

EXECUTIVE SUMMARY

For the TDC to recommend approval of the Category “A” Tourist Development Fund 183 Grant Applications for Beach Park Facilities for FY 2011/12 in the amount of \$1,975,000.

OBJECTIVE: To recommend approval of the TDC Category “A” Grant Applications from Fund 183 Beach Park Facilities in the amount of \$1,975,000.

CONSIDERATIONS: The following is a list of grant applications intended for Fiscal Year 11/2012 Funding in Beach Park Facilities Fund 183:

<u>PROJECT/DESCRIPTION:</u>	<u>AMOUNT REQUESTED</u>
Barefoot Entrance Sign – 80193	\$ 20,000
Barefoot Toll Booth Replacement – 80190	\$ 150,000
Barefoot Toll Booth Chemical Toilet – 80191	\$ 40,000
Barefoot Engineering and Permit – 80186	\$ 25,000
Barefoot Tiki Roof Repair – 80192	\$ 20,000
Barefoot ADA Ramp Rework – 80195	\$ 20,000
Barefoot Beach Parking Improvement – 80194	\$ 150,000
Conner Park Shelter and Bathroom – 80189	\$ 50,000
New Clam Bay Facility Turnaround and Parking Lot Rework – 80187	\$ 500,000
Seagate Access Bathroom – 80188	\$ 50,000
Gulfshore Property Acquisition	\$ 950,000
TOTAL	\$ 1,975,000

ADVISORY COMMITTEE RECOMMENDATIONS: At the Parks & Recreation Advisory Board (PRAB) April 21, 2011 meeting this item was approved 6 to 0.

FISCAL IMPACT: The Fiscal Year 2011/12 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.

COUNTY ATTORNEY FINDING: this item has been reviewed and approved by the County Attorney’s Office and is legally sufficient for Board action. -JK

RECOMMENDATION: To recommend approval of the Category “A” Tourist Development (Fund 183 Beach Park Facilities) Grant Applications for FY 2011/12 in the amount of \$1,975,000.

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
Barefoot Entrance Sign

1. **Name and Address of Project Sponsor Organization:**
Coastal Zone Management
Collier County Government
3299 Tamiami Trail East, Suite 103
Naples, Florida 34112

2. **Contact Person, Title and Phone Number:**
Name: Gail Hambright, Accountant
Address: Collier County Government
3299 Tamiami Trail East, 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:**
Engineer, permit and provide an entrance sign at Barefoot Beach..

5. **Estimated project start date: October 1, 2011**

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

7. **Total TDC Tax Funds Requested: \$20,000.00**

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**

Barefoot Entrance Sign

PROJECT BUDGET

<u>PROGRAM ELEMENT</u>	<u>AMOUNT</u>
TDC Funds Requested	\$ <u>20,000.00</u>
City/Taxing District Share	\$ _____
State of Florida Share	\$ _____
Federal Share	\$ _____
TOTAL	\$ <u>20,000.00</u>

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

<u>Engineering, permit and provide an</u>	\$ <u>20,000.00</u>
<u>Entrance sign at Barefoot Beach</u>	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL	\$ <u>20,000.00</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
Barefoot Toll Booth Replacement

1. **Name and Address of Project Sponsor Organization:**
Coastal Zone Management
Collier County Government
3299 Tamiami Trail East, Suite 103
Naples, Florida 34112

2. **Contact Person, Title and Phone Number:**
Name: Gail Hambright, Accountant
Address: Collier County Government
3299 Tamiami Trail East, 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:**
Provide a tool booth structure (pre-manufactured) for Barefoot Beach.

5. **Estimated project start date: October 1, 2011**

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

7. **Total TDC Tax Funds Requested: \$150,000.00**

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**

Barefoot Toll Booth Replacement

PROJECT BUDGET

<u>PROGRAM ELEMENT</u>	<u>AMOUNT</u>
TDC Funds Requested	\$ <u>150,000.00</u>
City/Taxing District Share	\$ _____
State of Florida Share	\$ _____
Federal Share	\$ _____
TOTAL	\$ <u>150,000.00</u>

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

Provide a tool booth structure for _____	\$ <u>150,000.00</u>
<u>Barefoot Beach</u>	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL	\$ <u>150,000.00</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
Barefoot Toll Booth Chemical Toilet

1. **Name and Address of Project Sponsor Organization:**
Coastal Zone Management
Collier County Government
3299 Tamiami Trail East, Suite 103
Naples, Florida 34112

2. **Contact Person, Title and Phone Number:**
Name: Gail Hambright, Accountant
Address: Collier County Government
3299 Tamiami Trail East, 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:**
Provide a chemical toilet for new toll booth at Barefoot Beach.

