

**2018 PUMPOUT OPERATIONS & MAINTENANCE
GRANT WORKSHEET**

Marina Name: _____ Date Submitted: _____

Total # of pumpouts:

Estimated gallons pumped:

1) PUMPOUT EXPENSES:

Line 1)	Pumpout Usage Logs	\$ _____	\$100 if submitting
Line 2)	Salary for paid staff that performed pumpouts (\$2.50 X pumpouts)	\$ _____	
Line 3)	Salary for paid staff that performed pumpout maintenance (\$15 hourly X hours)	\$ _____	NOT TO EXCEED \$500
Line 4)	Additional eligible pumpout expenses	\$ _____	
TOTAL EXPENSES:		\$ <input style="width: 150px; height: 20px;" type="text"/>	

2) PUMPOUT INCOME
(If boaters are charged a pumpout fee)

3) AMOUNT REQUESTED*
(Eligible expenses *minus* pumpout income)

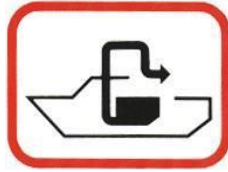
***Maximum Reimbursement is \$2,000.00**

PROPER DOCUMENTATION

Instructions: Initial to confirm all proper documentation and required attachments are enclosed for each of the above line items.

<p>PROOF OF PAYMENT: Acceptable proof of payment includes: copies of <i> canceled </i> checks (electronic or hard copies); statement from a vendor showing payment has been applied and a zero balance; a receipt signed and dated by <i> an authorized vendor representative (not marina staff) indicating full payment was received; credit card statements; and store receipts showing payment method.</i></p> <p>Materials used from marina's stock (e.g. antifreeze, parts): The Maryland Department of Natural Resources will not pay retail mark up or tax to the marina. We will reimburse at cost. Be sure to provide proper receipts and proof of payment for items used from your stock showing <i> your cost </i>.</p>	<p>REQUIRED ATTACHMENTS:</p> <p>Line 1) Pumpout logs</p> <p>Line 2) Paid staff full name(s)</p> <p>Line 3) Paid staff full name(s) Pumpout maintenance dates Pumpout maintenance hours Pumpout maintenance scope of work</p> <p>Line 4) Eligible expenses receipts/ invoices</p> <p>Proof of payment for the invoices</p>	<p><u>Initial</u></p> <table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> </table>								

MARYLAND PUMPOUT PROGRAM



2018 Pumpout O&M Reimbursement Invoice

Date: _____

Official Marina Name & Address:

Federal ID# _____

All marinas with a 2018 pumpout O&M grant application on file should submit a reimbursement invoice, even if no reimbursement is being requested. Reimbursement invoices will only be accepted from **NOVEMBER 15, 2018- JANUARY 15, 2019** and no reimbursement invoice will be processed without an approved pumpout O&M grant application on file. Only those marinas whose eligible expenses exceed their pumpout income are eligible to receive a reimbursement.

Amount Requested \$ _____

Pumpout O&M grant worksheet must be attached. Maximum Reimbursement amount is \$2,000.00

I hereby certify that the above information is true and correct, that I have met all the 2018 Pumpout O&M terms and conditions.

X _____
Print Name

X _____
Authorized Marina Signature

Mail to:

Celeste Anderson
Chesapeake & Coastal Service
Department of Natural Resources
580 Taylor Avenue, E-2
Annapolis, Maryland 21401