Program Expression of Interest (EOI) Form

Name of Applicant: _____

Contact Person & Title: _____

Name of Organization: _____

Type of Organization:_____

Address: _____

_____

_____

Telephone: _____

Fax: _____

E-Mail: _____

County in which Project will take place: _____

Waterway in/along which Project will take place: _____

Estimated cost of I BOAT NJ funding request: $_____

Proposed Project Category (Check One):

- ☐ **Development/Redevelopment**
- ☐ **Safety**
- ☐ **Education**
- ☐ **Maritime/Marine Trade Advocacy**
- ☐ **Environmental**
- ☐ **Miscellaneous**

Brief Project Summary: Attach <u>one</u> typed, 12 pt. font, page.

Return this completed form and brief project summary via US Post:
NJDOT Office of Maritime Resources
1035 Parkway Avenue
Main Office Building, 3rd Floor
PO Box 837
Trenton, NJ 08625-0837
Attn: I BOAT NJ EOI

Administrative Use Only
Date Received:

Action: