

**Pennsylvania Fish and Boat Commission**

**Statewide public access grant program**

**Grant Application**

**Form PFBC-BOB-006**

 **REV (09/2025)**

Completely fill in all sections that apply to the proposed project. Please provide complete and accurate information. Refer to the Statewide Public Access Grant Program Procedure Guide often. Please contact the PFBC Statewide Public Access Program Manager (717-346-8196) to discuss the project and to arrange a site visit **before submitting this application**.

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| **Checklist** |
| Sent (completed by applicant) | Item | Received (for PFBC use only) |
|[ ]  Application package and supporting documentation on a flash drive  |[ ]
|[ ]  Location/Site map |[ ]
|[ ]  Existing condition/Use photographs (2 minimum) |[ ]
|[ ]  Cost estimates |[ ]
|[ ]  For construction projects: preliminary design or engineering plans |[ ]
|[ ]  For construction projects: proof of ownership or control of property (deed or lease) |[ ]
|[ ]  For acquisition projects: title reports (if available) and appraisals |[ ]
|[ ]  For acquisition projects: agreement of sale or letter of intent with landowner |[ ]
|[ ]  Documentation of match |[ ]
| Date of required site visit and name of PFBC representative you met with:       |

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| **Section I – Identification of Applicant and Project Coordinator** |
| Legal Name of Applicant |       | County |       |
| Federal ID Number |       | SAP Vendor ID Number |       |
| Street Address |       | P.O. Box |       |
| City/Town |       | Zip Code |       | Phone  |       |
| Local Project Coordinator (person in charge of project) |       |
| Title of Local Project Coordinator |       |
| Street Address |       | P.O. Box |       |
| City/Town |       | Zip Code |       | Phone |       |
| Email Address |       | Fax  |       |
| Applicant Classification |[ ]  Municipality |[ ]  County |[ ]  Nonprofit |[ ]  Other       |
| Chief Elected Official or Executive Officer | Name |       | Title |       |

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| **Section II – General Project Information** |
| Project Title |       |
| **Attach Location Map** |
| Project Address/Location (if located in more than one county, township, etc., please list all) |
| County |       |
| Borough, City, Town or Township |       |
| Waterbody |       |
| Latitude |       | Longitude |       |
| Recreation Type (check all that apply) | Boating [ ]  | Fishing [ ]  | Both [ ]  | Other [ ]  (explain in Section IV) |
| Project Type (check one) |[ ]  Acquisition / Fee Simple |[ ]  Development |
| Select project description (check all that apply) |[ ]  Habitat Improvement |[ ]  Design and Engineering |
|  |[ ]  Easement |[ ]  Construction |
|  |[ ]  Other       |

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| **Section III - This application is for (check ONE):** |
| [ ]  Boating Facility Grant Program | [ ]  Erie Access Improvement Program |

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| **Section IV – Project Description** |
| Applicants are encouraged to discuss proposed projects, project scope of work, etc. with the Commission prior to submission of the application. |
| Check the appropriate project type and in the space provided below, describe the scope of work and approach. |
|[ ]  **Acquisition** – Describe the area to be acquired in terms of size, length of stream, number of parcels, natural and man-made features, nature of surrounding land use, existing uses, relation to existing public parkland, trails, conservation areas and future proposed facilities. Indicate interest to be acquired if other than fee simple. Indicate if the principal use of the property will be for fishing or boating access. |
|[ ]  **Access Development** – Describe the area to be constructed in terms of size, length of stream, number of parcels, natural and man-made features, nature of surrounding land use, existing uses, relation to existing public parkland, trails, conservation areas and future proposed facilities. Indicate if the principal use of the property will be for fishing or boating access. |
|[ ]  **Other** – Describe the project scope of work. Identify the nature of the project and what assistance is being requested from the Commission (planning, administration, design, etc.). |
| **Detailed Description:**      |
| Please list the project’s major milestones and estimated completion dates below. |
| Project Task/Activity | Estimated Completion Date |
| 1.       |       |
| 2.       |       |
| 3.       |       |
| 4.       |       |
| 5.       |       |
| 6.       |       |
| 7.       |       |
| 8.       |       |
| 9.       |       |
| 10.       |       |

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| **Section V – Proposed Project Budget** |
| To accurately estimate a project’s eligible costs, applicants should thoroughly review program materials and/or contact the PFBC. PFBC will help to develop a **realistic/eligible** scope of work, qualifications and verify **ADA access** and other requirements. |
| Total Project Cost |  $       |
| (minus) Grant Amount Requested |  - $       |
| (equals) Local Match |  = $       |
| **Round all cost figures to nearest $100** |
| **Attach appraisal (for acquisition projects only)** |
| Document proposed, detailed project costs on the following sheet. **Double-left click inside the table to open an Excel spreadsheet to easily calculate total costs**. Once all costs have been entered into the excel spreadsheet, click anywhere in this application. Then right-click in the Project Costs sheet on the following page and click “update link.” The information will transfer from the excel spreadsheet to the following page. Note: At least 50% match funding is required. |



