

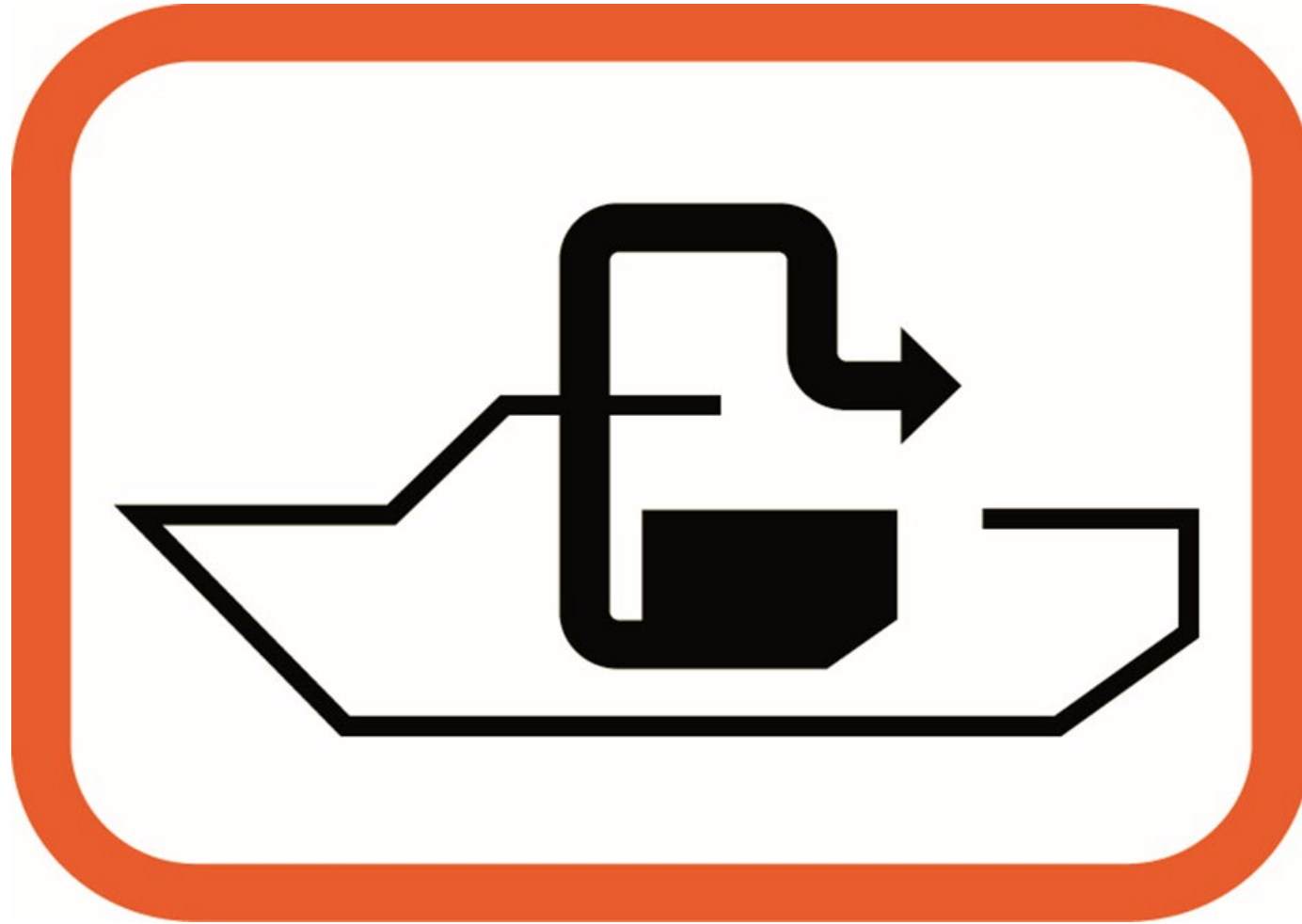


Clean Vessel Act Program Pumpout Grant Overview

Thomas Cottle, Government Operations Consultant
Office of Resilience and Coastal Protection, Tallahassee, FL
850-245-2074 Thomas.Cottle@FloridaDEP.gov



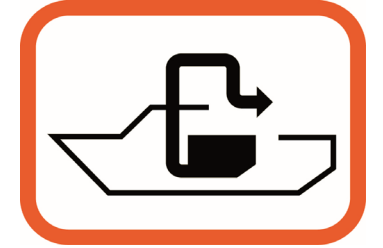
Clean Vessel Act Program



Universal Pumpout Logo



Clean Vessel Act of 1992



Clean Vessel Act of 1992:

- Provide financial aid for pumpout and dump stations.
- Provide educational information to boaters.

Marine sanitation:

- Chapter 327, Florida Statutes.



Florida Statute 327.53

- ⚓ Established in 1994.
- ⚓ Titled “Marine Sanitation.”
- ⚓ Boaters are prohibited from discharging raw sewage into freshwater or within coastal salt water limits.
- ⚓ Raw sewage discharge prohibited:
 - 9 nautical miles from Gulf Shores.
 - 3 nautical miles from Atlantic Coast.





CVA Programs Funded Through Excise Tax

Clean Vessel Act programs across the nation are funded through an excise tax on marine-grade fuel and fishing tackle.





Clean Vessel Act Grant Program

- ⚓ The Florida Clean Vessel Act (CVA) program provide grant funding to marina owners and operators for boater pumpout facilities.
- ⚓ CVA grant funds can be obtained for recreational boater pumpout-related projects.
- ⚓ Grants will cover up to 75% reimbursement of costs for these projects – with 25% of the approved project costs covered by the grantee.
- ⚓ **Grant-funded work cannot start before an agreement is in place. Costs incurred before an agreement is executed will not be covered or reimbursed by the grant.**



Allowable Projects and Expenses

- Equipment Purchase and Installation (new or replacement).
- Dump station, portable, stationary, pumpout vessel, holding tank, lift station.
- Piping, plumbing, electrical.
- Operations/maintenance and repair.
- Sewage hauling and holding tank.
- Pumpout signage.
- Education and outreach.



New Smyrna City Marina



CVA Operations & Maintenance

- ⚓ Funding based on anticipated volume of boating traffic and perceived need for pumpout activity.
- ⚓ Funding for marina staff salary for hours spent pumping out and logging the activity.
- ⚓ Goal: Keep sewage from waterways and maintain equipment in good operating condition.
- ⚓ Grants reimburse 75% and marina provides 25%.





Pumpout Signage

All projects funded with CVA grant funds are required to have two posted signs:

- ☐ 3' x 4' universal pumpout logo facing the waterway.
- ☐ Informational placard on or next to equipment informing patrons of pumpout instructions and funding accreditation.



