

APPLICATION FOR CAPITAL PROJECT FUNDING

This application is to request funding from the following District(s):

- ☒ **District I:** Key West - (shall encompass the city limits of Key West)
- ☐ **District II:** Lower Keys - (city limits of Key West to west end of Seven Mile Bridge)
- ☐ **District III:** Marathon - (west end of Seven Mile Bridge to Long Key Bridge)
- ☐ **District IV:** Islamorada - (between Long Key Bridge and Mile Marker 90.939)
- ☐ **District V:** Key Largo - (from Mile Marker 90.940 to the Dade/Monroe County line and any portions of mainland Monroe County)

APPLICANT ORGANIZATION: City of Key West
(Registered business name exactly as it appears on www.sunbiz.org).

FEDERAL EMPLOYER'S IDENTIFICATION NUMBER OF APPLICANT'S ORGANIZATION:

59-6000346

DESIGNATED PROJECT CONTACT PERSON:

(Please note that the TDC Administrative Office conducts most of its correspondence, including agreement and reimbursement material by email, so the person listed below should be able to accept responsibility for receipt of this information).

Name & Title: James K. Scholl, City Manager

Telephone/mobile no.: 305-809-3888

E-mail: jscholl@cityofkeywest-fl.gov

Address: 3132 Flagler Avenue
Key West, Florida 33040

TYPE OF APPLICANT: ☐ Non-Profit ☒ Governmental Entity

PROJECT TITLE: Smathers Beach Restroom Facility

LOCATION OR ADDRESS OF PROJECT: *Provide physical (postal service) address, RE# and legal description (lot, block, subdivision) and attach map.*

Smathers Beach at South Roosevelt Blvd, Key West, Florida 33040

WEBSITE FOR FACILITY: www.cityofkeywest-fl.gov

WHICH OF THE FOLLOWING APPLIES TO YOUR PROJECT?

- ☒ Publicly owned and operated ☐ Owned and operated by a non-profit organization
☐ Publicly owned and operated by a non-profit organization

WHICH OF THE FOLLOWING BEST DESCRIBES YOUR PROJECT?

- ☐ Convention Center ☐ Sports Stadium ☐ Sports Arena ☐ Coliseum
☐ Auditorium ☐ Aquarium ☐ Museum ☐ Zoological Park
☐ Nature Center ☐ Fishing Pier ☒ *Beach or Beach Park Facility

WHICH OF THE FOLLOWING APPLIES TO YOUR PROJECT?

- ☐ Acquire ☒ Construct ☐ Extend ☐ Enlarge ☐ Remodel
☐ Repair ☐ Improve

***IF YOU CHECKED THE BOX FOR BEACH OR BEACH PARK FACILITY, WHICH OF THE FOLLOWING APPLIES?**

- ☐ Improvement ☐ Renourishment ☐ Restoration ☐ Erosion control
☐ Maintenance ☒ Construct ☐ Repair

If the TDC/County requires a Conservation Easement Deed or mortgage note requiring repayment of TDC monies in the event of transfer of ownership or change in use of the premises, would you be agreeable to executing same?

- ☒ Yes ☐ No

Code Enforcement: Does your organization/property have any outstanding code violations and/or fines/costs or liens? ☐ Yes ☒ No If you have answered yes, please explain below:

Application is for 50 % of total funds to be obtained from all sources.

Has applicant received previous TDC assistance: ☒ Yes ☐ No
If yes, please specify year, amount, and nature of project.

Please refer to complete list of all TDC prior grants received by the City of Key West, Exhibit I.

List any previous grant-in-aid assistance received by the applicant or for the property from any government agency. Indicate year of award, amount, division which awarded the grant, and a brief description of the project assisted by each.

Please refer to Exhibit I.

For purposes of this application *no more than twenty-five (25%) percent of total project cost shall be of in-kind services and materials.* No in-kind services shall apply to the acquisition of property. TDC requires confirmation in writing that project funds are in place at the time of this application for grant funds (see Performance Guarantee on page 4) **Enclose proof of funding as Exhibit B.** Payment is a 50% reimbursement of the total cost of each segment of the project, subject to the cap on expenditures for that segment as set forth in the agreement. Applicant must be prepared to pay the entire cost (**including in-kind**) of segment in advance of seeking the 50% reimbursement. (The project may be broken down into 2 or 3 segments. When one

segment is completed, reimbursement of 50% of that cost can be applied for through the TDC.)
For acquisition of property see important information on page 5.

a)	TDC Funds Requested:	Confirmed/Available Hard-Dollar Funds:	Confirmed In-kind Funds: (Up to a maximum of 25% of project)	Total Project Cost:
	\$225,000	\$450,000	\$-0-	\$450,000

b) State source of resources for the project specified in this application:

(i)	Hard-dollar:	\$450,000 (City's General Revenue Fund in FY 2015-2016 and FY 2016-2017)
(ii)	In-kind:	\$-0-

In the space below list all in-kind services and goods and their values. These values are subject to negotiation with TDC/County. Please refer to page 4 of this application.

