesota or are interested in working with us. Registration as a vendor can be made via the state's [Supplier Portal](http://www.mn.gov/mmb/accounting/swift/vendor-resources).

**2. Applicant Information**

| Facility Manager Contact Name:  \*Authorized to sign | Click or tap here to enter text. |
| --- | --- |
| Email address: | Click or tap here to enter text. |
| Telephone #: | Click or tap here to enter text. |
| Project Contact Name:  \*Project coordinator if different than above | Click or tap here to enter text. |
| Email address: | Click or tap here to enter text. |
| Telephone #: | Click or tap here to enter text. |

## 3. Existing Facility Information

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Do you presently provide sewage pumpouts? | | | | | Yes | | | | No | |
| When did the facility install the existing sewage pumpout? | | | | | (MM/YYYY) | | | | | |
| Do you provide waste reception (dump stations) for portable toilets? | | | | | Yes | | | | No | |
| Do you have rest rooms available to the public? | | | | | Yes | | | | No | |
| How much do you charge for each service? | | *Pumpout*  Click or tap here to enter text. | | | *Dump out (Sewage Disposal)*  Click or tap here to enter text. | | | | | |
| If you currently have pumpout(s), please indicate the quantity of each type: | | | | | | | | | | |
| Fixed on Dock: | Click or tap here to enter text. | | Mobile on Dock: | | | | Click or tap here to enter text. | | |
| Floating Station: | Click or tap here to enter text. | | Slip Side Connection: | | | | Click or tap here to enter text. | | |
| Other: | Click or tap here to enter text. | | Other: | | | | Click or tap here to enter text. | | |
| Sewage disposal method: | Choose an item. | | | | | | | | | |
| If holding tank: | *Size of tank in gallons*  Click or tap here to enter text. | | | *Number of times pumped per year*  Click or tap here to enter text. | | | | | | |
| Estimate or provide the number of Boats with Marine Sanitary Devices (MSD) type III and portable toilets: | | | | | | | | | | |
| Number of Boats with MSD III berthed at facility (wet and dry): | | | | | | Click or tap here to enter text. | | | | |
| Number of Boats with MSD III visiting facility (transient): | | | | | | Click or tap here to enter text. | | | | |
| Number of Boats with portable toilets berthed at facility (wet and dry): | | | | | | Click or tap here to enter text. | | | | |
| Number of Boats with portable toilets visiting facility (transient): | | | | | | Click or tap here to enter text. | | | | |
| Estimate or provide the mix of boats that use this facility | | | | | | | | | | |
|  | Less than 26’ | | 26’ to 40’ | | | | | Over 40’ | |
| Berthed/Wet Slips (open and covered) | Click or tap here to enter text. | | Click or tap here to enter text. | | | | | Click or tap here to enter text. | |
| Transient/short term | Click or tap here to enter text. | | Click or tap here to enter text. | | | | | Click or tap here to enter text. | |
| Dry storage (open water season) | Click or tap here to enter text. | | Click or tap here to enter text. | | | | | Click or tap here to enter text. | |

## 4. Proposed New or Replacement Pumpout/Waste Reception

Complete section A, B, and/or C, whichever correlates best to your project.

\*Attach a map or sketch to show the layout of the facility and the location of the proposed pumpout and/or waste reception area or floating restroom. Show the location of the proposed sewage disposal connection to municipal sewer, on-site septic system, or holding tank. Include a description of the proposed equipment and the name of the manufacturer.

| A. Information on new or replacement pumpout system | | | | | |
| --- | --- | --- | --- | --- | --- |
| Type of project: | Choose an item. | | | | |
| Type of pumpout: | Choose an item. | | | | |
| Manufacturer: | Click or tap here to enter text. | | | | |
| Type of Pump: | Click or tap here to enter text. | | | | |
| Capacity: | Click or tap here to enter text. | | | | |
| Sewage disposal/receiving facility | Choose an item. | | | | |
| Distance from pump to receiving facility? | | Click or tap here to enter text. | | | |
| Will you offer/accept waste reception (dump outs)? | | | Yes | | No |
| \*How much do you propose to charge for each service? | *Pumpout*  Click or tap here to enter text. | | | *Dump out (Sewage Disposal)*  Click or tap here to enter text. | |

*\**The maximum charge per pumpout should not exceed $5.00.