5. **Estimated project start date: October 1, 2011**

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

7. **Total TDC Tax Funds Requested: \$40,000.00**

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**

Barefoot Toll Booth Chemical Toilet

PROJECT BUDGET

<u>PROGRAM ELEMENT</u>	<u>AMOUNT</u>
TDC Funds Requested	\$ <u>40,000.00</u>
City/Taxing District Share	\$ _____
State of Florida Share	\$ _____
Federal Share	\$ _____
TOTAL	\$ <u>40,000.00</u>

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

<u>Provide a chemical toilet for new toll</u>	\$ <u>40,000.00</u>
<u>Booth at Barefoot Beach</u>	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL	\$ <u>40,000.00</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
Barefoot Engineering and Permit

1. Name and Address of Project Sponsor Organization:

Coastal Zone Management
Collier County Government
3299 Tamiami Trail East, Suite 103
Naples, Florida 34112

2. Contact Person, Title and Phone Number:

Name: Gail Hambright, Accountant
Address: Collier County Government
3299 Tamiami Trail East, 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:

_____:

5. Estimated project start date: October 1, 2011

6. Estimated project duration: 12 Months

7. Total TDC Tax Funds Requested: \$25,000.00

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**

Barefoot Engineering and Permit

PROJECT BUDGET

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

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

<u>Engineering Fees</u>	\$ <u>25,000.00</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 and Pass Maintenance
Barefoot Tiki Roof Repair

1. **Name and Address of Project Sponsor Organization:**
Coastal Zone Management
Collier County Government
3299 Tamiami Trail East, Suite 103
Naples, Florida 34112

2. **Contact Person, Title and Phone Number:**
Name: Gail Hambright, Accountant
Address: Collier County Government
3299 Tamiami Trail East, 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:**
Repair the roof at the Tiki Hut.

5. **Estimated project start date: October 1, 2011**

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

7. **Total TDC Tax Funds Requested: \$20,000.00**

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**

Barefoot Tiki Roof Repair

PROJECT BUDGET

<u>PROGRAM ELEMENT</u>	<u>AMOUNT</u>
TDC Funds Requested	\$ <u>20,000.00</u>
City/Taxing District Share	\$ _____
State of Florida Share	\$ _____
Federal Share	\$ _____
TOTAL	\$ <u>20,000.00</u>

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

Repair the roof at the Tiki Hut _____	\$ <u>20,000.00</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL	\$ <u>20,000.00</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
Barefoot American Disability Act (ADA) Ramp Rework

1. Name and Address of Project Sponsor Organization:

Coastal Zone Management
Collier County Government
3299 Tamiami Trail East, Suite 103
Naples, Florida 34112

2. Contact Person, Title and Phone Number:

Name: Gail Hambright, Accountant
Address: Collier County Government
3299 Tamiami Trail East, 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:

Provide engineering, permitting and rework the ramp to comply with ADA requirements.

5. Estimated project start date: October 1, 2011

6. Estimated project duration: 12 Months

7. Total TDC Tax Funds Requested: \$20,000.00

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**

Barefoot American Disability Act (ADA) Ramp Rework

PROJECT BUDGET

<u>PROGRAM ELEMENT</u>	<u>AMOUNT</u>
TDC Funds Requested	\$ <u>20,000.00</u>
City/Taxing District Share	\$ _____
State of Florida Share	\$ _____
Federal Share	\$ _____
TOTAL	\$ <u>20,000.00</u>
PROJECT EXPENSES: (Engineering, Mobilization, Contractor, Monitoring etc)	
<u>Engineering, permitting and rework</u>	\$ <u>20,000.00</u>
<u>The ramp to comply with ADA</u>	\$ _____
<u>Requirements.</u>	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL	\$ <u>20,000.00</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
Barefoot Beach Parking Improvement

1. Name and Address of Project Sponsor Organization:

Coastal Zone Management
Collier County Government
3299 Tamiami Trail East, Suite 103
Naples, Florida 34112

2. Contact Person, Title and Phone Number:

Name: Gail Hambright, Accountant
Address: Collier County Government
3299 Tamiami Trail East, 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:

Engineer, permit and provide parking lot drainage improvements at
Barefoot Beach R-1.

