ROSS SMITH 5219 CHISWICK CIRCLE BELLE ISLE, FL 32812

PHONE: 407.222.1829

EMAIL: ferrismaggie1@gmail.com

September 20, 2022

Kim Varnado

Proposal for landscaping entrance to Daetwyler Shores

- 1. \$400.00 Provide/install 24 3-gallon Arboricola plants
- 2. \$400.00 Provide/install 24 3-gallon Dwarf Ixora plants
- 3. \$595.00 Option 1 Provide/install 39 3-gallon Podocarpus plants (approx. 14 15 inches tall when planted)
 - \$1350.00 Option 2 Provide/install 27 7-gallon Podocarpus plants (approx. 36 inches tall when planted) which is the size of whats already planted
- 4. \$350.00 Provide/install 25 bags of Black Kow (cow manure soil) around plants when planting to help when sandy soil is present
- 5. \$ 2800.00 Provide/install 100 bags of black or brown rubber mulch (2 in thick)
- 6. \$ 150.00 Provide/install 11 1/2 cubic foot bags of large Brown River Rock
- 7. \$450.00 Provide/install 1 triple Robelinni Palm (approx. 24 -26 inches of wood stalk)

Total with Option 1 - \$5145.00

Total with Option 2 - **\$5900.00**

Prices subject to change. I'll verify current pricing 1 -2 days before work is scheduled to be completed.

If you have any questions, please contact me at 407.222.1829

Sincerely, Ross Smith

QUALITY AND SERVICE KEEPS US A CUT ABOVE THE COMPETITION

Licensed and Insured

(Rev. November 2017) Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

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

| _ | | | | | _ | _ | | | | | - |
|---|--|---|-------------|-----------------|--|--|------------|--------|-------------------|-----------|-----------|
| | 1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. | | | | | | | | | | |
| | CKS Landscaping, Inc. | | | | | | | | | | |
| | 2 Business name/disregarded entity name, if different from above | | | | | | | | | | |
| | | | | | | | | | | | |
| oage 3. | 3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. | | | | - 1 | 4 Exemptions (codes apply only to certain entities, not individuals; see | | | | | |
| s on | Individual/sole proprietor or C Corporation S Corporation Partnership Trust/estate | | | te | instructions on page 3): Exempt payee code (if any) | | | | | | |
| ğ Ş | Limited liability company. Enter the tax classification (C=C corporation, | S-S composition D-Daring | zehini 🕒 | | | | | | | | |
| 는 가 | Support and the support of the suppo | a pray a pre- | | not che | | Even | antian i | £ | FATO | A | |
| Print or type. Specific Instructions on page | Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. | | | | is | Exemption from FATCA reporting code (if any) | | | | | |
| 75 | Other (see instructions) | | | | | (Applie | s to accor | ınts m | aintainec | l outside | the U.S.) |
| Š | 5 Address (number, street, and apt. or suite no.) See instructions. | | Requeste | er's nar | me an | d ad | dress (| optic | nal) | | |
| 6) | 5219 Chiswick Circle | | | | | | | 290302 | 50-100-1 5 | | |
| Ø | 6 City, state, and ZIP code | | | | | | | | | | |
| | Belle Isle, FL 32812 | | | | | | | | | | |
| 1 | 7 List account number(s) here (optional) | | | - | | | | | | | |
| 1 | The same of the sa | | | | | | | | | | |
| Par | Taxpayer Identification Number (TIN) | | | _ | | - | | _ | | | |
| ALC: NO. | our TIN in the appropriate box. The TIN provided must match the na | me diven on line 1 to av | oid T | Social | SACU | rity : | numbe | r | | | |
| backur | withholding. For individuals, this is generally your social security nu | imber (SSN). However, fo | ora F | T | T | 1 | | | | T | |
| resider | nt alien, sole proprietor, or disregarded entity, see the instructions for | Part I, later. For other | 1 | | | - | 1 1 | - Da | - | | |
| | s, it is your employer identification number (EIN). If you do not have a | number, see How to ge | 1755 | | | J | | ┙ | l | 1 | |
| 77N, lat | | | | r | Sau • | | | | 50 4 0-710 | | |
| Note: I | If the account is in more than one name, see the instructions for line or To Give the Requester for guidelines on whose number to enter. | 1. Also see What Name a | and [| Emplo | yer to | lenti | fication | nur | nber | | |
| Manno | in 10 and the hequester for guidelines on whose number to enter. | | 1 | 8 1 | I _ | 4 | 6 7 | 7 I - | 1 2 | 3 | 5 |
| D 4 | 1 O-NG-N | | | | _ | L | بلل | 丄 | | L | 1_ |
| Part | | | | | | | | _ | | | |
| | penalties of perjury, I certify that: | | | | | | | | | | |
| 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 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 | | | | | | | | | | | |
| | a U.S. citizen or other U.S. person (defined below); and | | | | | | | | | | |
| | FATCA code(s) entered on this form (if any) indicating that I am exem | not from EATCA roportion | a la aorra | - t | | | | | | | |
| | | • | - | | | _4.4_ | L l | | aLL -1. | 44 | |
| 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 for Part II, later. | | | | | | | | | | | |
| Sign Here | Signature of Am tu K Om | | - 0 | 1.20 |) _ (| 20 | 22 | | -1 | | |
| | U.S. person VIII VVC 11, VIVV | | ate > / | | | | | | | | |
| General Instructions Section references are to the Internal Revenue Code unless otherwise | | Form 1099-DIV (dividends, including those from stocks or mutual funds) | | | | | | | | | |
| noted. | | Form 1099-MISC (various types of income, prizes, awards, or gross proceeds) | | | | | | | | | |
| Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted | | Form 1099-B (stock or mutual fund sales and certain other transactions by brokers) | | | | | | | | | |
| after the | ey were published, go to www.irs.gov/FormW9. | Form 1099-S (proceeds from real estate transactions) | | | | | | | | | |
| Purpose of Form | | Form 1099-K (merchant card and third party network transactions) | | | | | | | | | |
| An indly | ridual or entity (Form W-9 requester) who is required to file an | Form 1098 (home mortgage Interest), 1098-E (student loan interest), 1098-T (tuition) | | | | | | | | | |
| identific | tion return with the IRS must obtain your correct taxpayer eation number (TIN) which may be your social security number | • Form 1099-C (cance | eled dahi | A) | | | | | | | |
| (SSN). i | ndividual taxpayer identification number (ITIN), adoption | Form 1099-A (acquisition or abandonment of secured property) | | | | | | | | | |
| taxpaye | r identification number (ATIN), or employer identification number | Use Form W-9 only if you are a U.S. person (including a resident | | | | | | | | | |
| (EIN), to | report on an information return the amount paid to you, or other | alien) to provide your | r correct ' | s a U.i Tini | ֆ. þe | 105 u | (ITICIL | ung | j a res | siden | ι |

