Boating Facility and Waterway Access Grant Application for Education and Outreach

|  |  |  |
| --- | --- | --- |
| ***FOR OSMB USE ONLY*** | | Grant number: |
| Biennium: | Date Received: |

**Refer to the Boating Facility and Waterway Access Grant Procedure Guide for information on education and outreach**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **1- APPLICANT PROJECT TYPE AND LOCATION** *(All applicants must complete)* | | | | | | |
| Applicant or entity name: | | | | | | Phone number: |
| If different from above provide Assumed Business Name: | | | | | | |
| Applicant mailing address: | | | | City, State, Zip | | |
| Physical address: | | | | City, State, Zip | | |
| Type of Government Applicant: | | | | | | |
| County  City | Port  Parks District | State Agency  Federal Agency | | | Tribal Government  Other (Specify) | |
| Type of Private Entity Applicant: | | | | | | |
| Non-profit 501c3 or 501c4  Private  Business Corporation  Professional Corporation  Oregon Limited Liability Company | |  | Oregon Limited Liability  Partnership Foreign Limited  Liability Partnership Business Trust  Other (Specify) | | | |
| Name of Project Manager: | | | Title: | | | |
| Email: | | | Phone: | | | |
| Name of Fiscal Point of Contact: | | | Title: | | | |
| Email: | | | Phone: | | | |
| Project Name: | | | | | | |
| Brief project statement *(1-4 sentences describing scope of project)* | | | | | | |
| List the waterbody(ies) and approximate river miles where activities will occur*?* | | | | | | |

|  |
| --- |
| Project type, check all that apply:  Education – Training  On-Water Opportunity  Equipment Purchase |

|  |
| --- |
| **2- PARTICIPATION FEES** |
| Describe any fee a participant will pay to participate in the activity or program. |
| Is the fee refundable upon completion of the activity or program? |
| Are there scholarships available to reduce financial barriers to participation? |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **3- PROPOSED PROJECT FUNDING-** *(All Applicants Must Complete)* | | | | |
| **A - ADMINISTRATIVE MATCH** *Not eligible for Grant Reimbursement* | | | | |
|  | Applicant | Other | Marine Board | TOTAL |
| Administration | $ | $ | N/A | $ |
| Pre-agreement expenses (*complete table below*) | $ | $ | N/A | $ |
| Permit fees | $ | $ | N/A | $ |
| Legal fees | $ | $ | N/A | $ |
| Other (specify) | $ | $ | N/A | $ |
| **Total Administrative Match** | $ | $ | N/A | $ |

|  |  |
| --- | --- |
| **Pre-agreement Expenses and Match** *(include documentation)* | |
| Item Description | Value |
|  | $ |
|  | $ |
|  | $ |
|  | $ |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **B- PROPOSED FORCE ACCOUNT MATCH** | | | | |
| *Complete tables below for each* | Applicant | Other | Marine Board | TOTAL |
| Force account labor | $ | $ | N/A | $ |
| Force account equipment | $ | $ | N/A | $ |
| Force account materials or supplies | $ | $ | N/A | $ |
| **Total Force Account Match** | $ | $ | N/A | $ |

|  |  |  |  |
| --- | --- | --- | --- |
| **Force Account Labor** | | | |
| Staff | Other | Labor Description | Value |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |

|  |  |  |  |
| --- | --- | --- | --- |
| **Force Account Equipment** | | | |
| Owned | Donated | Equipment Description and Purpose | Value |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |

|  |  |  |  |
| --- | --- | --- | --- |
| **Force Account Materials or Supplies** | | | |
| Owned | Donated | Material or Supply Description and Purpose | Value |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **C- PROPOSED CASH MATCH** | | | | |
|  | Applicant | Other\* | Marine Board | TOTAL |
| Training fees | $ | $ | $ | $ |
| Materials or Equipment Purchased | $ | $ | $ | $ |
| Rental fees | $ | $ | $ | $ |
| Participation fees | $ | $ | $ | $ |
| Consultant  *(attach copy of contract)* | $ | $ | $ | $ |
| Other: | $ | $ | $ | $ |
| **Total Cash Match** | $ | $ | $ | $ |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **D-TOTAL PROPOSED PROJECT FUNDING** | | | | |
|  | Applicant | Other | Marine Board | TOTAL |
| Total Administrative Match **(from A)** | $ | **$** | N/A | $ |
| Total Force Account Match **(from B)** | $ | $ | N/A | $ |
| Total Cash Match **(from C)** | $ | $ | $ | $ |
| **GRAND TOTAL** | $ | $ | $ | $ |

