



CLEAN VESSEL ACT GRANT APPLICATION

I - GRANTING AGENCY INFORMATION		
Mailing Address: Georgia Department of Natural Resources Coastal Resources Division One Conservation Way	Telephone Number: (912) 264-7218	Fax Number: (912) 262-3143
	City, State: Brunswick, Georgia	Zip Code: 31520
Contact Person: Steven Partin	E-mail: Steven.Partin@dnr.ga.gov	

II - APPLICANT INFORMATION		
Cooperating Agency Name:	Telephone Number:	Fax Number:
	City:	Zip Code:
Mailing Address:	Telephone Number:	E-mail:
Contact Person:		

III - PROJECT LOCATION		
Facility Name:	County:	Body of Water:

VI - PROJECT INFORMATION

WILL THE PROJECT BE OPEN TO THE GENERAL PUBLIC INCLUDING MINORITIES, ELDERLY, AND PHYSICALLY CHALLENGED? YES _____ NO _____	
NAMES OF ADJACENT MARINAS WITH PUMPOUT AND/OR DUMP STATION FACILITIES.	
Name	Distance by boat (miles)
1.	
2.	
3.	
4.	

VII - PROJECT JUSTIFICATION

NARRATIVE: Please answer the following questions. 1. What specific needs are there for additional or improved pumpout/dump stations in your area? 2. Why is the project necessary for your marina? 3. How many docks are provided in your marina/facility? (Include all seasonal docks, transient docks, and dry rack storage.) 4. Of the boats docked at your facility, how many have a Type III MSD holding tank? 5. How many have portable toilets on board?

(Attach additional sheets titled "PROJECT JUSTIFICATION" and respond to the questions above.)

VIII - REQUIRED ATTACHMENTS

	1. AREA MAP (General area of Georgia showing where your marina is located.)
	2. SITE MAP (County or City map showing where your marina is located.)
	3. SITE VICINITY MAP (Map illustrating the exact location of the proposed project.)
	4. MOST IMPORTANT - SCHEMATIC SITE PLAN showing the layout of the marina, location of where project components will be developed. All project components should be clearly labeled on the plan as appropriate as existing, proposed, sewage connection and trenching lines, holding tank location, etc. (Sketches and/or drawing are acceptable)
	5. DIRECTIONS to the site.
	6. COPIES OF SUPPLIER OR CONTRACTOR ESTIMATES showing the cost of each component of the project. If doing work yourself, include a breakdown of materials and labor costs on separate sheet of paper.
	7. PHOTOGRAPH OF THE SITE WHERE PUMP OUT WILL BE LOCATED. Photo is necessary to evaluate the location for ADA accessibility. (Digital photo is acceptable; email it as an attachment to email address below.)

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.

Print/Type Name

Marina/Facility

Applicant Signature

Date

Title

RETURN TWO COPIES OF APPLICATION WITH ORIGINAL SIGNATURES AND ATTACHMENTS TO:

Georgia Department of Natural Resources
Coastal Resources Division
One Conservation Way
Brunswick, GA 31520
ATTN: Steven Partin
Email: Steven.Partin@dnr.ga.gov