

**COLLIER COUNTY TOURIST DEVELOPMENT COUNCIL**

**CATEGORY "A" GRANT APPLICATION**

**Beach Renourishment**

**Naples Beach Engineering, NTP & Renourishment (Project No. 90068)**

**1. Name and Address of Project Sponsor Organization:**

Coastal Zone Management  
Collier County Government  
2685 South Horseshoe Drive, Unit 103  
Naples, FL 34104

**2. Contact Person, Title, and Phone Number:**

**Name:** Andrew Miller – Manager – Coastal Zone Management

**Address:** 2685 South Horseshoe Drive, Unit 103  
Naples, FL 34104

**Phone:** 239.252.2922

**3. Organization's Chief Official and Title:**

Board of County Commissioners (BCC)  
Chris Hall - Chairman

**4. Details of Project- Description and Location:**

**5. Estimated project start date:**

**6. Estimated project duration:**

**7. Total TDC Tax Funds Requested: \$1,750,000**

**8. If the full amount requested cannot be awarded, can the program/project be restructured to accommodate a smaller award?**

Yes ( )      No ( X )

**Collier County Tourist Development Council  
Category "A" Grant Application (Page 2)**

**Naples Beach Engineering, NTP & Renourishment (Project No. 90068)**

**PROJECT BUDGET**

<b><u>PROGRAM ELEMENT</u></b>	<b><u>AMOUNT</u></b>
TDC Funds Requested	\$ 1,750,000
City/Taxing District Share	\$ -
State of Florida Share	\$ -
Federal Share	\$ -
<b>TOTAL</b>	<b>\$ <u>1,750,000.00</u></b>

**PROJECT EXPENSES:  
(Engineering, Mobilization, Contractor, Monitoring etc)**

<u>Contractual Services</u>	<u>\$ 1,750,000</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>TOTAL</b>	<b>\$ <u>1,750,000.00</u></b>

**I have read the Tourist Development Category "A" Beach Funding Policy covering beach renourishment and pass maintenance and agree that my organization will comply with all guidelines and criteria.**

\_\_\_\_\_  
**Signature of Sponsor Organization's Chief Official**

\_\_\_\_\_  
**Date**

**COLLIER COUNTY TOURIST DEVELOPMENT COUNCIL**

**CATEGORY "A" GRANT APPLICATION**

**Beach Renourishment**

**Vanderbilt Beach Engineering, NTP & Renourishment (90066)**

**1. Name and Address of Project Sponsor Organization:**

Coastal Zone Management  
Collier County Government  
2685 South Horseshoe Drive, Unit 103  
Naples, FL 34104

**2. Contact Person, Title, and Phone Number:**

**Name:** Andrew Miller – Manager – Coastal Zone Management

**Address:** 2685 South Horseshoe Drive, Unit 103  
Naples, FL 34104

**Phone:** 239.252.2922

**3. Organization's Chief Official and Title:**

Board of County Commissioners (BCC)  
Chris Hall - Chairman

**4. Details of Project- Description and Location:**

**5. Estimated project start date:**

**6. Estimated project duration:**

**7. Total TDC Tax Funds Requested: \$1,750,000**

**8. If the full amount requested cannot be awarded, can the program/project be restructured to accommodate a smaller award?**

Yes ( )      No ( X )

**Collier County Tourist Development Council  
Category "A" Grant Application (Page 2)**

**Vanderbilt Beach Engineering, NTP & Renourishment (90066)**

**PROJECT BUDGET**

<b><u>PROGRAM ELEMENT</u></b>	<b><u>AMOUNT</u></b>
TDC Funds Requested	\$ 1,750,000
City/Taxing District Share	\$ -
State of Florida Share	\$ -
Federal Share	\$ -
<b>TOTAL</b>	<b>\$ <u>1,750,000.00</u></b>
<b>PROJECT EXPENSES:</b>	
<b>(Engineering, Mobilization, Contractor, Monitoring etc)</b>	
Contractual Services _____	\$ <u>1,750,000</u> _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>TOTAL</b>	<b>\$ <u>1,750,000.00</u></b>

**I have read the Tourist Development Category "A" Beach Funding Policy covering beach renourishment and pass maintenance and agree that my organization will comply with all guidelines and criteria.**

\_\_\_\_\_  
**Signature of Sponsor Organization's Chief Official**

\_\_\_\_\_  
**Date**

**COLLIER COUNTY TOURIST DEVELOPMENT COUNCIL**

**CATEGORY "A" GRANT APPLICATION**

**Beach Renourishment**

**Marco Island South Engineering, NTP & Renourishment (90071)**

**1. Name and Address of Project Sponsor Organization:**

Coastal Zone Management  
Collier County Government  
2685 South Horseshoe Drive, Unit 103  
Naples, FL 34104

**2. Contact Person, Title, and Phone Number:**

**Name:** Andrew Miller – Manager – Coastal Zone Management

**Address:** 2685 South Horseshoe Drive, Unit 103  
Naples, FL 34104

**Phone:** 239.252.2922

**3. Organization's Chief Official and Title:**

Board of County Commissioners (BCC)  
Chris Hall - Chairman

**4. Details of Project- Description and Location:**

**5. Estimated project start date:**

**6. Estimated project duration:**

**7. Total TDC Tax Funds Requested: \$200,000**

**8. If the full amount requested cannot be awarded, can the program/project be restructured to accommodate a smaller award?**

