

**COLLIER COUNTY TOURIST DEVELOPMENT COUNCIL**

**CATEGORY “A” GRANT APPLICATION**

**Beach Maintenance**

**Beach Maintenance – Collier County & Marco Island (90533)**

**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: October 1, 2024**

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

**7. Total TDC Tax Funds Requested: \$500,300**

**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)**

**Beach Maintenance – Collier County & Marco Island (90533)**

**PROJECT BUDGET**

<b><u>PROGRAM ELEMENT</u></b>	<b><u>AMOUNT</u></b>
TDC Funds Requested	\$ 500,300
City/Taxing District Share	\$ -
State of Florida Share	\$ -
Federal Share	\$ -
<b>TOTAL</b>	<b><u>\$ 500,300.00</u></b>

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

<u>Contractual Services</u>	<u>\$ 500,300</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>TOTAL</b>	<b><u>\$ 500,300.00</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**