

Application Preview

General

1. Applicant Information

- a. Applicant Name
- b. Organizational Unit
- c. Address
- d. Address 2
- e. City State Zip
- f. Federal ID Number Unique Entity Id.
- g. Agency's fiscal year (beginning month and day)
- h. Agency Type
 - ☐ City ☐ County
 - ☐ Nonprofit Organization - 501(c)(3) status only ☐ District
 - ☐ Other Public Agency ☐ Community College
 - ☐ CSU System ☐ UC System
 - ☐ Private College

Applicants serving less than 1,200 unique students between October 1, 2023-September 30, 2024 may apply for up to \$42,000 as follows:

- The maximum grant award is \$40,000 per grantee for a combination of equipment, scholarship, and instructor training requests.
- Instructor training requests have a cap of \$5,000.
- An additional \$2,000 in supplemental funding, is available for Safe Boating Events.

Applicants serving 1,200 or more unique students from October 1, 2023-September 30, 2024 may apply for up to \$62,000 as follows:

- The maximum grant award is \$60,000 per grantee for a combination of equipment, scholarship, and instructor training requests.
- Equipment and Scholarships both have a cap of \$40,000 each.
- Instructor training requests have a cap of \$5,000.
- An additional \$2,000 in supplemental funding, is available for Safe Boating Events.

2. Project Information

- a. Project Name
- b. Is implementing agency same as Applicant ☐ Yes ☐ No
- c. Implementing Agency Name
Address

City State Zip
Phone Fax
- d. Project Start Date End Date
- e. Amount of Funds Requested Project Cost

3. Contact Information

At least one person must be listed as the Program Director. If the proposed contact has an OLGA user name, just select his / her name by clicking the 'EGrAMS Login' lookup. If they do not have an OLGA user name, leave the 'EGrAMS Login' field blank and just type their name in the 'Name' column.

- a. Contact Type
- | | | |
|-----------------|-------|----------|
| Name | | |
| Title | | |
| Mailing Address | | |
| City | State | Zip Code |
| Telephone | Fax | |
| E-mail Address | | |

SAMPLE

Additional Information

4. Applicant Additional Information

- a. Organization's official name to appear on the Grant Agreement: (if different from Applicant Name)

- b. **Payment Address (if different from Applicant Address)**

Is the payment address same as the Applicant address? (If NO, enter the payment address below) ☐ Yes ☐ No

Payment Address:

Payment Address L2

City: State: Zip:

- c. **Aquatic Center Address (if different from Applicant Address)**

Is the aquatic center address same as the Applicant address? (If NO, enter the aquatic center address below) ☐ Yes ☐ No

Aquatic Center Address:

Aquatic Center Address L2:

City: State: Zip:

- d. Download the Appendix A - Authorized representative Statement form. Complete and have it signed by the organization authorized representative and upload the completed form.

5. Proposal Information

- a. Type of Proposal (select one or more)

☐ Equipment

☐ Scholarship

☐ Instructor Training

☐ Boating Safety Events

6. Aquatic Center Activity

Type(s) of Boating offered by Applicant (Check all that apply)

List all types of boating regardless of whether you are requesting funding for that activity or not.

Paddle/Oar

☐ Canoeing

☐ Kayaking

☐ Rafting

☐ Stand Up Paddleboard

☐ Rowing

Wind

☐ Sailing

☐ Windsurfing

☐ Kiteboarding

Power

☐ Power boating

☐ Towed Sports

☐ Personal Watercraft

Other

☐ Other

7. Geographic Political District

7a. Waterbody(s)

Specific Bodies of Water You Operate On

Type of Waterbody(s) Utilized in Programming (check all that apply)

North

☐ Coastal Ocean ☐ Coastal Bay ☐ Lake ☐ River

South

☐ Coastal Ocean ☐ Coastal Bay ☐ Lake ☐ River

7b. Counties

Select one or more of the California counties where the proposed boating safety education activities will occur.

☐ Alameda ☐ Alpine ☐ Amador ☐ Butte ☐ Calaveras ☐ Colusa
☐ Contra Costa ☐ Del Norte ☐ El Dorado ☐ Fresno ☐ Glenn ☐ Humboldt
☐ Imperial ☐ Inyo ☐ Kern ☐ Kings ☐ Lake ☐ Lassen
☐ Los Angeles ☐ Madera ☐ Marin ☐ Mariposa ☐ Mendocino ☐ Merced
☐ Modoc ☐ Mono ☐ Monterey ☐ Napa ☐ Nevada ☐ Orange
☐ Placer ☐ Plumas ☐ Riverside ☐ Sacramento ☐ San Benito ☐ San Bernardino
☐ San Diego ☐ San Francisco ☐ San Joaquin ☐ San Luis Obispo ☐ San Mateo ☐ Santa Barbara
☐ Santa Clara ☐ Santa Cruz ☐ Shasta ☐ Sierra ☐ Siskiyou ☐ Solano
☐ Sonoma ☐ Stanislaus ☐ Sutter ☐ Tehama ☐ Trinity ☐ Tulare
☐ Tuolumne ☐ Ventura ☐ Yolo ☐ Yuba

7c. State Assembly Districts

Select one or more of the California State Assembly districts where the proposed boating safety education activities will occur. Copy and paste the URL (http://www.legislature.ca.gov/legislators_and_districts/districts/districts.html) in your browser to determine the State Assembly district(s).

