



**CITY OF BELLE ISLE, FLORIDA  
CITY COUNCIL AGENDA ITEM COVER SHEET**

**Meeting Date:** April 18, 2017

**To:** Honorable Mayor and City Council Members

**From:** B. Francis, City Manager

**Subject:** Belle Isle Neighborhood Grant (BING) Policy

**Background:** Belle Isle Neighborhood Grants (BING) provide funding for neighborhood improvements that address neighborhood needs and improve the quality of life in City of Belle Isle neighborhoods. The purpose of the grant program is to provide the neighborhood organization with resources to implement neighborhood enhancement projects that the neighborhood would not normally be able to fund.

At the April 4 Council Meeting, Council directed the City Manager and City Attorney to review and revise the policy on BING Grants. This revision included a process for multiyear allocation for larger projects, prohibited uses or expenses, and disbursement of funds.

So Council can see the changes made, a red line draft of the BING policy is attached for Council review.

Once the policy is adopted, then review the BING application as presented by the Mayor at the last meeting.

**Staff Recommendation:** Council adopts the revised policy by motion.

**Suggested Motion:** I move that we adopt the changes made to the BING Policy. After discussion of the current BING application: I move we approve the submitted BING Application.

**Alternatives:** Do not adopt the policy as written and provide further direction or suggest changes that would allow for the policy to be adopted.

**Fiscal Impact:** 2016-2017 Budget authorizes \$70,000 total: \$10,000 per District

**Attachments:** Red-line draft of BING policy

## BELLE ISLE NEIGHBORHOOD GRANT "BING" PROGRAM GUIDELINES

1. ~~1.~~ **Definition:** **Only** Neighborhood improvement projects in the municipal limits for the City of Belle Isle proposed by a group of homeowners or by neighborhood or homeowners' associations within registered and operating the limits of the City of Belle Isle shall be considered and eligible for funding under this program. ~~1.~~

### PROJECT CRITERIA

2. In order to be eligible, proposed neighborhood projects **must** ~~shall~~ :
  - a. ~~Take place~~ **Located or take place** within the boundaries of the city or its contiguous right of way within Belle Isle City limits.
  - b. Provide a public benefit to the neighborhood;
  - c. **Shall not endorse or promote any religious or political affiliation or beliefs;**
  - d. Involve neighborhood residents directly in all phases;
  - e. **Limited to capital improvements, and not** ~~Not use grant funds to supplant the~~ association's operating expenses or budget, or fees and costs of consultants, attorneys or accountants or any other professional;
  - f. Not conflict with or modify, but may supplement, existing or proposed public improvement projects (Curb, sidewalk, drainage structures or pipes, utilities), unless approved by the City Manager or City Council or programs;
  - g. Represent the neighborhood property owners; ~~or~~
  - h. Designate a person, association, or a responsible entity to perform the administration and maintenance **for the next ten years.**
  - i. The maintenance effort cannot be counted as part of the applicants match. It is NOT the intent of this grant program for the City to provide or pay for future maintenance.
  - j. Be able to award construction contract within 1 month of grant —allocation approval by City Council
  - k. Provide a 50/50 match of the total cost of the project, including cash, volunteer effort, materials, or any combination (based upon availability) **of these**
  - l. Provide project cost estimate and project schedule. Petitioners must use Orange County estimate forms.
  - m. Sign letter of agreement with City assuming all liability, insurance, maintenance and holding city harmless; letter of agreement will provide applicant with city's acceptance of project and confirmation of project grant allocation.
  - n. In-kind contributions received by the neighborhood shall be considered as part of the project cost at full market value. Such contributions shall include items of the total project cost when provided by residents possessing specific skills as an in-kind contribution (i.e. a licensed plumber providing plumbing work at a discounted rate or at no charge; a lawyer

rendering legal services, a surveyor providing survey work. Non-skilled labor contributions are allowed to benefit the project at the minimum hourly wage. Federal labor and wages will apply.

- o. Neighborhood improvement grants shall be limited to \$3,000.00 per District per year. A District Commissioner may agree to hold over any spending on one year to the next year, so long as the next year is in the remaining term of the Commissioner.
- p. Prior to receipt of a grant through this program. Applicants shall make every effort to secure funding from Orange County neighborhood grants before consideration will be given to their application. Grants are limited to one per year per neighborhood.