5. Estimated project start date: October 1, 2011

6. Estimated project duration: 12 Months

7. Total TDC Tax Funds Requested: \$150,000.00

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**

Barefoot Beach Parking Improvement

PROJECT BUDGET

<u>PROGRAM ELEMENT</u>	<u>AMOUNT</u>
TDC Funds Requested	\$ <u>150,000.00</u>
City/Taxing District Share	\$ _____
State of Florida Share	\$ _____
Federal Share	\$ _____
TOTAL	\$ <u>150,000.00</u>

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

<u>Engineering, permit and provide parking</u>	\$ <u>150,000.00</u>
<u>lot drainage improvements at Barefoot</u>	\$ _____
<u>Beach</u>	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL	\$ <u>150,000.00</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
Conner Park Shelter and Bathroom

1. **Name and Address of Project Sponsor Organization:**
Coastal Zone Management
Collier County Government
3299 Tamiami Trail East, Suite 103
Naples, Florida 34112

2. **Contact Person, Title and Phone Number:**
Name: Gail Hambright, Accountant
Address: Collier County Government
3299 Tamiami Trail East, 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:**
Investigate a bathroom and shelter facility at Conner Park.

5. **Estimated project start date: October 1, 2011**

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

7. **Total TDC Tax Funds Requested: \$50,000.00**

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**

Conner Park Shelter and Bathroom

PROJECT BUDGET

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

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

<u>Investigate a bathroom and shelter</u>	\$ <u>50,000.00</u>
<u>Facility at Conner Park</u>	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL	\$ <u>50,000.00</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

**New Clam Bay Facility Turnaround
and Parking Lot Rework**

1. Name and Address of Project Sponsor Organization:

Coastal Zone Management
Collier County Government
3299 Tamiami Trail East, Suite 103
Naples, Florida 34112

2. Contact Person, Title and Phone Number:

Name: Gail Hambright, Accountant
Address: Collier County Government
3299 Tamiami Trail East, 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:

**Rework the parking lot and provide a new turn around and shelter facility at
Clam Pass Park.**

5. Estimated project start date: October 1, 2011

6. Estimated project duration: 12 Months

7. Total TDC Tax Funds Requested: \$500,000.00

**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**

**New Clam Bay Facility Turnaround
and Parking Lot Rework**

PROJECT BUDGET

<u>PROGRAM ELEMENT</u>	<u>AMOUNT</u>
TDC Funds Requested	\$ <u>500,000.00</u>
City/Taxing District Share	\$ _____
State of Florida Share	\$ _____
Federal Share	\$ _____
TOTAL	\$ <u>50,000.00</u>

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

<u>Rework the parking lot and provide a new</u>	\$ <u>500,000.00</u>
<u>Turnaround/shelter facility at Clam Pass</u>	\$ _____
<u>Park</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

COLLIER COUNTY TOURIST DEVELOPMENT COUNCIL
CATEGORY "A" GRANT APPLICATION
Beach Renourishment and Pass Maintenance
Seagate Access Bathroom

1. **Name and Address of Project Sponsor Organization:**
Coastal Zone Management
Collier County Government
3299 Tamiami Trail East, Suite 103
Naples, Florida 34112

2. **Contact Person, Title and Phone Number:**
Name: Gail Hambright, Accountant
Address: Collier County Government
3299 Tamiami Trail East, 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:**
Investigate a bathroom facility at Seagate access.

5. **Estimated project start date: October 1, 2011**

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

7. **Total TDC Tax Funds Requested: \$50,000.00**

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**

Seagate Access Bathroom

PROJECT BUDGET

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

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

<u>Investigate a bathroom facility at</u>	\$ <u>50,000.00</u>
<u>Seagate access</u>	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL	\$ <u>50,000.00</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