☐ State Assembly 01 ☐ State Assembly 02 ☐ State Assembly 03 ☐ State Assembly 04
☐ State Assembly 05 ☐ State Assembly 06 ☐ State Assembly 07 ☐ State Assembly 08
☐ State Assembly 09 ☐ State Assembly 10 ☐ State Assembly 11 ☐ State Assembly 12
☐ State Assembly 13 ☐ State Assembly 14 ☐ State Assembly 15 ☐ State Assembly 16
☐ State Assembly 17 ☐ State Assembly 18 ☐ State Assembly 19 ☐ State Assembly 20
☐ State Assembly 21 ☐ State Assembly 22 ☐ State Assembly 23 ☐ State Assembly 24
☐ State Assembly 25 ☐ State Assembly 26 ☐ State Assembly 27 ☐ State Assembly 28
☐ State Assembly 29 ☐ State Assembly 30 ☐ State Assembly 31 ☐ State Assembly 32
☐ State Assembly 33 ☐ State Assembly 34 ☐ State Assembly 35 ☐ State Assembly 36
☐ State Assembly 37 ☐ State Assembly 38 ☐ State Assembly 39 ☐ State Assembly 40
☐ State Assembly 41 ☐ State Assembly 42 ☐ State Assembly 43 ☐ State Assembly 44
☐ State Assembly 45 ☐ State Assembly 46 ☐ State Assembly 47 ☐ State Assembly 48
☐ State Assembly 49 ☐ State Assembly 50 ☐ State Assembly 51 ☐ State Assembly 52
☐ State Assembly 53 ☐ State Assembly 54 ☐ State Assembly 55 ☐ State Assembly 56
☐ State Assembly 57 ☐ State Assembly 58 ☐ State Assembly 59 ☐ State Assembly 60
☐ State Assembly 61 ☐ State Assembly 62 ☐ State Assembly 63 ☐ State Assembly 64

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> State Assembly 65 | <input type="checkbox"/> State Assembly 66 | <input type="checkbox"/> State Assembly 67 | <input type="checkbox"/> State Assembly 68 |
| <input type="checkbox"/> State Assembly 69 | <input type="checkbox"/> State Assembly 70 | <input type="checkbox"/> State Assembly 71 | <input type="checkbox"/> State Assembly 72 |
| <input type="checkbox"/> State Assembly 73 | <input type="checkbox"/> State Assembly 74 | <input type="checkbox"/> State Assembly 75 | <input type="checkbox"/> State Assembly 76 |
| <input type="checkbox"/> State Assembly 77 | <input type="checkbox"/> State Assembly 78 | <input type="checkbox"/> State Assembly 79 | <input type="checkbox"/> State Assembly 80 |

7d. State Senate Districts

Select one or more of the California State Senate districts where the proposed boating safety education activities will occur. Copy and paste the URL (http://www.legislature.ca.gov/legislators_and_districts/districts/districts.html) in your browser to determine the State Senate district(s).

- | | | | | |
|--|--|--|--|--|
| <input type="checkbox"/> State Senate 01 | <input type="checkbox"/> State Senate 02 | <input type="checkbox"/> State Senate 03 | <input type="checkbox"/> State Senate 04 | <input type="checkbox"/> State Senate 05 |
| <input type="checkbox"/> State Senate 06 | <input type="checkbox"/> State Senate 07 | <input type="checkbox"/> State Senate 08 | <input type="checkbox"/> State Senate 09 | <input type="checkbox"/> State Senate 10 |
| <input type="checkbox"/> State Senate 11 | <input type="checkbox"/> State Senate 12 | <input type="checkbox"/> State Senate 13 | <input type="checkbox"/> State Senate 14 | <input type="checkbox"/> State Senate 15 |
| <input type="checkbox"/> State Senate 16 | <input type="checkbox"/> State Senate 17 | <input type="checkbox"/> State Senate 18 | <input type="checkbox"/> State Senate 19 | <input type="checkbox"/> State Senate 20 |
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| <input type="checkbox"/> State Senate 31 | <input type="checkbox"/> State Senate 32 | <input type="checkbox"/> State Senate 33 | <input type="checkbox"/> State Senate 34 | <input type="checkbox"/> State Senate 35 |
| <input type="checkbox"/> State Senate 36 | <input type="checkbox"/> State Senate 37 | <input type="checkbox"/> State Senate 38 | <input type="checkbox"/> State Senate 39 | <input type="checkbox"/> State Senate 40 |

7e. Congressional Districts

Select one or more of the California Congressional districts where the proposed boating safety education activities will occur. Copy and paste the URL (<https://www.govtrack.us/congress/members/CA>) in your browser to determine the Congressional district(s).

- | | | |
|--|--|--|
| <input type="checkbox"/> Congressional District 1 | <input type="checkbox"/> Congressional District 2 | <input type="checkbox"/> Congressional District 3 |
| <input type="checkbox"/> Congressional District 4 | <input type="checkbox"/> Congressional District 5 | <input type="checkbox"/> Congressional District 6 |
| <input type="checkbox"/> Congressional District 7 | <input type="checkbox"/> Congressional District 8 | <input type="checkbox"/> Congressional District 9 |
| <input type="checkbox"/> Congressional District 10 | <input type="checkbox"/> Congressional District 11 | <input type="checkbox"/> Congressional District 12 |
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| <input type="checkbox"/> Congressional District 46 | <input type="checkbox"/> Congressional District 47 | <input type="checkbox"/> Congressional District 48 |
| <input type="checkbox"/> Congressional District 49 | <input type="checkbox"/> Congressional District 50 | <input type="checkbox"/> Congressional District 51 |
| <input type="checkbox"/> Congressional District 52 | <input type="checkbox"/> Congressional District 53 | |

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Exhibit A (Section I & II)**Exhibit A - Section I**

Click on 'Show Documents' in the upper right portion of this screen (above 'CLOSE' icon) to access the Exhibits and Manual mentioned in this section.

