



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:

Conway Lakes Homeowners Association, Inc

Project Contact Name:

Andy Pomeroy

Mailing Address:

6521 st Partin Pl

Belle Isle, FL

City, State

32812

Zip

Daytime Phone:

321-388-3318

Evening Phone:

Same

Email:

drew31887@gmail.com

ALTERNATIVE CONTACT INFORMATION

Alternate Contact Name:

Debra Heard

Daytime Phone:

407-721-4658

Evening Phone:

Same

Email:

debra-heard@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:  
Judge Rd & Conway Lakes Drive

Total amount of project: \$12,824.67

Grant amount requested: \$6,412.33

Neighborhood participation amount (remainder of invoice) \$6,412.34


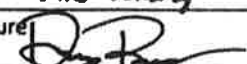
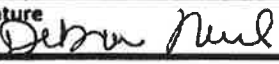
## PROJECT INFORMATION

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.  
Beautification of front front Point Island bordering Judge Road. Includes removal of existing landscape, leveling of soil, and installation of new landscape.
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.  
Judge Road & Conway Lakes Drive. Area in question is median / Island between north & south neighborhood entryway.
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.  
Property was maintained by neighborhood volunteers. Will continue to be maintained by the HOA
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).  
This project will enhance the vibrant lifestyle of our community & improve participation in our HOA & community events.

## 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: Andy Pomeroy Signature: 	6521 St Partin Pl Belle Isle FL 32812 / 321.388.3318 drew31887@gmail.com	HOA President & Project Coordinator / Project manager
Print: Dennis Pomeroy Signature: 	6536 St Partin Pl Belle Isle 32812 / 407.826.0933 d.pomeroy@earthlink.net	Project Coordinator
Print: Debra Heard Signature: 	6610 Orange Knoll Dr Belle Isle FL 32812 407-721-4658 debra_heard@yahoo.com	HOA Vice-President
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.

# BELLE ISLE NEIGHBORHOOD GRANTS (BING)

BUDGET AND GRANT REQUEST		
NAME OF BUSINESS	TOTAL COST	DESCRIPTION OF SERVICES
Baker Commercial Landscaping	\$12,824.67	<ul style="list-style-type: none"> <li>- Remove all current landscaping inc Palm trees.</li> <li>- Grade bed removing excess dirt</li> <li>- Reinstal new plant material</li> <li>- mulch</li> <li>- Repair irrigation</li> </ul>
<b>TOTAL AMOUNT OF PROJECT</b>	\$12,824.67	
<b>GRANT AMOUNT REQUESTED</b>	\$6,412.33	
<b>NEIGHBORHOOD PARTICIPATION AMOUNT (REMAINDER OF INVOICE)</b>	\$6,412.34	

# Bel-Air Lawn & Landscapes

3208 E. Colonial Drive #121  
FL 32803 US  
407-567-8509  
jesse@belairlawnncare.com

## Estimate



ADDRESS
Andy Pomeroy 6521 St Partin Pl Orlando, FL 32812

SHIP TO
Andy Pomeroy 6521 St Partin Pl Orlando, FL 32812

ESTIMATE #	DATE
1591	09/13/2022

DATE	ACTIVITY	DESCRIPTION	QTY	RATE	AMOUNT
	<b>Landscaping</b>	<b>Remove Existing Plants and Excess Dirt</b>	3.50	1,000.00	3,500.00
	<b>Tree Removal</b>	<b>Grade and Level</b>	4	500.00	2,000.00
	<b>Emerald Goddess Litope 1 Gal</b>	<b>Remove Sabal Palm Trees</b>	200	6.99	1,398.00
	<b>Pentas</b>	<b>1 Gal(Annuals)- Sign</b>	50	5.00	250.00
	<b>Japanese Blueberry Trees</b>	<b>15 Gal</b>	2	250.00	500.00
	<b>Indian Hawthorne</b>	<b>3 Gal</b>	60	24.99	1,499.40
	<b>Loropetalum</b>	<b>3 Gal</b>	100	24.99	2,499.00
	<b>Regina Iris</b>	<b>3 Gal- Sign</b>	10	24.99	249.90
	<b>Mulch</b>	<b>Mulch(Pine Bark)</b>	7	85.00	595.00
<b>TOTAL</b>					<b>\$12,491.30</b>