|  |  |  |  |
| --- | --- | --- | --- |
| **E- “OTHER” SOURCE, TYPE AND AMOUNT OF (NON-APPLICANT) CONTRIBUTIONS** | | | |
| Grant/Loan Agency or Organization | Name of Grant/Loan | Approved Y/N | Amount |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |

|  |  |
| --- | --- |
| Cash Contributions by | Amount of  Contribution |
|  | $ |
|  | $ |
|  | $ |
|  | $ |

|  |
| --- |
| **4- PROJECT NARRATIVE DESCRIPTION –** *(Applicants requesting funds for education, educational support or to increase opportunities for underserved communities to experience non-motorized boating* |
| This section is your opportunity to sell your project. Do not assume that Marine Board staff will know the answers to the questions. You have project knowledge and experience that must be conveyed in your responses. Provide clear and concise responses to the questions. |
| **A**. Describe the goal, need and anticipated outcomes of the project or program. |
| **B**. Describe if your project or program is identified in any education, business, strategic, or other plans? |
| **C**. Describe who is the target audience, how you will engage the community to participate and how the project or program is providing opportunities to underserved communities. |
| **D**. Describe how waterway and boating safety is incorporated into the project or program. |
| **E.** Describe the specific actions, materials or equipment that will be completed or donated by the applicant. Include any time, availability or other limitations for these contributions and how that is factored into the overall project. |
| **F.** For any products, materials or equipment obtained as part of the grant. Describe the useful life and how it was determined. |
| **G.** Does the proposed project or program occur at a public recreational boating facility? If yes, describe the frequency of use, number of participants and any agreements or permissions you have with the facility owner. |
| **H.** Describe past performance on OSMB grants. If you have not received a previous grant from OSMB describe past performance with Oregon State Parks, Oregon Dept. of Fish and Wildlife or other state agency awarded grant. |
| **I.** Describe the project implementation and completion timeline. |

|  |  |
| --- | --- |
| **5- PUBLIC SUPPORT OR OPPOSITION** *(All applicants must complete***)** | |
| **Identify specific public support and opposition to the proposed project:**  *Note: this section is part of the grant ranking criteria-include emails and letters with application* | |
| **Supporters Name** | **Opponents Name** |
| Adjacent landowners: |  |
| User groups: |  |
| Neighborhood association |  |
| Local government: |  |
| State/federal government: |  |
| Legislator/congressional: |  |
| General Public |  |
| Other (specify): |  |

|  |
| --- |
| **6- OREGONBUYS** |
| Provide your Oregon Buys vendor ID number  If not currently registered, the applicant must be registered before signing any potential grant agreements |

|  |
| --- |
| **7- APPLICATION SIGNATURE AND CERTIFICATION** *(All applicants must complete)* |
| **Applicant Signature and Certification**  Application is hereby made for the activities described above, together with attachments. 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, including the necessary requisite property interests, to undertake the proposed activities.  I also certify that the Applicant’s governing body is aware of this request and has authorized the person identified 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.   |  |  | | --- | --- | | \_ |  | | Print/Type Name | Title | | \_ |  | | Applicant Signature | Date |   By signing below, I affirm the Applicant’s intention to enter into a Cooperative Facility Grant Agreement and agree to comply with Oregon State Marine Board’s program rules, policies, and guidelines as well as all applicable federal, state, and local laws relating to this proposal, additional conditions applicable to an approved Boating Facilities Grant, and the resulting project. |

|  |  |
| --- | --- |
| **ATTACHMENTS** (*Are the following items attached to this application?)* | |
| **Required For:** | Education-Outreach |
| Cover letter |  |
| Photos |  |
| Cost estimate or quotes |  |
| Consultant contract | If applicable |
| Pre-agreement documentation |  |
| Letters/emails of support |  |
| Informational Brochure and/or website |  |
| Education or Business Plan |  |

For more information about completing this application refer to the [Boating Facility, Waterway Access](https://www.oregon.gov/osmb/boating-facilities/Documents/Boating_Facility_Grant_Procedure_Guide.pdf) Education and Opportunity Procedures Guide found on our website, [www.oregon.gov/osmb/boating-facilities](http://www.oregon.gov/osmb/boating-facilities) .

For questions contact Janine Belleque, Boating Facilities Manager, 503-378-2628, [janine.belleque@boat.oregon.gov](mailto:janine.belleque@boat.oregon.gov)

Submit completed application and documentation to, Facilities Administrative Assistant, 503-378-2727