The Division of Boating & Waterways (DBW) receives funding from the Federal Sport Fish Restoration and Boating Trust Fund to increase boating safety education efforts. One way in which DBW enhances education is through the Aquatic Center Grant Program.

The mission of the Aquatic Center Grant Program is to promote boating safety by providing grant funding to organizations that offer on-the-water training to members of the general public to enhance boaters' knowledge of boating laws, practical handling of vessels on the water, weather and water conditions, rules of the road and equipment requirements.

Programs that most closely meet the purpose and objectives of this mission statement will be given higher priority for funding.

Section 1 allows DBW to determine if the applicant meets the minimum qualifications for funding eligibility. No points are associated with this section.

1. My agency is a local public agency, nonprofit organization, college or university that ☐ Yes ☐ No
qualifies for aquatic grant funding as specified in Section 668.2 of the Harbors and Navigation Code. (See section 658.2 in the 'Show Documents' area).
2. The boating safety courses offered by my agency consist of on-the-water training. ☐ Yes ☐ No

List the locations of the on-the-water training

3. As a subcontractor for this federal grant award, your agency must be registered in the Federal System of Award Management (<https://www.sam.gov/SAM/pages/public/searchRecords/search.jsf>) Your agency's registration must be current in that system at the time you submit your application.

Attach a screenshot showing your registration is active. (A sample screenshot is available in the 'Show Documents' area)

4. I have read all attached grant agreement provisions (Exhibits B, C, D, and E or AB 20 - see exhibits in 'Show Documents') and the insurance requirements that will apply to the grant should I receive funding.

A. My organization is able to comply with all of these terms and conditions. ☐ Yes ☐ No

B. I have provided a copy of my organization's non-discrimination policy. ☐ Yes ☐ No

(Please upload a copy of your organization's non-discrimination policy)

C. The insurance requirements are attached in Exhibit B located in the Show Documents area of this OLGA application. I have read these requirements and affirm that my organization has all of the required insurance for the programs, people, and equipment identified in this proposal. ☐ Yes ☐ No

D. I understand that in order to be reimbursed for scholarship funding, I will forward a course roster that includes the name and date of the course, and names of participants and participant signatures affirming that they attended the course. A Group Leader may sign a roster affirming that the members of the group attended. ☐ Yes ☐ No

5. ☐ By submitting this application, I acknowledge that if any active grant between my agency and the Department of Parks and Recreation is out of compliance, that my agency may be ineligible for funding.

6 a. I understand that all funds are distributed through reimbursement only. ☐ Yes ☐ No

- 6 b. Do you have a contingency fund that would allow you to cover unforeseen expenses, cash flow shortfalls, or unexpected delays in reimbursement? ☐ Yes ☐ No
- 6 c. If yes, how many months of operational funding do you keep in the contingency fund?
7. The grant requires annual attendance by the grantee at a two-day meeting to share ideas with other aquatic center directors and get grant updates from DBW staff. Training funds may be used to offset meeting/travel/lodging costs for one person approved by DBW staff. My organization shall comply with this attendance. ☐ Yes ☐ No
8. If awarded funding, my organization shall assist DBW with its boating safety media campaign by doing the following within six weeks of receiving DBW-supplied materials:
- A. Request and display DBW safety message banner(s) or poster(s) at the aquatic center or where classes are held. ☐ Yes ☐ No
- B. Request and distribute DBW safety literature at aquatic center events. ☐ Yes ☐ No
- C. Request and display DBW logo, safety messages and DBW link on aquatic center website. ☐ Yes ☐ No
9. If you are an applicant with non-profit status, attach a screenshot dated within 30 days of your OLGA submission date showing that you are currently in good standing with the California Attorney General's Office. (<http://rct.doj.ca.gov/Verification/Web/Search.aspx?facility=Y>). (A sample screenshot is available in the 'Show Documents' area). This requirement does not apply to colleges or universities, government entities, or associated student organizations attached to a university.
10. Is your organization or parent organization currently involved in any of the following:
- A. A loan that is in default ☐ Yes ☐ No
- B. Bankruptcy proceedings ☐ Yes ☐ No
- C. Grand jury investigation ☐ Yes ☐ No
- If you answered "Yes to any of the following, please describe the situation:
11. Provide information regarding any indirect costs that are related to this grant application. NOTE: All indirect costs must be listed on the Cost Estimate Worksheet of this grant.
- A. Does your organization have a negotiated indirect cost rate with the federal government? ☐ Yes ☐ No
- (Agencies without a negotiated rate are subject to the de minimis of 15% of direct costs.)
- B. Does your organization plan to utilize indirect costs in this grant? ☐ Yes ☐ No
- C. If you plan to claim indirect costs as part of your grant request, you must attach your Negotiated Indirect Cost Rate Agreement below and you must list the costs on the Cost Estimate Worksheet. Otherwise, indirect costs will not be reimbursable should the grant be approved.

Document Name	Attachment

Exhibit A - Section I - Safety Standards

12. The grant-funded courses included in this funding request are led by qualified instructors that are trained in a manner adequate for the circumstances in which they will be teaching. ☐ Yes ☐ No

13. Instructors involved in grant funded programming are qualified as follows:

- A. All instructors are trained and certified by recognized organizations such as US Sailing, ASA, ACA, US Waterski, etc. ☐ Yes ☐ No

If you answered "no," please answer B.