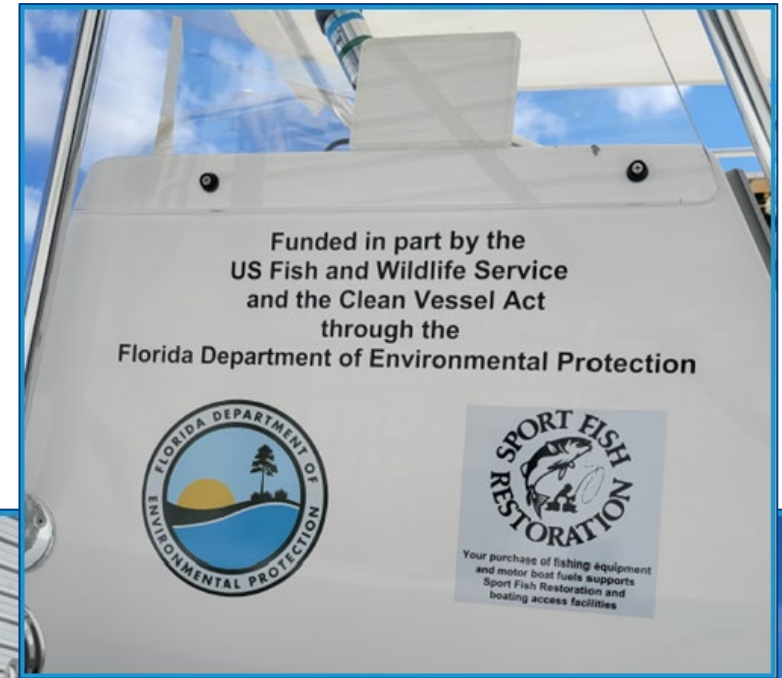
Halifax Harbor Marina



Pumpout Vessels

An example of a pumpout vessel displaying the appropriate logos:

- 📄 Florida DEP logo and Sport Fish Restoration logo are displayed near the helm of the boat (top image).
- 📄 Sides of the vessel should display the universal pumpout logo visually large enough so boaters can see it along with contact info as well as logos for Florida DEP, Sport Fish Restoration, and the Martin County LOGO (bottom image).



Martin County Pumpout Vessel



Education and Outreach

Grant recipients can create their own educational flyers and other instructional materials.

Pumpout Brochure - Inside

WHY PUMPOUT?

IT'S THE LAW
Federal law and Florida Statute 327.53 prohibits discharging raw sewage in all fresh water or within coastal water limits nine nautical miles in the Gulf of Mexico and three nautical miles in the Atlantic Ocean.

SEWAGE IN WATERWAYS IS A HEALTH HAZARD

Sewage from boats contains disease-causing microorganisms that when discharged into waterways can impact the environment as well as human health. Untreated discharge from one weekend boater puts the same amount of bacterial pollution into the water as the treated sewage of 10,000 people. Typhoid, hepatitis, cholera, gastroenteritis and other waterborne diseases can be transmitted through contaminated waters and infected shellfish.

HELP THE ENVIRONMENT

Sewage reduces and other aquatic microorganisms discharge into oxygen available nutrient loads (growth) prevent subsurface vegetation.

HOW DOES A PUMPOUT STATION OPERATE?

A boater will secure their boat either at a dock or a mooring field and request pumpout service from the provider. A hose and fitting is then connected from the pumpout equipment to the deck fitting on the boat. The system is turned on and either pumped directly into a local sewer system or pumped into a holding tank.

WHAT DO THE LAWS SAY?

Crafts are required by Florida Statute 327.53, to have a working toilet or board when in State waters. Federal law prohibits the discharge of untreated sewage from vessels within navigable waters of the United States, which include territorial seas within three miles of shore and most bays and estuaries. Boats with Type I and II marine sanitation devices (MSDs) may discharge treated effluent in coastal waters unless they are in a no discharge area. Violations are non-criminal infractions carrying fines of \$50 (equipment) and \$250 (discharge). If a houseboat or floating structure fails to comply within 30 days of being cited, the court can order removal of the craft at the owner's expense.

WHICH CRAFT TO HAVE ONBOARD?


According to Florida Statute 327.53, any vessel 26 feet or longer with an enclosed cabin and berthing facilities. Any houseboat, defined as a vessel used primarily as a residence and not moved for 21 out of 30 days in a county of this State. Any floating structure with enclosed living space with berthing facilities or work space with public access.

ARE MARINE SANITATION DEVICES SUBJECT TO INSPECTION?

Yes. When the owner or operator is aboard, an officer may board a vessel with consent or if there is probable cause or knowledge to believe that a violation has occurred or is occurring. An officer may also board a vessel if the operator refuses or is unable to display the safety or marine sanitation equipment.

WHAT IS THE CLEAN VESSEL ACT?

The Clean Vessel Act (CVA) provides funding for construction of pumpout and dumpstation facilities that will help ensure proper disposal of human sewage from recreational boats. The CVA was initially authorized by Congress in 1992 to be administered by the U.S. Fish and Wildlife Service. This Act provides over \$10 million of additional funds each year to keep alternatives available to prevent improper disposal of recreational boater sewage.



Pumpout Brochure - Outside

TIPS TO REDUCE SEWAGE DISCHARGE

- Use onshore public restrooms whenever possible before leaving for a boating trip, or during stops, instead of an onboard toilet.
- Know where your waste goes and make sure it does not go directly into the water.
- If you have a flow-through treatment system Type I or Type II Marine Sanitation Device (MSD) - make sure it is working properly and that all your waste goes through the system.
- Install a holding tank - Type III MSD - and pump it out at one of hundreds of pumpout stations available throughout the state.
- If you have a Type III MSD check that the Y-valve is securely connected to the holding tank to ensure there is no discharge of raw sewage.
- Use enzyme-based products in your holding tank instead of deodorizers and disinfectants which contain chemicals harmful to aquatic life.
- Do not dispose of fats, solvents, oil, emulsifiers, disinfectants, paints, poisons, phosphates and/or diapers in your MSD.
- Encourage local marina owners to get a pumpout station if they do not have one.


MARINA PUMPOUT SERVICES

To request a pumpout or for more info, please visit the Salty Sam's Marina Ship Store or call us at **239-463-7333**

Pumpout service is available during normal operating hours or between 9am and 4pm daily. Rates are posted in the Ship Store.

HELP KEEP FLORIDA'S WATER CLEAN

USE PUMPOUTS



Financed in part by the U.S. Fish and Wildlife Service, Clean Vessel Act through the Florida Department of Environmental Protection.



Clean Vessel Act Program Pumpout Grant Application Process

Marylynn Carey, Grants Specialist
Office of Resilience and Coastal Protection, Tallahassee, FL
850-245-7665 Marylynn.Carey@FloridaDEP.gov



Clean Vessel Act Website

Clean Vessel Act Program, application, instructions and link to the grant portal: [FloridaDEP.gov/CVA](https://floridadep.gov/cva).

A screenshot of the Florida Department of Environmental Protection's Clean Vessel Act Grant Program website. The page features a header with the DEP logo and a search bar. The main content area is titled "Clean Vessel Act Grant Program" and includes a breadcrumb trail: Home > Divisions > Office of Resilience and Coastal Protection > Clean Vessel Act Grant Program. A sidebar on the left lists "Clean Vessel Act Grant Program Quick Links" with items such as Contact Us, Webinars and Trainings, About the Clean Vessel Act, Apply for a CVA Grant, Pumpout Signage Requirements, Reimbursement FAQ, Quarterly Reporting Information, Clean Boater Program, Clean Boating Partnership, and All Clean Vessel Act Grant Program Content. The main text area contains an icon of a boat with a pumpout symbol, followed by a paragraph explaining the 1992 Clean Vessel Act and its purpose. Below this, it states that the program is housed within the Florida Department of Environmental Protection and provides grants to marinas for pumpout facilities. A key statistic is highlighted: "Florida has pumped out 43,946,957 gallons of sewage as of May 31, 2022. That's more than 43 million gallons of sewage that did not enter Florida's waterways." The page also includes a "Highlights" section at the bottom. The browser's address bar shows the URL "https://floridadep.gov/rcp/cva" and the system tray at the bottom indicates the time is 8:22 AM on 6/3/2022.



