



FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION

Derelict Vessel Removal Grant Application

FOR OFFICE USE ONLY

Derelict Vessel Removal Grant Application Number:	Date Received:
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I. APPLICANT INFORMATION			
Applicant:			
a) Federal Employer ID No.:			
b) Project Manager Name:		c) Project Manager Title:	
d) Mailing Address			
e) City/State/ZIP			
f) Shipping Address			
g) City/State ZIP			
h) Telephone			
i) FAX			
j) Email			
k) District Numbers:			
l) State House			
m) State Senate			

II. PROJECT SUMMARY	
a) Project Title	
b) Project Goal(s):	
c) Project Cost (Total):	

d) Grant Amount Requested:

e) Project Type(s): Bulk Derelict Vessel Grant (See Section V of guidelines for eligibility and restrictions. Rapid Removal Derelict Vessel Grant (See Section VI of guidelines for eligibility and restrictions).

Brief Project Summary (including the total number of derelict vessels that you are requesting be removed as part of this project). (Note that a detailed Project Summary/Scope of Work is required as an attachment to this application.

III. JUSTIFICATION FOR RAPID REMOVAL GRANT REQUEST VS. BULK DERELICT VESSEL GRANT REQUEST

Describe how the vessel to be removed meets the rapid removal criteria listed in Section VI of the Derelict Vessel Removal Grant guidelines using specific conditions which demonstrate it is in danger of imminent sinking, breaking apart, or is a critical danger to public safety or the environment.

IV. PROJECTED OUTCOMES

- a. How many total derelict vessels are there in the project’s jurisdiction? What percentage of the total derelict vessels located within the project’s jurisdiction will be removed by this project? (Limited to those listed in the Statewide Derelict Vessel Database).

- b. Describe the system to be used in demonstrating complete removal and destruction of the removed vessel(s). Include the procedure to verify contractor’s completeness in removal of the vessel(s).

V. BUDGET

Has a detailed cost estimate/proposal been developed for this derelict vessel removal project? If yes, attach a copy of application.

YES

NO

VI. OTHER SOURCE OF FUNDS (STATUS)

- a. Federal State/Local Loan Agency:
- b. Grant Name: Amount:
- c. Approval Status: Approved Pending Intend to Apply, Date:

VII. LAW ENFORCEMENT CASE DATE

(Include a line for each derelict vessel that you are requesting be removed as a part of this project)

	AGENCY	AGENCY CASE NUMBER	VESSEL REGISTRATION	VESSEL MAKE	VESSEL LENGTH	VESSEL REMOVAL QUOTE
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
						TOTAL

VIII. APPLICATION ATTACHMENTS CHECKLIST

For mailed applications, include a copy on electronic media with paper copy or you may email entire application to: DVGrant@MyFWC.com

Inc. Required Attachments

- a. Cover Letter: A brief letter explaining overview of project and responsible parties involved.
- b. Application: One (1) application with original signature from authorized individual.
- c. Project Proposal: a detailed description of the project as described in the application instructions.
- d. Delegation of Authority: Formal documentation to show that the person signing the application has the authority to apply for, administer and commit the governing body or not-for-profit organization to the grant project on behalf of the applicant.
- e. Detailed Cost Estimate: Cost estimate in the form of a formal bid, written quote from proposed vendor or a detailed cost estimate for the project elements. One (1) tabbed section for each vessel removal requested to include the Derelict Vessel Data Sheet (Attachment "A").

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 I possess the authority (see grant guidelines Section IV, 4.4) to sign on behalf of the Applicant and that the Applicant has the ability to undertake the proposed activities in compliance with the FWC Derelict Vessel Removal Grant Program Guidelines.

I also certify that the applicant's governing body is aware of and 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 my signature below, the applicant agrees to comply with all applicable federal, state, and local laws in conjunction with this proposal and the resulting project if approved.

Print/Type Name: _____

Title: _____

Signature: _____

Date: _____

STATE OF FLORIDA, COUNTY OF

_____ personally, appeared before me this _____ day of _____

20__ who subscribed and swore to the above instrument in my presence.

Notary Public Name: _____

My commission expires: _____

NOTE: Instruction and further information regarding this application and the FWC Derelict Vessel Removal Grant Program can be found in the Program's Guidelines document or by contacting the Program Administrator at: Florida Fish and Wildlife Conservation Commission, Boating and Waterways Section, Derelict Vessel Program, 620 South Meridian Street, Tallahassee, FL 32399-1600 or call (850) 488-5600

Attachment A

(Submit one (1) sheet for each vessel requested in grant application)

Derelict Vessel Data Sheet

Law Enforcement Case Number:

County of Vessel's Location:

Has the vessel's owner or responsible party been charged with a violation of either Section 823.11, F.S. or Section 376.15, F.S.?

If the vessel's owner or responsible party has not been charged with a violation of Section 823.11, F.S. or section 376.15, F.S., did law enforcement request that the State Attorney file charges directly?

Describe the vessel's location: (example: Vessel is in shallow water within mangroves at boat ramp.

Vessel Coordinates: (Degrees-Decimal Minutes)

(N)

(W)

Has law enforcement officer issued a Letter of Removal Authorization:

Vessel Color:

Vessel Length:

Vessel Registration:

Investigating Agency:

Photo of Vessel: (include photos as attachment in this tab)

Select Removal Type:

Are there pollutants on the vessel requiring removal?

Is the vessel located in or above seagrass or coral?

Vessel Removal Cost (Include contractors written quote for the vessel)

Contractor's Name:

Contractor's Address:

Contractor's Phone



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