



Mailing Address: _____
Street

City State Zip Code Telephone E-mail

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 – 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 \$15,000)

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. Request current hourly value from DPH contact.

Funding Requested/Received from Other Sources: (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: <input type="checkbox"/> Applicant: <input type="checkbox"/>		
_____	_____	_____
Print Full Name	Signature	Date