Access to Grant Application

Clean Vessel Act Program, application, instructions and link to the grant portal: [FloridaDEP.gov/ApplyCVAGrant](https://floridadep.gov/ApplyCVAGrant).

A screenshot of the Florida Department of Environmental Protection's website for the Clean Vessel Act (CVA) Grant application. The page is titled "Apply for a CVA Grant" and includes a navigation menu on the left with links for "Clean Vessel Act Grant Program Quick Links", "Contact Us", "Webinars and Trainings", "About the Clean Vessel Act", "Apply for a CVA Grant", "Pumpout Signage Requirements", "Reimbursement FAQ", "Quarterly Reporting Information", "Clean Boat Program", "Clean Boating Partnership", and "All Clean Vessel Act Grant Program Content". The main content area is divided into sections: "Application" (with links to "Estimated Project Budget Guide", "Hourly Rate of Pay for Grant Reimbursement Guide", and "CVA Application Supporting Documents"), "Public Access" (with a bullet point about public access requirements), "Pumpout Fees" (with a bullet point about offering pumpout services free of charge), and "Permits" (with a bullet point about permit requirements). The page also features a background image of a marina with several boats docked at a pier.



Clean Vessel Act Application


Clean Vessel Act Program grant application:
[FloridaDEP.gov/CVAGrantApplication.](https://floridadep.gov/CVAGrantApplication)

The screenshot shows a web browser window displaying the "CVA Grant Application" page on the Florida Department of Environmental Protection website. The page features a background image of a marina with several boats docked. The main heading is "CVA Grant Application", with a breadcrumb trail: Home > Divisions > Office of Resilience and Coastal Protection > Clean Vessel Act Grant Program > CVA Grant Application. Below the heading, there is a "Document" section with the title "CVA Grant Application-Aug2020" and the type "Application Submittal". A "Clean Vessel Act Grant Program Quick Links" section is visible on the left, listing various resources such as "Learn About Clean Boating", "About the Clean Vessel Act", "Apply for a CVA Grant", "Pumpout Signage Requirements", "Reimbursement FAQ", "Quarterly Reporting Information", "Clean Boater Program", "Clean Boating Partnership", "Contact Us", and "All Clean Vessel Act Grant Program Content". The page also includes a search bar, a "Share" button with social media icons, and a "Last Modified" date of August 31, 2020. The Windows taskbar at the bottom shows the system tray with the date and time as 12:05 PM on 10/26/2020.



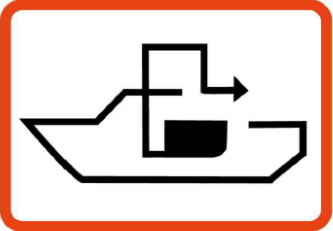
Clean Vessel Act Grant Application

Clean Vessel Act program, application: FloridaDEP.gov/CVAGrantApplication.



Florida Department of Environmental Protection

Clean Vessel Act Grant Application & Instructions



KEEP FLORIDA'S WATER CLEAN

CVA App

Clean Vessel Act Grant Requirements

- The Clean Vessel Act (CVA) application form is an online application. You will receive a completed application online via email. You will see your form. You may go to Adobe website at <https://get.adobe.com/reader/> to view your form.
- Be sure to review all the following requirements before submitting your application. Additional information can be found at the Clean Vessel Act website: <http://floridadep.gov/cva/content/apply-cva.mxd>
- These items should be completed before submitting your application.
- No work may be started until a grant agreement is signed by you that you may begin your project.

Public Access:
To receive CVA funds, both publicly and privately-owned facilities are eligible to receive CVA funds.

Fees:
Fees to use the pumpout equipment cannot exceed \$5.00 per vessel pumpout. Any fees collected shall be reported back to the Department of Environmental Protection. If facilities are for the time of the agreement, there should be no additional pumpout fee.

Plan your project:
Provide a summary of your project in the application. For larger projects, provide a drawing of the proposed pumpout equipment. It can be an aerial photo or drawing from your survey or the project to develop your agreement and to insure permitting requirements.

Engineering plans or drawing of proposed project site:
Provide a drawing of your project with the proposed pumpout equipment marked. It can be an aerial photo or drawing from your survey or the project to develop your agreement and to insure permitting requirements.

Permits:
Facilities are responsible for all permits applicable to the pumpout system. Facilities are responsible for all permits applicable to the pumpout system. Facilities are responsible for all permits applicable to the pumpout system.

Business Registration:
Private businesses (not applicable to governmental entities) must register with the Department of Management Services, My Florida Marketplace in the state of Florida, please register at: <https://vvendor.myfloridacfo.com/>

Vendor Registration:
All applicants for CVA grants (private businesses and government entities) must register with the Department of Management Services, My Florida Marketplace in the state of Florida, please register at: <https://vvendor.myfloridacfo.com/>

Insurance:
All facilities must be insured by carriers licensed in or eligible to do business in Florida. Commercial General Liability, Automobile Liability, and Worker's Compensation insurance that includes the Florida Department of Environmental Protection as an additional insured. Go to our website at <https://floridadep.gov/cva/content/apply-cva.mxd> for more detailed information on Insurance Requirements.

If the applicant is a Florida governmental entity, which is self-insured, provide in writing, on official letter-head, from the applicant's Chief Financial Officer.

W-9 Form and Substitute W-9 Filings:
All applicants (private businesses and government entities) are required to submit a copy of their W-9 form with the grant application and file the facilities substitute W-9 with My Florida Marketplace. If the facility has not yet filed their substitute W-9 please file it at: <https://vvendor.myfloridacfo.com/>

Clean Vessel Act Grant Application Form

Facility General Information

Facility Name: _____

Federal Employer ID #: _____ Facility's Fiscal Year-from: _____

Facility Address: _____

City: _____ State: _____ ZIP Code: _____

Mailing Address (if different): _____

City: _____ State: _____ ZIP Code: _____

Facility Phone Number: _____ Facility Fax number: _____

Facility Website: _____

Facility Email Address: _____

Is the facility involved in any community partnerships or public events? Yes No If yes, please describe: _____

Contact Responsible for CVA Grant Application and Project Implementation

Name: _____ Title: _____

Address: _____

City: _____ State: _____

Phone: _____ Email Address: _____

Is the contact person: Consultant Contractor Facility Employee

Facility Owner(s) Information

Name: _____

Address: _____

City: _____ State: _____

Phone: _____ Email Address: _____

Is the facility owned/operated by a self-insured governmental entity (state, county, or city)? Yes No

