

**FLORIDA INLAND NAVIGATION DISTRICT
SMALL-SCALE DERELICT VESSEL REMOVAL PROGRAM APPLICATION**



Applicant:	
Project Title:	

Contact Person:		Title:	
Phone Number:		Email:	

Address

Street			
City	State	Zip code	

Number of Vessels to Be Removed:	
Location of Vessels on the Waterway:	
Vessel(s) Distance from the ICW:	

(Please include pictures and map locations on a separate worksheet)

Estimated Cost to Remove Vessels:	
FIND Funding Requested:	
FIND % of Total Costs:	

(Please complete and attach a cost estimate sheet (FIND Form No. 01-06) for the vessel(s) to be removed and include a contractor bid sheet)

Matching Funds Amount:	
Source of Matching Funds:	

Have all vessels been identified by the Florida Fish & Wildlife Conservation Commission or another applicable marine law enforcement agency?

YES	NO	
If not, explain:		

Have all necessary permits and or approvals been approved for the removal of the derelict vessels?

YES	NO	
If not, explain:		

I hereby certify that the information provided in this application is true and accurate.

Signature:		Date:	
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