



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: Windsor Place Community  
Project Contact Name: Tawana Dinardo  
Mailing Address: 5345 Hawford Circle  
Belle Isle, FL 32812  
City, State Zip  
Daytime Phone: 321.689.4543 Evening Phone: Same  
Email: \_\_\_\_\_

ALTERNATIVE CONTACT INFORMATION

Alternate Contact Name: Alex Burnett  
Daytime Phone: 407.222.2049 Evening Phone: \_\_\_\_\_  
Email: alexburnett@gmail.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"
- Total amount of project: \$11,294.93
- Grant amount requested: \$8794.93
- Neighborhood participation amount (remainder of invoice) \$2500
- Fountains
- Other (please explain) Play ground swing set
- Project Street Address or Nearest Intersection: 5321 Hawford Cr

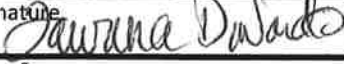

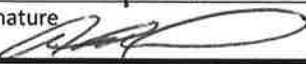
**PROJECT INFORMATION**

Please provide the answers to the following questions.

- 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.  
See Attachment I and II
- 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.  
See Attachment I and III
- 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, and how the project will be maintained and by whom after it is completed.  
See Attachment I
- 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).  
See Attachment I

**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 Tawana Dinardo	Signature 	5345 Hawford Cr. Belle Isle, FL 32812 321-689-4543	Application Writer Project Lead
Print Alex Burnett	Signature 	5357 Hawford Cr. Belle Isle, FL 32812 407-222-2049	HOA Board Member
Print Anthony Dinardo	Signature 	5345 Hawford Cr. Belle Isle, FL 32812 724-622-1535	Researcher
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.

# Grant Application- Windsor Place HOA

## Attachment I

### **Project Information:**

**1. Description of Project:** Install vinyl swing set (see attachment II) with protective barrier and approved safety mulch. The swing set that is currently in the tennis court location is damaged and unsafe. It was donated to the community and was several years old when we obtained it. The HOA has spent money to replace the parts that became damaged with continual use, however it has not held up well. After doing research on play ground equipment, it was advised to use vinyl since it does have a life-time warranty and will last the duration of time. The vinyl option unfortunately is more expensive (bid attached), however it only makes sense to buy something that will be cost effective over time, as well as endure weather and wear. Since the play set was donated, it has become an essential part of our community.

**2. State the location and ownership of the proposed project:** The Windsor Place Tennis Court area. It is the property of the Homeowner's Association. The area is located at 5321 Hawford Circle, Belle Isle, FL 32812 (see diagram attachment III)

**3. Attach 2-5 photos:** Photos attached (see attachment IV)

**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:** The Windsor Place HOA Board of Directors has the responsibility to ensure the area is maintained. The Board of Directors conducts routine inspections of the area.