Facility Location Information

Type of Facility (check all that apply): Marina Dock/wharf Boat ramp Other _____

Estimated Project Budget

Tasks	Category	Total Amount	75% grant (automatically calculated)	Total (net)
Permits	Miscellaneous Expenses		\$ 0.00	
Site Preparation	Contractual Services		\$ 0.00	
	Salaries		\$ 0.00	
Renovation	Contractual Services		\$ 0.00	
	Salaries		\$ 0.00	
Equipment Purchase	Equipment		\$ 0.00	
Equipment Installation	Contractual Services		\$ 0.00	
	Salaries		\$ 0.00	
Operations of Equipment	Contractual Services		\$ 0.00	
	Salaries		\$ 0.00	
Maintenance and Repair	Contractual Services		\$ 0.00	
	Supplies		\$ 0.00	
Sewage Handling	Contractual Services		\$ 0.00	
	Salaries		\$ 0.00	
Pumpout Signage	Miscellaneous Expenses		\$ 0.00	
	Salaries		\$ 0.00	
Education and Instructional Materials	Miscellaneous Expenses		\$ 0.00	
	Salaries		\$ 0.00	
Total Project Amount (100%)		\$ 0.00		
Total Grant Award Amount (no greater than 75%)		\$ 0.00		
Total Match Amount (no less than 25%)		\$ 0.00		

Note: The facility should include estimated hourly rate of pay for all in-house labor costs when calculating any salaries to be reimbursed. Only the direct hourly rate of pay for the facility's employees are reimbursable. Taxes, the facility shall not be reimbursed for wage multipliers (i.e. fringe benefits, overhead, indirect, and/or general and administrative rates). To request reimbursement for hourly rate of pay, the costs shall be itemized by employee position, hourly rate of pay, and the associated activity using the table below. At its discretion, the Department may request additional supporting documentation.

Hourly Rate of Pay for Grant Reimbursement

Click here for detailed instructions on how to complete this chart if the proposed project's budget does not include in-house labor (salaries) costs: _____

Position Title	Rate/Hour	# Hours	Total (automatically calculated)
Example: Operations Worker	\$12.00	150	\$1,800
			\$
			\$
			\$
			\$
			\$

CVA App

CVA Grant Application Submission Checklist

Check each box to indicate completion/agreement

- The facility is registered with the My Florida Marketplace Vendor System
- The facility is registered with the Florida Division of Corporations (not applicable to governmental facilities)
- The facility's Certificate of Insurance will be submitted with the grant application (not applicable to governmental facilities)
- The facility is a self-insured governmental entity and will submit a statement to indicate as such with the grant application
- If the equipment or service costs exceed \$2,500, two vendor quotes will be submitted with the grant application

If the total project cost exceeds \$30,000, the Federal Funding Accountability and Transparency Act Form will be submitted with the grant application.

As an authorized agent for _____, I verify that this facility is in regulatory compliance with the Florida Department of Environmental Protection, and all local, state, and federal permits and approvals applicable to the project specified in this application will be obtained before beginning work or purchasing any equipment.

Name: _____ Title: _____ Date: _____

Submission Instructions

- When you are satisfied with your entries and ready to submit the application, save a copy of the application form for your records by using the 'Save As' option under the 'File' Menu.
- Then click on the 'Submit Application' button below.
- An email window will appear with the application form attached.
- Before sending the email, attach all required documentation along with the application. It is helpful if all document attachments are clearly titled with your facility's name.
- Your application will not be processed or approved until all required documentation is received.

If you are unable to submit the application with the submission button above, you can email, fax, or mail the completed application and required documentation to:

Florida Department of Environmental Protection
Clean Vessel Act Grant Program
Mail Station 235
3900 Commonwealth Boulevard
Tallahassee, FL 32399-3000
Clean.Vessel.Act@FloridaDEP.gov
Fax Number: 1-866-340-4683

For help or further instruction, please visit the [Clean Vessel Act](http://Clean.Vessel.Act) website or call us at 850-245-2847

CVA Application Page 5



Plan Your Project

- Aerial drawing or engineering plans of proposed project site with pumpout location marked.
- Pictures of proposed project site.
- Any site preparation needed before pumpout installed?
- Any state or local permits needed.
- Gather quotes for any equipment or service that costs more than \$2,500.
- Summarize work plan and budget.

8/21/2019: CVA19-950

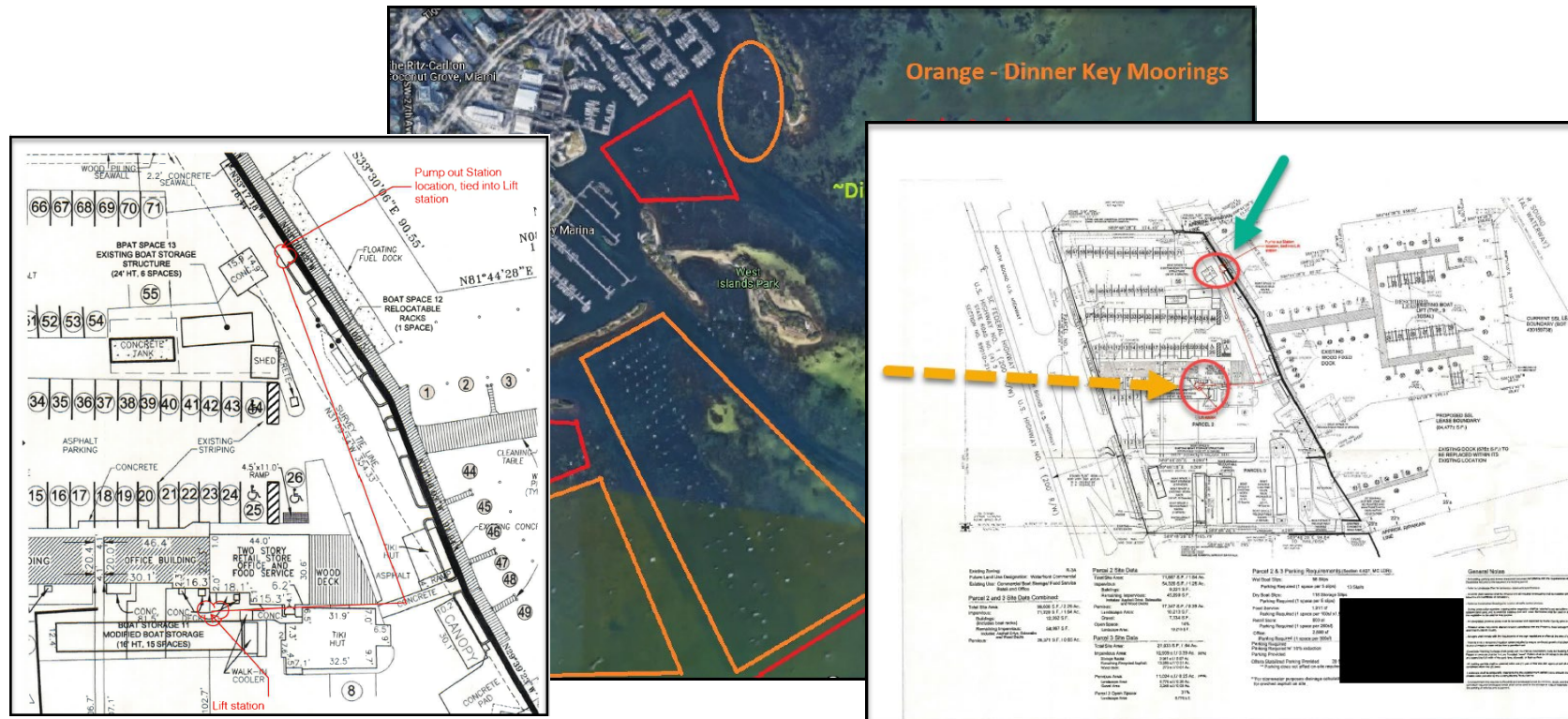
Location of dock where vessels will be able to receive fuel and pumpout services.