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| **\*\*Describe Other Funding Source** |
| Grant Name |       |
| Agency/Organization |       | Amount | $       |
| Contact Person |       | Phone |       |
| Status |[ ]  Approved |[ ]  Pending |[ ]  Intend to Apply |
| Date (if approved, list approval date; if pending, list submission date) |       |
| **\*\*Describe Other Funding Source** |
| Grant Name |       |
| Agency/Organization |       | Amount | $       |
| Contact Person |       | Phone |       |
| Status |[ ]  Approved |[ ]  Pending |[ ]  Intend to Apply |
| Date (if approved, list approval date; if pending, list submission date) |       |

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| **\*\*Describe Other Funding Source** |
| Grant Name |       |
| Agency/Organization |       | Amount | $       |
| Contact Person |       | Phone |       |
| Status |[ ]  Approved |[ ]  Pending |[ ]  Intend to Apply |
| Date (if approved, list approval date; if pending, list submission date) |       |

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| **Section VI – Acceptance of Federal Funding, if available** |
| The applicant understands that when federal funds are utilized, there are additional requirements that apply beyond those required by the Commission. If a project is funded, in whole or in part, with federal funds, the local match cannot come from another federal source. The Commission will require additional documentation if federal funds are used to support the project. |
|[ ]  I will accept federal funding for this project. |
|[ ]  I will not accept federal funding for this project. |

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| **Section VII – Existing Conditions** |
| General Facility Information – Existing Conditions |
| Type of Facility – Identify the current type of facility/conditions at proposed project location. Please complete this section for development and acquisition projects. |
|[ ]  Unimproved |[ ]  Small (1-lane ramp) |[ ]  Medium (2-lane ramp) |[ ]  Large/Regional (3-lane ramp or larger) |
|[ ]  Transient Tie-Up/Overnight Moorage |[ ]  Marina |[ ]  Other       |
| Ownership **(Attach deed or lease)** |[ ]  Fee Simple |[ ]  Lease |
| Number of Years Remaining in Lease |       | Name of Owner |       |
| Estimated Use if Facility Offers Both Types |      % | Motorboats |      % | Unpowered Boats |
| Estimated Launch/Retrievals Per Year |       | Currently |       | After Improvements |
| Estimated Tie-Up/Overnight Moorage |       |
| Day Use, Parking or Launch Fee Amount | $       |

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| Name(s) and distance(s) of closest boating facilities, public and private, within a 5-mile radius (consider all ramps, tie-up facilities and/or marinas) |
| Upstream (rivers) North/East (lakes) | Downstream (rivers) South/West (lakes) |
| Name | Distance | Name | Distance |
|       |       |       |       |
|       |       |       |       |
| If applicable, describe the flow of the waterway throughout the year. (Is it always navigable or is the flow variable such that parts of the year, boats are unable to navigate it?) |
|       |

