



Application for Financial Aid -- 801 Fiscal Year _____

Agency _____

County _____

Address _____

General Description of Boating Safety and Enforcement Programs:

(Give a comprehensive description of all programs in the County. If more space is needed, please attach a separate sheet).

Waterways to be Patrolled					Estimated Density by Quarter ^{a/}			
Lakes, Open Ocean	Area in Square Miles	Primary Usage ^{b/}	Type(s) of Patrols ^{c/}	FT or PT ^{d/}	1st	2nd	3rd	4th
1. _____								
2. _____								
3. _____								
4. _____								
5. _____								
6. _____								
7. _____								
8. _____								
9. _____								
10. _____								
11. _____								
12. _____								
13. _____								
14. _____								
Rivers	Length in Miles	Primary Usage ^{b/}	Type(s) of Patrols ^{c/}	FT or PT ^{d/}	1st	2nd	3rd	4th
1. _____								
2. _____								
3. _____								
4. _____								
5. _____								
6. _____								
7. _____								
8. _____								
9. _____								
10. _____								

a/ Enter the highest number of boats on the waterway at any one time on any one day in each quarter, excluding holidays and holiday weekends.
 b/ A = Fishing; B = Combined recreational boating activities (fishing, water skiing, pleasure boating, etc.)
 c/ On-water, foot, truck/vehicle, and/or air
 d/ FT = Full-time; PT = Part-time. If less than full-time, specify patrol schedule on a separate sheet.



**Boating Safety and Enforcement Aid Program
Proposed Program Costs -- 801.1
Fiscal Year _____**

Agency _____

Address _____

County _____

Proposed Program Costs

1. Personnel (Form 801.2)	
2. Operations, Maintenance and Equipment (Form 801.3) ^{a/}	
3. Total direct BS&E proposed program cost (2+3)	
4. Administrative costs ^{b/}	
5. Total BS&E proposed program costs (3+4)	
6. Less: Boat Taxes (Form 801.4)	
7. Total Net Proposed Program Cost (5-6)	

a/ New applicant agencies should use 30% of personnel costs to estimate operations, maintenance and equipment costs in lieu of form 801.3.

b/ Administrative costs cannot exceed five percent of direct BS&E proposed program cost (line 3).

County Authorized Representative:

SIGNATURE

DATE

TYPED NAME

TELEPHONE



Boating Safety and Enforcement Aid Program Proposed Personnel Costs -- 801.2 Fiscal Year _____

Agency _____

County _____

Proposed Personnel Costs

Employee Compensation

	Title	Grade	No. Hours or Months	Pay per Hour or Month	Total Compensation
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
21. Total					

22. Average Customary Fringe Benefit Percent _____

23. Total Proposed Personnel Costs _____



Boating Safety and Enforcement Aid Program Proposed Operations, Maintenance and Equipment Costs -- 801.3 Fiscal Year _____

Agency _____ County _____

Patrol Vessels: Fuel _____ + Repair _____ + Storage _____ = \$ _____ -

Vehicles: Miles _____ Mileage Allowance _____ = _____ -

LIST OTHER O&M AND EQUIPMENT

1.	_____	\$ _____
2.	_____	\$ _____
3.	_____	\$ _____
4.	_____	\$ _____
5.	_____	\$ _____
6.	_____	\$ _____
7.	_____	\$ _____
8.	_____	\$ _____
9.	_____	\$ _____
10.	_____	\$ _____
11.	_____	\$ _____
12.	_____	\$ _____
13.	_____	\$ _____
14.	_____	\$ _____
15.	_____	\$ _____
16.	_____	\$ _____
17.	_____	\$ _____
18.	_____	\$ _____
19.	_____	\$ _____
20.	_____	\$ _____
21.	_____	\$ _____
22.	_____	\$ _____
23.	_____	\$ _____
24.	_____	\$ _____
25.	_____	\$ _____

Total \$ _____ -



Documentation of Estimated Boat Tax Revenues -- 801.4 Fiscal Year _____

Agency _____

County _____

Total estimated costs are offset by the estimated prior year vessel taxes received by the county to determine the maximum amount of financial aid you are eligible for. Vessel taxes received by the county represent 100% of the amount received by the county from the share of personal property taxes on vessels allocated to the County General Fund for boating safety and enforcement activities. Report on line 1 the estimated amount of prior year vessel taxes you anticipate you will receive.

1. Estimated boat tax revenues from prior fiscal year \$ _____

C e r t i f i c a t i o n

I attest that I am a duly authorized representative of the auditor's office of
_____ county/city;
and that this calculation results in the best estimate of boat tax revenues
for the fiscal year noted.

SIGNATURE

DATE

TYPED NAME AND TITLE

TELEPHONE