be subject to backup withholding. See What is backup withholding,

If you do not return Form W-9 to the requester with a TIN, you might

allen), to provide your correct TIN.

later.

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)



CITY OF BELLE ISLE NEIGHBORHOOD PRIDE GRANTS

Grant Application

Submit the original application along with any attachments to The City of Belle Isle, 1600 Nela Avenue, Belle Isle FL 32809. Grants will be awarded on a first come, first served basis by district.

PLEASE PRINT

Applicant Contact Information Applicant Organization Name: Project Contact Name: Mailing Address: City, State Daytime Phone: Email: **ALTERNATIVE CONTACT INFORMATION** Alternate Contact Name: Daytime Phone: Evening Phone: Email: **GRANT INFORMATION** Type of Project — please select all that apply: Landscaping **Fountains** Reader Board Sign Other (please explain) **Ground Lighting** Project Street Address or Nearest Intersection: Wall/Fence pressure washing and or painting Irrigation "Repairs" Total amount of project: ___5145 Grant amount requested: <u>3573.50</u> 0 Neighborhood participation amount (remainder of invoice) ____2572.50

PROJECT INFORMATION

Please provide the answers to the following questions.

| Τ. | <u>bescription of the Project.</u> This summary should provide an overview of the entire project; include what improvements will be |
|----|---|
| | The project includes removal of plants on the West side of the fourt wall and replanting in front of the main in trance walls. |
| 2. | State the location and land ownership of the proposed project - Is the project on public property? (Right-of-way use |
| | agreement/permit will be required.) Please state the exact location of the project, including an address or cross greets. The Project 16 on the right of way at his tova of hickory. |
| 3. | Attach 2-5 photos, and include a brief description of each photo. Please also provide the original color photos. |
| 4. | Project Maintenance: Describe how the property has been maintained in the past, and how the project will be maintained and by whom |
| • | after it is completed. |

Describe why this project is important to the community. Provide a brief summary of how the project will enhance the quality of life in the community. How will this project empower your organization to work together to accomplish common goals and objectives? (i.e., to improve neighborhood communication and participation).

