



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: Wind Harbor HOA
Project Contact Name: Jon Scholtens
Mailing Address: 1716 WIND HARBOR RD
jon.scholtens@gmail.com BELLE ISLE, FL 32809
Belle Isle, FL 32809
City, State Zip
Daytime Phone: 407-719-9207 Evening Phone: _____
Email: jon@scholtens@gmail.com

ALTERNATIVE CONTACT INFORMATION

Alternate Contact Name: THOMAS TAYLOR
Daytime Phone: 407-495-8499 Evening Phone: 407-495-8499
Email: windharborhoa.com

GRANT INFORMATION

Type of Project — please select all that apply:

- Landscaping
 - Reader Board Sign
 - Ground Lighting
 - Wall/Fence pressure washing and or painting
 - Irrigation "Repairs"
 - Fountains
 - Other (please explain)
 - Project Street Address or Nearest Intersection:
Wind Harbor Wind W. llow
- Total amount of project: 15,998.31
- Grant amount requested: 7,999.15
- Neighborhood participation amount (remainder of invoice) 7,999.15

PROJECT INFORMATION

Please provide the answers to the following questions.

1. Description of the Project. - This summary should provide an overview of the entire project; include what improvements will be constructed, installed, or applied. Remember to demonstrate the need for the project.

The project will include the removal of all trees in the island and replacing them with. Diagram attached.

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 streets.

The project on the right-of-way and located at all three islands in the wind harbor subdivision.

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.

Maintained by Jim Lemond's Law Service, taking bids to keep at the level of new land scape

5. 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).

Project will help keep Wind Harbor updated and at a level suitable to Belle Isle Standards

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.

| PRINT NAME & SIGNATURE | ADDRESS/PHONE/EMAIL | ROLE/RESPONSIBILITY |
|---|---|--|
| Print: Jon Scholtens Signature: <i>[Signature]</i> | 1716 WIND HARBOR RD BELLE ISLE, FL 32809 jon.scholten@gmail.com | Project Managers Assistant |
| Print: Jade Booth Signature: <i>[Signature]</i> | 1609 WIND HARBOR RD. BELLE ISLE, FL 32809 JADEANDRESINO@HOTMAIL.COM | PROJECT MANAGER |
| Print: Scott B Lloyd Signature: <i>[Signature]</i> | 1717 Wind Harbor Rd Orlando FL 32809 Agnes1730@icloud.com | Volunteer |
| Print: Jeremy Tempock Signature: <i>[Signature]</i> | 1811 Wind Harbor Rd Belle Isle, FL 32809 | Volunteer |
| Print: Trud Taylor Signature: <i>[Signature]</i> | 1816 Wind Harbor Dr Belle Isle, FL, 32809 | Volunteer help where needed. President of HOA. |

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.

BELLE ISLE NEIGHBORHOOD GRANTS (BING)

| BUDGET AND GRANT REQUEST | | |
|---|-------------------|--------------------------------|
| NAME OF BUSINESS | TOTAL COST | DESCRIPTION OF SERVICES |
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| | | |
| TOTAL AMOUNT OF PROJECT | | |
| GRANT AMOUNT REQUESTED | | |
| 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.
- 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.
- 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.

Grand Source LLC

Company Name

Joe Mowad

Print Name



Signature:

Joe Mowad - mg

Title:

2/24/22

Date: