



**MARYLAND**  
DEPARTMENT OF  
NATURAL RESOURCES

*Larry Hogan, Governor*  
*Boyd Rutherford, Lt. Governor*  
*Mark Belton, Secretary*  
*Joanne Throwe, Deputy Secretary*

**CHESAPEAKE AND COASTAL SERVICE (CCS)  
CENTER FOR WATERWAY IMPROVEMENT & INFRASTRUCTURE  
APPLICATION FOR STATE FISCAL YEAR 2019 WATERWAY IMPROVEMENT FUND (WIF) GRANT  
GRANT PERFORMANCE PERIOD JULY 1, 2018 – JUNE 30, 2021**

**APPLICANT INFORMATION**

**Applicant Name:** \_\_\_\_\_

**Applicant Address:** \_\_\_\_\_  
\_\_\_\_\_

**Federal Tax Identification Number:** \_\_\_\_\_

**APPLICATION TYPE** (Review the [Waterway Improvement Fund Grants Manual](#) and select one of the following)

100% State (below \$100,000)  
Matching Fund Fire/Rescue (MFFR) \*  
(Maximum of \$50,000)

100% State Dredging/Navigation \*\*  
Matching Fund (50% cost share)  
Tax District Loan

State Lands Project  
Matching Fund Dredging/Navigation \*\*

\* - Attach MFFR Grant Agreement Form

\*\* - Attach Dredging/Navigation Needs & Benefits Form

**PROJECT INFORMATION** (Attach a copy of a current map with the exact project location clearly marked.)

**Project Name:** \_\_\_\_\_

**Project Address (Street/City/Zip):** \_\_\_\_\_

**County:** \_\_\_\_\_ **Latitude: (00.00000)** \_\_\_\_\_ **Longitude: (00.00000)** \_\_\_\_\_

**Legislative District:** \_\_\_\_\_

**Local Priority Rank #** \_\_\_\_\_ (If submitting multiple project applications)

**CONTACT INFORMATION**

**Local Project Coordinator:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Coordinator Address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone:** \_\_\_\_\_ **Ext:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**I. PROJECT PURPOSE AND SUMMARY**

a. Check appropriate phase of project:

Engineering                      Construction                      Equipment                      Acquire DMP site                      Other

b. Provide a detailed project description (Attach any available site plans/drawings/photographs of proposed project): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c. Will project expand/improve public boating access? If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

d. Will project improve/enhance boating safety? If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

e. Status of federal/state/local permits (Check appropriate permits/approvals where applicable):

State Wetland License                      Corps of Engineers Permit                      Critical Areas                      Water Quality Cert.

**Attach all approved permits.** If all required permits are not available, provide further explanation (i.e. schedule to obtain permits, etc.): \_\_\_\_\_  
\_\_\_\_\_

f. Project expenditure rate:

One year                      Two year                      Three year

g. For dredging projects, has a Dredge Material Placement (DMP) site been identified? Yes \_\_\_\_\_ No \_\_\_\_\_  
Is DMP site available for immediate use for this project? Yes \_\_\_\_\_ No \_\_\_\_\_  
If no, provide status: \_\_\_\_\_  
\_\_\_\_\_

DMP site location: \_\_\_\_\_

h. Is this a continuation of a current or phased project? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

i. Estimated number of motorized boats that annually use facility or project area? \_\_\_\_\_

j. Is there a fee for use of the facility? Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_  
*(If yes, please attach fee structure. Note: If a fee is to be charged for use of the facility, the Governing Body must obtain prior approval from the DNR. All Maryland registered boaters will have equal access to State funded boating facilities. Please see the Waterway Improvement Fund Grants Manual for more information)*

k. Does project have Sustainable Elements? (i.e. "Green" component, renewable resource, etc.)  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

l. Additional justification for project (attach additional page if necessary): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**II. PROJECT SCHEDULE AND CURRENT STATUS**

a. Is this an individual or multi-year phased project? (Check one)  
 Individual project \_\_\_\_\_ Multi-year (Phased) project \_\_\_\_\_

b. Provide the project schedule and architectural/engineering (A/E) firm below.

Current project status:      Planning      Design      Bidding

| Phase        | Start (Month/Year) | Completion (Month/Year) | Percent Completion |
|--------------|--------------------|-------------------------|--------------------|
| Planning     |                    |                         |                    |
| Design       |                    |                         |                    |
| Bidding      |                    |                         |                    |
| Construction |                    |                         |                    |

A/E Firm: \_\_\_\_\_ Planning      Design

**III. PROJECT FUNDING** (Provide sources and uses of funding for this project and use(s) of the requested funding.)

a. Identify the Project Funding Sources for your project in the tables below:

| WIF Funding Request for FY19  | Amount |
|-------------------------------|--------|
| <b>TOTAL AMOUNT REQUESTED</b> | x.     |

| Other Funding                          | Amount | Funds Secured?                                    |    |
|--|--------|---|----|
| WIF Grant Amount(s) FY18 and earlier * |        |   |    |
| Applicant *                            |        | Yes   | No |
| U.S. Army Corp of Engineers *          |        | Yes   | No |
| Federal USFW*                          |        | Yes   | No |
| Other*:                                |        | Yes   | No |
| <b>Other Funding Total</b>             | y.     | Total of all Prior and Additional Funding Sources |    |

\* - Include costs of planning/design/construction already completed.

|                               |    |  |
|-------------------------------|----|--|
| <b>Source Total (x. + y.)</b> | \$ | Total Amount requested from WIF (FY19) plus Other Funding. Total should match the Budget Total in III.b. |
|-------------------------------|----|--|

b. Identify the cost-breakout of the budget (Total Project Cost) in the table below:

| Project Funding Use(s)       | Amount | Are WIF Grant Funds Requested? **             |    | Is this line item already funded by an "Other Funding" source? |    |
|------------------------------|--------|---|----|--|----|
| A/E Design*                  |        | Yes   | No | Yes  | No |
| A/E Construction Management* |        | Yes   | No | Yes  | No |
| Construction*                |        | Yes   | No | Yes  | No |
| Other*:                      |        | Yes   | No | Yes  | No |
| <b>Total Project Cost</b>    | \$     | Total should match the Source Total in III.a. |    |  |    |

\* - Include costs of design/construction already completed

\*\* - WIF grants not expended or encumbered in (3) years are subject to immediate reversion.

I CERTIFY THAT I AM AN AUTHORIZED OFFICIAL PERMITTED TO SIGN AND SUBMIT THIS APPLICATION ON BEHALF OF THE APPLICANT. I FURTHER CERTIFY THAT ALL INFORMATION IN THIS APPLICATION AND THE ATTACHED MATERIALS ARE TRUE AND CORRECT.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Authorized Official Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**GENERAL INFORMATION FOR APPLICANTS**

- Instructions for completing the application can be found in the [Waterway Improvement Fund Grants Manual](#).
- Applicants will not discriminate against any person on the basis of race, color, religion, creed, age, sex, marital status, national origin or ancestry in the use of any property or facility acquired or developed pursuant to this application.
- The Governing Body will publicly advertise the project for bids or use other procurement method **approved in advance** by the Department of Natural Resources (DNR).
- Project contracts with a value of \$500,000 or more for which the State provides 50% or more of the funding will be advertised as prevailing wage contracts (COMAR 21.11.11).
- The Governing Body will prepare a tabulation of bids and/or other method of procurement and submit same to the DNR with comments and recommendations **prior to the award** of any contract.
- Projects that involve the construction, demolition, installation, alteration, repair, or salvage activities located in, on, over, or under State or private tidal wetlands must be performed by a licensed Marine Contractor. Information can be found at [Maryland Dept of Environment \(Licensed Marine Contractors\)](#).
- All applicants that receive grant funding will be required to enter into a grant agreement with the Department commencing with the beginning of the state fiscal year. The Department reserves the right to revert any unexpended or unencumbered balance from the grant not used during the grant performance period specified on page 1 of this application.

**APPLICATION SUBMISSION**

Submit one (1) signed original and two (2) hard copies of the complete application, attachments and all supporting documents to:

Ms. Carla Fleming, Director  
Center for Waterway Improvement & Infrastructure  
Chesapeake & Coastal Service  
Maryland Department of Natural Resources  
Tawes State Office Building  
580 Taylor Ave., E-2  
Annapolis, MD 21401