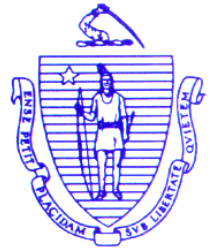




Commonwealth of Massachusetts

Division of Marine Fisheries

30 Emerson Avenue
Gloucester, MA 01930
(978) 282-0308
fax (617) 727-3337



Massachusetts Clean Vessel Act (CVA) Pumpout Grant Program Application for CVA-funded equipment

The CVA program is a match-reimbursement program based on Federal funds obtained by the Commonwealth for the needs of existing and prospective pumpout facilities. Approved applicants are required to match a minimum of 25% of the cost for CVA equipment and keep CVA equipment operational according to the terms of the program. For additional information, please contact Cecil French, the CVA Program Coordinator, at (978) 282-0308 ext. 119 or via email (cecil.french@state.ma.us). You may also refer to [50 CFR 85](#) for Federal CVA regulations.

Applicant information:

Facility Name or Municipality

Address

City

Zip Code

Telephone

Fax

Email

Contact Person

Title

1. NAME OF WATER BODY TO BE SERVICED: _____

Boating season (list months pumpout will be available) _____

Number of slips in area _____

Number of moorings in area _____

Estimated # of transient boaters during season _____

Existing pumpout facilities within 3 miles _____

Approx. # of recreational boats w/holding tanks _____

Approx. # of boats with portapotties _____

Approx. # of boats that are live-aboards _____

Note: Include a copy of a nautical chart with locations of proposed and existing pumpout facilities clearly marked. List the Latitude/Longitude coordinates for any existing as well as proposed station(s).



2. DESCRIBE RECREATIONAL BOATING ACTIVITIES IN THE AREA:

E.g., Seasonal activities, planned festivals or annual events, regattas, etc.

3. PUMPOUT EQUIPMENT REQUESTED (INDICATE NEW OR REPLACEMENT):

Check appropriate box(es) and describe specifics below

- Pumpout boat Shoreside pump Dump station Floating restroom

For replacement equipment, record the following:

When was the equipment purchased: _____

Was the equipment purchased with CVA funds? _____

Was this equipment brand new when it was purchased? _____

List all identifiable numbers; i.e. HIN, serial numbers, models and model years for equipment being replaced:

4. ESTIMATED TOTAL PROJECT COST (INCLUDING IN-KIND LABOR AND MATERIALS):

\$ _____

5. DESCRIBE HOW WASTE WILL BE HANDLED BETWEEN BOAT AND EVENTUAL DISPOSAL IN LICENSED SEWAGE TREATMENT FACILITY:

Applications should be sent to the Massachusetts Clean Vessel Act Program at 30 Emerson Ave., Gloucester, MA 01930.

Application approval is based on the availability of Federal funds, state and Federal program guidelines, and the needs of Massachusetts' recreational boaters.

