SES HY

| GRANT   From:   | BRIEFING DOCUM                             | ENT            |            |             |  | rev. 2/13/13   |  |
|---|--|----------------|------------|-------------|--|--|--|
| Name:   | Michael Morris                             | Dep            | t: Recreat | ion and Par | ks_ Phone: 2   | 263-7958   |  |
| This is a req   | nest to<br>review, approve, an<br>other    | d/or sign a gr | ant agreer | nent/award  |  |  |  |
| Grant title:  | Maryland Abandoned Boat and Debris Program |                |            |             |  |  |  |
| Grantor:  | Maryland Department                        | of Natural Res | ources     |             | Amount: \$   | 25,000   |  |
| Atte  | estation:                                  |                |            |             |  |  |  |
| $\checkmark$  | Match is not require                       | d.             |            |             |  |  |  |
|   | Match is required. 1                       | Match will be  | met in the | form of     | <u> </u>   |  |  |
| I attest that this asset has been approved/appropriated in <sup>2</sup>         |  |                |            |             |  |  |  |
| Melal Mours   Pect Parks   8/31/16  Department Director signature   Dept   Date |  |                |            |             |  |  |  |
| Routing   |  | Initials       | In         | Oate<br>Out | Comments   |  |  |
| origin  | ating Dept Director                        | mm_            | 8/31/16    | 8/31/16     |  |  |  |
| Grants  | s Coordinator                              | MP             | 9/16       | 9/16        | Xinti  | X plm clx  |  |
| Finan   | ce Director                                | BLW            | 9/21       | 9/51        |  | · Carrinovici  |  |
| City A  | Attorney                                   | 011            | 9/20       | 9/20        | JOurnal England Market (1994)  | Vi-Mickelson in Tillian  |  |
| City N  | Manager .                                  |                | · -        | -           |  |  |  |
| Mayo  | r  |                |            |             | E-JOSEPH STATE OF THE STATE OF  |  |  |
| City C  | Clerk                                      |                |            |             | and the state of t | and the second s |  |
| ☑ Finano  | ce Committee                               |                |            |             |  |  |  |
| ☑ Financ  | ce Dept                                    |                |            | •           | ·  |  |  |
|   |  |                |            |             |  |  |  |

#### **GRANT Briefing Document, continued**

Provide a short narrative. Include:

| -program description  | - purpose of funds          | - due dates |  |  |  |
|---|-----------------------------|-------------|--|--|--|
| -grant period   | -amount of request or award |             |  |  |  |
| -special features, e.g., environmental impact implications, notarization required |                             |             |  |  |  |

This is non-match required grant from the Maryland Department of Natural Resources is for up to \$25,000. The grant reimburses expenditures to remove and confiscate derelict boats and/or debris from City waterways. This grant is provided annually and City has received it for numerous years. The grant is for FY2017 (July 1, 2016 - June 30, 2017).

<sup>&</sup>lt;sup>1</sup> Examples: cash match, equipment loan, staff salaries, volunteer time, contribution from non-City agency.
<sup>2</sup> Examples: FY\_\_ Gperating Budget, a memorandum of understanding, City Council resolution/ordinance.

**COMMENTS:** 

| <b>Grant Title</b> | Abandoned Boat & Debris Grant |  |
|--------------------|-------------------------------|--|
|                    |                               |  |

Grant Award (\$) 25,000.00 Originating Department(s): Dept Contact (Name/Phone): Mike Morris Budgeted Total per Grant **Expenditure Account Grant Award** Appropriation Variance Expend. Type Comments 0.00 Salaries 0.00 **Benefits** Overtime 0.00 0.00 Supplies 0.00 Telephone Electricity 0.00 0.00 Fuel and Oil 0.00 Training & Education 0.00 R & M - Equipment Special Programs 0.00 0.00 25,000.00 25,000.00 25,000.00 Contract Services 0.00 Capital Outlay other (fill-in) 0.00 0.00 other (fill-in) 0.00 other (fill-in) 0.00 other (fill-in) other (fill-in) 0.00 0.00 other (fill-in) Sub- Total 0.00 25,000.00 25,000.00 25,000.00 **LOCAL MATCH** Total 25,000.00 25,000.00 0.00 25,000.00 TOTAL EXPENDITURES\*: 25,000.00 \* May be different from Grant Award \$ if there is a match requirement. Match is not required. Department Director Signature/Date Department Match is required. Match will be met in the form of (1) I attest that this asset has been approved/appropriated in (2) Department Director Signature/Date

<sup>(1)</sup> Examples (Include dollar amounts if applicable): Cash match, equipment loan, staff salaries, volunteer time, contribution from non-City agency.

<sup>(2)</sup> Examples: FY \_\_ operating budget, a memorandum of understanding, City Council resolution/ordinance.