- B. Each class lead instructor has been evaluated by a certified instructor who has affirmed in writing that the lead instructor is qualified to conduct the on-the water trainings they teach. Written affirmations will be kept on file and will be available for inspection by DBW staff. ☐ Yes ☐ No

- C. All class instructors are certified in first aid and CPR. ☐ Yes ☐ No

Exhibit A - Section II (Program and Financial Overview)

In this section, you will provide information regarding courses, activities, outreach, and staffing that you currently provide in your boating safety program.

Objective 1 - Targeted Boating Safety Education Approach (Page 1)

The organization is specifically set up to enhance boating safety as part of its main mission and has the ability to help DBW provide boating education courses.

1. What is the primary goal of your organization as defined in your mission statement?

Objective 1 - Targeted Boating Safety Education Approach (Page 2)

2. Describe the strengths of your boating safety program that highlight the value you provide to the public. (Why should someone take a course from your organization rather than from a competitor? What makes your program stellar?). This is an opportunity for you to showcase the strengths and boating safety expertise within your program.

Objective 1 - Targeted Boating Safety Education Approach (Page 3)

Organization demonstrates targeted approach to identified boating safety education needs and utilizes curriculum that addresses those needs

- 3.a. List up to three significant boating safety problems affecting boaters at large that you have identified in your general area. (Covid-19 issues, fires, or problems specific to your organization such as staffing shortages or trainings, that do not affect boaters at large are outside the scope of this question). For each safety problem identified in 3.a, how did you determine that the identified problems were significant?

Objective 1 - Targeted Boating Safety Education Approach (Page 4)

- 3.b. How does the material covered in the course curriculums that you offer directly address these identified problems? Provide specific examples of material in your curriculum(s) that directly relate to the issues described in 3.a.

Objective 2 - Applicant has boating safety education courses and outreach available and accessible to the public (Page 1)

Applicant offers courses focused on boating safety education.

Exhibit A - Section II

Complete the chart, Boating Safety Courses Offered

List all of your on-the-water boating safety courses that occurred between October 1, 2023-September 30, 2024. Only list boating safety course. (Definition is provided in the Definitions document in Show Documents area.)

In the column 'Type of Course', indicate:

- 'N' = course is NASBLA-approved
- 'O' = course is other than NASBLA approved, or
- 'I' = course is an introductory experience only

4. **Boating Safety Courses Offered**

In the chart below, enter all the boating safety courses you offer that meet the following criteria:

For purposes of this grant application, a boating safety course is defined as a course that includes the following elements:

- At least 50% of the curriculum is based upon elements listed in the boating safety education area of the course curriculum check sheets of this grant application for the following boating activities: sailing, windsurfing, kayak, canoe, powerboats, rafting, SUP, rowing
- Course goals emphasize non-competitive learning
- Has an established curriculum or lesson plan
- Participants wear life jackets

Name of Course	# of Years offered	Type of Course offered	Length of Course (Days)	Length of Course (Hours)	# of Sessions offered Annually	# of Students Enrolled in each Session	Total students trained in course	# who are first time students	# of students repeating this course	% of time spent on boating safety education

[illegible]

			Total number of students (may include double counting)							

Total number of unique students served:

of students passing NASBLA-approved exam

Full Time Student / Repeating Course %

Objective 2 - Applicant has boating safety education courses and outreach available and accessible to the public (Page 3)**Applicant's courses are available and open to a wide segment of the general public**

5. Identify the segments of the public that can access programming.

Note: General public means: All or most people have access, especially those not part of a specific group

Check all that apply.

- ☐ All General Public (anyone can take a course-no restrictions, such as a club membership)
- ☐ General Public Youth (under 18)
- ☐ General Public Adults only (18 and older)
- ☐ Specific group such as college students or alumni, disabled, special groups, (scouts, underserved, club members, etc). Specify group(s)

6. List the methods that a member of the public can use to sign up for a course at your center.

- ☐ Online
- ☐ Phone
- ☐ Walk-in
- ☐ Mail-in
- ☐ Group Sign-up
- ☐ Other

Objective 2 - Applicant has boating safety education courses and outreach available and accessible to the public (Page 4)**7. Exhibit A - Section II**

Provide the following information regarding your organization's advertising and outreach efforts related to your boating safety courses in the following table.

Advertising/O utreach Used in the Past 12 Months	Target Audience	Describe How This Method Reaches your Target Audience	Frequency	% of signups attributed to this Outreach

Objective 2 - Applicant has boating safety education courses and outreach available and accessible to the public (Page 5)

8.a What other boating safety education programs exist near you?

- ☐ No other boating safety education program within 20 miles
- ☐ There are other boating safety education programs within 20 miles.

8.b If multiple programs exist within 20 miles, list the three closest programs and describe how your program is different from each of them.

Objective 3 - To fund organization that are efficient, and financially solvent. (Page 1)**Candidate Conducts Evaluations and Improvements****Candidate has Dedicated, Seasoned Staff**

9.a Does your program currently have a permanent program director? ☐ Yes ☐ No

9.b. How long has the current director been in that position?

- ☐ Less than 2 years
- ☐ 2 - 5 Years
- ☐ Over 5 Years

9.c. Provide the number of paid and volunteer staff and the total hours dedicated per year to your boating safety program:

Staffing

Status	# of Staff	Hours per year in boating program
Paid		
Volunteer		
TOTAL		

Percentage of paid staff hours

Objective 3 - To fund organization that are efficient, and financially solvent. (Page 2)

To demonstrate the diversity and stability of your funding sources, list the breakdown of your program's funding from your immediately previous fiscal year. (Income from your program's parent organization is considered a source.)