| B. Information on repairs and/or maintenance costs | |
| --- | --- |
| Description of repairs, parts needed: | Click or tap here to enter text. |
| Estimated cost: | Click or tap here to enter text. |
| Sewage disposal costs: | Click or tap here to enter text. |
| Other costs: | Click or tap here to enter text. |
| Other costs: | Click or tap here to enter text. |

| C. Information on new proposed floating restroom | | | | |
| --- | --- | --- | --- | --- |
| Location Description: | Waterbody and bay or local name Click or tap here to enter text. | | | |
| GPS coordinates (can only be accesses by boaters) | | Lat: Click or tap here to enter text. | Long: Click or tap here to enter text. | UTM: Click or tap here to enter text. |
| Explain the need: | | Is this an area where recreational boats congregate for a long period of time or has high recreational boat traffic? Click or tap here to enter text. | | |
| Public benefit: | | How many boats served per day or week? What types of boats would be served? Click or tap here to enter text. | | |
| Water Quality: | | How many gallons of sewage would be collected/protecting MN waters? Click or tap here to enter text. | | |

Note: Multiple bids from floating restroom vendors/builders will be required.

## 5. Permits

### A. Sewage disposal

If selected to receive Clean Vessel Act grant funding, Applicant will require to supply a permit or written approval for the proposed disposal method.

* Direct connection: approval from municipal treatment authority to accept sewage.
* Septic system on site: local zoning approval of the onsite septic system.
* Holding tank: a contract with a licensed disposal contractor and the location of final sewage disposal.

### B. Cultural Resources

| Are there any known historic, archaeological, or cultural sites or resources on the site? Threatened or endangered species? If yes, please specify. | Click or tap here to enter text. |
| --- | --- |
| Has a cultural resources survey or report been completed for the project site? Letter from SHPO (State Historical and Preservation Office). If yes, please include related documents. | Click or tap here to enter text. |

Note: If selected to receive Clean Vessel Act grant funding, Applicant will require to complete compliance checklists including; Environmental, Historical, and Endangered Species Forms.

### C. Water Resources

| Structures in federally navigable waterways may require a Section 10 Permit from the Army Corp of Engineers | Click or tap here to enter text. |
| --- | --- |
| Work below the ordinary high watermark may require a DNR Waters Work permit. | Click or tap here to enter text. |
| Project may be subject to local shore land and zoning ordinances. | Click or tap here to enter text. |
|  |  |

## 6. Timeline

|  |  |
| --- | --- |
| How many months required to complete the project? | Click or tap here to enter text. |

## 7. Cost Estimate

If this facility is selected, the federally funded grant will cover up to 75% of the cost of the waste disposal improvement and the applicant will be required to match minimum of 25% of the total cost of the project through expenditures, or in-kind match.

Attach a budget worksheet or use below template. Include cost estimates for equipment and installation. Include potential contractors, and in-kind services contributions (rounding preferred).

### A. Budget Breakdown

| Title | Amount |
| --- | --- |
| Cost Description  Click or tap here to enter text. | $ |
| Cost Description  Click or tap here to enter text. | $ |
| Cost Description  Click or tap here to enter text. | $ |
| Total cost | $ |
| …..% grant share | $ |
| …..% owner share | $ |
|  |  |

### B. Applicant Share information

Please indicate the source of cash match (describe below in the box next to $ amount):

Identify any cash or in-kind contributions that a partner or other entity will contribute to the project. For in-kind contributions, include the source, the amount, and the valuation methodology used to determine the total value, and describe how the contributions directly and substantively benefit completion of the project.

| Source | Amount/Unit | Are match funds secured? (Yes/No) |
| --- | --- | --- |
| Cost Description  Click or tap here to enter text. | $ |  |
| Cost Description  Click or tap here to enter text. | $ |  |
| Total Cash Match |  |  |

## 7. Attachments

* A map or sketch to show the layout of the facility and the location of the proposed pumpout and/or waste reception area (from section 4)
* Budget worksheet (from section 7)
  + Include material, supply or contractor quotes if available
* Written approval for sewage disposal method (from section 5a)
* Copies of permits (optional) (from section 5)
* Support letters or emails (optional)
* Photographs/aerial photographs, no more than 10 photos presenting the site.

## 8. Grant Agreement

This document is a grant application only. If the facility is selected to receive funding, a grant agreement between the facility owner and the Minnesota Department of Natural Resources must be completed before proceeding with the project and any work can begin.

The facility owner will be reimbursed for the agreed upon amount after a final inspection verifies that the project meets the terms of the agreement.

I certify that the information on this application form and on the attachments/inclusions are true and accurate to the best of my knowledge.

| Certification | |
| --- | --- |
| Name: | Click or tap here to enter text. |
| Title: | Click or tap here to enter text. |
| Signature: |  |
| Date: | Click or tap to enter a date. |

**Thank you for your application**

**Email application to**[nasra.mohamoud@state.mn.us](mailto:nasra.mohamoud@state.mn.us)

**Nasra Mohamoud, Grant Coordinator**

MN DNR, Division of Parks & Trail