Conway Lake & Landscaping H.O.A.  
6521 Saint Pater Place  
Belle Isle, Florida 32512

Estimate #6510

From: RLC Landscaping  
407-385-8528  
rlc@rlc-landscaping.com  
www.rlc-landscaping.com  
P.O. Box 189817  
Casselberry, FL 32718-0817  
Bill To: 6521 Saint Pater Place  
Belle Isle, Florida 32512  
Sent On: 06/22/2023  
Job Title: Master Entertainment entrance island  
Account: Chris Everman  
Manager

PRODUCT / SERVICE	DESCRIPTION	QTY	UNIT PRICE	TOTAL
Access Gate -	Remove/ Stamp print 4 Sinks. Removal of all debris, stump grind to 25" depth, removal of excess debris to ground level only	1	\$3,900.00	\$3,900.00
Arboreal	Arboreal - 4" To be installed at each end cap of the center island	200	\$1.70	\$340.00*
Bamboo	Bamboo - as for landscaping plant material at the base of the island around the curb line	3000	\$7.10	\$21,300.00*
Formal Iron 3gal	Formal Iron - to be installed and the second level of landscaping just under the canopy.	52	\$21.00	\$1,092.00
Canella 7-gal	Canella - to be installed in the upper corner portion of the island	55	\$65.00	\$3,575.00*
Pine Bark Mulch - Mini	Mini Pine Bark Mulch - per yard	16	\$47.25	\$756.00*
Prop-work removal and disposal	The proposed scope of work is for the removal of existing plant material along with the purchase and installation of new plant material located in the entryway island	30	\$70.00	\$2,100.00
Irrigation Landscape -	Irrigation Tech to check, coverage and repair and irrigation damage during prep only And set irrigation to grow program	2	\$65.00	\$130.00
Landscape Steel Laces	Soil to even out the holes created by the removal of tree (4) palms and root ball mounds	3	\$52.50	\$157.50*
Hawaiian TI 3-gal	Hawaiian TI - to be installed (3) to either side of the monument and removed at opposite end of the island	12	\$21.00	\$252.00*

\* Non-Residue

This quote is valid for the next 30 days, after which value may be subject to  
change.

Total

\$18,147.50

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**Bid To:**  
Conway Lakes and Landings HOA  
6321 St. Patten Pl  
Belle Isle, FL 32812

**Work Location:**  
Conway Lakes HOA  
6321 St. Patten Pl  
Belle Isle, FL 32812

**RLU - Entrance Plant Install**

**RLU MULCH OS**

QTY	TYPE	DESCRIPTION	COST
15.00	CU YD	Brown Mulch per yard	\$925.00
Total:			\$925.00

**RECOMMENDED LANDSCAPE UPGRADES**

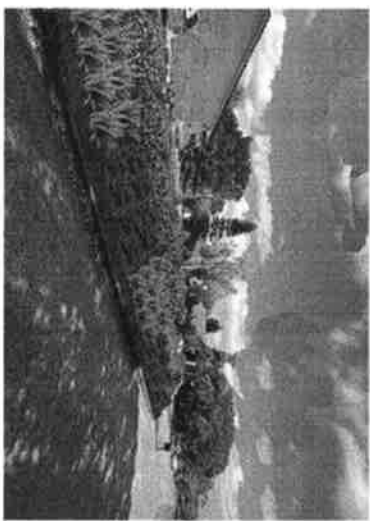
Remove all landscape material from the front entrance strip, including 4 Sabie palms and Landscape boulders.

Regrade bed, lowering the overall height of the crown.

Reinstall boulders and new plant material as per decided pictures.

Mulch all of planting bed

Irrigation to repair and adjust to return to proper operating condition and ensure all plant material has proper water.



## 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.

Baker Commercial Landscaping

Company Name

MARC A. BLUM

Print Name

Signature:



Title:

PRESIDENT OF BCL, INC.

Date:

3/27/23

## Tracey Richardson

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**From:** drew31887@gmail.com  
**Sent:** Monday, March 27, 2023 6:46 PM  
**To:** Tracey Richardson  
**Subject:** Conway Lakes Estates HOA Bing Grant  
**Attachments:** Belle Isle (Marc).pdf

Good Day

My name is Andy Pomeroy and I am the president of the Conway Lakes Estates HOA. We (last week) dropped off an application for the BING grant program and I realized we missed a page in our packet.

