



**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: Horizon Court Collective

Project Contact Name: Thomas Tedesco

Mailing Address: POB 593730 , Orlando 32859

City, State _____ Zip _____

Daytime Phone: 407.432.6673 Evening Phone: 407.432.6673

Email: _____

ALTERNATIVE CONTACT INFORMATION

Alternate Contact Name: Doug Caldes

Daytime Phone: 407.963.6625 Evening Phone: 407.963.6625

Email: dougcaldes@yahoo.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: Matchett

- Total amount of project: \$20,000
- Grant amount requested: \$9,000
- Neighborhood participation amount (remainder of invoice) \$11,000

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.

NAME Thomas Tedesco SIGNATURE	ADDRESS 1412 Horizon Court, Belle Isle, FL POB 593730, Orlando, FL 32859 tom@dvonchase.com 407.432.6673	
NAME Doug Caldes SIGNATURE	ADDRESS 1425 Horizon Ct, Belle Isle, FL 32809 dougcaldes@yahoo.com 407.963.6625	
NAME SIGNATURE		
NAME SIGNATURE		
NAME 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.

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:

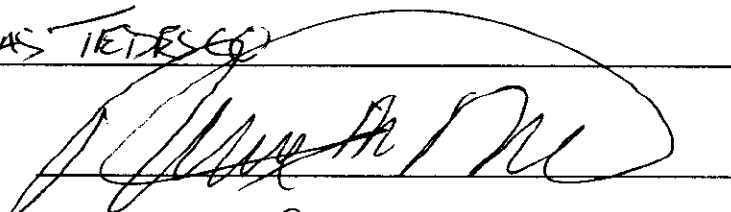
- Please attach proof of insurance for workman compensation (waiver of subrogation), Commercial General Liability, and Business Automobile Liability policies with the submission of your quote. *(see attached sample)*
- You acknowledge that you will comply with all vendor requirements.
- You **are not** 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.

Company Name _____

THOMAS TETESCO

Print Name _____

Signature: _____



Title: _____

Horizon Court Collective Agent

Date: _____

06/08/2026

BELLE ISLE NEIGHBORHOOD GRANTS (BING)

BUDGET AND GRANT REQUEST		
NAME OF BUSINESS	TOTAL COST	DESCRIPTION OF SERVICES
Horizon Court Collective		Repair Subdivision wall to comply with City Code enforcement
TOTAL AMOUNT OF PROJECT	\$20,000	
GRANT AMOUNT REQUESTED	\$9000 ⁰⁰	
NEIGHBORHOOD PARTICIPATION AMOUNT (REMAINDER OF INVOICE)		