10. List your program's funding sources (Percentages will populate upon saving)

Funding Source	Amount	Percentage of Total Program Funding
Parent Organization / Entity		
Program Fees		
DBW Grant		
Other Grants		
Endowments/Gifts		
Fundraisers		
Equipment Check out Fees		
Boat Storage Fees		
Other		
Total		

* Equipment Check-out Fees are fees generated from equipment use outside of classes.

Objective 3 - To fund organization that are efficient, and financially solvent. (Page 4)

11. Conducting Evaluation & Implementing Improvements

11.a Identify a program improvement that was implemented in the last calendar year:

Note: improvements can be either boating safety or administrative in nature but should have made your organization safer or more efficient in a measurable way. Do not repeat answers from previous applications unless you have further refined a process mentioned previously.

Objective 3 - To fund organization that are efficient, and financially solvent. (Page 4-1)

11.b How did you assess the need for this improvement?

- ☐ Quality Control Standards (Participant Exit survey, suggestion box, etc.)
- ☐ Internal Feedback (Employees identify a need)
- ☐ Regulation/law change/industry best practices
- ☐ Other (Identify)

Objective 3 - To fund organization that are efficient, and financially solvent. (Page 4-2)

11 c. **What did the assessment identified in 11.b reveal that prompted you to make an improvement?**
What were the measurable benefits since implementation?

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Exhibit A Section III - Equipment

Equipment - Instructions

PLEASE READ THE FOLLOWING CAREFULLY

ENTER INFORMATION IN THIS SECTION ONLY IF YOU SELECTED 'EQUIPMENT' AS A PROPOSAL TYPE

IF YOU DID NOT SELECT 'EQUIPMENT' AS A PROPOSAL TYPE, CLICK ON THE NEXT TAB TO NAVIGATE TO THE NEXT SECTION

In this section, you will identify what equipment your organization would like to purchase with the proposed grant money.

Instructions for Creating Equipment Worksheets

Each of the following items must be entered in separate worksheets. They should not be listed in a combined category such as one of the Supplies categories. Any boats, trailers, engines, modular docking, or storage sheds listed in a combined Supplies category will be disqualified. Additionally, do not create a category called Paddling Equipment and then list SUPs, Kayaks, etc. on a single worksheet. These requests will be disqualified.

Requests Requiring a Separate Worksheet

- **Boats**

All requests for boats must each have a separate worksheet. All boats are subject to this rule including motorized boats, sailboats, and any type of paddle craft.

- If, for example, you are requesting 8 sailboats, you will list them together on a single worksheet. If additionally, you are also requesting 10 kayaks, the kayaks must have their own worksheet. Combining the two requests on a single worksheet will result in a disqualification of both requests.
- If you are requesting a kayak that includes seat backs and paddles as a set, those items can be combined with the kayak in the same line item. However, if you are just requesting several seat backs or paddles to replace worn ones already in your inventory, list those requests in the Supplies-Replacement/Refurbishment Items category.

- **Engines**

- You may combine an engine with boat in a single worksheet if they will be used together as a set. Otherwise, list all engine purchases on a separate worksheet.
- If you are requesting multiple engines of the same type for a similar use, you may combine them into a single worksheet.

- **Trailers**

You may combine a trailer with a boat if they will be used together as a set. Otherwise, trailers belong on a separate worksheet. Note: Trailer does not mean a dolly.

- **Modular Docking**

- Non-permanent modular docking is allowable in this grant. Requests for docking must be on a separate worksheet. Do not combine them in a general request for supplies.

- **Storage Sheds**

- Non-permanent storage sheds are allowed in this grant. Requests for storage sheds must be on a separate worksheet. Do not combine them in a general request for supplies.

Combined Supply Categories

You may combine smaller requests for supplies into a single worksheet if the justification and general use are similar. The following combined supply categories are available to use.

On the cost estimate worksheet, keep the combined items together as a single (e.g.: Supplies-Safety Items) Then, in the notes section, list each individual item and approximate amount and cost per type of item.

Supplies-Replacement/Refurbishment Items.

This category can contain supplies-replacement sails, rudders, masts, paddles, etc. that are being requested to replace worn out items. It should not include an entire boat, or requests to outfit anew boat. If, for example, you are requesting new sailboats and as part of that request, you would be purchasing items such as masts, rudder, sails, that go specifically with that boat or boat fleet purchase, you may combine them in the boat worksheet, as they will have similar use and justification.

Supplies-Safety Items.

This category is for items such as life jackets, flares, radios, first aid items, etc. This category is NOT for listing things like a Safety boat. That item belongs in its own category with its own justification.

Supplies-Miscellaneous Items -

These are supplies that do not fit into the other supply categories. The grouped items should have a similar justification.

If you are unsure whether to separate or group items, contact DBW staff to get clarity and avoid possible disqualification.

Equipment Worksheet**1. Equipment List**

PLEASE MAKE SURE THAT YOU HAVE READ THE INSTRUCTIONS ON THE PREVIOUS PAGE. FAILURE TO COMPLY WITH THE INSTRUCTIONS MAY RESULT IN DISQUALIFICATION OF YOUR REQUEST.

Item:

Priority

Total \$ Amount for all items in worksheet

Attach Quote(s)

2. Justification for this specific equipment.

Instructions

Please respond to the following questions regarding this specific request.

2. Justification for use of:

2 a. Classify this request by choosing one of the following:

- ☐ Critical (boating education operations would cease without it)
- ☐ Safety (equipment provides safety enhancement)
- ☐ Increased Efficiency/Program Expansion (would serve more people or save staff time, etc.)
- ☐ Protection (Extends life of equipment)

2 b. Provide a clear justification that explains the above designation and how this request will improve your ability to educate boaters. What are the detriments to not receiving it?