**Grant Title** 

#### **GRANT BUDGET FORM**

9/1/2016

| Grant Title Maryland Abandoned Boat and Debris Program                     |                           |                         |                                       |            |                           |                                       |  |
|--|---------------------------|-------------------------|---------------------------------------|------------|---------------------------|---------------------------------------|--|
| Grant Award (\$) 25,000.00 Originating Department(s): Recreation and Parks |                           |                         |                                       |            |                           |                                       |  |
| B 44   |                           |                         |                                       |            | 263-7958                  |                                       |  |
|  |                           | R                       | tevenue Source                        |            |                           |                                       |  |
| Expenditure Account  | Federal                   | State                   | Local<br>(Matching)                   | Other      | Total per<br>Expend, Type | Comments                              |  |
| Salaries   |                           | 5,000.00                |                                       |            | 5,000.00                  |                                       |  |
| Benefits   |                           |                         |                                       |            | 0.00                      |                                       |  |
| Overtime   |                           |                         |                                       | -          | 0.00                      |                                       |  |
| Supplies   |                           |                         |                                       |            | 0.00                      | <u> </u>                              |  |
| Telephone  |                           |                         |                                       |            | 0.00                      |                                       |  |
| Electricity  |                           |                         |                                       |            | 0.00                      |                                       |  |
| Fuel and Oil   | ve.                       | 200                     |                                       |            | 0.00                      |                                       |  |
| Training & Education   |                           |                         |                                       |            | 0.00                      |                                       |  |
| R & M - Equipment  |                           |                         |                                       |            | 0.00                      |                                       |  |
| Special Programs   |                           |                         |                                       |            | 0.00                      |                                       |  |
| Contract Services  |                           | 20,000.00               |                                       |            | 20,000.00                 |                                       |  |
| Capital Outlay   |                           |                         |                                       |            | 0.00                      |                                       |  |
| other (fill-in)  |                           |                         |                                       |            | 0.00                      |                                       |  |
| other (fill-in)  |                           | -                       |                                       |            | 0.00                      |                                       |  |
| other (fill-in)  |                           |                         |                                       |            | 0.00                      |                                       |  |
| other (fill-in)  |                           |                         |                                       |            | 0.00                      |                                       |  |
| other (fill-in)  |                           |                         |                                       |            | 0.00                      |                                       |  |
| other (fill-in)  |                           |                         |                                       |            | 0.00                      |                                       |  |
| Total  | 0.00                      | 25,000.00               | 0.00                                  | 0.00       | 25,000.00                 |                                       |  |
| <b>*1</b> 11   |                           |                         | PENDITURES*:                          | 25,00      | 0.00                      |                                       |  |
|  | e different from Grant Av | vaid \$ if there is a m | atch requirement.                     |            |                           |                                       |  |
| Match is not required.   |                           |                         | A                                     | ***        |                           |                                       |  |
| Department Director Sign   | DULLA<br>afture/Date      |                         | Rec+f                                 | Department |                           |                                       |  |
| pepartment Daecox Signature Date   |                           |                         |                                       |            |                           |                                       |  |
| Match is required. Match will be met in the form of (1)                    |                           |                         |                                       |            |                           |                                       |  |
| I attest that this asset has been approved/appropriated in <sup>(2)</sup>  |                           |                         |                                       |            |                           |                                       |  |
|  |                           |                         | -                                     |            |                           |                                       |  |
| Department Director Sign   | ature/Date                |                         | · · · · · · · · · · · · · · · · · · · | Department |                           |                                       |  |
|  |                           |                         |                                       |            |                           |                                       |  |
| OMMENTS:   |                           |                         |                                       |            |                           |                                       |  |
|  |                           |                         |                                       |            |                           | · · · · · · · · · · · · · · · · · · · |  |
|  |                           |                         | ····                                  |            |                           |                                       |  |
|  |                           | <u> </u>                |                                       |            |                           |                                       |  |

<sup>(1)</sup> Examples (include dollar amounts if applicable) Cash match, equipment loan, staff salaries, volunteer time, contribution from non-City agency.

<sup>(2)</sup> Examples: FY \_\_ operating budget, a memorandum of understanding, City Council resolution/ordinance.



Larry Hogan, Governor Boyd K. Rutherford, Lt. Governor Mark J. Belton, Secretary Mark L. Hoffman, Acting Deputy Secretary

August 23, 2016

Annapolis Harbormaster One Dock Street Annapolis, MD 21401

RE: Abandoned Boat and Debris Grant Award FY 17 – AB 3701 K00P7400326

I am writing to inform you that the City of Annapolis request for funds from the Maryland Abandoned Boat and Debris (AB&D) Program has been approved. A grant in the amount of \$25,000 has been awarded and is available for immediate use. Purchase Order K00P7400326 is attached. Please cite this number on the reimbursement form.

Under the terms of this grant, all legitimate expenses associated with the removal of abandoned boats and debris is 100% reimbursable. Removal of debris in State waters shall be permitted only in the best interest of the State, where such timber poses a hazard to public safety or an impediment to normal motorized vessel operating conditions. Please be sure to maintain documentation of all expenditures including invoices, receipts and photographs.

Just a reminder, DNR is changing the duration of our AB&D grants from two years to one year. Therefore, jurisdictions must now apply every year for funding. All expenses related to this grant must be used by June 30, 2017. Any funds that are not expended by that date will be reverted to the program.