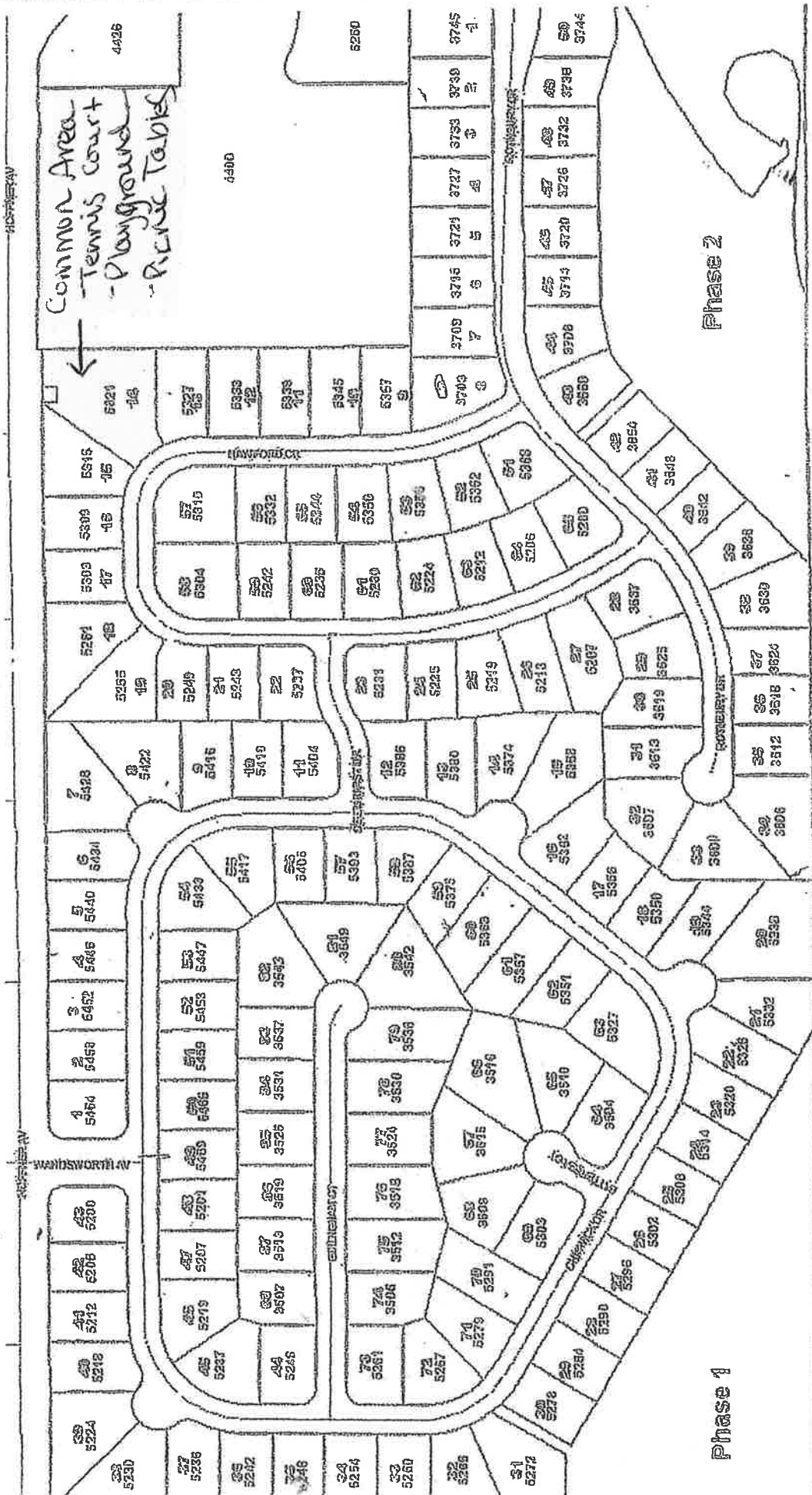
**5. Describe how this project is important to the community. Provide a brief summary of how the project will enhance the quality of life in the community. How will this project empower your organization to work together to accomplish common goals and objectives?** Being able to provide the children of our neighborhood a place to play and explore their creative side is monumental. Not only will the playground provide fun and entertainment for the children, it will give them physical activity which is essential to their health. The U.S Department of Health and Human Services include in their Physical Activity Guidelines that children should do 60 minutes or more of moderate-to -vigorous physical activity daily. Having this designated play area will also help to develop motor skills, social skills, and cognitive skills which will transcend from the playground to the classroom. This project will not only be great for the children of the community but for the parents as well. It will provide a place for neighbors to gather and socialize. Having a place to gather will also provide a sense of unity and something the community can feel proud of together. The play ground will also enhance the appeal of future homebuyers to live in Windsor Place and the City of Belle Isle.



# Attachment II



# Attachment III Windsor Place







Optimus Installs LLC

1355 Bennett Drive, Suite 233  
Longwood, FL 32750  
321-316-4762

[info@playnationorlando.com](mailto:info@playnationorlando.com)

INVOICE NO. 5846

DATE November 12, 2020

Purchaser promises to pay Optimus Installs, LLC (DBA Playnation Orlando, DBA Outdoor Living & Play) in full for the equipment upon receipt. If final balance due or any other unpaid amount must be collected from purchaser, purchaser agrees to pay in addition to the final balance due or any other unpaid amount, all cost & expenses, including reasonable attorney fees, associated with collection. Any final balance due or any other unpaid amount not paid upon receipt of equipment shall carry interest rate of 18% per annum until paid.

**Sold To** Windsor Place  
**Address** 5321 Hawford CR  
**City,State** Belle Isle FL32812  
**Phone** 3216894543  
**Email** t-rex6@hotmail.com

Print Name \_\_\_\_\_  
Signature \_\_\_\_\_

SALESPERSON	JOB	PAYMENT TERMS	DUE DATE
Felix	5846	50% Down, 50% Week Prior To Completion	

QUANTITY	DESCRIPTION	UNIT PRICE	LINE TOTAL
1.00	VINYLNATION E-54 SWING SET Blue and White	\$ 8,799.00	\$ 8,799.00
1.00	1 Ton of rubber mulch	\$ 950.00	\$ 950.00
1.00	Fabric and adtional PVC	\$ 550.00	\$ 550.00
2.00		\$	-
1.00		\$	-
1.00		\$	-
1.00		\$	-

Play set removal \$275

Purchaser approves location of installation, and acceptance of playground equipment and or outdoor structure. It is the Purchaser's responsibility to ensure that the play area be resilient, safe and free of any potential hazards. All play activity must be adult supervised. Playground equipment and outdoor structures come with a manufacturer's warranty for the Purchaser. Playnation Orlando/Outdoor Living and Play/Optimus Installs, LLC expressly disclaims all warranties, expressed or limited including any implied warranty of merchantability or fitness for a particular purpose and sells the playground equipment "As Is" and makes no guarantees about the playground equipment's quality or performance. Playnation Orlando/Outdoor Living and Play/Optimus Installs, LLC assumes no responsibility or liability for incidental or consequential damages or injuries which may arise from the purchaser or use of said equipment. Purchaser accepts this disclaimer. Wooden playsets will show distortion, as well as seasoning checks/cracks. These are natural characteristics of wood and in no way should affect the structural integrity of the swingset.

SUBTOTAL	\$	10,299.00
SALES TAX		720.93
TOTAL	\$	11,019.93

Make all checks payable to Optimus Installs, LLC  
**THANK YOU FOR YOUR BUSINESS!**

+ 275.00  
\$ 11,294.93

**BELLE ISLE NEIGHBORHOOD GRANTS (BING)**

<b>BUDGET AND GRANT REQUEST</b>		
<b>NAME OF BUSINESS</b>	<b>TOTAL COST</b>	<b>DESCRIPTION OF SERVICES</b>
Play Nation Orlando	\$8,799.00	Vinyl Swing Set E-54 (Depending on inventory) (how long ordering can be)
	\$950.00	Mulch
	\$550.00	Fabric and PVC
	\$275.00	Play set removal (old)
<b>TOTAL AMOUNT OF PROJECT</b>	\$11,294.93	
<b>GRANT AMOUNT REQUESTED</b>	\$8,794.93	
<b>NEIGHBORHOOD PARTICIPATION AMOUNT (REMAINDER OF INVOICE)</b>	\$2,500.00	

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:

- o 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)
- o 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.
- o 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.
- o You understand that the City of Belle Isle will not be responsible for costs exceeding the amount on the original quote.
- o You are aware that the project must be completed within 45 days of approval of the Project.
- o If your services or costs have changed or the project is delayed, the City of Belle Isle must be contacted immediately.
- o 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.

OPTIMUS INSTALLS, LLC dba PLAYNATION ORLANDO  
Company Name

STEPHANIE ALBERT  
Print Name

Signature: 

Title: OWNER

Date: NOVEMBER 16, 2020





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/24/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Associated Benefits and Risk Consulting, LLC 6000 Clearwater Drive Minnetonka MN 55343	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): 952-945-0200      FAX (A/C, No): 952-945-9477 E-MAIL ADDRESS:	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Optimus Installs, LLC DbA: Outdoor Living and Play 114 Highline Drive Longwood FL 32750	INSURER A : Hanover Insurance Company	NAIC # 22292
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

**COVERAGES**

CERTIFICATE NUMBER: 1000686516

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			LHXD910124 01	4/22/2020	4/22/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$ COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY						\$ \$ \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**CERTIFICATE HOLDER****CANCELLATION**

Evidence of Coverage

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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