2 c. Discuss why this particular type or model works best for your program.

2 d. How long do you expect to use this equipment?

2 e. If this request is for a replacement item, how old is the equipment you want to replace? (If not applicable, enter N/A.)

2 f. Provide the estimated number of people who will use the equipment during its estimated lifetime.

3. Course Titles Using this Equipment

Please complete the equipment detail and population segment charts below listing not only the piece of equipment, but all courses that the equipment will be used. (Example: fleet of vessels) DBW wants to know the total number of hours per year per course each piece of equipment will be used for basic non-competitive boating safety education, how many students and what population segment(s) will benefit.

Course Title(s) Using**Course Title(s) Using this Equipment****4. Boating Safety Courses Using Requested Equipment****Boating Safety Courses for:**

Hours per Year - Beginning

Hours per Year - Intermediate

Hours per Year - Advanced

Total Hours per Year

5. Hours Using Requested Equipment Per Year by Activity**Instructions:**

In the chart below, list the number of hours per year that the equipment requested in this worksheet will be used for each of the activity categories. Grant-funded equipment may be used for purposes other than boating safety education as follows: up to 10% for competitive activities/practices and non-boating safety activities and up to 40% for vessel checkout. Use exceeding these thresholds will result in a prorated cost to the grantee as indicated. Grantees must be able to pay the prorated amount for the item to be considered in the grant award.

Hours Used Per Year by Activity for:

Boating Safety Courses

Other Boating Safety Activity/Events

Competitions & Practices

Non-Boating Safety Activities

Vessel Check-Outs

Total Hours

Competitions & Practices and Non-Boating Safety Activities %

(Maximum Allowed: 10%)

Vessel Check-Outs %

(Maximum Allowed: 40%)

If the requested item has exceeded the use acceptable use thresholds and is subject to prorating, your organization share will be:

Is your organization able to contribute toward this item as a cost share?

☐

Yes

☐

No

SAMPLE

Exhibit A Section III - Scholarship

Scholarship - Instructions

PLEASE READ THE FOLLOWING CAREFULLY

ENTER INFORMATION IN THIS SECTION ONLY IF YOU SELECTED 'SCHOLARSHIP' AS A PROPOSAL TYPE

IF YOU DID NOT SELECT 'SCHOLARSHIP' AS A PROPOSAL TYPE, CLICK ON THE NEXT TAB TO NAVIGATE TO THE NEXT SECTION

1. Scholarship Request - Worksheet

1. Scholarship Request - Worksheet

Provide the following information for each course in your scholarship request.

In the chart below, list the course title, and the number of students you will serve. If there is a cost range of scholarship awards, list the range in the "Additional Information" column.

Scholarship Courses Requested

Course Title

If there is a cost range of scholarship awards, list the range in the "Additional Information"

Total Amount Requested

If applicable, list the cost range of scholarships, indirect cost rates, or other explanatory information

2. Population Segment Receiving Scholarships

Population Segment Receiving Scholarships for:

General public over 18

General public under 18

College Students/ Alumni

Disabled

Specific School/ Youth Groups

Other Specific Population

Total Students

3. Instructional Level of Course Requested

In the chart below, list the percentage of time spent in each learning level

Boating Safety Courses for:

Percentage of Time per Single Course -
Beginning

Percentage of Time per Single Course -
Intermediate %

Percentage of Time per Single Course -
Advanced %

**Total Percentage of Time per Single
Course**

4. Method(s) used to establish financial need

**Method(s) used to establish financial
need**

3. What methods do you use to establish either the financial or safety need for scholarship requests?

Financial: List the methods that you use to determine needs for awarding scholarships. Financial examples might include using the free lunch program, Title One schools, income tax verification, etc.

Safety Need: If you are awarding scholarships based on safety, explain why lowering the cost of a particular course or courses at your center benefits boating safety education. Is a particular type of boating causing accidents, etc. Use supporting documentation, such as accident statistics or other safety information to further establish need.

SAMPLE

Exhibit A Section III - Instr Training

Instructor Training - Instructions

You may use the "Copy" button to duplicate Year-One information and then make any change, if needed.

PLEASE READ THE FOLLOWING CAREFULLY

ENTER INFORMATION IN THIS SECTION ONLY IF YOU SELECTED 'INSTRUCTOR TRAINING' AS A PROPOSAL TYPE

IF YOU DID NOT SELECT "INSTRUCTOR TRAINING" AS A PROPOSAL TYPE, CLICK ON THE NEXT TAB TO NAVIGATE TO THE NEXT SECTION

1. Instructor Training Request - Justification of Need

1. Course Information

Please complete the scholarship detail chart below:

Course Title

Length (Hours)

of Instructor Tuitions Requested

\$ Amount Requested Per Instructor

Total \$ Amount Requested

2. Need for Financial Assistance - (Page 1)

Course Title:

- 2.a. Describe the need for this course and how it will benefit your program.

Need for Financial Assistance - (Page 2)

- 2.b. What alternative courses did you research and why did you choose this one? If only one course will meet your needs, please explain.

Need for Financial Assistance - (Page 3)

- 2 c. How many students will benefit this year from all instructor(s) receiving this type training in your request.

Student / Instructor Ratio:

Need for Financial Assistance - (Page 4)

- 2.d. # of instructional hours instructors will spend in the next year training students in boating safety courses because of this specific training (do not calculate hours per student, just total hours spent in instruction. Include all instructors in the request in the calculation)

Hours / Instructor Ratio:

- 2.e. On average, how long do your instructors stay with your program?

