

Small Grant Application

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

**Refer to the Boating Facility, Waterway Access and Small Grant Procedure Guide for information on facilities, access and education.**

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| 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: | | Physical Address of Project, Education Activity or Equipment Storage: | | | |
| Latitude (decimal): | | Longitude (decimal): | | | |
| Driving directions-H*ow would a user find this location from a major highway or interstate?* | | | | | |
| Project type, check all that apply:  Construction (any ground disturbance)  Education  Construction with Education  Property Acquisition  Master Plan  Consultant Services | | | | | |

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| 1. **PROJECT NARRATIVE DESCRIPTION** |
| Describe the project, identify the purpose, outcome, match, what is being requested from the Board, what is being provided by the applicant, any permits, clearances or other items necessary to complete the project. |

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| 1. **PROPOSED PROJECT FUNDING-** *(All Applicants Must Complete)* | | | | |
| **a - administrative match**  *Not eligible for Grant Reimbursement* | | | | |
|  | Applicant | Other | Marine Board | TOTAL |
| Administration | $ | $ | N/A | $ |
| Federal indirect rate (*complete table below*) | $ | $ | N/A | $ |
| Pre-agreement expenses (*complete table below*) | $ | $ | N/A | $ |
| Permit fees | $ | $ | N/A | $ |
| Legal fees | $ | $ | N/A | $ |
| System development charge (SDC) | $ | $ | N/A | $ |
| Other (specify) | $ | $ | N/A | $ |
| **Total Administrative Match** | $ | $ | N/A | $ |

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| --- | --- | --- | --- |
| **Federal Indirect Rate** | | | |
| Federal Approved Indirect Rate | What is it applicable to? | Total Value | How much is match? |
|  |  | $ | $ |
|  |  | $ | $ |

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

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| --- | --- | --- | --- | --- |
| **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 | $ |

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

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

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

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| --- | --- | --- | --- | --- |
| **C- PROPOSED cash Match** | | | | |
|  | Applicant | Other\* | Marine Board | TOTAL |
| Property acquisition cost | $ | $ | $ | $ |
| Construction contract | $ | $ | $ | $ |
| Materials Purchased | $ | $ | $ | $ |
| Equipment Rental | $ | $ | $ | $ |
| Eligible permit fees | $ | $ | $ | $ |
| Federal indirect rate\*-  (*complete table below*) | $ | $ | $ | $ |
| Consultant contract  *(attach copy of contract)* | $ | $ | $ | $ |
| Other: | $ | $ | $ | $ |
| Total Cash Match | $ | $ | $ | $ |

|  |  |  |  |
| --- | --- | --- | --- |
| **Federal Indirect Rate** | | | |
| Federal Approved Indirect Rate | What is it applicable to? | Total Value | How much is match? |
|  |  | $ | $ |
|  |  | $ | $ |

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| **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** | $ | $ | $ | $ |

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| **E- “other” source, type and amount of (non-applicant) Contributions** | | | |
| Grant/Loan Agency | Name of Grant/Loan | Approved Y/N | Amount of Grant |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |

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

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| **4- 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.  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.   |  |  | | --- | --- | |  |  | | Print/Type Name | Title | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | | Applicant Signature | Date | |

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| **ATTACHMENTS** *(Are the following items attached to this application?)* | | |
|  | Construction | Education |
| Cover letter |  |  |
| Photos of project site, existing conditions. Show the problem. |  |  |
| Aerial of location |  |  |
| Quote from contractor, vendor or estimate establishing cost |  |  |
| Permit or letter from regulatory agencies if applicable |  |  |
| Supporting documentation (plans, permits, etc.) |  |  |

Questions about this grant? Contact Janine Belleque, Boating Facilities Manager at 503-378-2628 or [janine.belleque@boat.oregon.gov](mailto:janine.belleque@boat.oregon.gov)

Submit application and supporting documentation to Ann Fleckner, Facilities Administrative Assistant at 503-378-2727 or [ann.fleckner@boat.oregon.gov](mailto:ann.fleckner@boat.oregon.gov)