



# BOATING INFRASTRUCTURE GRANT PROGRAM APPLICATION

This information is required by Authority of Part 781 of the Natural Resources and Environmental Protection Act 1994 PA 451.

**Grant applications must be emailed to program manager Paul Petersen at [PetersenP@michigan.gov](mailto:PetersenP@michigan.gov) by 5 p.m. est. on April 1<sup>st</sup>.**

Applicant Name (Local Government)		Name of Contact Person/Title			
Address		Address			
City, State, ZIP		City, State, ZIP			
Federal Employer Identification Number (FEIN) (REQUIRED)		E-mail Address			
<b>NOTE:</b> FEIN Number of municipality identified as Applicant Name ( <i>Local Government</i> ) above <b>MUST</b> be provided to receive grant funds.					
Applicant Telephone	Applicant FAX	Contact Person Telephone	Contact Person FAX		
<b>PROJECT LOCATION</b> <input type="checkbox"/> Village <input type="checkbox"/> City <input type="checkbox"/> Township		County	State Senate District	State House of Representative District	
<b>PROJECT TITLE</b> (approximately 25 characters; please do not use acronyms or scientific terms)					
<b>DESCRIPTION OF PROJECT</b> Attach a description of the overall project (including scope items, estimated costs, estimated construction schedule, and digital site photos) and a needs assessment.					
<b>BUDGET SUMMARY</b>					
A. Estimated Project Cost (B + C):		\$ _____			
B. Requested Grant Amount:		\$ _____			
C. Applicant's Matching Funds:		\$ _____			
As Designated Representative of above-named Applicant, I hereby agree to implement this project according to the materials provided with this application and to abide by the provisions of the Waterways Grant program, including compliance with all applicable Federal and State laws and regulations.					
_____ Printed Name and Title of Applicant's Designated Representative		_____ Signature		_____ Date	

**Application with attached Project Description must be emailed to program manager Paul Petersen at [PetersenP@michigan.gov](mailto:PetersenP@michigan.gov) by 5 p.m. est. on April 1<sup>st</sup>.**

FOR DNR USE ONLY		
<input type="checkbox"/> Facility Number.:	<input type="checkbox"/> Parks & Recreation Compliance Review	
Comments		
Parks & Recreation Program Manager (please print)	Signature	Date