



**CHESAPEAKE AND COASTAL SERVICE (CCS)
CENTER FOR WATERWAY IMPROVEMENT & INFRASTRUCTURE
APPLICATION FOR WATERWAY IMPROVEMENT FUND (WIF) GRANT**

SERVICE CONTRACT (SC) GRANT
GRANT PERFORMANCE PERIOD July 1, 20__ – June 30, 20__.*

5K GRANT
GRANT PERFORMANCE PERIOD _____ – _____. (Not to exceed 1 year)**

APPLICANT INFORMATION

Applicant Name: _____

Applicant Address: _____

Federal Tax Identification Number: _____

Review the [Waterway Improvement Fund Grants Manual](#) for more information

APPLICATION TYPE

Service Contract (Maximum of \$15,000) 5K

PROJECT INFORMATION

Project Name: _____

Project Address (Street/City/Zip): _____

County: _____

CONTACT INFORMATION

Local Project Coordinator: _____ **Title:** _____

Coordinator Address: _____

Phone: _____ **Ext:** _____ **Email:** _____

I. PROJECT DESCRIPTION, SCHEDULE AND CURRENT STATUS

a. Service Contract Grants:

1. Number of boating facilities serviced: _____
Name(s) of facility(ies): _____
2. Contract awarded: Yes _____ No _____
(If yes, please provide bid tab/quotes and a copy of the executed contract)

b. 5K Grants:

1. Provide a detailed project description (Attach any available site plans/drawings/photographs of proposed project): _____
2. Provide the project schedule below:

Phase	Start (Month/Year)	Completion (Month/Year)	Percent Completion
Planning			
Design			
Bidding			
Construction			

3. Have all necessary permits been obtained? Yes _____ No _____ N/A _____
If no, provide status: _____

II. PROJECT FUNDING

a. Identify the Project Funding Sources for your project in the tables below:

WIF Funding Request	Amount
TOTAL AMOUNT REQUESTED	x.

Other Funding	Amount	Funds Secured?
Applicant		<input type="checkbox"/> Yes <input type="checkbox"/> No
U.S. Army Corp of Engineers		<input type="checkbox"/> Yes <input type="checkbox"/> No
Federal USFWS		<input type="checkbox"/> Yes <input type="checkbox"/> No
Other:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Funding Total	y.	Total of all Prior and Additional Funding Sources

Source Total (x. + y.)	\$	Total should match the Budget Total in II.b.
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b. Identify the cost-breakout of the budget (Total Project Cost) in the table below:

Project Funding Use(s)	Amount	Are WIF Grant Funds Requested?	Is this line item already funded by an "Other Funding" source?
Service Contract		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
A/E Design		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
A/E Construction Management		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Construction		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other:		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Total Project Cost	\$	Total should match the Source Total in II.a.	

* Service contract grants provided for sanitary services at publicly owned boating facilities are limited to a maximum of nine (9) months per boating season (March 1st – November 30th). Reimbursements will be made on a FY basis (Jul-Nov, Mar-Jun). This does not affect DNR sponsored projects such as marine sewage pumpout stations. **Grant balances not disbursed 2 months after the end of the FY are subject to immediate reversion by DNR.**

** The Department may expend a total of \$125,000 each fiscal year, for a total of (25) grants not exceeding \$5,000 each. Projects including, but not limited to, minor construction, repair and navigation at public boating facilities will be considered for 5k grant(s) and should be ready to proceed to construction. **Grant balances not disbursed after one year are subject to immediate reversion unless an extension is granted by the administration.**

I CERTIFY THAT I AM AN AUTHORIZED OFFICIAL PERMITTED TO SIGN AND SUBMIT THIS APPLICATION ON BEHALF OF THE APPLICANT. I FURTHER CERTIFY THAT ALL INFORMATION IN THIS APPLICATION AND THE ATTACHED MATERIALS ARE TRUE AND CORRECT.

Name: _____ Title: _____

Authorized Official Signature: _____ Date: _____

GENERAL INFORMATION FOR APPLICANTS

- All necessary federal, state and local permits and approvals must be secured prior to start of construction.
- All plans, specifications and proposed changes must be submitted for review and approval by the Program.
- The Applicant will prepare a tabulation of bids (if applicable) and/or other method of procurement and submit same to the DNR with comments and recommendations **prior to the award** of any contract.
- Projects that involve the construction, demolition, installation, alteration, repair, or salvage activities located in, on, over, or under State or private tidal wetlands must be performed by a licensed Marine Contractor. Information can be found at [Maryland Dept of Environment \(Licensed Marine Contractors\)](#).
- The Applicant agrees to operate and maintain the proposed project. Future maintenance funds are not guaranteed by the DNR.

APPLICATION SUBMISSION

Submit one (1) signed original of the complete application, attachments and all supporting documents to:

Ms. Carla Fleming, Director
Center for Waterway Improvement & Infrastructure
Chesapeake & Coastal Service
Maryland Department of Natural Resources
Tawes State Office Building
580 Taylor Ave., E-2
Annapolis, MD 21401