



**CITY OF BELLE ISLE
NEIGHBORHOOD PRIDE GRANTS**

Grant Application

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

PLEASE PRINT

Applicant Contact Information

Applicant Organization Name: Regal Landing Subdivision

Project Contact Name: Art Peloso

Mailing Address: 8333 Eagle Lake Dr. - (Owner, 1437 Horizon Court- Belle Isle)

Sarasota, FL 34241
City, State Zip

Daytime Phone: 407 797-23002 Evening Phone: _____

Email: art.s.peloso@gmail.com

ALTERNATIVE CONTACT INFORMATION

Alternate Contact Name: _____

Daytime Phone: _____ Evening Phone: _____

Email: _____

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:
Matchett and Overlook
- ☐ Total amount of project: Aprox. \$16,000
- ☐ Grant amount requested: \$8,000
- ☐ Neighborhood participation amount (remainder of invoice) \$8,000 +

PROJECT INFORMATION

Please provide the answers to the following questions.

- Description of the Project.** This summary should provide an overview of the entire project, including what improvements will be constructed, installed, or applied. Remember to demonstrate the need for the project.
Repair block wall surrounding the Subdivision to comply with the Code Enforcement Dept. violation.
- 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.
Matchett Rd and Overlook Rd.
- Attach 2-5 photos, and include a brief description of each photo. Please also provide the original color photos.
- Project Maintenance:** Describe how the property has been maintained in the past, how the project will be maintained, and by whom after completion.
Wall is the responsibility of the Regal Landing homeowners and in need of repair. This project will be managed by the homeowners and sub contacted.
- 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).
The current condition of the wall is unsightly and structurally weak. It has the possibility of collapsing in some sections and potential to cause harm. Bringing it back to a more attractive condition will enhance the appearance of the community.

BING TEAM ROSTER

Each organization is required to have at least a 3—to 5-member team that will help plan and implement its community project. Team members must sign the roster as part of the grant application and indicate their role/responsibility on the team.

PRINT NAME & SIGNATURE	ADDRESS/PHONE/EMAIL	ROLE/RESPONSIBILITY
Print Art Peloso		
Signature		
Print Tom Tedesco		
Signature		
Print Sue Tedesco		
Signature		
Print		
Signature		
Print		
Signature		

SUGGESTED TEAM ROLES: **PROJECT MANAGER** — Team Captain. Responsible for leading projects and 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 in obtaining a 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 the project manager in organizing and developing the BING application and submitting the final report and pictures upon completion of the project.

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, including what improvements will be constructed, installed, or applied. Remember to demonstrate the need for the project.
Repair block wall surrounding the Subdivision to comply with the Code Enforcement Dept. violation.
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.
Matchett Rd and Overlook Rd.
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, how the project will be maintained, and by whom after completion.
Wall is the responsibility of the Regal Landing homeowners and in need of repair. This project will be managed by the homeowners and sub contacted.
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).
The current condition of the wall is unsightly and structurally weak. It has the possibility of collapsing in some sections and potential to cause harm. Bringing it back to a more attractive condition will enhance the appearance of the community.

BING TEAM ROSTER

Each organization is required to have at least a 3—to 5-member team that will help plan and implement its community project. Team members must sign the roster as part of the grant application and indicate their role/responsibility on the team.

PRINT NAME & SIGNATURE	ADDRESS/PHONE/EMAIL	ROLE/RESPONSIBILITY
Print <i>THOMAS TEDESCO</i> Signature <i>Thomas Tesesco</i>	1412 HORIZON CT BELLE ISLE FL 407 432 6673	PROJECT MANAGER
Print <i>Mike Nance</i> Signature <i>Mike Nance</i>	1424 HORIZON CT Belle, ISLE FL 770-668-6794	HOME OWNER
Print <i>DOUGLAS CALDES</i> Signature <i>Douglas Caldes</i>	1425 HORIZON CT. BELLE ISLE FL 407-963-6625	HOME OWNER
Print Signature		
Print Signature		

SUGGESTED TEAM ROLES: **PROJECT MANAGER** — Team Captain. Responsible for leading projects and 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 in obtaining a 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 the project manager in organizing and developing the BING application and submitting the final report and pictures upon completion of the project.

BELLE ISLE NEIGHBORHOOD GRANTS (BING)

BUDGET AND GRANT REQUEST		
NAME OF BUSINESS	TOTAL COST	DESCRIPTION OF SERVICES
Regal Landing HOA		Repair Subdivision wall to comply with City code enforcement.
	12,5000 - 16,500	
TOTAL AMOUNT OF PROJECT	(most likely the latter or more once completed.	
GRANT AMOUNT REQUESTED	\$8,000	
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 the Belle Isle Neighborhood Grant (BING).

Please read this acknowledgment 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 the 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 project completion, you are to invoice the City of Belle Isle with the exact products/services identified on the original quote. Any deviation may result in a loss of payment.

See attached Proposal from contractor. I will provide and needed information as received from subcontractor. I will be acting as the GC to oversee this project.

Company Name

Art Peloso

Print Name

Signature:

Title:

Regal Landing Agent

Date:

5-1-25



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 the final invoice to the City of Belle Isle.

Neighborhood Association _____

GRANT TYPE (CHOOSE ONE)

- | | | |
|---|-----------------------------------|--|
| <input type="radio"/> Wall Repair | <input type="radio"/> Mini-Grant | <input type="radio"/> Fountain |
| <input type="radio"/> Capital Improvement | <input type="radio"/> Entranceway | <input type="radio"/> Other, explain _____ |
| <input type="radio"/> Sign Grant | <input type="radio"/> Landscaping | |

PROJECT COMPONENT

Vendor: _____

Work Accomplished by Vendor: _____

EXPENDITURES

Products/Services Received _____	Cost _____
----------------------------------	------------

VOLUNTEER HOURS

If residents are providing physical assistance or using their personal time to help complete the project, please details and hours worked will be provided. Examples include working on the application, asking for estimates, meeting vendors, preparing the site, and site maintenance.

VOLUNTEER WORK	PERSON'S NAME	TOTAL HOURS

Add an 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.

Print Name: _____

Signature: _____

Date: _____