

**2021 PUMPOUT OPERATIONS & MAINTENANCE
GRANT WORKSHEET**

Marina Name: _____

Date Submitted: _____

Total # of pumpouts: _____

Estimated gallons pumped: _____

1) PUMPOUT EXPENSES--See Below for Documentation Required

| | | | |
|---------|---|----------|------------------------|
| Line 1) | Pumpout Usage Logs Total all columns. DNR does not reimburse for blank logs. | \$ _____ | \$100 If Submitting |
| Line 2) | Salary for paid staff that performed pumpouts (\$3.00 X pumpouts) | \$ _____ | |
| Line 3) | Salary for paid staff that performed pumpout maintenance (\$20 hourly X hours) | \$ _____ | NOT TO EXCEED \$500 |
| Line 4) | <u>Additional eligible pumpout expenses (See Terms and Conditions for eligible expenses.)</u> | \$ _____ | |

TOTAL EXPENSES: \$ _____

2) PUMPOUT INCOME

(If boaters are charged a pumpout fee)

\$ _____

3) AMOUNT REQUESTED*

(Eligible expenses *minus* pumpout income)

\$ _____

***Maximum Reimbursement is \$2,500.00**

PROPER DOCUMENTATION

Instructions: Initial to confirm all proper documentation and required attachments are enclosed for each of the above line items.

LOGS: Total all columns. Blank logs not accepted.

PROOF OF PAYMENT:

Acceptable proof of payment includes: copies of *canceled* checks (electronic or hard copies); statement from a vendor showing payment has been applied and a zero balance; a receipt signed and dated by *an authorized vendor representative (not marina staff) indicating* full payment was received; credit card statements; and store receipts showing payment method.

Materials used from marina's stock (e.g. antifreeze, parts):

The Maryland Department of Natural Resources will not pay retail mark up or tax. We will reimburse at cost. Be sure to provide proper receipts and proof of payment for items used from your stock showing *your cost*.

REQUIRED ATTACHMENTS:

Line 1) Pumpout logs
Line 2) Paid staff full name(s)
Line 3) Paid staff full name(s)
Pumpout maintenance dates
Pumpout maintenance hours

Pumpout maintenance scope of work
Line 4) Eligible expenses receipts/
invoices

Proof of payment for the invoices

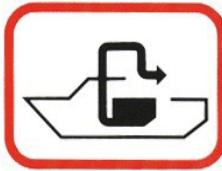
Attached W-9

Initial

| |
|---|
| Line 1) Pumpout logs |
| Line 2) Paid staff full name(s) |
| Line 3) Paid staff full name(s) |
| Pumpout maintenance dates |
| Pumpout maintenance hours |
| Pumpout maintenance scope of work |
| Line 4) Eligible expenses receipts/ invoices |
| Proof of payment for the invoices |
| Attached W-9 |

Complete and attach to the 2021 Pumpout O&M Reimbursement Invoice

MARYLAND PUMPOUT PROGRAM



2021 Pumpout O&M Reimbursement Invoice

Date: _____

Official Marina Name & Address- ***Must Match Your Attached W-9:***

Federal ID# _____

All marinas with a 2021 pumpout O&M grant application on file should submit a reimbursement invoice, even if no reimbursement is being requested. Reimbursement invoices will only be accepted from **NOVEMBER 15, 2021- JANUARY 15, 2022** and no reimbursement invoice will be processed without an approved pumpout O&M grant application on file. Only those marinas whose eligible expenses exceed their pumpout income are eligible to receive a reimbursement.

Amount Requested \$ _____

Pumpout O&M grant worksheet must be attached. Maximum Reimbursement amount is \$2,500.00

I hereby certify that the above information is true and correct, that I have met all the 2021 Pumpout O&M terms and conditions. I have attached a current W-9 to ensure my payment is processed correctly. I understand that the failure to include the all the request documentation for my reimbursement could delay the processing of my payment.

X _____
Print Name

X _____
Authorized Marina Signature

Please email (preferred method) this invoice, grant worksheet and ALL documentation to Celeste Anderson, CVA Program Administrator Pumpouts.dnr@maryland.gov or mail to Celeste Anderson
Chesapeake and Coastal Service
Maryland Department of Natural Resources
580 Taylor Ave., E-2
Annapolis, Maryland 21401