

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.

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.

Company Name

Print Name

Signature: _____

Title: _____

Date: _____



**CITY OF BELLE ISLE
NEIGHBORHOOD PRIDE GRANTS
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 _____
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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.

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: _____