



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:		Indian River County- Lagoon Division	
a) Federal Employer ID No.:		59-6000674	
b) Project Manager Name:	Melissa Meisenburg	c) Project Manager Title:	Lagoon Environmental Specialist
d) Mailing Address		1801 27th Street, Bldg A	
e) City/State/ZIP		Vero Beach, FL 32960	
f) Shipping Address		1801 27th Street, Bldg A	
g) City/State ZIP		Vero Beach, FL 32960	
h) Telephone		772-226-1651	
i) FAX		772-778-9391	
j) Email		mmeisenburg@indianriver.gov	
k) District Numbers:			
l) State House		8	
m) State Senate		17	

II. PROJECT SUMMARY	
a) Project Title	(Date) Indian River County Derelict Vessel Removal
b) Project Goal(s):	Efficiently and safely remove (Number) authorized derelict vessels from the Indian River Lagoon water body within Indian River County, Florida.
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.

As of (Date), (Number) derelict vessels have been authorized for removal from the waters of the Indian River Lagoon within the boundaries of Indian River County. Using a contractor (Contractor Name) the County will efficiently and safely remove all (number) derelict vessels following the FWC Derelict Vessel Removal Guidelines. A detailed Scope of Work is attached to this document for review.

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.

Not applicable, the application is for a Bulk Derelict Vessel Removal Grant.

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).

There are currently (number retrieved from report) open derelict vessel cases in Indian River County. There are currently (number) derelict vessels authorized for removal. Indian River County intends to remove (percent)% of the open vessels cases, 100% of the authorized derelict vessels within the County.

- 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).

A marine barge and crane will be used to lift and remove derelict vessels from the waters of the Indian River Lagoon. FWC Removal Guidelines will be followed to prevent impacts to the waters and surrounding area. The barge will transport removed vessels to the boat ramp for removal where they will be disposed of at an authorized landfill. Lagoon Division staff will observe the removal process, documenting removal and disposal, including the inclusion of photos and landfill tickets in the final report. Upon completion of the removal, Lagoon Division staff will inspect the location to insure all debris has been removed. FWC Law Enforcement will be notified prior to removal and upon removal completion with documentation.

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
	FWC					
1	FWC					
2	FWC					
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 SELECT ONE

_____ 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:

SELECT ONE

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.?

SELECT ONE

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?

SELECT ONE

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:

SELECT ONE

Vessel Color:

Vessel Length:

Vessel Registration:

Investigating Agency:

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

SELECT ONE

Select Removal Type:

SELECT ONE

Are there pollutants on the vessel requiring removal?

SELECT ONE

Is the vessel located in or above seagrass or coral?

SELECT ONE

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

Contractor's Name:

Contractor's Address:

Contractor's Phone

FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION

Derelict Vessel Removal Grant Program

Instructions for completing the FWC Derelict Vessel Removal Grant Application

GENERAL INSTRUCTIONS

PLEASE READ THE DERELICT VESSEL REMOVAL GRANT PROGRAM GUIDELINES BEFORE PROCEEDING TO THE APPLICATION

- Submit one (1) original of the application with attachments.
- Application may be mailed or emailed to FWC for submissions.
- Staple application in upper left-hand corner, or clip with one binder clip. **Do not place in a spiral binder, three-ring binder, or report cover.**
- Place a tabbed divider between each attachment. Each vessel within the overall project will be a separate section of the application. A Separate removal quote must be given for each vessel in the project. A single quote for all vessels will not be acceptable. The total project cost must be given in the application.
- Make all photocopies of attachments on 8 1/2" x 11" paper.

I. APPLICANT INFORMATION

- | | |
|--|--|
| a. Applicant: | Enter the name of the governmental entity applying for the grant. |
| b. Federal Employer ID. No.: | Enter the applicant's Federal Employer Identification (FEID) Number. Payment will be sent to the address associated with this FEID number. |
| c. Project Manager Name: Title: | Enter the name and title of the person in charge of the project. All correspondence will be sent to this person. |
| d. Mailing Address: | Enter the mailing address for the Project Manager. All correspondence will be sent to this address. |
| e. Shipping Address: | Enter the physical address for the Project Manager (no post office boxes) for delivery of overnight mail. |
| f. Telephone No.
Fax No.:
Email: | Enter the telephone number, fax number, and email address where the Project Manager may be contacted during regular business hours. |
| g. District Numbers: | Enter the District numbers for the State House and State Senate. |

II. PROJECT SUMMARY

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|--------------------|--|
| a. Project Title: | Enter total project monetary cost, including only the eligible project elements for grant funding. Enter the total funds requested from this program. |
| b. Project Goal(s) | Provide a description of the intended goal(s) of the project in relation to removing derelict vessels from waters of the state to enhance the environment and boater safety. |
| c. Project Cost: | Enter total project monetary cost, including only eligible project elements for grant funding. Enter the total funds requested from this program. |

- d. Project Type(s): Indicate by checking the appropriate box whether this is a Bulk Derelict Vessel Removal Grant application or a Rapid Removal Derelict Vessel Grant Application.
- e. Scope of Work/Detailed Project Summary: Enter project monetary cost, including only the eligible project elements for grant funding. Enter the total funds requested from this program.

III. RAPID REMOVAL PROJECT JUSTIFICATION

Briefly describe why this project is urgent such that it should not be evaluated and funded under the Bulk Derelict Vessel Removal process. Specifically explain how the vessel is in danger of imminent sinking or breaking apart or is a critical danger to public safety or the environment, such that the vessel should be considered for rapid removal.

IV. PROJECT OUTCOMES

- List the number of total derelict vessels that exist in the project's jurisdiction. List percentage of total active derelict vessels that will be removed by completion of this project. (Use the Statewide Derelict Vessel Database as source of total numbers)
- Explain procedures to be used to gauge the effectiveness of the project in order to evaluate contractor's completeness of removal and post environmental damage assessment.

V. BUDGET

- Has a detailed cost estimate been developed for this project? Indicate whether a preliminary or final cost estimate has been developed. If yes, attach a copy of the estimate to the application.

VI. OTHER SOURCE OF FUNDS (Partnerships)

- Funding Source: Check source of funds: Federal grant, State/Local grant or loan.
- Grant Name: Enter name of grant program.
- Approval Status: Enter status of grant/loan application. If "Intending to Apply," enter date of application deadline.

VII. Law Enforcement case date (Include a lien for each derelict vessel that you are requesting be removed as part of this project.)

- Agency: Enter the name of the governmental agency that conducted the derelict vessel investigation.
- Agency Case Number: Enter the investigating agency's case number pertaining to this vessel's law enforcement investigation.
- Vessel Registration: Enter the vessel registration number if one exists.
- Vessel Make: Enter the make of the derelict vessel, if known.
- Vessel Length: Enter the length of the derelict vessel, if known.
- Vessel Removal Quote: Enter the removal cost estimate for this specific vessel.
(Each vessel must have its own removal cost estimate)

VII. APPLICATION ATTACHMENTS

Please place a tabbed divider between each attachment. Submit one (1) original (with original signature) by paper copy via mail, or email the entire application and supporting documentation to DVGrant@MyFWC.com

Completed applications should include: cover letter, application form, delegation of authority, project proposal, contractor quotes, and required attachments as referenced in the Derelict Vessel Grant guidelines.