This is where stationary unit and holding tank will be located. Plumbing and electric will run from this location to the above fuel dock.



Plan Your Project



- Please provide a visual plan showing the location of installations of piping, pumpouts, signage, etc. This can be photos, screenshots from mapping sites (GoogleMaps/Bing maps), blueprints or other resources.



Plan Your Budget

- Permits.
- Site preparation.
- Renovation.
- Equipment.
- Installation.
- Operations.
- Maintenance/repair.
- Sewage hauling.
- Pumpout signage.
- Education and outreach.

Estimated Project Budget

Tasks	Category	Total Amount	75% grant (automatically calculated)	25% match (automatically calculated)
Permits	Miscellaneous Expenses		\$ 0.00	\$ 0.00
Site Preparation	Contractual Services		\$ 0.00	\$ 0.00
	Salaries		\$ 0.00	\$ 0.00
Renovation	Contractual Services		\$ 0.00	\$ 0.00
	Salaries		\$ 0.00	\$ 0.00
Equipment Purchase	Equipment		\$ 0.00	\$ 0.00
Equipment Installation	Contractual Services		\$ 0.00	\$ 0.00
	Salaries		\$ 0.00	\$ 0.00
Operations of Equipment	Contractual Services		\$ 0.00	\$ 0.00
	Salaries	\$ 82,513.60	\$ 61,885.20	\$ 20,628.40
Maintenance and Repair	Contractual Services	\$ 22,050.00	\$ 16,537.50	\$ 5,512.50
	Supplies	\$ 2,250.00	\$ 1,687.50	\$ 562.50
	Salaries		\$ 0.00	\$ 0.00
Sewage Hauling	Contractual Services		\$ 0.00	\$ 0.00
Pumpout Signage	Miscellaneous Expenses		\$ 0.00	\$ 0.00
	Salaries		\$ 0.00	\$ 0.00
Education and Instructional Materials	Miscellaneous Expenses		\$ 0.00	\$ 0.00
	Total Project Amount 100%	\$ 106,813.60		
	Total Grant Award Amount (no greater than 75%)		\$ 80,110.20	
	Total Match Amount (no less than 25%)			\$ 26,703.40

Note: The facility should include estimated hourly rate of pay for all in-house labor costs when calculating any salaried task above. Only the **direct** hourly rate of pay for the facility's employees are reimbursable. Thus, the facility **shall not be reimbursed for wage multipliers** (i.e. fringe benefits, overhead, indirect, and/or general and administrative rates). To request reimbursement for hourly rate of pay, the costs shall be itemized by employee position, hourly rate of pay, and the associated activity using the table below. At its discretion, the Department may request additional supporting documentation.

Hourly Rate of Pay for Grant Reimbursement

[Click here for detailed instructions on how to complete this table.](#)

(Please skip this chart if the proposed project's budget does not include in-house labor (salaries) costs)

Position Title	Rate/Hour	# Hours	Total Salary (automatically calculated)
Example: Operations Worker	\$12.00	150	\$1,800.00
LEAD PO OPERATOR	\$ 22.00	2,080.00	\$ 45,760.00
PO OPERATOR	\$ 17.67	2,080.00	\$ 36,753.60
			\$ 0.00
			\$ 0.00
			\$ 0.00

CVA Application Page 7

Operations Estimated Project Example



Project Budget

Budgets will differ from project to project. It is recommended to take your time to be sure you plan your budget thoroughly.

Review your tasks and categories and assign finances accordingly.

Estimated Project Budget

Tasks	Category	Total Amount	75% grant (automatically calculated)	25% match (automatically calculated)
Permits	Miscellaneous Expenses		\$ 0.00	\$ 0.00
Site Preparation	Contractual Services		\$ 0.00	\$ 0.00
	Salaries		\$ 0.00	\$ 0.00
Renovation	Contractual Services		\$ 0.00	\$ 0.00
	Salaries		\$ 0.00	\$ 0.00
Equipment Purchase	Equipment	26450.00	\$ 19,837.50	\$ 6,612.50
Equipment Installation	Contractual Services	4500.00	\$ 3,375.00	\$ 1,125.00
	Salaries		\$ 0.00	\$ 0.00
Operations of Equipment	Contractual Services		\$ 0.00	\$ 0.00
	Salaries		\$ 0.00	\$ 0.00
Maintenance and Repair	Contractual Services		\$ 0.00	\$ 0.00
	Supplies	\$ 2,000.00	\$ 1,500.00	\$ 500.00
	Salaries		\$ 0.00	\$ 0.00
Sewage Hauling	Contractual Services		\$ 0.00	\$ 0.00
Pumpout Signage	Miscellaneous Expenses	500.00	\$ 375.00	\$ 125.00
	Salaries		\$ 0.00	\$ 0.00
Education and Instructional Materials	Miscellaneous Expenses		\$ 0.00	\$ 0.00
Total Project Amount 100%		\$ 33,450.00		
Total Grant Award Amount (no greater than 75%)		\$ 25,087.50		
Total Match Amount (no less than 25%)		\$ 8,362.50		

Note: The facility should include estimated hourly rate of pay for all in-house labor costs when calculating any salaried task above. Only the direct hourly rate of pay for the facility's employees are reimbursable. Thus, the facility shall not be reimbursed for wage multipliers (i.e. fringe benefits, overhead, indirect, and/or general and administrative rates). To request reimbursement for hourly rate of pay, the costs shall be itemized by employee position, hourly rate of pay, and the associated activity using the table below. At its discretion, the Department may request additional supporting documentation.

Hourly Rate of Pay for Grant Reimbursement

[Click here for detailed instructions on how to complete this table.](#)

(Please skip this chart if the proposed project's budget does not include in-house labor (salaries) costs)

Position Title	Rate/Hour	# Hours	Total Salary (automatically calculated)
Example: Operations Worker	\$12.00	150	\$1,800.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00

