



AWAF REIMBURSEMENT CLAIM FORM

GRANTEE (AGENCY) NAME	CONTRACT NUMBER	DATE FULLY EXECUTED
MAILING ADDRESS	CITY	STATE
		CA
CONTACT NAME	PHONE	EMAIL

REMOVAL ACTIVITY DESCRIPTION

1	NAME OF VESSEL OR DESCRIPTION OF WATER HAZARD	CF# or HIN	TYPES OF ISSUES REMOVED			LENGTH	GPS COORDINATES OR LOCATION FOUND	STATEMENT OF SERVICE(S)	DATE(S) OF SERVICE	COST
			M/V	S/V	OTHER: Provide Description					
1									\$ -	
2									\$ -	
3									\$ -	
4									\$ -	
5									\$ -	
6									\$ -	
7									\$ -	
8									\$ -	
9									\$ -	
10									\$ -	
			0	0	0	0			\$ -	

<p>Per Harbors and Navigation Code, section 525 (1) (c), a 10% match contribution is required. The contribution may be rendered in cash, or through in-kind contributions which must be verified, and are at the discretion of DBW. These contributions may include (but are not limited to) personnel hours only (no benefits), administrative costs, removal and storage expenses.</p> <p>Support documents to include with this claim are: 1) Invoices from subcontractors and other service providers 2) Proof of payment for all invoices 3) 10% In-Kind Contribution Statement 4) Photos of vessels with CF numbers (if available) 5) Copies of DMV documents (if available).</p> <p>If using in-kind services, enter amount in the "In-Kind" cell. In-kind expenses must be detailed and verified. Please use the Itemized 10% Contribution Statement Form, available in OLG or DBW's website at www.dbw.ca.gov.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: right;">Sub Total</td> <td style="text-align: right;">→</td> <td style="text-align: right;">\$ -</td> </tr> <tr> <td style="text-align: right;">Less 10% Match (refer to instructions on left)</td> <td style="text-align: center;">In Kind</td> <td style="text-align: center;">Cash</td> </tr> <tr> <td style="text-align: right;">\$ -</td> <td style="text-align: right;">\$ -</td> <td style="text-align: right;">\$ -</td> </tr> <tr> <td style="text-align: right;">Total Reimbursement Request</td> <td style="text-align: right;">→</td> <td style="text-align: right;">\$ -</td> </tr> </table>	Sub Total	→	\$ -	Less 10% Match (refer to instructions on left)	In Kind	Cash	\$ -	\$ -	\$ -	Total Reimbursement Request	→	\$ -
Sub Total	→	\$ -											
Less 10% Match (refer to instructions on left)	In Kind	Cash											
\$ -	\$ -	\$ -											
Total Reimbursement Request	→	\$ -											

By signing below, you agree that the above information provided by your agency is accurate and complete

Approval Signature <hr style="width: 40%; margin-left: 0;"/>	Name and Title of Approver: <hr style="width: 40%; margin-left: 0;"/>	Telephone: <hr style="width: 40%; margin-left: 0;"/>
I certify under penalty of perjury that I have completed the adjudication process as defined in Harbors and Navigation Code sections 502, 503, 504, 523, and have attached documentation (photos, invoices, receipts) of the completion of that process regarding all vessels listed on this claim form.	Title: <hr style="width: 40%; margin-left: 0;"/>	Date: <hr style="width: 40%; margin-left: 0;"/>

WATER HAZARD REMOVAL LIST (WHRL) - LEGEND**EXHIBIT A**

PROJECT NUMBER -	List abandoned watercraft and hazards in priority order and in accordance to the sequence you would want them removed.
VESSEL NAME / LOCATION -	Specify name and location of water hazard.
TYPE OF HAZARD -	Check in the appropriate box(s) stating what type of hazard it is (e.g. check "NH" if it's a navigational hazard)
VESSEL REG # or HIN # -	Enter the vessel registration number if available. If the vessel registration number is not known, then enter the Hull Identification Number (HIN), if available.
LENGTH -	Specify length of abandoned vessel/navigational hazard, if known.
HULL MATERIAL -	State the material that the hull is made of (e.g. wood, fiberglass, concrete, etc.)
COMPLIANCE WITH LAW -	Check the appropriate box stating whether or not all applicable laws regarding abandoned vessels in the Harbors and Navigation Code, Chapter 3, Article 1 have been complied with.
COST ESTIMATE -	State the estimated total cost for the removal, storage, and/or disposal of the abandoned vessel/navigational hazard.
COMMENT -	This column is for your own personal use.
HAZARD REVISION-	<p>The purpose of this column is to inform the Department of any revisions made to the original WHRL contained in Exhibit A of the AWAFF contract.</p> <p>For instance, if the Albatross, as shown in the highlighted WHRL sample, was sold, then, the grantee would check the appropriate box reflecting that change and submit the revised WHRL in its entirety to the Department.</p>