

EXECUTIVE SUMMARY

Recommend approval of Category “A” Tourist Development Fund 183 Grant Applications for Beach Park Facilities in the amount of \$5,142,600,000.

OBJECTIVE: To recommend approval of TDC Category “A” Grant Applications from Fund 183 Beach Park Facilities in the amount of \$5,142,600.

CONSIDERATIONS: The following is a list of grant applications intended for Fiscal Year 10/2011 Funding in Beach Park Facilities Fund 183:

ADVISORY COMMITTEE RECOMMENDATIONS: At the Parks & Recreation Advisory Board (PRAB) June 16, 2010 meeting this item was unanimously approved (4-0).

<u>PROJECT/DESCRIPTION:</u>	<u>AMOUNT REQUESTED</u>
Bluebill Restroom, Access & Turnaround	\$ 230,000
Vanderbilt Beach Restroom Expansion	\$ 376,000
Tigertail Restroom & Walkovers	\$ 7,300
Gulf Shore Property Purchase	\$3,304,300
Gulf Shore Property Improvements	\$1,000,000
Gulf Shore Trolley Purchase (2)	\$ 125,000
Marco Beach Bathroom & Access Improvements	\$ 100,000
TOTAL	\$ 5,142,600.

FISCAL IMPACT: Grant applications total \$5,142,600. The Fiscal Year 10/2011 proposed Beach Park Facilities Fund 183 budget appropriates funding for these grant applications. The source of funds is Category “A” Tourist Development Tax dollars.

GROWTH MANAGEMENT IMPACT: There is no impact to the Growth Management Plan related to this action.

STAFF RECOMMENDATIONS: Staff recommends approval of the attached TDC Category “A” Grant Applications from Fund 183 Beach Park Facilities.

COUNTY ATTORNEY FINDING: Reviewed and approved for legal sufficiency. CMG

RECOMMENDATION: To approve Category “A” Tourist Development Fund 183 Grant Applications in the amount of \$5,142,600.00 (Fund 183 Beach Park Facilities).

PREPARED BY: Gail Hambright, CZM Accountant

Evaluation/Approval Guidelines for TDC Category A Yearly Grant Requests by the Coastal Advisory Committee

Yearly grant requests to the Coastal Advisory Committee will be evaluated, prioritized and funded based on the following criteria.

1. Grants associated with the completion of a previously approved project that are required to complete that project.
2. Grants required to meet Permit Regulatory Compliance. Examples of these grants would be Physical and Biological monitoring, turtle monitoring, shorebird monitoring and tilling.
3. Safety related activities and projects, which are the responsibility of the CAC.
4. Commitments covered by inter-local agreement and /or projects previously approved/identified in the 10 year plan. Examples would be the dredging of Clam, Wiggins, Doctors, Caxambas and Capri Passes and the 10-year cycle of beach re-nourishment.
5. Projects or studies that improve or have a high probability of improving our beach efficiency, the preservation of CAC capital or save us money. These projects would have to have a undisputed payout. Items that would fall into this category would be engineering or studies that could lengthen times between dredge events or re-nourishments.
6. Grants associated with the maintenance and upkeep of our beaches. Examples of these activities that preserve the quality of the beach experience are beach cleaning, raking and grading.
7. Projects that outside funding or third party funding can be obtained on that offset the capital cost. Examples would be FDEP funding, FEMA funding or third party grants.
8. Necessary or required projects would be next. Examples of this type of projects would be Doctors Pass Rip-Rap replacement.
9. New projects not required by law or consent decree would follow.

COLLIER COUNTY TOURIST DEVELOPMENT COUNCIL
CATEGORY "A" GRANT APPLICATION
Beach Renourishment and Pass Maintenance
Bluebill Restroom Access & Turnaround

1. **Name and Address of Project Sponsor Organization:**
Coastal Zone Management
W. Harmon Turner Bldg.
3301 East Tamiami Trail, Suite 103
Naples, Florida 34112

2. **Contact Person, Title and Phone Number:**
Name: Gail Hambright, Accountant
Address: W. Harmon Turner Bldg.
3301 East Tamiami Trail, Suite 103
City Naples ST FL ZIP 34112
Phone: 252-2966 FAX: 252-2950

3. **Organization's Chief Official and Title:**
Fred W. Coyle, Chairman
Board of County Commissioners

4. **Details of Project- Description and Location:**
Additional funding required to provide for the anticipated construction cost of \$1,000,000.

5. **Estimated project start date: October 1, 2010**

6. **Estimated project duration: 12 Months**

7. **Total TDC Tax Funds Requested: \$230,000.00**

8. **If the full amount requested cannot be awarded, can the program/project be restructured to accommodate a smaller award?**
Yes (X) No ()

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

Bluebill Restroom Access & Turnaround

PROJECT BUDGET

<u>PROGRAM ELEMENT</u>	<u>AMOUNT</u>
TDC Funds Requested	\$ <u>230,000.00</u>
City/Taxing District Share	\$ _____
State of Florida Share	\$ _____
Federal Share	\$ _____
TOTAL	\$ <u>230,000.00</u>

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

<u>Engineering Fees</u>	\$ <u>230,000.00</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL	\$ <u>230,000.00</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 and Pass Maintenance
Vanderbilt Beach Restroom Expansion

1. **Name and Address of Project Sponsor Organization:**
Coastal Zone Management
W. Harmon Turner Bldg.
3301 East Tamiami Trail, Suite 103
Naples, Florida 34112

2. **Contact Person, Title and Phone Number:**
Name: Gail Hambright, Accountant
Address: W. Harmon Turner Bldg.
3301 East Tamiami Trail, Suite 103
City Naples ST FL ZIP 34112
Phone: 252-2966 FAX: 252-2950

3. **Organization's Chief Official and Title:**
Fred W. Coyle, Chairman
Board of County Commissioners

4. **Details of Project- Description and Location:**
Additional funding required based on a projected project cost of \$1,200,00.

5. **Estimated project start date: October 1, 2010**

6. **Estimated project duration: 12 Months**

7. **Total TDC Tax Funds Requested: \$376,000.00**

8. **If the full amount requested cannot be awarded, can the program/project be restructured to accommodate a smaller award?**
Yes (X) No ()

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

Vanderbilt Beach Restroom Expansion

PROJECT BUDGET

<u>PROGRAM ELEMENT</u>	<u>AMOUNT</u>
TDC Funds Requested	\$ <u>376,000.00</u>
City/Taxing District Share	\$ _____
State of Florida Share	\$ _____
Federal Share	\$ _____
TOTAL	\$ <u>376,000.00</u>

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

<u>Anticipated Construction Cost</u>	\$ <u>376,000.00</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL	\$ <u>376,000.00</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 and Pass Maintenance
Tigertail Restroom & Walkovers

1. **Name and Address of Project Sponsor Organization:**
Coastal Zone Management
W. Harmon Turner Bldg.
3301 East Tamiami Trail, Suite 103
Naples, Florida 34112

2. **Contact Person, Title and Phone Number:**
Name: Gail Hambright, Accountant
Address: W. Harmon Turner Bldg.
3301 East Tamiami Trail, Suite 103
City Naples ST FL ZIP 34112
Phone: 252-2966 FAX: 252-2950

3. **Organization's Chief Official and Title:**
Fred W. Coyle, Chairman
Board of County Commissioners

4. **Details of Project- Description and Location:**
Additional funding required due to anticipated construction costs.

5. **Estimated project start date: October 1, 2010**

6. **Estimated project duration: 12 Months**

7. **Total TDC Tax Funds Requested: \$7,300.00**

8. **If the full amount requested cannot be awarded, can the program/project be restructured to accommodate a smaller award?**
Yes (X) No ()

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

Tigertail Restroom & Walkovers

PROJECT BUDGET

<u>PROGRAM ELEMENT</u>	<u>AMOUNT</u>
TDC Funds Requested	\$ <u>7,300.00</u>
City/Taxing District Share	\$ _____
State of Florida Share	\$ _____
Federal Share	\$ _____
TOTAL	\$ <u>7,300.00</u>

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

Capital Costs _____	\$ <u>7,300.00</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL	\$ <u>7,300.00</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 and Pass Maintenance
Gulf Shore Property Purchase

1. **Name and Address of Project Sponsor Organization:**
Coastal Zone Management
W. Harmon Turner Bldg.
3301 East Tamiami Trail, Suite 103
Naples, Florida 34112

2. **Contact Person, Title and Phone Number:**
Name: Gail Hambright, Accountant
Address: W. Harmon Turner Bldg.
3301 East Tamiami Trail, Suite 103
City Naples ST FL ZIP 34112
Phone: 252-2966 FAX: 252-2950

3. **Organization's Chief Official and Title:**
Fred W. Coyle, Chairman
Board of County Commissioners

4. **Details of Project- Description and Location:**
Purchase of Gulf access property at Vanderbilt Beach.

5. **Estimated project start date: October 1, 2010**

6. **Estimated project duration: 12 Months**

7. **Total TDC Tax Funds Requested: \$3,304,300.00**

8. **If the full amount requested cannot be awarded, can the program/project be restructured to accommodate a smaller award?**
Yes (X) No ()

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

Gulf Shore Property Purchase

PROJECT BUDGET

<u>PROGRAM ELEMENT</u>	<u>AMOUNT</u>
TDC Funds Requested	\$ <u>3,304,300.00</u>
City/Taxing District Share	\$ _____
State of Florida Share	\$ _____
Federal Share	\$ _____
TOTAL	\$ <u>3,304,300.00</u>
PROJECT EXPENSES: (Engineering, Mobilization, Contractor, Monitoring etc)	
Land Purchase _____	\$ <u>3,304,300.00</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL	\$ <u>3,304,300.00</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 and Pass Maintenance
Gulf Shore Property Improvements

1. **Name and Address of Project Sponsor Organization:**
Coastal Zone Management
W. Harmon Turner Bldg.
3301 East Tamiami Trail, Suite 103
Naples, Florida 34112

2. **Contact Person, Title and Phone Number:**
Name: Gail Hambright, Accountant
Address: W. Harmon Turner Bldg.
3301 East Tamiami Trail, Suite 103
City Naples ST FL ZIP 34112
Phone: 252-2966 FAX: 252-2950

3. **Organization's Chief Official and Title:**
Fred W. Coyle, Chairman
Board of County Commissioners

4. **Details of Project- Description and Location:**
Improvements will be required on the beach front lots to provide public facilities.

5. **Estimated project start date: October 1, 2010**

6. **Estimated project duration: 12 Months**

7. **Total TDC Tax Funds Requested: \$1,000,000.00**

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

Yes (X) No ()

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

Gulf Shore Property Improvements

PROJECT BUDGET

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

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

<u>Engineering and Capital Improvements</u>	\$ <u>1,000,000.00</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL	\$ <u>1,000,000.00</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 and Pass Maintenance
Gulf Shore Trolley Purchase (2)

1. Name and Address of Project Sponsor Organization:

Coastal Zone Management
W. Harmon Turner Bldg.
3301 East Tamiami Trail, Suite 103
Naples, Florida 34112

2. Contact Person, Title and Phone Number:

Name: Gail Hambright, Accountant
Address: W. Harmon Turner Bldg.
3301 East Tamiami Trail, Suite 103
City Naples ST FL ZIP 34112
Phone: 252-2966 FAX: 252-2950

3. Organization's Chief Official and Title:

Fred W. Coyle, Chairman
Board of County Commissioners

4. Details of Project- Description and Location:

Purchase of trolley to provide access to Vanderbilt beaches at peak periods from Conner Park to Vanderbilt Beach Road parking garage.

5. Estimated project start date: October 1, 2010

6. Estimated project duration: 12 Months

7. Total TDC Tax Funds Requested: \$125,000.00

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

Yes (X) No ()

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

Gulf Shore Trolley Purchase (2)

PROJECT BUDGET

<u>PROGRAM ELEMENT</u>	<u>AMOUNT</u>
TDC Funds Requested	\$ <u>125,000.00</u>
City/Taxing District Share	\$ _____
State of Florida Share	\$ _____
Federal Share	\$ _____
TOTAL	\$ <u>125,000.00</u>

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

Capital Purchase _____	\$ <u>125,000.00</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL	\$ <u>125,000.00</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 and Pass Maintenance
Marco Beach Bathroom & Access Improvements

1. **Name and Address of Project Sponsor Organization:**
Coastal Zone Management
W. Harmon Turner Bldg.
3301 East Tamiami Trail, Suite 103
Naples, Florida 34112

2. **Contact Person, Title and Phone Number:**
Name: Gail Hambright, Accountant
Address: W. Harmon Turner Bldg.
3301 East Tamiami Trail, Suite 103
City Naples ST FL ZIP 34112
Phone: 252-2966 FAX: 252-2950

3. **Organization's Chief Official and Title:**
Fred W. Coyle, Chairman
Board of County Commissioners

4. **Details of Project- Description and Location:**
Engineering to upgrade the bathroom at the Marco South Bathroom Facility.

5. **Estimated project start date: October 1, 2010**

6. **Estimated project duration: 12 Months**

7. **Total TDC Tax Funds Requested: \$100,000.00**

8. **If the full amount requested cannot be awarded, can the program/project be restructured to accommodate a smaller award?**
Yes (X) No ()

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

Marco Beach Bathroom & Access Improvements

PROJECT BUDGET

<u>PROGRAM ELEMENT</u>	<u>AMOUNT</u>
TDC Funds Requested	\$ <u>100,000.00</u>
City/Taxing District Share	\$ _____
State of Florida Share	\$ _____
Federal Share	\$ _____
TOTAL	\$ <u>100,000.00</u>

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

<u>Engineering Fees</u>	\$ <u>100,000.00</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL	\$ <u>100,000.00</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