CVA Application Page 7

Equipment Purchase Estimated Project Example



CVA Application Package

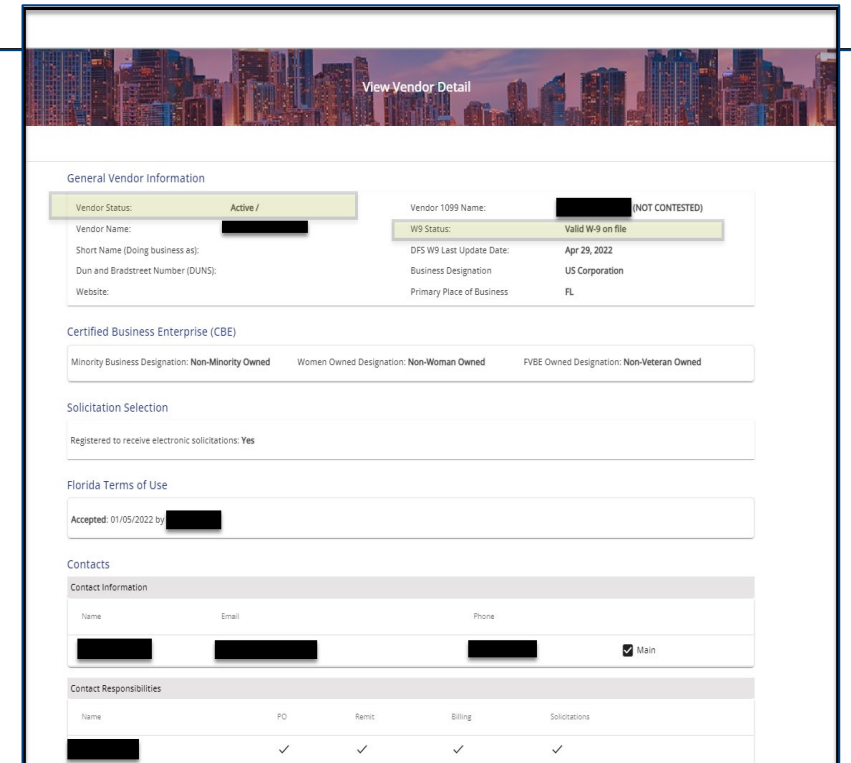
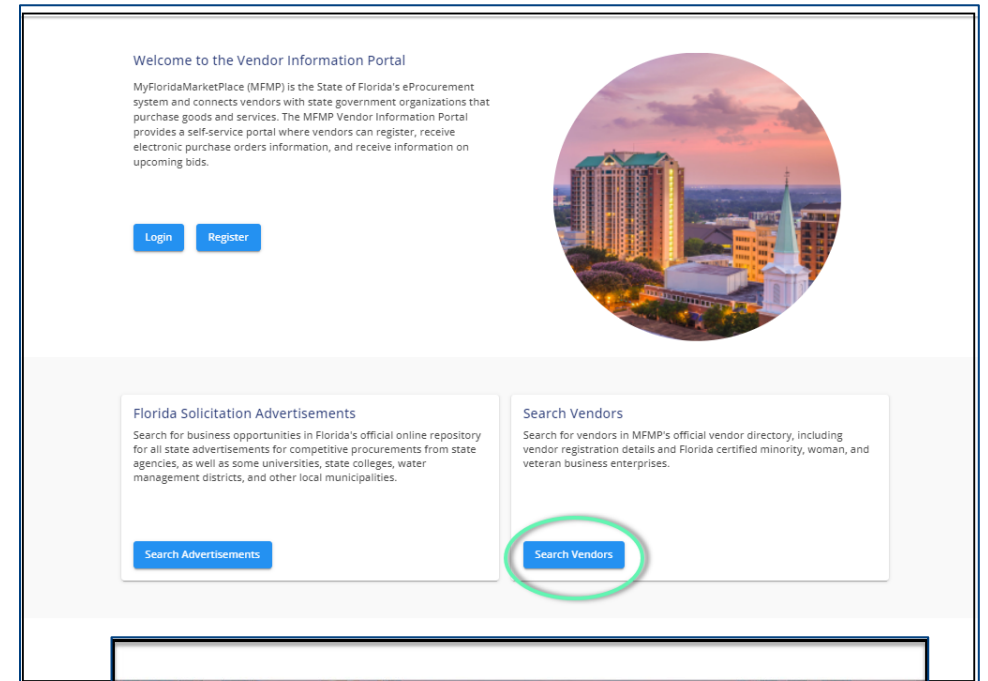
- Application and project budget.
- Project plan and pictures.
- Quotes or bids.
- Vendor registration.
- Florida Division of Corporations.
- Insurance.
- W-9.
- FFATA, if applicable.





Vendor Registration

- Applicants must be a registered vendor with Florida. Marinas can register at: vendor.myfloridamarketplace.com.
- To verify a vendor registration online: vendor.myfloridamarketplace.com.
- Choose the “Search Vendors” a new page will load, fill out search terms in the left column then scroll down on left side and select the search button.





Division of Corporations

- Applicants must be a registered corporation. If marina is not, register at: dos.myflorida.com/sunbiz/.
- Verify a registration online: dos.myflorida.com/sunbiz/.
In the top banner – select ‘Search Records’ button.

The screenshot displays the Sunbiz.org website interface. At the top, the logo for Sunbiz.org is visible, along with the text 'DIVISION of CORPORATIONS' and 'an official State of Florida website'. Below the logo, there is a navigation bar with links for 'Department of State', 'Division of Corporations', 'Search Records', and 'Search by Entity Name'. A search box on the right contains the text 'Garrison Bight' and a 'Search' button. Below the search box, there are links for 'Previous On List', 'Next On List', and 'Return to List'. The main content area shows 'No Events' and 'No Name History'. The 'Detail by Entity Name' section lists 'Florida Profit Corporation' and 'Marina Marina Maraina (Marina 3rd Power Inc)'. Under 'Filing Information', the following details are provided: Document Number (P17000063005), FEI/EIN Number (XX-0000001), Date Filed (07/25/2017), State (FL), and Status (ACTIVE). The 'Principal Address' is 42 Wallaby Way, Miami, FL 33128. The 'Mailing Address' is 10880 Malibu Point, MALIBU, CA 90265. The 'Registered Agent Name & Address' is Anthony Stark, 10880 Malibu Point, MALIBU, CA 90265. The 'Officer/Director Detail' section shows 'Name & Address' and 'Title PST' for Marina Marina Maraina (Marina 3rd Power Inc) at 42 Wallaby Way, Miami, FL 33128. The 'Annual Reports' section shows a report for the year 2020, filed on 02/10/2020.



Division of Corporations

Fictitious Name

If the corporation is doing business under a different name, that fictitious name must be active and match the owner's name, principal address and FEI Number from the corporation record.

The screenshot shows the Sunbiz.org website interface for the Division of Corporations. The header includes the Sunbiz.org logo and the text "DIVISION of CORPORATIONS an official State of Florida website". Navigation links include "Previous on List", "Next on List", "Return to List", and "Filing History". A search box labeled "Fictitious Name Search" with a "Submit" button is present. The main content area is titled "Fictitious Name Detail" and lists the following information:

- Fictitious Name:** Marina Cubed
- Filing Information:**
 - Registration Number: G06363700003
 - Status: ACTIVE
 - Filed Date: 12/29/2006
 - Expiration Date: 12/31/2021
 - Current Owners: 1
 - County: Miami-Dade
 - Total Pages: 3
 - Events Filed: 2
 - FEI/EIN Number: XX-0000001
- Mailing Address:** Anthony Stark, 10880 Malibu Point, MALIBU, CA 90265
- Owner Information:** Marina Marina Maraina (Marina 3rd Power Inc), 42 Wallaby Way, Miami, FL 33128, FEI/EIN Number: XX-0000001, Document Number: 393007
- Document Images:**
 - 12/29/2006 -- REGISTRATION (View image in PDF format)
 - 12/13/2016 -- Fictitious Name Renewal Filing (View image in PDF format)



W-9

All applicants will need a W-9.

