



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

District 5

Applicant Contact Information

Applicant Organization Name: ART Reloso
Project Contact Name: - Regal LANDING Wall Repair
Mailing Address: - 1437 HORIZON CT
- Belle Isle FL 32809
City, State Zip
Daytime Phone: - 407 888-8900 - MOBILE Evening Phone: 407 7972 002
Email: - art_p@earthlink.net

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: _____

Wall Repair

Total amount of project: 700.00
Grant amount requested: 700.00
Neighborhood participation amount (remainder of invoice) 0

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.

REPAIR DAMAGE TO WALL

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.

REGAL LANDING HOMEOWNERS

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.


GROUP EFFORT BY MEMBERS OF SUBDIVISION + SUB-LABOR WHEN NECESSARY

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).

WALL DAMAGE IS UNSIGHTLY TO PUBLIC BECAUSE DAMAGED AREA IS ON THE OUTSIDE AND VIEWED BY "PASSERS BY".

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 | ART PELOSO | 1437 HORIZON CT | PROJECT MGR. |
| Signature |  | Belle Isle, FL 32809 | |
| Print | | | |
| Signature | | | |
| Print | | | |
| Signature | | | |
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| 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.

BELLE ISLE NEIGHBORHOOD GRANTS (BING)

| BUDGET AND GRANT REQUEST | | |
|---|-------------------|--|
| NAME OF BUSINESS | TOTAL COST | DESCRIPTION OF SERVICES |
| Agostio Builders Corp. 3102 Mortier Ave Orlando, FL 32812 | 700.00 | Remove and Replace damage Stucco on wall. Repair Cap & TRIM. |
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| TOTAL AMOUNT OF PROJECT | 700.00 | |
| GRANT AMOUNT REQUESTED | 700.00 | |
| NEIGHBORHOOD PARTICIPATION AMOUNT (REMAINDER OF INVOICE) | 0 | |



