





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

**III. 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.

**IV. 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 (per project and year) multiplied by current hourly value; ask Division of Public Health contact)



**Funding Requested/Received from Other Sources:** (Please list source and amount; e.g., grants, donations, loans) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**V. 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  **If yes, balance:** \_\_\_\_\_ **No**

**VI. Required Signature**

I hereby affirm, under penalty of law, that all of the information submitted in this application is true, correct, and complete. I am aware that intentionally making a material misstatement in connection with an application for financial assistance is grounds for the denial of the application or the requirement of funds to be paid back, and possible criminal or civil action.

Applicant acknowledges that Delaware has an obligation to ensure that public funds are not used to subsidize private discrimination. Applicant recognizes that if they refuse to hire or do business with an individual or company due to reasons of race, color, gender, ethnicity, disability, national origin, age, or any other protected status, the Division of Public Health may refer the conduct to appropriate authorities, and may disqualify Applicant from future distressed cemetery funds.

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 and canceled checks, the number of memorials straightened and repaired, etc. along with photographs of the sign and before/after photos of work completed.

Owner:  Applicant:

\_\_\_\_\_

Print Full Name

Signature

Date