

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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: \$500,000

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

<u>PROGRAM ELEMENT</u>	<u>AMOUNT</u>
TDC Funds Requested	\$ 500,000
City/Taxing District Share	\$ -
State of Florida Share	\$ -
Federal Share	\$ -
TOTAL	\$ <u>500,000.00</u>

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

<u>Contractual Services</u>	<u>\$ 500,000</u>
_____	<u>\$ _____</u>
_____	<u>\$ _____</u>
_____	<u>\$ _____</u>
_____	<u>\$ _____</u>
TOTAL	\$ <u>500,000.00</u>

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