

State of California – California Natural Resources Agency  
**DIVISION OF BOATING AND WATERWAYS**  
ONE CAPITOL MALL, SUITE 500  
SACRAMENTO, CA 95814  
(916) 327-1825  
WWW.DBW.PARKS.CA.GOV



**THE ABANDONED WATERCRAFT ABATEMENT FUND (AWAF)**  
**GRANT APPLICATION AND QUESTIONNAIRE**  
**Fiscal Year 2014/15**

Local Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: **CA** Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Contact Person:** Name: \_\_\_\_\_

*Note: The contact person is the individual who will address ALL questions and concerns on behalf of the Grantee.*

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Grant request amount:** \$ \_\_\_\_\_

**ABANDONED WATERCRAFT ABATEMENT FUND  
GRANT APPLICATION AND QUESTIONNAIRE**

<p>1. Does your agency have a local marine law enforcement detail tasked with addressing abandoned vessels in your jurisdiction? If yes, explain in detail. If no, elaborate on your agency's efforts to create a program.</p>	
<p>2. Does your agency have a submerged navigational hazard abatement plan? Please explain.</p>	
<p>3. List by name and size the bodies of water or waterways your agency is responsible for in its jurisdiction.</p>	
<p>4. Local agencies are required to make a 10 percent match by cash, or in-kind. Is your agency able to comply with the 10 percent match in advance before any grant money is reimbursed?</p>	

*Per Harbors and Navigation Code 525 (C) "A grant awarded by the department pursuant to subparagraph (A) shall be matched by a 10% contribution from the local agency receiving the grant." This matching fund may be rendered in cash, or through in-kind contributions which must be verified, and are at the discretion of DBW. These contributions may include (but are not limited to) the following: administrative costs, personnel hours, removal, and/or storage.*

*Grant monies WILL NOT be reimbursed by DBW unless 10% of each claim is met.*

Prepared by:            Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by:            Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approving Officer:    Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title of Approving Officer: \_\_\_\_\_ Phone: \_\_\_\_\_