**Boating Infrastructure Grant (BIG) Application Summary**

Tier I (Federal Share less than $200,000) 🞎 BIG funds requested \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tier II (Federal Share greater than $200,000) 🞎 BIG funds requested \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Water Body\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Latitude \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Longitude \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Project \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Project Contact(s):**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Brief Description of Project:**

Need:

Purpose/Objectives:

Expected Results/Benefits:

Approach:

Relationship with Other Grants:

Budget:

Criteria:

1. **Need, Access, and Cost Efficiency-** Will the proposed boating infrastructure meet a need for more or improved facilities? Will the proposed project accommodate boater access to significant destinations and services that support transient boater travel? Will eligible users receive benefits from the proposed project that justify the cost of the project? **(20pts)**

**Needs:**

**Access:**

Local-

 Regional-

 National-

**Cost Efficiency:**

1. **Match and Partnerships-** Which organizations, agencies, or individuals, other than the Service and VDH, are bringing in significant financial value to the project (money, in-kind contributions etc.)? Will the proposed project include private, local, or State funds greater than the required minimum match? **(10pts)**

**Partners:**

 2.

 3.

Total transient project cost \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BIG funds requested \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ % of total project cost\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Matching non-federal funds \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ % of total project cost \_\_\_\_\_\_\_\_\_\_\_\_\_\_

In-kind contributions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ % of total project cost \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Innovation-** Will the proposed project include physical components, technology, or techniques that improve eligible-user access? Will the project include innovative physical components, technology, or techniques that improve the BIG-funded project? Has the project facility demonstrated commitment to environmental compliance, sustainability, and stewardship and been officially recognized by and agency or organization? **(6 pts)**

**Examples of innovation:**

 1.

 2.

 3.

 4.

5.

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*You may mail this form to:*

Virginia Department of Health

Attn: Preston Smith

109 Governor Street, 5th Floor

Richmond, VA 23219

*You may also scan and email this form to:*

Preston.Smith@vdh.virginia.gov

Please remember that a full application narrative is needed along with this summary, and may be mailed or emailed to the same address listed above.

Additional Contacts:

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