- ☐ 3 Yrs or more
☐ Greater Than 1 year, Less Than 3 years

☐ A single season

3. Instructor Training Request - Cost

Instructor Training Cost Breakdown: List all costs associated with this training course. Provide the cost for all instructors included in this request.

Course Title:

Training Location

Tuition \$

Travel \$

Materials \$

Other \$

Total \$

Include any details regarding course cost breakdown such as percentage of overhead costs that will be charged, or other cost explanations as needed.

SAMPLE

Exhibit A Section III - NSBW**Boating Safety Events - Instructions**

PLEASE READ THE FOLLOWING CAREFULLY

ENTER INFORMATION IN THIS SECTION ONLY IF YOU SELECTED "NATIONAL BOATING SAFE WEEK" AS A PROPOSAL TYPE

IF YOU DID NOT SELECT "NATIONAL BOATING SAFE WEEK" AS A PROPOSAL TYPE, CLICK ON THE NEXT TAB TO NAVIGATE TO THE NEXT SECTION

Boating Safety Events Worksheet

Note: Only one worksheet needs to be completed for a boating safety event.

- 1.a. Please complete the Boating Safety Events chart below, listing the event date, location and objective(s).

Name of Event

Date

Time range

Location

of people expected

☐ >= 250 people ☐ >= 175 and ☐ >= 100 and ☐ Less Than 100 people

- 1.b. Did you host an event of this nature in the past? (Irrespective of whether you received DBW funding) ☐ Yes ☐ No

- 1.c. If you answered yes to 1b, how many people (annually) attended your event in the past?

☐ >= 250 people ☐ >= 175 and ☐ >= 100 and ☐ Less Than 100 people

- 1.d. How will the event be promoted?

☐ Social Media ☐ Flyers ☐ Webpage
☐ Radio ☐ Print Media Ads ☐ Other

- 1.e. Does this event allow participants to experience an on-the-water activity? ☐ Yes ☐ No

- 1.f. Describe your boating safety-related activities to be provided

Public/Media Inquiry Contact:

Please provide the staff contact who will handle inquiries from the public or media about your event:

Name of Staff

Contact:

Staff Phone Number:

Staff Email Address:

Any other event information or instructions for the public that we should post on our website

Boating Safety Events Request - Event Expenses

Up to \$2000 in grant funding is available to augment events held by your organization in conjunction with Boating Safety Events.

Curriculum Check Sheets

Aquatic Grant Curriculum Check Sheets - Instructions

You may use the "Copy" button to duplicate Year-One information and then make any change, if needed.

PLEASE READ THE FOLLOWING CAREFULLY

ENTER INFORMATION IN THIS SECTION ONLY IF YOU SELECTED 'EQUIPMENT' AND/OR 'SCHOLARSHIP' AS A PROPOSAL TYPE

Create a course curriculum check sheet for any course that is listed either in Section 2 of your Equipment Worksheet or Section 1 of the Scholarship Worksheet.

IF YOU DID NOT SELECT 'EQUIPMENT' AND/OR 'SCHOLARSHIP' AS A PROPOSAL TYPE, CLICK ON THE NEXT TAB TO NAVIGATE TO THE NEXT SECTION

Aquatic Grant Curriculum Check Sheet

1. Course Title
2. Course Location (Body of Water):
3. Type of Water:

☐ Lake - Calm

☐ Lake - Choppy

☐ Coastal Waters - Protected Harbor, Calm Water

☐ Coastal Waters - Some Waves, or Rough

☐ River - Class 1-2

☐ River - Class 3 and Above
4. Type of Activity:

☐ Sailing

☐ Windsurfing

☐ Motorboat

☐ PWC

☐ Tow Sport

☐ Rowing

☐ Kayak-Sea

☐ Kayak-WW

☐ Kayak-S on T

☐ Canoe

☐ SUP

☐ Rafting
5. Course developed by

☐ Aquatic Center

☐ ACA

☐ US Sailing / ASA

☐ US Sailing / ASA Powerboating

☐ NASBLA Approved

☐ Other
6. Course Prerequisites:
7. **Instructor Certifications:** List the qualifications/certifications that the lead and assistant instructors must have to teach this course.

Instructor Type	Certifications of Lead Instructor and Other Instructors
Lead Instructor Certifications	
Other Instructor Certifications	

8. Length that a single student spends in this Course (Days): Total Hours
9. **BOATING SAFETY EDUCATION ELEMENTS**

COURSE OBJECTIVES (Enter the time spent of each segment of the course for sections 9 and 10. Do not include time spent on meals or travel)

A. **GENERAL EDUCATION**

Total Time Allotment: (Hours)

Check all that apply

- | | |
|--|--|
| <input type="checkbox"/> PFDs (types and fitting) | <input type="checkbox"/> Proper Clothing / Sunscreen / Hydration |
| <input type="checkbox"/> Swim / Water Comfort Check | <input type="checkbox"/> Communication Methods |
| <input type="checkbox"/> Emergency Procedures | <input type="checkbox"/> Weather Conditions |
| <input type="checkbox"/> Hypothermia Precautions | <input type="checkbox"/> Water Conditions and Hazards |
| <input type="checkbox"/> Accident Reporting | <input type="checkbox"/> Float Plans |
| <input type="checkbox"/> Boating Safety Related STEM / STEAM | <input type="checkbox"/> Boating Under the Influence |
| <input type="checkbox"/> Other: | |

B. NAVIGATIONAL RULES & AIDS

Total Time Allotment: (Hours)

Check all that apply

- | | |
|--|---|
| <input type="checkbox"/> Right of Way | <input type="checkbox"/> Signals/Signs/Lights |
| <input type="checkbox"/> Buoys/Channel Markers | <input type="checkbox"/> Collision Avoidance |
| <input type="checkbox"/> Local Rules | <input type="checkbox"/> Safe Speed |
| <input type="checkbox"/> Other: | |

C. VESSEL OPERATION/ HANDS-ON TRAINING

Total Time Allotment: (Hours)

Check all that apply

- | | |
|---|---|
| <input type="checkbox"/> Equipment Orientation | <input type="checkbox"/> Care of Equipment |
| <input type="checkbox"/> Practical Application Skills | <input type="checkbox"/> MOB/Capsize Drills |
| <input type="checkbox"/> Technique & Maneuvers | <input type="checkbox"/> Boarding / Disembarking |
| <input type="checkbox"/> Rigging | <input type="checkbox"/> Boating Related Learning Games |
| <input type="checkbox"/> Other: | |

10. NON-BOATING SAFETY EDUCATION ELEMENTS

Total Time Allotment: (Hours)

Check all that apply

- | | |
|--|--|
| <input type="checkbox"/> Non-Boating Safety Related STEM/STEAM | <input type="checkbox"/> All Environmental Education |
| <input type="checkbox"/> Non-Boating Related Learning Games | <input type="checkbox"/> Cultural / Historic Education |
| <input type="checkbox"/> Toxic Products | <input type="checkbox"/> Other Education |
| <input type="checkbox"/> Other: | |

Total Course hours not including Meals / Travel:

11. EVALUATION:

A. NASBLA approved test: ☐ Yes ☐ No

B. If no NASBLA-Approved Testing, please answer the following:

- ☐ We conduct a test that includes both a written exam and on-the-water skill evaluation.
- ☐ We use another comprehensive written test to determine course pass/fail and/or advancement to next level.
- ☐ We don't offer a written test, but there is an on-the-water skills based test given to determine course pass/fail and/or advancement to next level.
- ☐ We have an informal type of on-the-water skills assessment, but it is not used to advance the student or determine a pass/fail grade.
- ☐ We have no evaluation methods.

- C. If you selected 11 B, 1-4, describe the test or skills evaluation
12. Describe how this specific course advances boating safety education. In your answer, discuss course objectives, examples of how the items checked in 9 A-C are integrated into the course, and the best takeaways for students that support improvements to boating safety.

Who is the target audience and how is boating safety improved by educating them?

If this is an intermediate or advanced course, how does it build on the skills learned in previous, less advanced courses in the series, and how does this course improve boating safety?

SAMPLE

DBW Funding

DBW Prior Funding

1. Did this organization receive funding in one of the ☒ Yes ☐ No
last three grant cycles with completed
performance periods? (20-21, 21-22, 22-23)

SAMPLE

Project Cost Estimate - Budget Detail

	Line Item	Qty	Rate	Units	UOM	Extension	Total
Co st Sh are	1.	Equipment					
	<p>Instructions : For each item listed on the budget page, you will add details in the 'Notes' section (last column) . Click on the Notecard icon. You will enter:</p> <ul style="list-style-type: none"> • the number of items in the line item • the cost per item. If the item is a grouped item such as a Safety Equipment, list each expected items in the group and its estimated cost. <p>For more details regarding how to complete the Notes section, see Application Information and Tips located in the 'Show Documents' area in the upper right side of the application screen.</p>						
	1. Others						
2.	Scholarships						
	<p>Instructions : For each item course on the budget page, you will add details in the 'Notes' section (last column) . Click on the Notecard icon. You will enter:</p> <ul style="list-style-type: none"> • The number of scholarships you plan to award. You may enter a range as well • The cost of the scholarships. If there is a range of costs, list the range in the group and the cost per item. <p>For more details regarding how to complete the Notes section, see Application Information and Tips located in the 'Show Documents' area in the upper right side of the application screen.</p>						
	1. Others						
3.	Instructor Training						
	<p>Instructions : For each item course on the budget page, you will add details in the 'Notes' section (last column) . Click on the Notecard icon. You will enter:</p> <ul style="list-style-type: none"> • The number of instructor training scholarships you are requesting. You may enter a range as well. • The cost of the scholarships. If there is a range of costs, list the range in the group and the cost per item. <p>For more details regarding how to complete the Notes section, see Application Information and Tips located in the 'Show Documents' area in the upper right side of the application screen.</p>						
	1. Others						
4.	Boating Safety Events						
	<p>Instructions : For each expense line item listed on the budget page, you will add details in the 'Notes' section (last column) . Click on the Notecard icon. You will enter:</p> <ul style="list-style-type: none"> • The number of items/staff, etc. in the group if applicable. • The cost of the expense per staff person or item if applicable. You may list a range of costs if the item cost varies per person or group. If the item is a grouped item such as promotional items, list each expected items in the group and its estimated cost. 						

For more details regarding how to complete the Notes section, see Application Information and Tips located in the 'Show Documents' area in the upper right side of the application screen.						
1. Others						
5. Indirect Costs						
<p>Instructions : Indirect costs can only be applied if an approved indirect costs rate has been established or an actual rate has been approved by a State of California Division of Boatng & Waterways or the applicable federal cognizant agency and is accepted by the Department.</p> <p>Using the 'Look-up' icon select the type of indirect rate in the text box below the selected item.</p>						
1. De Minimis Rate – up to 10%						
2. Federal Approval						
3. Other Approval						
4. State Approval						
Totals						

	Category	Extension	Total	Cost Share	Narrative
1.	Equipment				
2.	Scholarships				
3.	Instructor Training				
4.	Boating Safety Events				
5.	Indirect Costs				
Totals					