Yes ( )      No ( X )

**Collier County Tourist Development Council  
Category "A" Grant Application (Page 2)**

**Marco Island South Engineering, NTP & Renourishment (90071)**

**PROJECT BUDGET**

<b><u>PROGRAM ELEMENT</u></b>	<b><u>AMOUNT</u></b>
TDC Funds Requested	\$ 200,000
City/Taxing District Share	\$ -
State of Florida Share	\$ -
Federal Share	\$ -
<b>TOTAL</b>	<b>\$ <u>200,000.00</u></b>

**PROJECT EXPENSES:  
(Engineering, Mobilization, Contractor, Monitoring etc)**

<u>Contractual Services</u>	<u>\$ 200,000</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>TOTAL</b>	<b>\$ <u>200,000.00</u></b>

**I have read the Tourist Development Category "A" Beach Funding Policy covering beach renourishment and pass maintenance and agree that my organization will comply with all guidelines and criteria.**

\_\_\_\_\_  
**Signature of Sponsor Organization's Chief Official**

\_\_\_\_\_  
**Date**

**COLLIER COUNTY TOURIST DEVELOPMENT COUNCIL**

**CATEGORY "A" GRANT APPLICATION**

**Beach Renourishment**

**Tigertail Beach Access Road Expansion (90076)**

**1. Name and Address of Project Sponsor Organization:**

Coastal Zone Management  
Collier County Government  
2685 South Horseshoe Drive, Unit 103  
Naples, FL 34104

**2. Contact Person, Title, and Phone Number:**

**Name:** Andrew Miller – Manager – Coastal Zone Management

**Address:** 2685 South Horseshoe Drive, Unit 103  
Naples, FL 34104

**Phone:** 239.252.2922

**3. Organization's Chief Official and Title:**

Board of County Commissioners (BCC)  
Chris Hall – Chairman

**4. Details of Project- Description and Location:**

**5. Estimated project start date:**

**6. Estimated project duration:**

**7. Total TDC Tax Funds Requested: \$25,000**

**8. If the full amount requested cannot be awarded, can the program/project be restructured to accommodate a smaller award?**

Yes ( )      No ( X )

**Collier County Tourist Development Council  
Category "A" Grant Application (Page 2)**

**Tigertail Beach Access Road Expansion (90076)**

**PROJECT BUDGET**

<b><u>PROGRAM ELEMENT</u></b>	<b><u>AMOUNT</u></b>
TDC Funds Requested	\$ 25,000
City/Taxing District Share	\$ -
State of Florida Share	\$ -
Federal Share	\$ -
<b>TOTAL</b>	<b>\$ <u>25,000.00</u></b>

**PROJECT EXPENSES:  
(Engineering, Mobilization, Contractor, Monitoring etc)**

<u>Contractual Services</u>	<u>\$ 25,000</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>TOTAL</b>	<b>\$ <u>25,000.00</u></b>

**I have read the Tourist Development Category "A" Beach Funding Policy covering beach renourishment and pass maintenance and agree that my organization will comply with all guidelines and criteria.**

\_\_\_\_\_  
**Signature of Sponsor Organization's Chief Official**

\_\_\_\_\_  
**Date**

**COLLIER COUNTY TOURIST DEVELOPMENT COUNCIL**

**CATEGORY "A" GRANT APPLICATION**

**Beach Renourishment**

**Local Government Funding Request - LGFR (90065)**

**1. Name and Address of Project Sponsor Organization:**

Coastal Zone Management  
Collier County Government  
2685 South Horseshoe Drive, Unit 103  
Naples, FL 34104

**2. Contact Person, Title, and Phone Number:**

**Name:** Andrew Miller – Manager – Coastal Zone Management

**Address:** 2685 South Horseshoe Drive, Unit 103  
Naples, FL 34104

**Phone:** 239.252.2922

**3. Organization's Chief Official and Title:**

Board of County Commissioners (BCC)  
Chris Hall - Chairman

**4. Details of Project- Description and Location:**

**5. Estimated project start date:**

**6. Estimated project duration:**

**7. Total TDC Tax Funds Requested: \$25,000**

**8. If the full amount requested cannot be awarded, can the program/project be restructured to accommodate a smaller award?**

Yes ( )      No ( X )

**Collier County Tourist Development Council  
Category "A" Grant Application (Page 2)**

**Local Government Funding Request - LGFR (90065)**

**PROJECT BUDGET**

<b><u>PROGRAM ELEMENT</u></b>	<b><u>AMOUNT</u></b>
TDC Funds Requested	\$ 25,000
City/Taxing District Share	\$ -
State of Florida Share	\$ -
Federal Share	\$ -
<b>TOTAL</b>	<b>\$ <u>25,000.00</u></b>