maintend

small town beautiful Stancards

BING TEAM ROSTER

Each organization is required to have at least a 3 to 5 member team who will help plan and implement your community project. Team members will be required to sign the team member roster as a part of the grant application. Each team member must indicate his or her role/responsibility on the team.

| nls or her role/responsibility on the team. | | | | | | |
|--|--|---------------------|--|--|--|--|
| PRINT NAME & SIGNATURE | ADDRESS/PHONE/EMAIL | ROLE/RESPONSIBILITY | | | | |
| Print Aven Inn Davenport Signature A Daveryoos B | 3903 Trentwood Belle Isle, FL 32812 | Project Hanager | | | | |
| Signature De | 3206 Trentwood Blud Belle Isle fl 32812 | Bond Membe | | | | |
| Print / M Varnado Signature/ William | 2821 HIWERTHEE RA. BEILE ISLE, H 31912 | ASST. PROTECT MER. | | | | |
| Print ' Signature | | | | | | |
| Print Signature | | | | | | |

SUGGESTED TEAM ROLES: PROJECT MANAGER, — Team Captain. Responsible for leading project, getting a group consensus on which project the group wants to pursue.

ASST PROJECT MANAGER — Co-Captain. Will work in concert with the project manager and assist obtaining quote(s) once the project idea has been decided upon. This position can also serve as the "Fund Watcher monitoring project expenses.

APPLICATION WRITER — will work with project manager in organizing and developing BING application and submitting final report and pictures upon completion of project.





Plant Podocarpus along the wall to match otherside of the street (above)





BELLE ISLE NEIGHBORHOOD GRANTS (BING)

| BUDGET AND GRANT REQUEST | | | | |
|----------------------------|------------|-------------------------|--|--|
| NAME OF BUSINESS | TOTAL COST | DESCRIPTION OF SERVICES | | |
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| TOTAL ANAOUSE OF DROITE | | | | |
| TOTAL AMOUNT OF PROJECT | | | | |
| GRANT AMOUNT BEOLIESTED | | | | |
| GRANT AMOUNT REQUESTED | | | | |
| NEICHBORHOOD BARTIOIRATION | | | | |
| NEIGHBORHOOD PARTICIPATION | | | | |
| AMOUNT (REMAINDER OF | | | | |
| INVOICE) | | | | |

VENDOR ACKNOWLEDGEMENT FORM

Your company is bidding to be selected to perform services for a neighborhood organization as part of Belle Isle Neighborhood Grant (BING).

Please read this acknowledgement in its entirety before proceeding with any activity. By the below form you are accepting the terms set forth:

- Please attach proof of insurance for workman compensation (waiver of subrogation),
 Commercial General Liability and Business Automobile Liability policies with submission of your quote. (see attached sample)
- You acknowledge that you will comply with all vendor requirements.
- O You are not to start any work on the proposed project until you have been granted permission by The City of Belle Isle.
- The quote provided by your organization should include all costs associated with completing this project, i.e. — labor, material, permitting, engineering and design.
- O You understand that if you are completing work that requires permitting, you must be a Belle Isle registered contractor. There is no cost associated with this process.
- You understand that the City of Belle Isle will not be responsible for costs exceeding the amount on the original quote.
- You are aware that the project must be completed within 45 days of approval of the Project.
- If your services or costs have changed or the project is delayed, the City of Belle Isle must be contacted immediately.
- Upon completion of the project, you are to invoice the City of Belle Isle with the exact products/services identified on the original quote. Any deviation may result in loss of payment.

| CKS | Landscaping | |
|--------------|-------------------|---|
| Company Name | \mathcal{O} , ' | |
| CKS | Landscaping | |
| Print Name | | |
| Signature: | | _ |
| Title: | | _ |
| Date: | ş | |



CITY OF BELLE ISLE NEIGHBORHOOD PRIDE GRANTS

Grant Application

FINAL REPORT FORM

To be submitted within 48 hours of completion of the project. Please include pictures and final invoice to the City of Belle Isle

| | reuse meiaue pictures una jinai mive | ince to the city of belie isie. |
|---|--|--|
| Neighborhood Association | | |
| GRANT TYPE (CHOOSE ONE) | | |
| o Wall Repair | o Mini Grant | o Fountain |
| Capital Improvement | Entranceway | Other, explain |
| o Sign Grant | o Landscaping | · |
| | PROJECT COMPONENT | |
| Vendor: | | |
| Work Accomplished by Vendor: | | * |
| vvolk Accomplished by Vehicol. | | * |
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| | EXPENDITURES | |
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| | | |
| Products/Services Received | | Cost |
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| | VOLUNTEER HOURS | |
| | | he completion of the project price details and |
| nours worked. Example: Working on the a VOLUNTEER WORK | pplication, asking for estimates, meeting ver PERSON'S NAME | TOTAL HOURS |
| VOLUNTEER WORK | PERSON S NAIVIE | TOTAL HOURS |
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Add additional sheet if needed.