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| **Section VIII – Proposed Project Components (See Procedure Guide for definitions. Check all that apply.)** |
| Note: Components must be ADA accessible. | Replacement | New Construction |
| Boat Access | Motorized Boat Ramp |[ ] [ ]
|  | Canoe/Kayak Boat Ramp |[ ] [ ]
|  | Boarding Docks |[ ] [ ]
|  | Gangway |[ ] [ ]
|  | Transient Tie-Up |[ ] [ ]
| Fishing Access | Pier |[ ] [ ]
|  | Trail |[ ] [ ]
|  | Docks |[ ] [ ]
|  | Fish Cleaning Station |[ ] [ ]
| Restrooms | Flush Restroom |[ ] [ ]
|  | Vault Restroom |[ ] [ ]
|  | Restroom Utilities |[ ] [ ]
| Parking Area | Access Road |[ ] [ ]
|  | Paved Parking |[ ] [ ]
|  | Gravel Parking |[ ] [ ]
|  | Curbs, Signs, Markings |[ ] [ ]
| CVA | Pumpout |[ ] [ ]
|  | Potty Dump |[ ] [ ]
|  | Sewage Lift Station |[ ] [ ]
|  | Pumpout Utilities |[ ] [ ]
| Miscellaneous | Breakwater/Bank Protection |[ ] [ ]
|  | Debris Deflection Floats |[ ] [ ]
|  | Other: (pathway to launch, etc.)       |[ ] [ ]
| Describe ADA accessible elements and amenities of the project. |       |
| **Section IX – Project Selection Criteria** |
| Legal Name of Applicant |       |
| Project Title |       |
| PFBC uses the criteria below to evaluate, rate and rank grant applications for funding consideration. Each of the criteria has a statement and a commentary to further explain the statement and provide guidance to help the applicant give a concise response to each statement.  |
| 1. **Needs and Benefits Assessment** – List and describe the fishing, boating, conservation, and general access needs that exist at the proposed project site, or in the community, region, or county, that make this project an important priority. Further, list and describe the immediate and future long-term benefits (e.g., length of stream frontage to be opened up) that will be realized if the proposed project is completed. Indicate if the project is located along a water trail. |
|       |
| **2.** Describe the status of planning discussions/interactions that have taken place on the project thus far. |
|       |
| 3. **Site Compatibility** – Discuss the reasons how/why the proposed site was identified and why it is appropriate for the proposed project. Discuss the impact of the proposed project on the existing environmental conditions of the site (wetlands, waters, etc.). |
|       |
| 4. **Other** – Discuss other factors that you wish the Commission to consider in its evaluation of your project. For example, does the project involve the securing of permanent access to prime fishing waters, rehabilitation of existing facilities, imposition of user fees to support the long-term viability of the facility, etc. |
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| **Section X – Erie Access Improvement Program (Complete this section only if submitting an Erie Access Improvement Program project.)** |
| 1. Explain how this project supports public fishing, public fishing access, or protects or improves fish habitat on or at Lake Erie, Presque Isle Bay, and their tributaries. |
|       |
| 2. The Erie Access Improvement Program is specific to projects that support fishing access, activities, and habitat. While boating activities may be ancillary to fishing for the purposes of the program, boating shall not be the primary purpose for eligible projects. Please describe how the fishing and boating elements of the project align with the program’s primary purpose. |
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| **Section XI – Certification (signature of authorized representative required)** |
| By signing this grant application, I certify to the best of my knowledge, information and belief, the above information provided on this form and related attachments is true, correct and that:1. Any property to be acquired/developed has not been used for storage/disposal of toxic chemicals/waste and is not affected by such a site.2. Any wetland areas located on the property to be acquired/developed have been identified and will be protected in accordance with applicable state/federal laws and regulations.3. The applicant is not under suspension or debarment by the Commonwealth or any governmental entity, instrumentality, or authority.4. The applicant is not delinquent in the payment of any Commonwealth obligation, including taxes.5. The applicant has assessed what administrative, cash and/or non-cash needs will be required to provide the local match for the requested grant and affirms that the match is available, and the applicant has the capacity to proceed with the project.6. If in-kind services are used as a portion of the required match, the in-kind service rates do not exceed the applicant’s normal billing rates and do not include food, drinks, gifts, and other hospitality items related to the general promotion of the applicant or the promotion of any projects that the applicant is involved in or costs related to fundraising and/or lobbying government officials for the benefit of the application in general or for any projects that the applicant is involved in.7. All statements made in this application and supporting materials are true. |
| Signature |       | Date |       |

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| **Section XII – Verification of 501(c)(3) status (to be completed by 501(c)(3) organizations)** |
| If your organization is an incorporated 501(c)(3) non-profit, you must fill out this section. Eligible applicants include 501(c)(3) entities involved in the preservation, conservation, or management of critical habitat, open space, watersheds, rivers and streams, or natural areas for public benefit. The organization must be both tax exempt under Section 501(c)(3) of the Internal Revenue Code and registered with the Pennsylvania Department of State, Bureau of Charitable Organizations and involved in the above activities. In order for the PFBC to verify your status and eligibility, please complete the following two questions in their entirety (this section does not apply to municipalities) and attach a copy of each approval letter to your application.  |
| Please enter your organization’s name exactly as it appears on your approval letter from the Internal Revenue Service and provide the date of approval.Organization Name:      Date of Approval:       |
| Please enter your charitable organization’s name as it appears on the Pennsylvania Department of State, Bureau of Charitable Organizations Certificate of Registration and provide the registration number and the date of certificate expiration. Registration with the Department of State, Bureau of Charitable/Nonprofit Organizations is required for the PFBC’s funding of nonprofit organizations. Organization Name:      Registration No:      Date of Certificate Expiration:       |

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| **Section XIII – Applicant Signature** |
| Application is hereby made for the activities described herein. I certify that I am familiar with all the information contained in this application, and to the best of my knowledge and belief, this information is true, complete, and accurate. I further certify that I possess the authority, including the necessary requisite property interests, to undertake the proposed activities.I also certify that the Applicant’s governing body is aware of and has authorized the person identified as the official representative of the Applicant to act in connection with this application and subsequent project, as well as to provide additional information as may be required. By signing below, the Applicant agrees to comply with all federal, state and local laws in conjunction with the proposal and resulting project if so approved. [ ]  Resolution or other documentation required in Procedure Guide, Section 2.3, paragraph (C) is included in application.            Print Name Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      Applicant Signature Date |