**PROJECT EXPENSES:  
(Engineering, Mobilization, Contractor, Monitoring etc)**

<u>Contractual Services</u>	<u>\$ 25,000</u>
_____	<u>\$ _____</u>
_____	<u>\$ _____</u>
_____	<u>\$ _____</u>
_____	<u>\$ _____</u>
<b>TOTAL</b>	<b>\$ <u>25,000.00</u></b>

**I have read the Tourist Development Category "A" Beach Funding Policy covering beach renourishment and pass maintenance and agree that my organization will comply with all guidelines and criteria.**

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**Signature of Sponsor Organization's Chief Official**

\_\_\_\_\_  
**Date**

**COLLIER COUNTY TOURIST DEVELOPMENT COUNCIL**

**CATEGORY “A” GRANT APPLICATION**

**Beach Renourishment**

**CO Beach Analysis (80165)**

**1. Name and Address of Project Sponsor Organization:**

Coastal Zone Management  
Collier County Government  
2685 South Horseshoe Drive, Unit 103  
Naples, FL 34104

**2. Contact Person, Title, and Phone Number:**

**Name:** Andrew Miller – Manager – Coastal Zone Management

**Address:** 2685 South Horseshoe Drive, Unit 103  
Naples, FL 34104

**Phone:** 239.252.2922

**3. Organization’s Chief Official and Title:**

Board of County Commissioners (BCC)  
Chris Hall - Chairman

**4. Details of Project- Description and Location:**

Professional consulting for County beach and inlet project history documentation.

**5. Estimated project start date:            October 1, 2024**

**6. Estimated project duration:            1 year**

**7. Total TDC Tax Funds Requested: \$25,000**

**8. If the full amount requested cannot be awarded, can the program/project be restructured to accommodate a smaller award?**

Yes ( )            No ( X )

**Collier County Tourist Development Council  
Category "A" Grant Application (Page 2)**

**CO Beach Analysis (80165)**

**PROJECT BUDGET**

<b><u>PROGRAM ELEMENT</u></b>	<b><u>AMOUNT</u></b>
TDC Funds Requested	\$ 25,000
City/Taxing District Share	\$ -
State of Florida Share	\$ -
Federal Share	\$ -
<b>TOTAL</b>	<b>\$ <u>25,000.00</u></b>

**PROJECT EXPENSES:  
(Engineering, Mobilization, Contractor, Monitoring etc)**

<u>Contractual Services</u>	<u>\$ 25,000</u>
_____	<u>\$ _____</u>
_____	<u>\$ _____</u>
_____	<u>\$ _____</u>
_____	<u>\$ _____</u>
<b>TOTAL</b>	<b>\$ <u>25,000.00</u></b>

**I have read the Tourist Development Category "A" Beach Funding Policy covering beach renourishment and pass maintenance and agree that my organization will comply with all guidelines and criteria.**

\_\_\_\_\_  
**Signature of Sponsor Organization's Chief Official**

\_\_\_\_\_  
**Date**

**COLLIER COUNTY TOURIST DEVELOPMENT COUNCIL**

**CATEGORY "A" GRANT APPLICATION**

**Beach Renourishment**

**USACE Feasibility Study (80366)**

**1. Name and Address of Project Sponsor Organization:**

Coastal Zone Management  
Collier County Government  
2685 South Horseshoe Drive, Unit 103  
Naples, FL 34104

**2. Contact Person, Title, and Phone Number:**

**Name:** Andrew Miller – Manager – Coastal Zone Management

**Address:** 2685 South Horseshoe Drive, Unit 103  
Naples, FL 34104

**Phone:** 239.252.2922

**3. Organization's Chief Official and Title:**

Board of County Commissioners (BCC)  
Chris Hall - Chairman

**4. Details of Project- Description and Location:**

**5. Estimated project start date:**

**6. Estimated project duration:**

**7. Total TDC Tax Funds Requested: \$50,000**

**8. If the full amount requested cannot be awarded, can the program/project be restructured to accommodate a smaller award?**

Yes ( )      No ( X )

**Collier County Tourist Development Council  
Category "A" Grant Application (Page 2)**

**USACE Feasibility Study (80366)**

**PROJECT BUDGET**

<b><u>PROGRAM ELEMENT</u></b>	<b><u>AMOUNT</u></b>
TDC Funds Requested	\$ 50,000
City/Taxing District Share	\$ -
State of Florida Share	\$ -
Federal Share	\$ -
<b>TOTAL</b>	<b>\$ <u>50,000.00</u></b>

**PROJECT EXPENSES:  
(Engineering, Mobilization, Contractor, Monitoring etc)**

<u>Contractual Services</u>	<u>\$ 50,000</u>
_____	<u>\$ _____</u>
_____	<u>\$ _____</u>
_____	<u>\$ _____</u>
_____	<u>\$ _____</u>
<b>TOTAL</b>	<b>\$ <u>50,000.00</u></b>

**I have read the Tourist Development Category "A" Beach Funding Policy covering beach renourishment and pass maintenance and agree that my organization will comply with all guidelines and criteria.**

\_\_\_\_\_  
**Signature of Sponsor Organization's Chief Official**

\_\_\_\_\_  
**Date**