If you have any questions or concerns regarding this award please contact me directly at (410) 643-6521 or <a href="matt.negley@maryland.gov">matt.negley@maryland.gov</a>

Sincerely,

Matthew Negley

**DNR** Boating Services

Abandoned Boat and Debris Program

## **PURCHASE ORDER**

## STATE OF MARYLAND

| PURCHASE ORDER NO   | ): K00P7400326 P  | RINT DATE:             | 08/22/16   | PAGE: 01                 |  |  |
|---|---|------------------------|--|--------------------------|--|--|
| DELIVER TO: MATT NEGLEY DNR-NRP TECHNICAL SERVICES - HYDRO 303 MARINE ACADEMY DRIVE STEVENSVILLE MD 21666 |   | DNR/TAV<br>580 TAY     | BILL TO: SARA DAWES DNR/TAWES STATE OFFICE BLDG 580 TAYLOR AVE - E4 ANNAPOLIS MD 21401 |                          |  |  |
| VENDOR ID: CITY OF ANNAPOLIS FINANCE DEPARTMENT 160 DUKE GLOUCESTER ST ANNAPOLIS MD 21401                 |   | MATTHEW (410 )         | REFER QUESTIONS TO: MATTHEW NEGLEY (410 ) 643-6521 MNEGLEY@DNR.STATE.MD.US             |                          |  |  |
| AMMAI OHIO MID  | 21401   | DELIVER                | <b>DELIVER BY:</b> 06/30/17  |                          |  |  |
| ITB:<br>BPO:  | EXPR DATE: POST DATE: 08/18   | /16                    | DISC TERMS: .<br>F.O.B. POINT: DEST  |                          |  |  |
| VENDOR'S RESPONSIBILI<br>ARE EXEMPT FROM TRAI   | FROM FEDERAL EXCISE TY TO ADVISE COMMON CONSPORTATION TAX.  FURNISH THE STATE O | CARRIERS THAT          | AGENCIES OF THE STAT   | E OF MARYLAND            |  |  |
| LINE # STATE ITE<br>0001 94631  | M ID QL   | JANTITY U/M<br>1.00 EA | •  | <u>TOTAL</u><br>25,000.0 |  |  |
| GRANT PAYMENTS  |   |                        |  |                          |  |  |
| ABANDONED BOAT AND<br>GRANT #AB3701<br>GRANT EXPIRES ON 0   | DEBRIS GRANT FOR 6  | CITY OF ANNA           | APOLIS   |                          |  |  |
|   | SHIP/BILL CODE  | SHIPPING C             | CONTACT  |                          |  |  |
| K00P7400326 001   |   | MATT NEGLE             | Y  |                          |  |  |

\*\*\*\*\*\* LAST PAGE \*\*\*\*\*\*

DOCUMENT TOTAL:

25,000.00

| AUTHORIZED BY: |                           | DATE: |  |  |
|----------------|---------------------------|-------|--|--|
|                |                           |       |  |  |
|                | DIVED AUTHODIZED DEGICNES |       |  |  |

# INSTRUCTIONS TO VENDOR

EACH SHIPPING CONTAINER OR PACKAGE SHALL HAVE CLEARLY MARKED A COMPLETE DESCRIPTION AS TO CONTENTS AND QUANTITY CONTAINED THEREIN, THE PURCHASE ORDER NUMBER AND THE STOCK NUMBER, IF LISTED IN DESCRIPTION ABOVE. EACH SHIPMENT SHALL HAVE ATTACHED TO THE CONTAINER OR PACKAGE A PACKAGING SLIP AND SAID CONTAINER OR PACKAGE MUST BE READILY MARKED FOR IDENTIFICATION.

EACH INVOICE MUST BE SUBMITTED IN DUPLICATE AND INCLUDE THE FOLLOWING INFORMATION: 1) DATE AND METHOD OF SHIPMENT. 2) PURCHASE ORDER NUMBER. 3) DESCRIPTION AS IT APPEARS ON PURCHASE ORDER. 4) QUANTITY SHIPPED. 5) UNIT PRICE AND EXTENSIONS. 6) DATE OF INVOICE. 7) VENDOR'S FEDERAL TAX IDENTIFICATION OR SOCIAL SECURITY NUMBER. NOTE: INVOICE INFORMATION MUST BE IN ACCORDANCE WITH THAT CONTAINED ON PURCHASE ORDER. FAILURE TO COMPLY WITH THE FOREGOING WILL RESULT IN THE INVOICE BEING REJECTED FOR PAYMENT.

# **PURCHASE ORDER**

## STATE OF MARYLAND

PURCHASE ORDER NO: K00P7400326

**PRINT DATE:** 08/22/16 **PAGE:** 02

SF AGY YR INDEX PCA OBJECT AOBJ GRANT/PH PROJ/PH AG1 AG2 AMOUNT / %

01 K00 17

R1503

1299

25,000.00

TOTAL ENCUMBRANCE:

25,000.00