



## Maintenance Assistance Grant (MAG) Application Form

For OSMB Use Only
Biennium
Date received

**Oregon Buys Registration Number**

**REFER TO THE MAINTENANCE ASSISTANCE GRANT PROCEDURE GUIDE FOR MORE INFORMATION.**

### 1. APPLICANT INFORMATION (All applicants must complete)

Name of Government Agency	Phone:
Applicant mailing address:	City, State, Zip
Physical address	City, State, Zip
Name of Project Manager:	Title
Email:	Phone:
Name of Fiscal Point of Contact:	Title:
Email:	Phone:

### 2. ACCESS SITE INFORMATION

Have you participated in the MAG Program within the last two years?  Yes  No

If yes and there are no changes to the site inventories, including fees, season of use, type or quantity of site features, return this application.

If no, or there are changes or additions to the site inventories, complete the *Modifying or Adding Access Site Form* for each site and return with this application.

### 3. MAINTENANCE SCHEDULE AND PLAN

Describe the maintenance schedule and plan under which your maintenance program is operated. If you do not have an adopted or approved plan, identify the guidance, policy, rule or other documentation that describes the scope, expectations and frequency of the routinely completed maintenance tasks. If applicable, attach or provide the link where the schedule, plan, guidance, policy, rule or other documentation can be found.

**4. PROPOSED PROJECT FUNDING-** *(All applicants must complete)*

**A. Administrative Budget**

	Applicant	Other	Marine Board	TOTAL
Administration	\$	\$	\$	\$
Pre-agreement expenses <i>(complete table below)</i>	\$	\$	\$	\$
Other <i>(specify)</i>	\$	\$	\$	\$
<b>Total Administrative Budget</b>	\$	\$	\$	\$

**Pre-agreement Expenses** *(Must be pre-approved, provide documentation)*

Item Description	Value
	\$
	\$
	\$

**B-Proposed Force Account Budget** *(Complete tables below for each)*

	Applicant	Other	Marine Board	TOTAL
Force account labor	\$	\$	\$	\$
Force account equipment	\$	\$	\$	\$
Force account materials or supplies	\$	\$	\$	\$
<b>Total Force Account Budget</b>	\$	\$	\$	\$

**Force Account Labor**

Staff	Volunteer	Labor description	Value
<input type="checkbox"/>	<input type="checkbox"/>		\$
<input type="checkbox"/>	<input type="checkbox"/>		\$
<input type="checkbox"/>	<input type="checkbox"/>		\$

**Force Account Equipment**

Staff	Volunteer	Description and purpose	Value
<input type="checkbox"/>	<input type="checkbox"/>		\$
<input type="checkbox"/>	<input type="checkbox"/>		\$
<input type="checkbox"/>	<input type="checkbox"/>		\$

**Force Account Materials or Supplies**

Staff	Volunteer	Description and purpose	Value
<input type="checkbox"/>	<input type="checkbox"/>		\$
<input type="checkbox"/>	<input type="checkbox"/>		\$
<input type="checkbox"/>	<input type="checkbox"/>		\$

**C-Proposed Cash Budget**

	Applicant	Other	Marine Board	TOTAL
Materials purchased	\$	\$	\$	\$
Equipment rental	\$	\$	\$	\$
Service contract	\$	\$	\$	\$
Other	\$	\$	\$	\$
<b>Total Cash Match</b>	\$	\$	\$	\$

**D- Federal Indirect Rate** *(Only eligible for pumpouts, dump stations and floating restrooms)*

Federal indirect percent rate	What is it applicable to?	Total Value	How much is match?
		\$	\$
		\$	\$

**E-Total Proposed Project Funding**

	Applicant	Other	Marine Board	TOTAL
A-Total Administrative Budget	\$	\$	\$	\$
B-Total Force Account Budget	\$	\$	\$	\$
C-Total Cash Budget	\$	\$	\$	\$
D-Federal Indirect Rate	\$	NA	\$	\$
<b>Grand Total</b>	\$	\$	\$	\$

**F. "Other" Source, Type and Amount of Non-Applicant Contributions**

Name of Contributor	Type of Contribution	Amount
		\$
		\$
		\$

**5. APPLICATION SIGNATURE AND CERTIFICATION** *(All applicants must complete)*

**Applicant Signature and Certification**

Application is hereby made for the activities described above, together with attachments. I certify that I am familiar with the information contained in the application and, to the best of my knowledge and belief, this information is true, complete, and accurate. I further certify that I possess the authority, including the necessary requisite property interests, to undertake the proposed activities.

I also certify that the Applicant's governing body is aware of this request and has authorized the person identified as the official representative of the Applicant to act in connection with this application and subsequent project as well as to provide additional information as may be required.

By signing below, I affirm the Applicant's intention to enter into a Maintenance Assistance Grant Agreement and agree to comply with Oregon State Marine Board's program rules, policies, and guidelines as well as all applicable federal, state, and local laws relating to this proposal, additional conditions applicable to an approved Boating Facilities Grant, and the resulting project.

\_\_\_\_\_  
Print/Type Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Questions about this grant? Contact Janine Belleque, Boating Facilities Manager  
503-877-7580 or [janine.belleque@boat.oregon.gov](mailto:janine.belleque@boat.oregon.gov)

Submit application and supporting documentation to Ann Fleckner, Facilities  
Administrative Assistant, 503-378-2727, [Ann.Fleckner@boat.oregon.gov](mailto:Ann.Fleckner@boat.oregon.gov)