



# Proposal Submission Form

## South Carolina Clean Vessel Act Pumpout Grant Program

South Carolina Department of Natural Resources  
Marine Resources Division

1. Facility Name: \_\_\_\_\_

2. Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

3. Marina Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Website: \_\_\_\_\_

4. Name of water body the facility is on or adjacent to: \_\_\_\_\_

GPS coordinates for facility: \_\_\_\_\_

5. Facility Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

6. SAM.gov UEI: \_\_\_\_\_

SC Vendor Listing (procurement.sc.gov): \_\_\_\_\_

7. Project Description:

Portable Pumpout Station

Fixed Pumpout Station

Boat-Mounted System

Portable Toilet Dump Station

Expansion/Improvement/Renovation of Existing Service

8. Explain proposed project fully, including brand or manufacturer (*attach additional sheets if necessary to include engineering*):

9. Pumpout/dump station will discharge to:

City Sewer (Submit evidence, in writing, of consent form owner of the system.)

Septic System (Submit evidence, in writing, of approval, from local health officials, stating that sufficient sewage disposal capacity is available.)

Unit will be emptied by a licensed septic hauler for disposal by an approved treatment facility. (Submit evidence, in writing, of a contract with a licensed septic hauler, as well as approval from the local health official.)

Other, explain:

10. Location of Pumpout/Dump Station (*attach map indication location*):

On Bulkhead                      Fuel Dock                      Mobile Unit                      All Slips                      Other Dock                      Boat-Mounted

11. Pumpout/Dump Station Operation, who will operate the pumpout unit?

Boater, Self-Serve    Marina Staff

Other, describe:

12. Availability of Service:

Months	Jan.	Feb.	Mar.	April	May	June	
	July	Aug.	Sept.	Oct.	Nov.	Dec.	
Days	Daily or						
	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Hours	24 Hours or Between _____ A.M. and _____ P.M.						
Fee Charged	Free or \$ _____ /use ( <i>maximum fee \$5.00 per grant guidelines</i> )						

13. Grant Request:

Cost of pumpout station	\$ _____
Site improvement cost	\$ _____
Other costs ( <i>if applicable</i> )	\$ _____
TOTAL PROJECT COSTS	\$ _____

14. Matching Funds:

Required Match, per contract guidelines: \_\_\_\_\_

75% to 25% cost sharing, allows for a \$5.00 charge per pumpout: \_\_\_\_\_

TOTAL MATCH \$ \_\_\_\_\_ 25% of total project costs

REIMBURSEMENT AMOUNT \$ \_\_\_\_\_ 75% of total project costs

Expected date new pumpout service is to begin: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return original application (3 pages total) by mail to:

SCDNR  
Attn: Ben Stone  
SC-CVA Coordinator  
PO Box 12559  
Charleston, SC 29412