## TYPES OF PROJECTS

3. The types of projects include but not limited to capital improvements ~~By way of example, but not limited to tot lots;~~ playground and minor park improvements; benches; neighborhood beautification; neighborhood identification signs, neighborhood walls and fences, landscaping of common areas, common area improvements, irrigation of common areas landscaping, lighting, etc.
4. All projects will be conducted in accordance with all applicable federal, state and local laws. Those having projects involving private property must have the written permission of the property owners involved. **It is the responsibility of the grant recipient to obtain any permits normally required (e.g. building permits).**
5. Applications will be evaluated on: Based on the sole discretion of the City Council District Commissioner for the District grant but shall consider:
  - a. \_\_\_\_\_ The quality and scope of the proposed project;
  - b. \_\_\_\_\_ Level of neighborhood participation in the project;
  - c. \_\_\_\_\_ Need for the project, and;
  - c. \_\_\_\_\_ Neighborhood's matching contribution.

### 6. Requirements

- ~~a1~~ a- To participate in the BING, associations must;
  - b. meets all requirements listed in item 1. Definition;
  - c. meets all requirements under eligible projects;
  - c. have its board or membership vote and approve the grant application (if applicable) before submitting the grant;
  - d. submit the proposed Project Budget (projected expenses and contributions), Project Title Plan/Timeline, Volunteer Hour Pledge Sheets, documentation of the required match, and a copy of the association's meeting minutes reflecting the membership vote of approval for the grant (if applicable) or petition of support from majority of affected residents;
  - e. One bid required for mini grants \$1,500 or less and, three ; and ~~Three~~ bids required for grants over \$1,500.
6. Payment
  - a. City Manager shall review and approval all payment under this Projgram, when a detailed budget is submitted, invoices are provided and W-9s are signed and delivered for any check greater than \$600.00 made out to an individual.

2. Submit the completed BING application to the City Manager  
City of Belle Isle City Hall  
1600 Nela Avenue  
Belle Isle, Florida, 32809.
3. Application for funding shall include a description of the project or improvement that is to be made, budget for the project (which includes in-kind contributions and projected costs, project plan which estimates amount of time from start to completion of project), and evidence of support for project through signature petition of majority of residents in impacted area.
4. For the purposes of determining the maximum matching grant money for which a project is eligible the applicant must document residents' volunteer labor at minimum wage, in-kind donations at actual retail value, and skilled labor at normally billed hourly rate.
5. The City Council will consider each project individually on its own merit and determine if the project shall receive funding and the level of financial support warranted. The maximum per district for any one project shall be \$3,000.00 on a dollar for dollar (50/50) match.
6. Grant monies may be paid by the City directly to vendors for services or materials or at the end of the project to the homeowners' group in reimbursement for monies expended, provided sufficient supporting documentation is provided.
7. The intent of the minor project grant program is to provide assistance for neighborhood improvements to as many neighborhood groups within the City as possible. Due to funding limitations there is no guarantee any project will receive the maximum grant. Rather, it is the intent of this program to ensure that as many qualified projects as possible receive some level of financial support.
8. Applications shall be submitted to the: City Manager  
Belle Isle City Hall  
1600 Nela Avenue  
Belle Isle, Fl. 32809
9. For more information call: ~~Keith Sevens~~ Bob Francis, City Manager  
Phone: 407-851-7730



**CITY OF BELLE ISLE  
NEIGHBORHOOD PRIDE GRANTS  
2013-2014 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: \_\_\_\_\_

Project Contact Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**ALTERNATIVE CONTACT INFORMATION**

Alternate Contact Name: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**GRANT INFORMATION**

Type of Project — please select all that apply:

- |   |  |
|---|--|
| <input type="checkbox"/> Landscaping  | <input type="checkbox"/> Fountains   |
| <input type="checkbox"/> Reader Board Sign  | <input type="checkbox"/> Other (please explain)                                |
| <input type="checkbox"/> Ground Lighting  | <input type="checkbox"/> Project Street Address or Nearest Intersection: _____ |
| <input type="checkbox"/> Wall/Fence pressure washing and or painting                    |  |
| <input type="checkbox"/> Irrigation "Repairs"   |  |
| <input type="checkbox"/> Total amount of project: _____                                 |  |
| <input type="checkbox"/> Grant amount requested: _____                                  |  |
| <input type="checkbox"/> Neighborhood participation amount (remainder of Invoice) _____ |  |

