



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: Lake Conway Estates Residence Assoc Inc.
Project Contact Name: Jason Hunter
Mailing Address: 5130 St Michael Ave
Belle Isle, FL 32812
City, State Zip
Daytime Phone: 407 375 2470 Evening Phone: Same
Email: Jxhunter@barden.com

ALTERNATIVE CONTACT INFORMATION

Alternate Contact Name: Bill Parker
Daytime Phone: 407 616 8300 Evening Phone: _____
Email: Parker2455@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"

- Fountains
- Other (please explain) *Capital Improvement Pavilion Roof Replacement*
- Project Street Address or Nearest Intersection:

3121 Pullen Lakeshore Dr

- Total amount of project: 5,000
- Grant amount requested: 2500
- Neighborhood participation amount (remainder of invoice) 2500


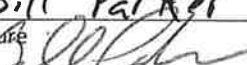

PROJECT INFORMATION

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.
portion of roof is rotten and leaks during rain. Goal is to replace the 20y/o roof to improve quality
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.
located on property at 3121 Cullen Lakeshore Dr
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 is reviewed monthly for repairs and After work is completed property will still be inspected monthly
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).
a new roof will allow the residents to enjoy the lake view and not be affected by mold build up and Rotten wood

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 Jason Hunter Signature 	5130 St Michael Ave 407 375 2470 Jxhunter@arden.com	Project Manager
Print Bill Parker Signature 	3510 Cullen Lakeshore Dr 407 616 8300 Parker2455@gmail.com	Project Coordinator
Print David Sherard Signature 	3507 Cullen Lakeshore Dr 407-855-6588 Drsherard@cfl.fl.com	Project treasure
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
Janey Roofing	4,500	Tear off existing roof, repair wood rot, install under layment install shingles & new drip edge
TOTAL AMOUNT OF PROJECT	5,000	
GRANT AMOUNT REQUESTED	2,500	
NEIGHBORHOOD PARTICIPATION AMOUNT (REMAINDER OF INVOICE)	2,500	

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.

_____ Janner Roofing Construction Services _____
Company Name

_____ Dallas Modic _____
Print Name

Signature: _____
Dallas Modic

Title: _____
Project Lead

Date: _____



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FINAL REPORT FORM

*To be submitted within 48 hours of completion of the project.
Please include pictures and final invoice to the City of Belle Isle.*

Neighborhood Association Lake Conway Estates Resident Assoc

GRANT TYPE (CHOOSE ONE)

- | | | |
|--|-----------------------------------|--|
| <input type="radio"/> Wall Repair | <input type="radio"/> Mini Grant | <input type="radio"/> Fountain |
| <input checked="" 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: Janney Roofing

Work Accomplished by Vendor: _____

EXPENDITURES

Products/Services Received	Cost
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VOLUNTEER HOURS

If residents are proving physical assistance or are using their personal time to help on the completion of the project price details and hours worked. Example: Working on the application, asking for estimates, meeting vendors, prep site, site maintenance, etc.

VOLUNTEER WORK	PERSON'S NAME	TOTAL HOURS

Add additional sheet if needed.