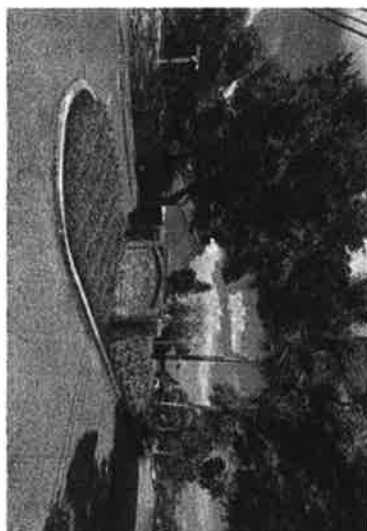
Could you please include the attached with our submitted paperwork?

Please let me know if there are any questions or concerns regarding our application as well as I am the point of contact for the application.

Thanks very much  
Andy Pomeroy  
321.388.3318  
Drew31887@gmail.com

Sent from my iPhone





QTY	TYPE	DESCRIPTION	COST
150.00	EACH	1 gal Blue Daze	\$1,883.48
2.00	EACH	15 gal Podocarpus	\$361.93
60.00	EACH	3 gal Foxtail Fern	\$1,296.90
64.00	EACH	3 gal Variegated Acorhoda	\$1,437.92
2.00	DAYS	Bobcat with Operator	\$2,421.94
1.00		Demolition Labor and Dump Fees	\$3,300.00
Total:			\$10,702.17

200 IRRIGATION SERVICE FOR INSTALLATION

QTY	TYPE	DESCRIPTION	COST
10.00	HR	Supply labor and material to modify the existing irrigation system to ensure adequate water coverage to the newly installed plant material.	\$750.00
Total:			\$750.00

RLU ANNUALS

QTY	TYPE	DESCRIPTION	COST
2.00	CU YD	Putting Soil per yard	\$210.00
150.00	EACH	Standard Annuals Installation	\$337.50
Total:			\$547.50
Grand Total:			\$12,824.67



BAKCOM-01

SE71KQUINN

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/20/2023

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> AssuredPartners of Florida LLC - LM1 300 Colonial Center Parkway, Suite 270 Lake Mary, FL 32746	<b>CONTACT NAME:</b>	
	<b>PHONE (A/C, No, Ext):</b> (407) 982-4451	<b>FAX (A/C, No):</b> (407) 203-9570
<b>INSURED</b> Baker Commercial Landscaping, Inc. Baker Commercial Landscaping of Tampa, LLC Baker Fertilization & Pest Control, LLC 7350 Old Cheney Highway Orlando, FL 32807	<b>E-MAIL ADDRESS:</b>	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A:</b> Greenwich Insurance Company	<b>NAIC #</b> 22322
	<b>INSURER B:</b> XL Specialty Insurance Company	<b>37885</b>
	<b>INSURER C:</b> The North River Insurance Co.	<b>21105</b>
	<b>INSURER D:</b> Great American Alliance Ins Co	<b>26832</b>
<b>INSURER E:</b>		
<b>INSURER F:</b>		

## COVERAGES

## CERTIFICATE NUMBER:

## 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"/> COMMERCIAL GENERAL LIABILITY			NGL-1004799-01	6/19/2022	6/19/2023	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
	<input checked="" type="checkbox"/> Contractual Per		MED EXP (Any one person) \$ 5,000				
	<input checked="" type="checkbox"/> GL Form		PERSONAL & ADV INJURY \$ 1,000,000				
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000
	OTHER:						LIMITED PESTICI \$ Included
B	<b>AUTOMOBILE LIABILITY</b>			NBA-1004800-01	6/19/2022	6/19/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS	BODILY INJURY (Per person) \$				
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY	<input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	BODILY INJURY (Per accident) \$				
			PROPERTY DAMAGE (Per accident) \$				
C	<input type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR		5821191045	6/19/2022	6/19/2023	EACH OCCURRENCE \$ 5,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE	AGGREGATE \$ 5,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$	0					
D	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A	WCE833481-00	4/1/2022	4/1/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

## CERTIFICATE HOLDER

## CANCELLATION

CONWAY LAKES ESTATES HOMEOWNERS ASSOCIATION, INC.  
6626 Orange Knoll Dr  
Belle Isle, FL 32812

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