



**INDIANA CLEAN VESSEL ACT  
GRANT APPLICATION**

State Form 53432 (R7 / 9-20)  
Indiana Department of Environmental Management

**Office of Program Support**  
100 North Senate Avenue, IGCN 1316  
Indianapolis, IN 46204-2251  
Telephone: (800) 988-7901  
E-mail: [BoatingGrants@idem.in.gov](mailto:BoatingGrants@idem.in.gov)



**KEEP OUR  
WATER CLEAN-  
USE PUMPOUTS**

To be considered for funds allocated to Indiana under the Clean Vessel Act, complete and mail or e-mail this form to the above address. Instructions and additional information, including grant requirements, are available at [www.in.gov/idem/partnerships/2500.htm](http://www.in.gov/idem/partnerships/2500.htm). Attach additional sheets as needed.

For Office Use Only	
Date Received (month, day, year)	CVA Grant Number

**I. Applicant Information**

Marina / Entity (Legal Business Name)		
Owner Name	Telephone Number	E-Mail
Mailing Address (number and street)	City	ZIP Code
Operator Name	Telephone Number	E-Mail
Employer Identification Number (Federal EIN)	Data Universal Numbering System (DUNS) Number	

**II. Site Location and Ownership Information**

Site Address (number and street)	City	County
Township	Waterbody	River Mile
Is the site located on Federally-owned property? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, the Corp of Engineers must review and approve the project. IDEM will request Corp approval; however, if you have written approval, please attach.	
GPS Coordinates (Decimal)	Latitude:	Longitude:
Approximate number of recreational boats with holding tanks:	Approximate number of recreational boats with portapotties:	Approximate number of boats that are live-aboards:
Are any areas or amenities of this facility unavailable to the general public? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please describe:		
Does the slip/moorage rental contract contain language prohibiting discharge of boat sewage into facility waterways? <input type="checkbox"/> Yes <input type="checkbox"/> No, but it will be added for the season beginning 20 .		
Is this site a Certified Clean Marina? (Clean Marina members receive priority for CVA Grant funds.) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Please check which of the following wastewater disposal services are currently available at this location: <input type="checkbox"/> Pumpout Station <input type="checkbox"/> Portable Dump Station <input type="checkbox"/> Portable Pumpout <input type="checkbox"/> Other, please describe:		

**III. Project Plan**

Type of Proposed Service: <input type="checkbox"/> Stationary Pumpout <input type="checkbox"/> Portable Dump Station <input type="checkbox"/> Portable Pumpout <input type="checkbox"/> Other	Location of Proposed Service: <input type="checkbox"/> Fuel Dock <input type="checkbox"/> Existing Docks <input type="checkbox"/> New Docks <input type="checkbox"/> Other	Nearest Existing Similar Service:  miles	Estimated Number of Boats to be Served by Project Per Year:	Will a fee be charged? <input type="checkbox"/> Free <input type="checkbox"/> \$ (Max. \$5.00/use)
Proposed service will discharge to: <input type="checkbox"/> On-Site Holding Tank which will be emptied by a licensed septic hauler for disposal by an approved treatment facility. (Submit evidence, in writing, of a contract with a licensed septic hauler, as well as approval from the local health official.) <input type="checkbox"/> Public Wastewater Treatment Facility (Submit evidence, in writing, of consent from owner of the system.) <input type="checkbox"/> On-Site Septic System (Submit evidence, in writing, of approval from local health officials, stating that sufficient sewage disposal capacity is available.)				

How will boaters continually be educated about the availability of the new service and how to use it properly?

When will the proposed service be available to boaters?

Months  All Year Or, only...  January  April  July  October  
 February  May  August  November  
 March  June  September  December

Days  Daily Or, only...  Saturday  Monday  Wednesday  Friday  
 Sunday  Tuesday  Thursday

Hours  24 Hours Or, between... A.M. and P.M.

Project Description - Please explain the proposed project fully, including what will be purchased, what new facilities will be installed, what existing facilities will be changed, whether dredging will occur, who will be hired to accomplish the proposed work, the type of boats that will use the facility, etc.  Attached

Two (2) manufacturers or contractors bids for each major component of the project (any item or service over \$10,000), model numbers of equipment to be purchased. Clearly indicate which is the selected bid.  Attached

Photograph of the site where project will be located.  Attached

Project site plan—Showing the layout of the marina and location of the components. (*blueprints, drawings, or specifications*)  Attached

**IV. Budget**

Eligible Costs <i>*Costs incurred prior to State approval are not eligible costs.</i>	Total Purchase Cost	Total Installation Cost	Total for Line Item
<b>Permits</b>			
<b>Engineering costs</b> <i>Only eligible if performed by a registered professional engineer.</i>			
<b>Boat vessel waste collection facility</b> <i>Pumpout, dump station, floating restroom</i>			
<b>Utilities</b>			
<b>Sewage lift stations</b>			
<b>Sewage holding tanks</b>			
<b>Floats, piling, gangways</b>			
<b>Signage</b> <i>Required pumpout instructions &amp; pumpout symbol.</i>			
<b>Educational materials</b> <i>Posters, brochures, website, etc. promoting pumpout use.</i>			
<b>A. Total Eligible Proposed Project Cost</b>			A.
<b>B. Total Match from Non-Federal Funds</b> <i>Only eligible costs may be counted as match.</i>	Cash Match		B.
	In-Kind Value of Labor		
	Match Value of Materials		
<b>Percent Matching Funds</b> <i>(B divided by A) Must be 25% or greater.</i>			
<b>Total Grant Funds Requested</b> <i>(A minus B)</i>			

**V. Applicant Signature**

I swear or affirm, under penalty of perjury as specified by IC 35-44.1-2-1 and other penalties specified by IC 13-30-10, that the statements and representations in this application are true, accurate, and complete.

Owner Signature Printed Name Date (month, day, year)