N/A

In the space below list the specific items/services, and the estimated dollar amount for each of those items/services that your requested TDC funds will be spent on (please do not include contingency fees, permit fees, or warranty fees as part of your budget):

Item	Quantity	Unit	Unit Cost	Total
Design	1	LS	\$ 50,000	\$ 50,000
Restroom Building	1	LS	\$ 250,000	\$250,000
Foundation Piles	16	Each	\$ 2,000	\$ 32,000
Sanitary Sewer Force Main	270	LS	\$ 27,000	\$ 27,000
Sewer Pump Station	1	Each	\$ 30,000	\$ 30,000
Miscellaneous Sanitary/Utilities	1	LS	\$ 25,000	\$ 21,000
Miscellaneous Site Work	1	LS	\$ 30,000	\$ 25,000
Construction Engineering/Inspection		4%		\$ 15,000
Total Estimate				\$450,000

PROJECT DESCRIPTION

1. Use:

a) Original use of structure and date of construction:

Smathers Beach was created for tourism and recreational purposes in 1965. The current restroom building was built in the late 1960's shortly after the Public Beach was officially opened.

b) Modifications to the present date including date & description:

Minor modifications have been made to the interior over the 50+ years this facility has been in existence. The original exterior is still as it was originally constructed.

c) Present use:

Restroom facility for Smathers Beach which gets nearly 400,000 visitors per year.

d) Any other uses between original and present:

No, has been public restrooms since originally constructed.

e) Proposed use:

Public restroom facility for Key West's most popular and utilized Public Beach. While the new proposed restroom facility will be built on Smathers Beach it will be located at a different location. The current facility will remain in operation until the new restrooms are operational and available to the public.

f) Insert or attach photograph of existing site (**Enclose as Exhibit C**):

g) Historic designation: Indicate whether the property has been listed in the National Register, is located in a National Register district, is a locally designated historic landmark or is located in a locally designated historic district. If located within a historic district, provide the official name of the district. This information is available from the planning agency having jurisdiction over the property.

N/A

All Capital projects funded by the TDC shall be owned and operated by a governmental entity or non-profit organization. Applicant shall provide proof of property ownership, long-term lease or service contracts for consideration of funding, and should show sufficient expertise or financial capability to operate such facilities (**Enclose as Exhibit D**).

2. Ownership or other interest in property by applicant:

- a) Official records reference for ownership documentation
- b) If not owned by applicant, provide long-term lease of property, or service contract and provide notarized consent letter from owner for use of property as outlined in this application

3. If proposed project calls for transfer of title of real property to County, at least two (2) current real estate appraisals and one (1) environmental assessment shall be provided (**Enclose as Exhibit E**). The TDC/County shall ascertain, prior to acceptance of any donation or prior to purchase, that the property will pose no environmental hazard or liability for same, to County. The TDC/County must also ascertain permissible governmental interest in the transfer of title. Indicate any such proposed title transfers here.

N/A

4. This paragraph applies only to an acquisition funding request, but you will still need to complete items 5 through 13, whether this is new construction or renovations, additions or exhibits. **NOTE: The maximum grant amount from tourist development revenue for an acquisition project shall not exceed 50% of the purchase amount.** Indicate the area of the property to be acquired in acres.

N/A

In evaluating applications for acquisition funding, an important consideration is the appropriateness of the size of the site to be acquired. Determinations of the appropriateness of site size will be made on a case-by-case basis and will depend on the characteristics for which the property is considered to be significant. Sufficient property should be acquired to assure that the historic relationship of a structure or archaeological site to its surrounding environment is preserved. However, it is important that no more property than is necessary to achieve established preservation objectives be included in the acquisition project application. As this factor is crucial to favorable consideration of your grant application and will have substantial impact on the cost of the required application documentation, we encourage prospective applicants to consult with the staff of the TDC Administrative Office prior to initiating the required documentation.

5. Protection of property: Indicate any type of state or federal protection currently afforded the property. It may be that more than one type may be applicable. Provide citations for applicable local protective ordinances. Include copies of property-specific restrictive legal instruments in an attachment. By signing and submitting this application, the proposer **warrants** that **all** restrictions are disclosed. Failure to include **every** restriction on the property may result in immediate termination of any agreement and demand for return of any monies paid thereunder (**Enclose as Exhibit F**).

Local Ordinance, Municipal Code Section 26-65, prevents vehicle access on Smathers Beach. State of Florida Department of environmental Protection Rules prohibit non-public use.

6. Is the property threatened by imminent destruction, deterioration or other loss which may include demolition, vacancy, severe deterioration, loss of structural integrity, encroaching development, adverse environmental conditions, vandalism, etc.? Be specific regarding the nature of immediacy of the threat. If so, describe in detail:

No. However, the current structure for the public restrooms is in such a state of disrepair that demolition is the correct action at this time

7. a) Are there any building restrictions on the site? If so, describe. Attach copies of all recorded easement and restrictive covenants. By signing and submitting this application, the proposer **warrants** that **all** restrictions are disclosed. Failure to include **every** restriction on the property may result in immediate termination of any agreement and demand for return of any monies paid thereunder (**Enclose as Exhibit G**).

FDEP approval required if within 50' of mean high water line.

b) Is the proposed project compatible with the County's Concurrency Requirements under the existing and proposed Land Use Comprehensive Plan?

☒ Yes ☐ No

Describe below how you have ascertained such compatibility. (Note: If your description does not provide information about existing permits and/or review by the County Planning Department, your application shall be rejected. Please list all permits required to complete this project)

Smathers Beach is a major public park within the City of Key West and has been designated as such for many, many years (dating back to 1965) and considered in all City and County Concurrency Requirements and Local Land Use Comprehensive Plans. The proposed project is a replacement of the current public restroom building which is dilapidated and in need of demolition.

Permits: City Building Permit
SFWMD Permit
FDEP Permit if within 50' of mean high water line (to be determined) & sanitary sewer connection permit

c) Is the proposed project compatible with the Municipality's Concurrency Requirements under the existing and proposed Land Use Comprehensive Plan?

☒ Yes ☐ No

Describe below how you have ascertained such compatibility. (Note: If your description does not provide information about existing permits and/or review by the Municipality Planning Department, your application shall be rejected. Please list all permits required to complete this project)

Smathers Beach is a Major Public Park within the City of Key West and has been designated as such for many, many years (dating back to 1965) and considered in all City and County Concurrency Requirements and Local Land Use Comprehensive Plans. The proposed project is a replacement of the current public restroom building which is dilapidated and in need of demolition.

Permits: City Building Permit
SFWMD Permit
FDEP Permit if within 50' of mean high water line (to be determined) & sanitary sewer connection permit

d) Does the site contain endangered or threatened species of flora or fauna?

☐ Yes ☒ No Describe/Explain:

Smathers Beach is a nesting area for endangered sea turtles. The public restroom replacement building will have no negative impact on the sea turtles.

e) Indicate whether or not the project will be accessible to the handicapped per Chapter 553, Part V, Florida Statutes and the Americans with Disabilities Act, Public Law 1012-336.

☒ Yes ☐ No If not, provide a brief explanation:

The newly proposed public restroom building will be fully accessible to the handicapped.

f) Explain how your facility will utilize recycling within the work of your proposed project:

The City has an extensive public recycling program. For a specific reference please see the City Code Section 58. The recycling program is managed by the City's recycling coordinator. All recycling materials are collected by a private vendor, Waste Management, Inc.

g) Public accessibility and use: Indicate the extent to which the property is currently or will be scheduled to be open to the public each year (hours per day, days per week and weeks per year) upon project completion. Estimate the number of persons who will use or visit the completed facility annually. For archaeological projects, if the site will not be accessible to the public, estimate the number of persons annually who will be exposed to the interpretive materials and reports resulting from the project. How was this estimate derived?

Smathers Beach is open to the public 7am to 11pm daily. Based on observations, review of tourism statistics, and studies including "Linking the Economy and the Environment of Florida Keys/Key West June 2010" we estimate that nearly 400,000 visitors a year utilize Smathers Beach. This represents nearly 25% of the over 2 million annual visitors to the City of Key West each year.

8. Describe present physical condition of site: (attach legal description per property tax records). Indicate the present condition of the property by checking the appropriate term below:

☐ Excellent: The property is habitable and occupied; no repairs are needed. All physical evidence indicates that the property is under continuous maintenance. Application is for expansion and enhancement.

☐ Good: The property is habitable and occupied; only replacement or cosmetic repairs are needed (e.g., peeling paint, missing ornamental features, windows, doors, some deteriorated mortar, etc.) Property is maintained but in need of minor repair.

☐ Fair: The property is habitable but may be vacant. Both the structural integrity (foundation, framing, etc.) and weather tight integrity of the property (siding, walls, roofing, etc.) are in jeopardy because of prolonged neglect.

☒ Poor: The property is uninhabitable and vacant. Major structural repairs are needed. Weather tight integrity has been lost. The property is derelict, abandoned and not habitable without major rehabilitation work.

Also, list any specific factors or problems which contribute to the present condition of the property.

The entire structure needs to be demolished and a completely new building constructed at Smathers Beach. The current structure has far out lived its useful life having been constructed in the late 1960's. Once the new proposed structure is completed and open to the General Public, the current structure will be demolished.

9. Status of Project Planning: (Any work initiated prior to the approval of an agreement by the Monroe County Board of County Commissioners will be at applicants own cost):

- | | |
|-----------------------------------------------------------|-------------------------------------------------------|
| <input checked="" type="checkbox"/> Not yet initiated | <input type="checkbox"/> Initiated |
| <input type="checkbox"/> Schematics complete | <input type="checkbox"/> Design development completed |
| <input type="checkbox"/> Construction documents completed | |

10. Name and Address of Project Consultant (architect, engineer, contractor, etc.).

Enclose preliminary plans or architectural documents completed to date - 1 set (**Enclose as Exhibit H**).

11. Has an agreement for architectural services or construction services been executed?

☐ Yes (costs will not be reimbursed by TDC)

☒ No

☐ Project does not require architectural services

If so, in the space provided below, indicate the scope of services to be provided under this agreement and whether these services were obtained through competitive negotiations, requests for applications or other process.

12. Describe the means by which the structure(s) affected by this project will be maintained subsequent to restoration/rehabilitation. Include sources and estimated amounts of funding for such maintenance. It is the County's policy **not to fund operations and maintenance costs** of organizations notwithstanding any tourism promotional value of a project.

The normal maintenance and ongoing upkeep of Smathers Beach will be provided by the City of Key West Community Services Department as part of the City's regular maintenance program, funded by the City's General Fund Budget.

13. Estimated completion date 24 months from Grant Award.

PROJECT BENEFITS

1. How will the project enhance tourism in Monroe County?

The replacement of the public restrooms at Smathers Beach is part of the City's overall plan to have and maintain coastal and recreation facilities that are clean, attractive, and allow maximum usage by as many of the over 2 million visitors to the City each year.

2. Applicant must demonstrate the ability to complete the project as proposed and to maintain and operate the project as a viable and long-term tourist attraction that is open to the public.

Included in this demonstration should be a summary of the applicant's past grant experience, past two (2) year's financial statements, and proposed operational budget. (**Attach as Exhibit I**)

3. Outline your marketing program efforts to promote this facility as a tourist attraction:

Smathers Beach is one of four beaches within the City. Smathers Beach is one of the largest and is well known for its Spring Breaks. It houses restrooms and shower facility (greatly in need of replacement, the subject of this grant request), along with volleyball courts, and jet ski rentals. Smathers Beach attracts nearly 400,000 visitors each year.

Smathers Beach is marketed by the local Chamber of Commerce throughout the State of Florida and nationally as part of the overall tourism development campaign. Smathers Beach is enormously popular and does not require any individual promotion as evidenced by the huge crowds which populate it all year round.

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**FILED****Exhibit A**

DOCUMENT# N13000007165

Jan 27, 2015**Entity Name:** THE CITY OF KEY WEST, INC.**Secretary of State****CC7283010145****Current Principal Place of Business:**3132 FLAGLER AVE.
KEY WEST, FL 33040**Current Mailing Address:**3132 FLAGLER AVE.
KEY WEST, FL 33040**FEI Number: 38-3916807****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SMITH, SHAWN D ESQ
3128 FLAGLER AVE
KEY WEST, FL 33040 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**Title P
Name CATES, CRAIG
Address 3132 FLAGLER AVE.
City-State-Zip: KEY WEST FL 33040Title B
Name LOPEZ, CLAYTON
Address 3132 FLAGLER AVE
City-State-Zip: KEY WEST FL 33040Title B
Name ROSSI, MARK
Address 3132 FLAGLER AVE
City-State-Zip: KEY WEST FL 33040Title B
Name JOHNSTON, TERRI
Address 3132 FLAGLER AVE.
City-State-Zip: KEY WEST FL 33040Title B
Name WARDLOW, WILLIAM
Address 3132 FLAGLER AVE
City-State-Zip: KEY WEST FL 33040Title B
Name WEEKLY, JAMES
Address 3132 FLAGLER AVE
City-State-Zip: KEY WEST FL 33040

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CRAIG CATES**PRESIDENT****01/27/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

09/24/15
09:26:30

CITY OF KEY WEST
BUDGET FOR FISCAL YEAR 15/16
EXPENDITURES

Exhibit B

ACCOUNT NUMBER	ACCOUNT DESCRIPTION	FY 12/13 ACTUAL	FY 13/14 ACTUAL	FY 14/15 ADOPTED BUDGET	FY 15/16 COMMISSION ADOPTED
Infrastructure Surtax					
Parks and Recreation					
Parks and Recreation					
Culture and Recreation					
Parks and Recreation					
101-7201-572-4600	Repairs and Maintenance	0	5,541	0	0
		-----	-----	-----	-----
*	Operating Expenditures	0	5,541	0	0
101-7201-572-6200	Buildings	1,741	0	0	508,300
	LEVEL TEXT TEXT AMT				
	COMF BAND ROOM STRUCTURAL ANALYSIS (CARRY FORWARD				
	\$38,300) PR1102				258,300
	MLK COMMUNITY POOL ROOF (NEW CIP)				200,000
	SMATHERS BEACH RESTROOMS (NEW CIP)				50,000
					508,300
101-7201-572-6300	Infrastructure	48,872	71,316	0	285,000
	LEVEL TEXT TEXT AMT				
	COMF INDIGENOUS PARK MASTER PLAN (CARRY FORWARD				35,000
	\$103,218) PR1202				
	RAISE HOCKEY RINK FLOOR (CARRY FORWARD \$180,000)				
	PR1404 - MATCHED \$90,000 DONATION/SOUTHERNMOST				
	HOCKEY CLUB				
	WHITE STREET PIER PAVING (NEW CIP)				175,000
	BAYVIEW PARK IMPROVEMENTS (NEW CIP)				75,000
					285,000
101-7201-572-6400	Machinery & Equipment	3,896	16,035	0	0
		-----	-----	-----	-----
*	Capital Outlay	54,509	87,351	0	793,300
****	Parks and Recreation	54,509	92,892	0	793,300
		-----	-----	-----	-----
*****	Infrastructure Surtax	4,751,849	8,179,283	8,785,000	10,264,521

CITY OF KEY WEST

CIP PROJECT DETAIL

Project No: TBD
Project Name: SMATHERS BEACH BATHOOMS
Location: SMATHERS BEACH
Department: COMMUNITY SERVICES
Account No: 101-7201-573-62-00

Date: 06/12/15
Contact: R. DELOSTRINOS
Project Start: 10/01/15
Project Complete: 09/30/17
Project Estimate: \$50,000.00
Project Funding to Date: \$0.00
Anticipate Carry Forward FY: 2016
Yes/No: YES

Project Description/Justification:

Design and construct new bathroom facilities on Smathers Beach to replace existing, dated facilities.

Reasons for Modification:

Operating Impact

Related Projects:

Project Phase Summary

Phase	Committed To Date	FY15/16	FY16/17	FY 17/18	FY 18/19	FY 19/20	
Design		50,000					
Construction			400,000				
Total	0	50,000	400,000	0	0	0	450,000

Funding Source Summary

Phase	Funded To Date	FY15/16	FY16/17	FY 17/18	FY 18/19	FY 19/20	
Infrastructure ST		50,000	400,000				
Total	0	50,000	400,000	0	0	0	450,000

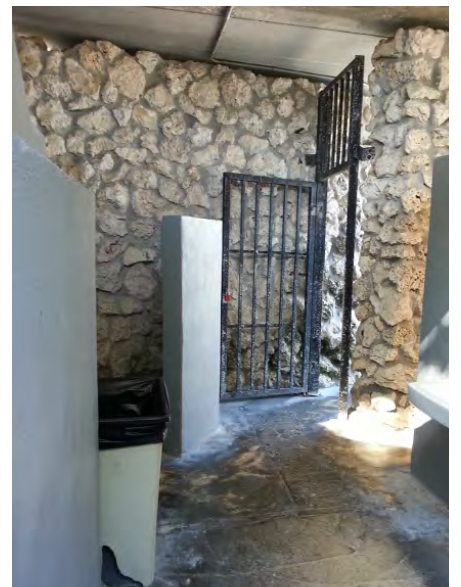
Carry Forward 0



Smathers Beach



Smathers Beach
Existing Restroom Facilities





Scott P. Russell, CFA
Property Appraiser
Monroe County, Florida

Key West (305) 292-3420
Marathon (305) 289-2550
Plantation Key (305) 852-7130

T

Property Record Card -

Maps are now launching the new map application version.

Alternate Key: 1065111 Parcel ID: 00064660-000000

Ownership Details

Mailing Address:

CITY OF KEY WEST
PO BOX 1409
KEY WEST, FL 33041-1409

Property Details

PC Code: 80 - VACANT GOVERNMENTAL

Millage Group: 10KW

Affordable Housing: No

Section-Township-Range: 04-68-25

Property Location: 1900 S ROOSEVELT BLVD KEY WEST

Legal Description: KW A PARCEL OF BAY BOTTOM LAND LYING SOUTH OF SOUTH ROOSEVELT BLVD BERTHA ST OR41-413 I.I.DEED NO 20949

Click Map Image to open interactive viewer



Scott P. Russell, CFA
Property Appraiser
Monroe County, Florida

Key West (305) 292-3420
 Marathon (305) 289-2550
 Plantation Key (305) 852-7130

Property Record Card -

Maps are now launching the new map application version.

Alternate Key: 1065129 Parcel ID: 00064660-000100

Ownership Details

Mailing Address:

TIITF/CITY OF KEY WEST SMATHERS BCH
 %DNR DOUGLAS BLDG
 TALLAHASSEE, FL 32399

Property Details

PC Code: 80 - VACANT GOVERNMENTAL

Millage Group: 10KW

Affordable Housing: No

Section-Township-Range: 04-68-25

Property Location: 1900 S ROOSEVELT BLVD GEORGE SMATHERS BEACH KEY WEST

Legal Description: KW A PARCEL OF BAY BOTTOM LAND LYING SOUTH OF SOUTH ROOSEVELT BLVD OR478-562-564

Click Map Image to open interactive viewer

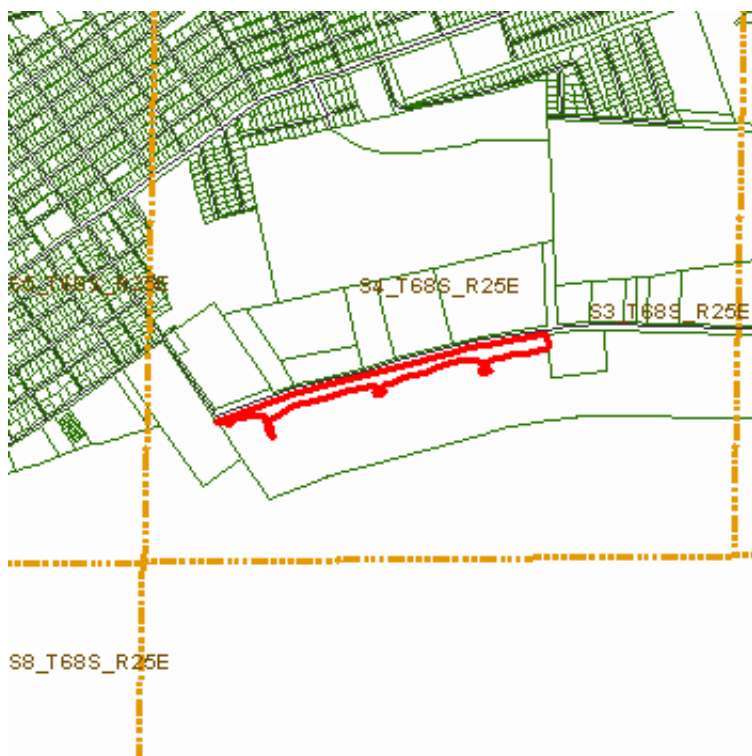


Exhibit F

Sec. 26-65. - Vehicles.

No person shall bring, drive, or park a vehicle upon a public beach except in designated parking areas.

(Code 1986, § 54.09(e))

Cross reference— Traffic and vehicles, ch. 70.



City of Key West

Engineering Services
3132 Flagler Avenue, Key West, FL 33040

TITLE

PROPOSED RESTROOM

SMATHERS BEACH, KEY WEST

DRAWN	JTJ
SCALE	1" = 20'
DATE	10/29/15
SHEET	1 of 1



City of Key West

Engineering Services
3132 Flagler Avenue, Key West, FL 33040

TITLE

VICINITY MAP

SMATHERS BEACH - RESTROOM ADDITION

DRAWN	JTJ
SCALE	1" = 2000'
DATE	10/29/15
SHEET	1 of 1



BERMELLO AJAMIL
& PARTNERS INC.

Architecture • Engineering • Planning
Interior Design • Landscape Architecture
2601 South Bayshore Drive
Suite 1000
Miami, Florida 33133
(305) 859-2050
Fax (305) 860-3700

PREPARED FOR/OWNER:
CITY OF KEY WEST, FL
P. O. BOX 1409
3140 FLAGLER AVENUE
KEY WEST, FL 33041



Please note:
These drawings are **not** site
specific to the Smathers
Beach Restroom project.

For example only.

PROFESSIONAL SEAL:



SUBMITTAL DESCRIPTION / MILESTONE:

HARC - Submittal
Not for Construction
AUGUST 01, 2015

REVISIONS:

DRAWING SHEET INFORMATION

BA PROJECT NO.: 14041

SCALE:

DATE: AUG 01, 2015

DRAWN BY: MS

CHECKED BY: SB

CADD FILE:

DRAWING TITLE:

BATHROOM PAVILION
FLOOR PLAN

SHEET NO.

A-02

SMOOTH PAINTED HORIZONTAL STUCCO BANDS
@ BASE, MIDDLE & TOP - SEE ELEVATIONS
(4) FOUR SMOOTH PAINTED VERTICAL STUCCO
OVER REINFORCED CMU BLOCK WALL

LINE OF ENTRY OVERHAND WITH
SIGNAGE - SEE ELEVATION

(8) EIGHT SMOOTH PAINTED
STUCCO TAPERED COLUMNS
SUPPORTING THE ROOF ABOVE

LINE OF ENTRY OVER-HANG WITH
SIGNAGE - SEE ELEVATION

MAIN ENTRY / EXIT ACCESS TO
MENS AND WOMENS BATHROOM

CONCEALED OVERHEAD COILING
ROLL-DOWN GATE (TO SECURE
FACILITY AFTER HOURS)

HI-LOW ADA COMPLIANT DRINKING
FOUNTAIN

CIRCULAR OPENING IN ROOF ABOVE

1 BATHROOM PAVILION - FLOOR PLAN

A-02 SCALE: 1/8" = 1'-0" (@ 11" X 17")





BERMELLO AJAMIL
& PARTNERS • INC

Architecture • Engineering • Planning
Interior Design • Landscape Architecture
2601 South Bayside Drive
Suite 1000
Miami, Florida 33133
(305) 859-2050
Fax (305) 860-3700

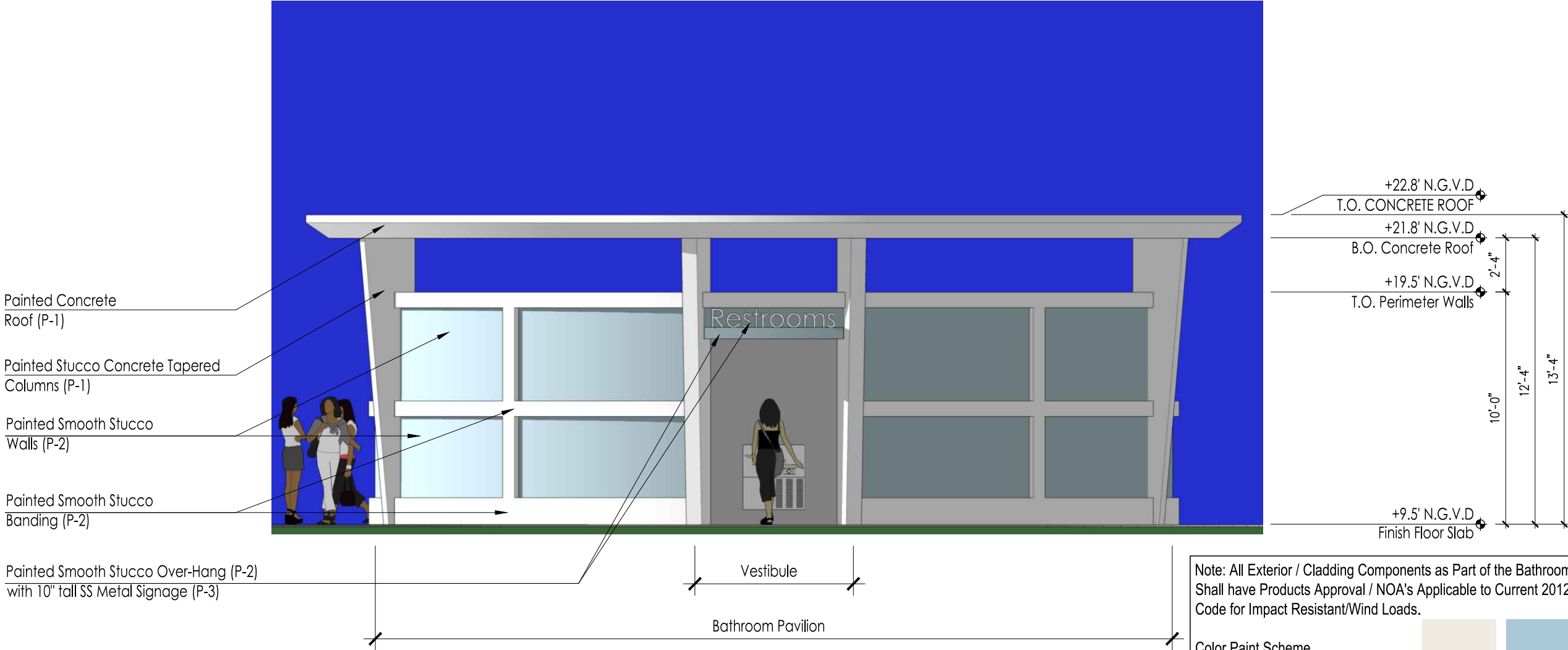
PREPARED FOR/OWNER:

CITY OF KEY WEST, FL
P. O. BOX 1409
3140 FLAGLER AVENUE
KEY WEST, FL 33041



Please note:
These drawings are **not** site
specific to the Smathers
Beach Restroom project.

For example only.



Note: All Exterior / Cladding Components as Part of the Bathroom Pavilion (Doors) Shall have Products Approval / NOA's Applicable to Current 2012 Florida Building Code for Impact Resistant/Wind Loads.

Color Paint Scheme

P-1 Snow Bound	(SW7004)		P-1
P-2 Vast Sky	(SW6506)		P-2
P-3 Silver Metallic			P31

Note: This HARC Package Pertains to the Bathroom Pavilion Only. Site Information Shown for Reference Only.

PROFESSIONAL SEAL:



SUBMITTAL DESCRIPTION / MILESTONE:

HARC - Submittal
Not for Construction
AUGUST 01, 2015

REVISIONS:

DRAWING SHEET INFORMATION

BA PROJECT NO.: 14041
SCALE:
DATE: AUG 01, 2015
DRAWN BY: MS
CHECKED BY: SB
CADD FILE:

DRAWING TITLE:

BATHROOM PAVILION
NORTH ELEVATION

SHEET NO.

A-03



BERMELLO AJAMIL
& PARTNERS INC

Architecture • Engineering • Planning
Interior Design • Landscape Architecture
2601 South Bayside Drive
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Miami, Florida 33133
(305) 859-2050
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PREPARED FOR/OWNER:

CITY OF KEY WEST, FL
P. O. BOX 1409
3140 FLAGLER AVENUE
KEY WEST, FL 33041



Please note:
These drawings are **not** site
specific to the Smathers
Beach Restroom project.

For example only.

PROFESSIONAL SEAL:



SUBMITTAL DESCRIPTION / MILESTONE:

HARC - Submittal
Not for Construction
AUGUST 01, 2015

REVISIONS:

DRAWING SHEET INFORMATION

BA PROJECT NO.: 14041
SCALE:
DATE: AUG 01, 2015
DRAWN BY: MS
CHECKED BY: SB
CADD FILE:

DRAWING TITLE:

BATHROOM PAVILION
PERSPECTIVE VIEW

SHEET NO.

A-08

EXHIBIT I

DEMONSTRATE THE ABILITY TO COMPLETE PROJECT AND GRANT HISTORY

Please be assured that the City of Key West has successfully managed and implemented millions and millions of dollars of Federal and State Grants. Our history includes grants awarded and implemented from the Monroe County TDC in the amount of \$4,931,651. A list of our Capital Project Funding from TDC is attached as part of this Exhibit.

During the last 4 years the City has managed in excess of \$32 million in grant awards. There is no question of our financial and management ability to follow through with our commitment to complete the Smathers Beach Restroom Facility Project.

This is a multi-year project with \$50,000 budgeted for design in FY 2016. The remaining \$400,000 for construction will be part of the FY 2017 budget through the annual budget appropriations process.

Once completed, the City has the financial ability to operate and maintain this new facility. The City's Community Services Department will provide operation and maintenance.

CAPITAL PROJECT FUNDING

Organization:

Key West

<u>FY</u>	<u>Project Name</u>	<u>Funds Allocated</u>	<u>ID</u>
2016	Smathers and Rest Beach Maintenance Services	\$ 520,000.00	1531
2015	Vietnam Veteran's Memorial Project	\$ 243,475.00	1379
2014	Truman Waterfront Park Amphitheater and Public Parking	\$ 2,000,000.00	1212
2014	White Street Pier Railing Replacement	\$ -	1335
2013	Rest Beach Renourishment Phase II	\$ 207,000.00	1164
2013	Smathers Beach Renourishment	\$ 187,500.00	1062
2012	Rest Beach Renourishment	\$ 245,000.00	1016
2009	Smathers and Rest Beach Renourishment	\$ 43,000.00	511
2009	White Street Pier (WSP) Rip Rap Installation	\$ 73,500.00	505
2008	Smathers and Rest Beach Renourishments Phase II	\$ 60,876.00	387
2007	Smathers and Rest Beach Renourishments Phase I	\$ 77,550.00	281
2007	Vandenberg Project	\$ 750,000.00	282
2007	White Street Pier (WSP) Rip Rap Installation	\$ 43,750.00	280
2006	Smathers and Rest Beach Maintenance Services	\$ 380,000.00	134
2006	White Street Pier Lighting Replacement	\$ 100,000.00	132
Total Allocated:		\$ 4,931,651.00	

NON-COLLUSION AFFIDAVIT and VERIFICATION
(Enclose as Exhibit J)

I, Craig Cates, of the city of Key West, according to law on my oath, and under penalty of perjury, depose and say that:

1) I am Mayor Craig Cates, the applicant making the application for the project described as follows:

2) The prices in this application have been arrived at independently without collusion, consultation, communication or agreement for the purpose of restricting competition, as to any matter relating to such prices with any other applicant or with any competitor;

3) Unless otherwise required by law, the prices which have been quoted in this application have not been knowingly disclosed by the applicant and will not knowingly be disclosed by the applicant prior to application opening, directly or indirectly, to any other applicant or to any competitor; and

4) No attempt has been made or will be made by the applicant to induce any other person, partnership or corporation to submit, or not to submit, an application for the purpose of restricting competition;

5) The statements contained in this affidavit are true and correct, and made with full knowledge that Monroe County relies upon the truth of the statements contained in this affidavit in awarding agreements for said project.

VERIFICATION

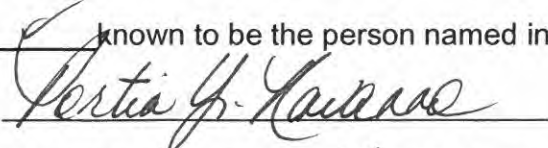
I HEREBY CERTIFY that I have read the forgoing application and that the facts stated herein are true and correct to the best of my knowledge and belief.

Craig Cates
President's/Mayor's Name Typed


President's/Mayor's Signature

Sworn to and subscribed before me this 18th day of November 2015

personally appeared Craig Cates, _____, and _____

 known to be the person named in and who executed the foregoing document.

My commission expires: 5/2018 Notary Public State of Florida



DRUG FREE WORKPLACE FORM
(Enclose as Exhibit K)

The undersigned vendor in accordance with Florida Statute 287.087 hereby certifies that:

City of Key West


(Name of Business)

1. Publishes a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. **Informs employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.**
3. Gives each employee engaged in providing the commodities or contractual services that are under application a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notifies the employees that, as a condition of working on the commodities or contractual services that are under application, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 (Florida Statutes) or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Imposes a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, or any employee who is so convicted.
6. Makes a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.

Applicant's Signature: _____

Date: _____


11/12/15

HOLD HARMLESS/INDEMNIFICATION
(Enclose as Exhibit L)

Organization Name Here (herein after "Organization") hereby covenants and agrees to indemnify and hold harmless the Monroe County Board of County Commissioners and Monroe County Tourist Development Council (herein after "BOCC/TDC") and the 3406 North Roosevelt Blvd. Corporation or any of its officers and employees from and against any and all claims, liabilities, litigation, causes of action, bodily injury (including death), personal injury, and property damage, and another other losses, damages, costs, expenses (including but not limited to fees and expenses arising from any factual investigation, discovery or preparation for litigation), and the payment of any and all of the foregoing or any demands, settlements or judgments arising out of, or in connection with, **Project Title Here** (herein after "Project") being funded by the BOCC/TDC. The Organization shall immediately give notice to the BOCC/TDC of any suit, claim or action made against the Organization that is related to this Project, and will cooperate with the BOCC/TDC in the investigation arising as a result of any suit, action or claim related to this Project.

a.) Non-Waiver of Immunity. Notwithstanding the provisions of Sec. 768.28, Florida Statutes, the participation of the BOCC/TDC in reimbursing/funding any portion of the Project and the acquisition of any commercial liability insurance coverage, self-insurance coverage, or local government liability insurance pool coverage shall not be deemed a waiver of immunity to the extent of liability coverage, nor shall any contract entered into by the BOCC/TDC be required to contain any provision for waiver.

b.) Privileges and Immunities. All of the privileges and immunities from liability, exemptions from laws, ordinances, and rules and pensions and relief, disability, workers' compensation, and other benefits which apply to the activity of officers, agents, or employees of any public agents or employees of the BOCC/TDC, when performing their respective functions related to this Project within the territorial limits of the County shall apply to the same degree and extent to the performance of such functions and duties of such officers, agents, volunteers, or employees outside the territorial limits of the County.

c.) RESTRICTIONS ON AGREEMENTS FUNDED BY BOCC/TDC. The Organization shall include the following term in all agreements funded by the BOCC/TDC for this Project:

Hold harmless/indemnification. Contractor acknowledges that this agreement is funded at least in part by the BOCC/TDC and agrees to indemnify and hold harmless the BOCC/TDC and any of its officers and employees from and against any and all claims, liabilities, litigation, causes of action, damages, costs, expenses (including but not limited to fees and expenses arising from any factual investigation, discovery or preparation for litigation), and the payment of any and all of the foregoing or any demands, settlements or judgments (collectively claims) arising directly or indirectly from any negligence or criminal conduct on the part of contractor in the performance of the terms of this agreement. The contractor shall immediately give notice to the BOCC/TDC of any suit, claim or action made against the contractor that is related to the activity under this agreement, and will cooperate with the BOCC/TDC in the investigation arising as a result of any suit, action or claim related to this agreement.

Craig Cates

President of Organization/Mayor's Name Typed

President's/Mayor's Signature

Sworn to and subscribed before me this 12th day of November 20 15

personally appeared Craig Cates, _____, and _____

known to be the person named in and who executed the foregoing document

My commission expires: 5/20/18

Notary Public State of State



**Request for Taxpayer
Identification Number and Certification**

Exhibit M

**Give Form to the
requester. Do not
send to the IRS.**

Print or type
See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

CITY OF KEY WEST

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only **one** of the following seven boxes:

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶

Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.

☒ Other (see instructions) ▶

MUNICIPALITY

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)

3104 FLAGLER AVENUE

6 City, state, and ZIP code

KEY WEST, FL 33040

Requester's name and address (optional)

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number

____ - ____ - ____

or

Employer identification number

5 9 - 6 0 0 0 3 4 6

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

**Sign
Here**

Signature of
U.S. person ▶

Date ▶

11/13/15

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

ATTACHMENTS AND CERTIFICATIONS
(Enclose as Exhibit N)

1. The following supporting documents are attached.
- a) ☒ Print out of Sunbiz.org "Detail by Entity" (**Exhibit A**)
 - b) ☒ Documentation from bank of confirmed project funds (**Exhibit B**)
 - c) ☒ If applicable: Insert or attach photograph of existing site (**Exhibit C**)
 - d) ☒ Proof of ownership; long term lease or service contract (**Exhibit D**)
(Include consent of owner for use of property as described within this application)
 - e) ☐ If applicable: Enclose at least two (2) current real estate appraisals and one (1) environmental assessment (**Exhibit E**)
 - f) ☒ If applicable: Enclose citations for local protective ordinances (**Exhibit F**)
 - g) ☐ If applicable: Enclose copies of all recorded easement and restrictive covenants (**Exhibit G**)
 - h) ☒ If applicable: Enclose preliminary plans or architectural documents - 1 set (**Exhibit H**)
 - i) ☒ Past two (2) year's financial statements and proposed operational budget (**Exhibit I**)
 - j) ☒ Notarized Non-Collusion affidavit and verification (**Exhibit J**)
 - k) ☒ Signed Drug Free Workplace Form (**Exhibit K**)
 - l) ☒ Notarized Hold Harmless/Indemnification form (**Exhibit L**)
 - m) ☒ Applicant has printed and completed the W-9 form included within the application (page 23) (**Exhibit M**)
 - n) ☒ Notarized Attachments and Certification form (**Exhibit N**)

VERIFICATION

I swear and certify that the information contained in this application is true and correct, and that I am the duly authorized representative of the applicant.

Craig Cates
President's/Mayor's Name Typed President's/Mayor's Signature

Sworn to and subscribed before me this 12th day of November 20 15

personally appeared Craig Cates, _____, and _____

known to be the person named in and who executed the foregoing document.

My commission expires:

Monroe County Tourist Development Council FY 2016 Capital Project Application-2nd Round