**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.  
 \_\_\_\_\_  
 \_\_\_\_\_
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.  
 \_\_\_\_\_  
 \_\_\_\_\_
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.  
 \_\_\_\_\_  
 \_\_\_\_\_
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).  
 \_\_\_\_\_  
 \_\_\_\_\_

**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		
Signature		
Print		
Signature		
Print		
Signature		
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) 2013-2014**

<b>BUDGET AND GRANT REQUEST</b>		
<b>NAME OF BUSINESS</b>	<b>TOTAL COST</b>	<b>DESCRIPTION OF SERVICES</b>
<b>TOTAL AMOUNT OF PROJECT</b>		
<b>GRANT AMOUNT REQUESTED</b>		
<b>NEIGHBORHOOD PARTICIPATION AMOUNT (REMAINDER OF INVOICE)</b>		

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**VENDOR ACKNOWLEDGEMENT FORM**

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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.

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Company Name

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Print Name

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

Title: \_\_\_\_\_

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





**CITY OF BELLE ISLE  
NEIGHBORHOOD PRIDE GRANTS  
2013-2014 Grant Application**

**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 \_\_\_\_\_

**GRANT TYPE (CHOOSE ONE)**

- |   |                                   |  |
|---|-----------------------------------|--|
| <input type="radio"/> Wall Repair         | <input type="radio"/> Mini Grant  | <input type="radio"/> Fountain             |
| <input 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: \_\_\_\_\_

Work Accomplished by Vendor: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**EXPENDITURES**

Products/Services Received \_\_\_\_\_ Cost \_\_\_\_\_

**VOLUNTEER HOURS**

*If residents are providing 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.*



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

PRODUCT SAMPLE	THIS CERTIFICATION IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND, OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
INSURERS AFFORDING COVERAGE	NAIC #
INSURER A:	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

**COVERAGES**

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSURANCE COVERAGE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> UNL AGGREGATE LIMIT APPLIES PER POLICY <input type="checkbox"/> PER OCCUR <input type="checkbox"/> LOG	ABC 123	10/13/2012	10/23/2013	EACH OCCURRENCE \$ 500,000 CLAIMS TO BE SETTLED PER YEAR (Maximum) \$ MED EXP (any one person) \$ PERSONAL & ADV INJURY \$ CRIMINAL AGGREGATE \$ PRODUCTS - COMPLETED \$
	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	ABC 123	10/13/2012	10/23/2013	COMBINED SINGLE LIMIT (Per accident) \$ 500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY - SA/ACC \$ AUTO ONLY - AGG \$
	<input type="checkbox"/> EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OPERATIONS <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS LIABILITY <input type="checkbox"/> ANY PROPERTY DAMAGE OR INJURY TO OR FROM EXCLUDED? (Yes, No, or Under Special Provisions)	ABC 123	10/13/2012	10/13/2013	<input type="checkbox"/> EMPLOYEE <input type="checkbox"/> OTHER EL EACH ACCIDENT \$ 100,000 EL DISEASE - EA EMPLOYEE \$ 100,000 EL DISEASE - POLICY YEAR \$ 100,000
	OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

ONCE THE GRANT IS APPROVED THE COUNTY WILL HAVE TO BE ADDED AS ADDITIONAL INSURED ON THE GENERAL LIABILITY POLICY

THE WAIVER OF SUBROGATION IN FAVOR OF THE COUNTY WILL ALSO BE REQUIRED.

\*\*\*\* NOTE: ORANGE COUNTY GOVERNMENT DO NOT ACCEPT THE STATE WAIVE FOR THE WORK COMPENSATION

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
ORANGE COUNTY GOVERNMENT 400 E. SOUTH STREET, 2 <sup>ND</sup> FLOOR ORLANDO, FL 32801	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER HANDS TO THE LEFT, BUT FAILING TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURED, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE

ACORD 25 (2007/08)

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**FINAL REPORT FORM – cont'd**

Neighborhood Association \_\_\_\_\_

Describe the extent to which the original objective of the grant has been achieved.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Print Name: \_\_\_\_\_

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

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