

COLLIER COUNTY TOURIST DEVELOPMENT COUNCIL

CATEGORY "A" GRANT APPLICATION

Beach Renourishment and Pass Maintenance

_____ Doctor's Pass Dredging _____

1. Name and Address of Project Sponsor Organization:

**City Of Naples
735 Eighth Street South
Naples, Florida 34102**

2. Contact Person, Title and Phone Number:

Name: **Michael R. Bauer, Ph.D.**

Address: **280 Riverside Circle**

City: **Naples** State: **FL** ZIP: **34102**

Phone: **239/213-7120** FAX: **239/213-7130** Other: MBauer@naplesgov.com

3. Organization's Chief Elected Official and Title:

**Hon. Bill Barnett
City Mayor**

4. Details of Project- Description and Location:

Description: The Doctor's Pass dredging was completed in November 2005. As part of the Florida Department of Environmental Protection requirements, the City has been monitoring the Pass each year after that dredging. A conclusion of the monitoring is the need to dredge the Pass in 2009. The grant application under the current request is for \$750,000 to complete this dredging project and includes cost estimates for dredging, construction services, engineering design and permitting.

Location: Please refer to Project Location Map found in Exhibit A.

5. Estimated project start date: **October 1, 2008**

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

7. Total TDC Tax Funds Requested: **\$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**)

Doctor's Pass Dredging
 (Project Title)

PROJECT BUDGET

<u>PROGRAM ELEMENT</u>	<u>AMOUNT</u>
TDC Funds Requested	\$ <u>\$750,000</u>
City/Taxing District Share	\$ _____
State of Florida Share	\$ _____
Federal Share	\$ _____
TOTAL	\$ <u>\$750,000</u>
PROJECT EXPENSES: (Engineering, Mobilization, Contractor, Monitoring etc)	
<u> Engineering, Design & Permitting </u>	\$ <u>50,000</u>
<u> Construction Services </u>	\$ <u>35,000</u>
<u> Dredging </u>	\$ <u>665,000</u>
_____	\$ _____
_____	\$ _____
TOTAL	\$ <u>750,000</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.

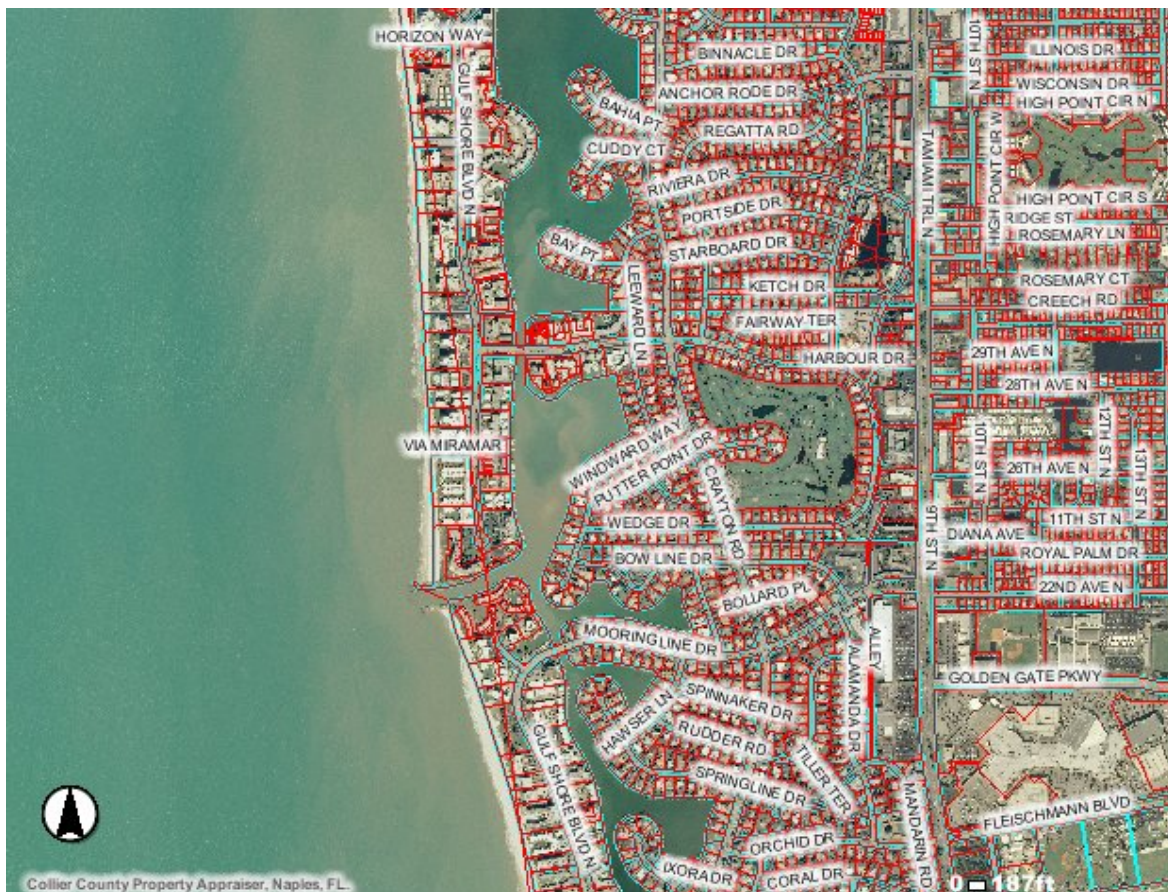
X _____ Date
 A. William Moss, City Manager

EXHIBIT A






ADDITIONAL INFORMATION

ORGANIZATIONAL CAPACITY: The City of Naples will be the primary recipient and lead agency for controlling and completing all aspects and activities proposed in this grant application. The City will remain the lead agency for the duration of funding and will be the sole point of contact for all matters related to this proposal. The City has the managerial and financial capability to ensure proper planning, management, and completion of the project described in this application.

PROJECT LOCATION MAP:



 [Legend](#)

-  Street Names
-  Parcels
-  Subdivisions
-  Aerials 2007 [2 FEET]
-  Collier County