| FINAL REPORT FORM – cont'd | | | | | |
|---|--|--|--|--|--|
| | | | | | |
| Neighborhood Association | | | | | |
| Describe the extent to which the original objective of the grant has been achieved. | | | | | |
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| Print Name: | | | | | |
| Signature: | | | | | |
| | | | | | |
| Date: | | | | | |



INSTR 20030578288

OR BK 07136 PG 0359

MARTHA O. HAYNIE, COMPTROLLER
ORANGE COUNTY, FL
10/06/2003 10:47:01 AM
DEED DOC TAX 0.70
REC FEE 46.50

USE AGREEMENT BETWEEN ASSOCIATION AND COUNTY

THIS AGREEMENT, entered into by and between Dae to yleh

Shokes association Inc., a notfor-profit Flowidg corporation (hereinafter the "Association"), and

Orange County, Florida, a political subdivision of the State of Florida (hereinafter the
"County").

RECITALS:

WHEREAS, a single-family residential project on a certain parcel of real property (hereinafter the :Property") has been constructed and is located in the unincorporated area of Orange County, as more particularly described in Exhibit "A" attached hereto and by this reference made a part hereof; and

WHEREAS, Association, whose members are owners of the Property, has been formed to assure the perpetual and continuous maintenance of certain common property and entrance way areas located on and adjacent to the Property; and

WHEREAS, Association desires to obtain a Right-of-Way Utilization Permit (hereinafter the "Permit") from the County, whereby Association will be allowed to install, construct, and maintain the following improvement(s): Brick wall lighting

in the road, median, parkway, and/or drainage areas located within the rights-of-way adjacent to the Property and/or located within those areas which have been, or will be, dedicated to public use (hereinafter collectively referred to as the "Dedicated Areas"), said Dedicated Areas being within the boundaries of, or adjacent to, the Property; and

WHEREAS, County requires that Association undertake certain commitments and covenants to assure the perpetual and continuous maintenance of any such Improvement(s).

NOW, THEREFORE, in consideration of the foregoing and of the terms and conditions set forth herein, the parties agree as follows:

- 1. RECITALS. The foregoing recitals are true and form a material part of this Agreement.
- 2. RIGHT-OF-WAY UTILIZATION PERMIT. County shall issue a permit to association subject to the terms of this Agreement. Association shall not, while installing or maintaining the Improvement(s), damage or disturb any portion of the Dedicated Areas without prior written approval by County and County's prior written approval of a plan to restore the Dedicated Areas. Nothing contained herein or by virtue of the issuance of a Permit shall give or grant the Association any ownership rights to any portion of the Dedicated Areas.
- 3. IMPROVEMENTS The Improvement(s) shall be established and maintained in such a manner as will not interfere with the use of the Dedicated Areas by the public nor create a safety hazard on such Dedicated Areas. If the County determines that the Improvement(s) do present a safety hazard, then Association

at its sole expense, shall relocate the Improvement(s) in such a manner so as to eliminate the hazard, to the satisfaction of the County.

- 4. REMOVAL/RELOCATION. If, in the opinion of the County, the Improvement(s) interfere with any construction, reconstruction, alteration or improvement(s) which the County desires to perform on, around or under the Dedicated Areas, the Association, upon receipt of a written notice from the County, shall remove or relocate the Improvement(s) as requested by the County within thirty (30) days of receipt of said notice, or within thirty (30 days of the first date of publication of legal notice, which publication shall appear in not less than two weekly issues of a newspaper of general circulation in Orange County. Any such relocation or removal of the Improvement(s) shall be at the sole expense of the Association.
- 5. INDEMNIFICATION. To the fullest extent permitted by law, Association shall indemnify and hold harmless Orange County from and against all claims, damages, losses and expenses, including reasonable attorney's fees and costs, arising out of, or resulting from the performance of their operations under this Agreement. Association shall indemnify and hold harmless the County (and any governmental body or utility authority properly using the Dedicated Areas) from and against all expenses, costs or claims for any damages to the Improvement(s) which may result from the use of the right-of-way by the County or other governmental body or authority due to maintenance, construction, installation, or other proper use within the Dedicated Areas.