The blank W-9 form can be found:
[IRS.gov/pub/irs-pdf/fw9.pdf](https://www.irs.gov/pub/irs-pdf/fw9.pdf).

W-9 Form (Rev. October 2018) Department of the Treasury Internal Revenue Service		Request for Taxpayer Identification Number and Certification ▶ Go to www.irs.gov/FormW9 for instructions and the latest information.		Give Form to the requester. Do not send to the IRS.	
1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Marina Marina Marina (Marina 3rd power Inc)					
2 Business name/disregarded entity name, if different from above Marina Cubed					
Print or type. See Specific Instructions on page 3.	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.			4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC			<input type="checkbox"/> C Corporation	
	<input checked="" type="checkbox"/> S Corporation			<input type="checkbox"/> Partnership	
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <small>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</small>			<input type="checkbox"/> Trust/estate	
<input type="checkbox"/> Other (see instructions) ▶ _____					
5 Address (number, street, and apt. or suite no.) See instructions. 42 Wallaby Way				Requester's name and address (optional)	
6 City, state, and ZIP code Miami, Florida 33128					
7 List account number(s) here (optional)					
Part I Taxpayer Identification Number (TIN) Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> , later. <small>Note: If the account is in more than one name, see the instructions for line 1. Also see <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.</small>					
				Social security number _____ - _____ - _____	
				or Employer identification number x x - 0 0 0 0 0 1	
Part II Certification Under penalties of perjury, I certify that: 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and 3. I am a U.S. citizen or other U.S. person (defined below); and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.					
Sign Here		Signature of U.S. person ▶ _____		Date ▶ _____	
General Instructions Section references are to the Internal Revenue Code unless otherwise noted. Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9 . Purpose of Form An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.					
			<ul style="list-style-type: none"> Form 1099-DIV (dividends, including those from stocks or mutual funds) Form 1099-MISC (various types of income, prizes, awards, or gross proceeds) Form 1099-B (stock or mutual fund sales and certain other transactions by brokers) Form 1099-S (proceeds from real estate transactions) Form 1099-K (merchant card and third party network transactions) Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition) Form 1099-C (canceled debt) Form 1099-A (acquisition or abandonment of secured property) 		
			Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN. If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.		
Form W-9 (Rev. 10-2018)					



Insurance

If the applicant is for-profit/not-for-profit, they will need proof of coverage for:

- Commercial General Liability Insurance - \$300,000**
 aggregate/\$100,000 per occurrence required for a business (no exceptions).
- Commercial Automobile Liability Insurance** – vehicles owned by and used at the business must be insured for \$300,000. The applicant should provide a written statement stating that the business does not own or operate commercial vehicles at the project site.
- Workers Compensation Insurance** – applicant must meet legal requirements which are: \$100,000 per occurrence, \$500,000 aggregate and \$100,000 or required for four or more employees.

ACORD CERTIFICATE OF LIABILITY INSURANCE DATE MM/DD/YYYY 1/28/2021

PRODUCER: Insurance Agent/Broker Name, Insurance Agent/Broker Street Address or P.O. Box, Insurance Agent/Broker City, State & Zip Code, Contact & Phone Number

INSURED: Marina/Facility Owner Name Street, Principle Address or P.O. Box City, State & Zip code

INSURERS AFFORDING COVERAGE: INSURER A: Name of Insurance Company, Enter NAIC #; INSURER B: Name of Insurance Company (if applicable), Enter NAIC #; INSURER C: Name of Insurance Company (if applicable), Enter NAIC #; INSURER D: Name of Insurance Company (if applicable), Enter NAIC #; INSURER E: Name of Insurance Company (if applicable), Enter NAIC #

C COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS, AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

LINE	DESCRIPTION	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Marine Liability GENL. AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	90MA0015-0	12/19/21	04/23/22	EACH OCCURRENCE \$250,000 DAMAGE TO RENTED PREMISES/CONTENTS \$ MED EXP (MED EXP) \$ PERSONAL AND ADJ LIABILITY \$ GENERAL AGGREGATE \$500,000 PRODUCTS - COMMOD AGG \$500,000 \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-SCHEDULED AUTOS	4146366600	07/01/21	07/01/22	BODILY INJURY (PERSON) \$300,000 BODILY INJURY (PROPERTY) \$ BODILY INJURY (OTHER) \$ FACILITIES that do not own and/or operate automobiles on site should submit a letter on letterhead if they have it stating that automobiles are not owned or operated at the facility.
	<input type="checkbox"/> EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE \$ <input type="checkbox"/> RETENTION \$				AUTO ONLY - EXCESS/UMB \$ OTHER THAN AUTO ONLY - EXCESS/UMB \$ EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
C	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR (PARTNER) SHOULD NOT BE COVERED UNDER SPECIAL LIFE CONDITIONS below	WFLA-51-066-01	10/25/21	10/25/22	<input checked="" type="checkbox"/> WC STATO - TO RY/LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$100,000 E.L. DISEASE - EMPLOYEE \$100,000 E.L. DISEASE - POLICY LIMIT \$500,000 Facilities employing three (3) or less employees must submit a Workers Compensation Exemption form. Facilities employing four (4) or more employees must submit proof of Workers Compensation Insurance.

DESCRIPTION OF OPERATIONS/LOCATIONS/THEMATIC LES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Marina, restaurant, gift shop The Department of Environmental Protection is an Additional Insured as to General Liability.

Marina/Facility Name
Physical Street Address
City, State Zip

CANCELLATION

CERTIFICATE HOLDER
Florida Department of Environmental Protection
2600 Blair Stone Road, MS-235
Tallahassee, Florida 32399-2400


SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL SEND A WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

ACORD 25 (2001/20) © ACORD CORPORATION 2020



Workers Comp Exemption Form

Businesses with three or fewer employees can provide a completed *Worker's Compensation Exemption Form*, in place of providing proof of coverage.

 **Department of Environmental Protection**

**Exemption from Workers' Compensation Insurance Requirements
for Non-Construction Organizations ONLY**

Company Name: _____

FEID #/SS#: _____

Entity Information:

Sole Proprietor Partner

Total number of sole proprietors/partners: _____

Total number of sole proprietors/partners electing coverage: _____
(Include copy of Notice of Election of Coverage, DWC 251 or BCM 251)

Corporation Limited Corporation

Total number of corporate officers: _____

Total number of corporate officers electing exemption: _____
(Include copy of Notice of Election to be Exempt, DWC 250 or BCM 250)

Total number of employees, other than sole proprietor, partners or corporate officers: _____

The above-referenced company is exempt from the requirement to carry workers' compensation insurance due to: (check one)

Less than four (4) employees pursuant to 440.02(17)(a)(2), Florida Statutes

Notice of Election to be Exempt, DWC2 50 or BCM 250 form, filed with the Division of Workers' Compensation.

Since the above-referenced organization is not required by state law to obtain worker's compensation insurance, the organization hereby agrees that the Department of Environmental Protection will not be liable for any worker's compensation related claims that may arise in relation to DEP Purchase Order/Contract/Agreement No. _____

Signature of Person Authorized to Bind Organization

Typed/Printed Name

Date

Telephone Number

DEP 55-241(02-04)



Insurance – Self-Insured

If the applicant is a **government entity** (city, county, state):

- A written statement can be received, stating that the government entity is self-insured.

