



SURRENDERED RECREATIONAL WATERCRAFT REIMBURSEMENT CLAIM FORM

California State Parks - Div. of Boating and Waterways, ATTN: SAVE Unit, PO Box 942896, Floor 12, Sacramento, CA 94296 • Phone: (916) 902-8821

GRANTEE (AGENCY) NAME			CONTRACT NUMBER		GRANT FULLY EXECUTED DATE		PO NUMBER (FOR DBW USE ONLY)	
MAILING ADDRESS			CITY		STATE		ZIP CODE	
CONTACT NAME			PHONE NUMBER (Including Area Code)		EMAIL			
REMOVAL ACTIVITY DESCRIPTION - Provide a brief description that will fit in the cell provided.								

NAME AND/OR DESCRIPTION OF SURRENDERED VESSEL	CF# or HIN	TYPES OF VESSELS SURRENDERED			LENGTH (In Feet)	OWNERSHIP		STATEMENT OF SERVICE(S) (Single Tow, Removal, Destruction)	DATE(S) OF SERVICE	COST
		M/V	S/V	OTHER: Provide Description		Verified	Release Obtained			
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

<p>Per Harbors and Navigation Code, section 525 (1) (c), a 10% match contribution is required. The contribution 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) personnel hours only (no benefits), administrative costs, removal and storage expenses.</p> <p>Support documents to include with this form are listed on the signed grant agreement and in the grant agreement award letter. Remember to attach all necessary documents.</p> <p>If using in-kind services, enter amount in the "In-Kind" cell. In-kind expenses must be detailed and verified. Please use the Itemized 10% Contribution Statement Form, available in OLGA.</p> <p>If using cash match, and 10% match has previously been satisfied, please enter "0" in the cash cell and enter total amount in Total Reimbursement Request cell.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: right;">Sub Total</td> <td style="text-align: center;">→</td> <td></td> </tr> <tr> <td style="text-align: right;">Less 10% Match (refer to instructions on left)</td> <td style="text-align: center;">←</td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">In Kind</td> <td style="text-align: center;">Cash</td> </tr> <tr> <td style="text-align: right;">Total Reimbursement Request</td> <td style="text-align: center;">→</td> <td></td> </tr> </table>	Sub Total	→		Less 10% Match (refer to instructions on left)	←			In Kind	Cash	Total Reimbursement Request	→	
Sub Total	→												
Less 10% Match (refer to instructions on left)	←												
	In Kind	Cash											
Total Reimbursement Request	→												

By signing below, you agree that the above information provided by your agency is accurate and complete					DPR-DBW USE ONLY	
APPROVAL SIGNATURE	PRINTED NAME	TITLE	DATE	PHONE NO. (w/Area Code)	DBW SUPERVISOR APPROVAL	DATE
I certify under penalty of perjury that 1) I have completed the adjudication process as defined in Harbors and Navigation Code sections 502, 503, 504, 523, and have attached documentation (photos, invoices, receipts) of the completion of that process regarding all vessels listed on this claim form and 2) ALL vessels listed above have been destroyed.					DBW CHIEF APPROVAL	DATE