- 6. INSURANCE. Throughout the duration of this Agreement, including the initial period and any extensions thereto, Association shall obtain and possess Commercial General Liability coverage for all operations under this Agreement, including but not limited to Contractual, Products and Completed Operations, and Personal Injury. The limits shall be not less than \$100,000 combined Single Limit (CSL) or its equivalent. Prior to commencing operations under this Agreement, Association shall provide Certificates of Insurance to the County to verify coverage. The name of the development, subdivision or project in which the Improvement(s) are to be installed and the type and amount of coverage provided, shall be clearly stated on the face of the Certificate of Insurance. The insurance coverage shall name Orange County as an additional insured, and shall contain a provision which forbids any cancellation, changes or material alterations, or renewal of coverage without providing thirty (30) days prior written notice to the County.
- 7. RECORDING. It is intended that this Agreement shall be recorded in the Public Records of Orange County, Florida. Upon execution of this Agreement, Association agrees to pay to County an amount equal to the applicable cost of recording this Agreement in the Public Records of Orange County, Florida.
- 8. COVENANTS RUNNING WITH THE LAND. It is intended that the provisions of this Agreement shall constitute covenants running with the land or an equitable servitude upon the land, as the case may be, applicable to all of the Property described herein or any portion thereof. It is further intended that this Agreement shall be binding on all parties having any right, title or interest in the

Property described herein or any portion thereof, their heirs, personal representatives, successors and assigns. Association declares that the Property described in this Agreement and any portion thereof shall be held, sold and conveyed subject to the provisions of this Agreement. This agreement shall inure to the benefit of and be enforceable by the County, its respective legal representatives, successors and assigns.

9. DURATION. The provisions, restrictions and covenants of this Agreement shall run with and bind the land for a period of twenty-five (25) years from the date this Agreement is recorded in the Public Records of Orange County, Florida. Thereafter, this Agreement shall be automatically extended for successive periods of ten (10) years each, unless a written instrument agreeing to revoke said provisions, restrictions and covenants is approved by a majority of the Orange County Board of County Commissioners and either (1) the Association, or (2) by the then owners of not less than three-fourths of the lots on the Property described herein. No such agreement to revoke shall be effective until said written instrument has been signed, acknowledged and recorded in the Public Records of Orange County, Florida. Notwithstanding any of the above provisions, the County shall have the right to cancel this Agreement upon thirty (30) days prior written notice to Association or to all of the owners of said lots. No such cancellation shall be effective until a written instrument has been executed and acknowledged by the Board of County Commissioners and recorded in the Public Records of Orange County, Florida.

- 10. ADMENDMENT. The provisions, restrictions and covenants of this Agreement shall not be modified or amended except in a written instrument approved by a majority of the Orange County Board of County Commissioners and either by (1) Association, or (2) by the owners of not less than three-fourths of the lots on the Property described herein. No such modification or amendment shall be effective until said written instrument has been signed, acknowledged and recorded in the Public Records of Orange County, Florida.
- 11. COMPLIANCE WITH APPLICABLE LAWS. Association shall comply with all applicable state laws and county ordinances, including the Orange County Right-of-Way Utilization Regulations.
- 12. <u>DISCLAIMER OF COUNTY RESPONSIBILITY</u>. Nothing contained herein shall create any obligation on the part of the County to maintain or participate in the maintenance of the Improvement(s).
- 13. **EFFECTIVE DATE.** This agreement shall take effect upon being recorded in the Public Records of Orange County, Florida.

IN WITNESS WHEREOF, the parties have caused this Agreement to be made and executed as of the day and date first above written.

| ATTEST: | Da et wylen Shohes Cisso Cjohn Association |
|---|--|
| BY: Lydia M. Jaejen (Print) Lydia M. Jaejen (Signature) TITLE: President DATED: July 10, 2003 (AFFIX CORPORATE SEAL) | BY: Bobby Lance (Print) (Signature) TITLE: [Sould re] DATED: July (8) |
| ACKNOWLEDGEMEN | NT BY ASSOCIATION |
| STATE OF FLORIDA | |
| COUNTY OF ORANGE | |
| foregoing instrument on behalf of DOC- as its true act and deed, and that they were are/is personally known to me or has/have p as identification and did/did not take an oath WITNESS my hand and official seal this | espectively, of |
| M | Ty Commission Expires Shanna Dove My Commission DD088788 Expires February 03, 2006 |