



Application for Financial Assistance from Distressed Cemetery Fund

I. Cemetery Information				
Name of Cemetery: _____				
Is Cemetery Currently Registered with State of Delaware (29 Del. C. § 7906A)? If yes, please provide:				
Registration Number: DE - _____ - _____ Registration Period: _____ to _____				
Cemetery's Physical Location: _____ <div style="text-align: right; margin-right: 100px;">Street</div>				
_____	_____	_____	_____	_____
City	State	Zip Code	Telephone	Cemetery E-mail
Cemetery's Mailing Address (if different): _____ <div style="text-align: right; margin-right: 100px;">Street</div>				
_____	_____	_____	_____	_____
City	State	Zip Code	Telephone	Cemetery Website
Service Area: New Castle <input type="checkbox"/> Kent <input type="checkbox"/> Sussex <input type="checkbox"/> Statewide <input type="checkbox"/>				
Date Established: _____ Number of Acres: _____				
Fully Developed and at Capacity: <input type="checkbox"/> or Inventory Available: <input type="checkbox"/>				
Approximate # of Interments in Cemetery Per Year: _____				
For Profit <input type="checkbox"/>		Active <input type="checkbox"/>		
or		or		
Not for Profit <input type="checkbox"/>		Inactive <input type="checkbox"/>		
II. Owner's Information				
Owner <input type="checkbox"/> or Applicant: <input type="checkbox"/> aaa				
Owner's Tax Identification Number: _____				
Mailing Address: _____ <div style="text-align: right; margin-right: 100px;">Street</div>				
_____	_____	_____	_____	_____
City	State	Zip Code	Telephone	E-mail



III. Brief History of Cemetery and Past Major Maintenance Completed (include if Distressed Cemetery Funds were previously received)

IV. Project Information – Explain scope of work needed – please be specific, e.g., number of tombstones reset, type of equipment, type of landscaping, etc. Photos required of area needing work along with three vendor quotes.

V. Project Budget, Amount Requested, and Matching Requirement (maximum \$10,000 every registration period)

Project Budget: _____ Amount Requested: _____ Amount Matched: _____

Amount Matched - Real Dollars: _____

Amount Matched-Value of Volunteer Hours: _____ (# of hours multiplied by \$20.22/hr)



VI. Funding Requested/Received from Other Sources: (Please list source and amount; e.g., grants, donations, loans)		
VII. Cemetery's Annual Operating Budget		
Income from all Sources _____		
Expenses for Operations and Maintenance _____		
Operating Deficit _____		
Do you have an endowment or perpetual care fund? Yes <input type="checkbox"/> If yes, balance _____ No <input type="checkbox"/>		
VIII. Required Signature		
<p>I hereby affirm, under penalty of perjury, that all of the information submitted in this application is true, correct, and complete. I am aware that knowingly and willfully making a material misstatement in connection with an application for registration is grounds for the denial, refusal to renew, suspension, or revocation of a registration / license.</p> <p>Upon receipt of the funds, I agree to erect a sign at the cemetery if none exists, which includes at a minimum, the name of the cemetery and the contact telephone number or email for the cemetery. I understand I must submit a written report to the Board within six months after receiving the funds detailing how the funds were spent, copies of paid invoices, the number of memorials straightened and repaired, etc. along with photographs of the sign and work completed.</p> <p>Owner: <input type="checkbox"/> Applicant: <input type="checkbox"/></p>		
_____	_____	_____
Print Full Name	Signature	Date