If the government entity is **not** self-insured, they must provide proof of insurance, as required above for for-profit/not-for-profit organizations.



CITY OF GULFPORT, FLORIDA
Gateway to the Gulf
WWW.MYGULFPORT.US

SAMUEL HENDERSON, Mayor

DANIEL LIEDTKE, Councilmember, Ward 1
CHRISTINE BROWN, Councilmember, Ward 2

YOLANDA ROMAN, Councilmember/ Vice Mayor, Ward 3
MICHAEL FRIDOVICH, Councilmember, Ward 4

May 25, 2016

Florida Department of Environmental Protection
Florida Clean Vessel Act Program Grant
3900 Commonwealth Blvd. MS #30
Tallahassee, FL 32399-2400

Re: City of Gulfport's Letter of Self-insurance

Dear Sir or Madam,

Please allow this letter to serve as evidence that the City of Gulfport has elected to be self-insured for its comprehensive general/law enforcement liability, workers' compensation and employers' liability, professional liability, public official's errors & omissions, motor vehicle liability, crime, and property exposures through an annual appropriation from the General Fund. The City of Gulfport is self-insured under Public Risk Management of Florida (PRM) which is a risk management and self-insurance pool for governmental entities in the State of Florida. As a municipality, the City of Gulfport and its various locations throughout the City of Gulfport are included in this self-insured program.

Should any claims arise by reason of such operations or under an official contract or license agreement, they should be referred to the City of Gulfport, Human Resources, 2401 53rd Street S, Gulfport, FL 33707.

Respectfully,

Cheryl Hannafin, CPA
Finance Director
City of Gulfport
727-893-1014
Channafin@mygulfport.us

2401 53rd Street South · Gulfport Florida 33707-5161
(727) 893-1000 · FAX (727) 893-1005
www.mygulfport.us



Federal Funding Accountability and Transparency Act Form (FFATA)

For applicants with a proposed project funding (75%) amount \$30,000 or more in federal funding, the applicant must provide a completed Federal Funding Accountability and Transparency Act Form.

This form is used to report the funding awards back to the federal government.

Florida Department of Environmental Protection
Federal Funding Accountability and Transparency Act Form - Subaward to a Recipient

Submit completed form to: Contracts_Adm@FloridaDEP.gov

Purpose: The Federal Funding Accountability and Transparency Act (FFATA) was signed on September 26, 2006. The intent of this legislation is to empower every American with the ability to hold the government accountable for each spending decision. The FFATA legislation requires information on federal awards (federal assistance and expenditures) be made available to the public via a single, searchable website, which is <http://www.usaspending.gov/>.

The FFATA Subaward Reporting System (FSRS) is the reporting tool the Florida Department of Environmental Protection ("DEP") must use to capture and report subaward and executive compensation data regarding first-tier subawards that obligate \$30,000 or more in Federal funds (excluding Recovery funds as defined in section 1512(a)(2) of the American Recovery and Reinvestment Act of 2009, Pub. L. 111-5).

[Note: This reporting requirement is not applicable for the procurement of property and services obtained by the DEP through a Vendor relationship. Refer to 2 CFR Ch. 1 Part 170 Appendix A, Section 1.C.3 for the definition of "subaward".]

Organization and Project Information: As of October 1, 2015, the following information must be provided to the DEP prior to the DEP's issuance of a subaward (Agreement) that obligates \$30,000 or more in federal funds as described above. Please provide the following information and return the signed form to DEP as requested. If you have any questions, please contact the DEP's Bureau of General Services, Contracts Team at Contracts_Adm@FloridaDEP.gov or at telephone number 850/245-2361 for assistance.

UEI: _____
 (UEI must be twelve (12) characters not including dashes)*

Federal Award ID Number (FAIN#): _____

Catalog of Federal Domestic Assistance (CFDA)#: _____

DEP Assigned Grant Agreement#: _____

Dollar Amount of Grant Disbursement: _____

* If your company or organization does not have a UEI number, you will need to refer to the Sam.gov website at <https://sam.gov/content/home> to register your entity to request a Unique Entity ID.

Business Name: _____

DBA Name (if applicable): _____

Principal Place of Business Address:

Address Line 1: _____

Address Line 2: _____

Address Line 3: _____

City: _____ State: _____ Zip+4: _____

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salaried employees.
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Submit CVA Application by Email

- Applications can be submitted by email and all documents can be attached to the email.
- Select “Submit.”
- A blank email to Clean.Vessel.Act@FloridaDEP.gov will be created with the application attached.
- Attach additional documents to complete your application package.

CVA Grant Application Submission Checklist
Check each box to indicate completion/agreement

- The facility is registered with the My Florida Marketplace Vendor System
- The facility is registered with the Florida Division of Corporations (not applicable to governmental facilities)
- The facility's Certificate of Insurance will be submitted with the grant application (not applicable to governmental facilities)
- The facility is a self-insured governmental entity and will submit a statement to indicate as such with the grant application
- If the equipment or service costs exceed \$2,500, two vendor quotes will be submitted with the grant application

If the total project cost exceeds \$30,000, the Federal Funding Accountability and Transparency Act Form will be submitted with the grant application

As an authorized agent for _____, I verify that this facility is in regulatory compliance with the Florida Department of Environmental Protection, and all local, state, and federal permits and approvals applicable to the project specified in this application will be obtained *before* beginning work or purchasing any equipment.

Name: _____ Title: _____ Date: _____

Submission Instructions

- When you are satisfied with your entries and ready to submit the application, save a copy of the application form for your records by using the 'Save As' option under the 'File' Menu.
- Then click on the 'Submit Application' button below.
- An email window will appear with the application form attached.
- Before sending the email, attach all required documentation along with the application. It is helpful if all document attachments are clearly titled with your facility's name.
- Your application will not be processed or approved until all required documentation is received.

If you are unable to submit the application with the submission button above, you can email, fax, or mail the completed application and required documentation to:

**Florida Department of Environmental
Protection Clean Vessel Act Grant Program**
Mail Station 235
3900 Commonwealth Boulevard
Tallahassee, FL 32399-3000
Clean.Vessel.Act@FloridaDEP.gov
Fax Number: 1-866-340-4683

For help or further instruction, please visit
the [Clean Vessel Act](http://Clean.Vessel.Act) website or call us at 850-245-2847



CVA Grant Process

- CVA staff will be notified by the grant management system that a new application has been received.
- Grant manager is assigned and contact is made.
- Grant manager ensures package is complete.
- Administrative approval.
- Grant executed, then work begins.
- Status reported quarterly.
- Invoice CVA program for 75% reimbursement.
- Quarterly gallons pumped reported for five years.



Questions and Answers

CLEANBOATING



Thank you!

**Thomas Cottle,
Government Operations Consultant**

850-245-2074

Thomas.Cottle@FloridaDEP.gov

**Marylynn Carey,
Grants Specialist**

850-245-7665

Marylynn.Carey@FloridaDEP.gov

Office of Resilience and Coastal Protection, Tallahassee, FL