



**Distressed Cemetery Fund
 Application for Financial Assistance**

(Application should be reviewed with the backup documentation provided.)

| I. Cemetery Information | |
|---|---|
| Cemetery Name: | _____ |
| Registration Number: <u>DE</u> -_____ | Registration Period: _____ |
| Owner's Name: _____ | Tax ID Number: _____ |
| Funds Payable to: | _____ |
| Mailing Address: | _____ |
| City _____ | State: _____ Zip Code: _____ |
| Telephone: _____ | Email: _____ |
| Physical Location: | _____ |
| City: _____ | State: _____ Zip Code: _____ |
| GPS Coordinates (Latitude/Longitude): | _____ |
| <input type="checkbox"/> Active <input type="checkbox"/> Inactive Date Established: <u>Select date</u> | Acreage: _____ |
| <input type="checkbox"/> NonProfit <input type="checkbox"/> For Profit <input type="checkbox"/> At Capacity | <input type="checkbox"/> Available Inventory |
| Service Area: <input type="checkbox"/> Statewide <input type="checkbox"/> New Castle | <input type="checkbox"/> Kent <input type="checkbox"/> Sussex |
| Number of Burials Per Year: | _____ |
| II. Brief History of Cemetery and Past Major Maintenance Completed | |
| (Include if Distressed Cemetery Funds were used) | |
| | |

III. Briefly explain why the cemetery is considered distressed and describe the work or equipment needed. Be specific as to how funds will be used (number of tombstone repairs/reset or trees removed; type of fence and length/height; type of equipment needed - lawnmower, shed; driveway milling and length, etc.). Include photos of area needing work or equipment, written Request for Work given to vendors, three written vendor quotes, and cemetery sign with cemetery name and contact telephone number.

IV. Project Budget, Requested Amount (max. \$15,000), and Match Requirement

| | | |
|---|--------------------------|------------------------|
| Project Cost: | Amount Requested: | Amount Matched: |
| Match may be met with cemetery organization's own funds and/or cemetery expenses paid and value of documented volunteer hours for the past three years. | | |

Cash: Value of Volunteer Hours:
 (Number of hours, per project and year multiplied by current hourly value (please use template for volunteer hours). Volunteer projects should have a sign-in sheet and hours totaled.

Cemetery Expenses:

Example 1: No Funds Available; need 50% of requested amount by documenting value of volunteer hours and/or cemetery expenses for past three years (need receipts for expenses paid).

Project Cost (usually lowest bid) - \$15,000
Requested Amount - \$15,000

Match is half of requested amount - \$7,500 (match can be met with value of documented volunteer hours and/or cemetery expenses for the past three years totaling the value at a minimum of \$7,500).

Example 2: Some Funds Available; need 50% of requested amount by documenting value of volunteer hours and/or cemetery expenses for past three years (need receipts for expenses paid).

Project Cost (usually lowest bid) - \$14,000
Cemetery's Cash Towards Project - \$2,000
Requested Amount - \$12,000

Award = Requested Amount/1.5 = \$12,000/1.5 = \$8,000

Match = Award * 0.5 = \$8,000 * 0.5 = \$4,000 - \$2,000 cash towards project = \$2,000 match amt.

| |
|--|
| V. Cemetery's Annual Operating Budget (Must include recent bank statement for all cemetery accounts.) |
| Annual Income from All Sources (list amount and source): _____ |
| Annual Cemetery Expenses: _____ |
| Operating Deficit (if applicable): _____ |
| Do you have an endowment or perpetual care fund? <input type="checkbox"/> Yes, balance: _____ <input type="checkbox"/> No <i>(Please provide most recent statement for <u>all</u> investments, both long and short-term)</i> |
| What percentage do you withdraw annually for cemetery maintenance/expenses from the endowment or perpetual care fund? |
| Value of all assets: <i>(Please provide most recent statement for <u>all</u> assets)</i> |
| Other income: _____ |
| VI. Required Signature |
| <input type="checkbox"/> I, hereby affirm, under penalty of law, that all 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. I affirm that all vendors are properly licensed and insured with workers compensation and liability insurance required in Delaware. |
| <input type="checkbox"/> 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 the appropriate authority and may also disqualify Applicant from future distressed cemetery funds. |
| <input type="checkbox"/> 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 (front and back), the number of memorials straightened and repaired, etc. along with photographs of the sign and before/after photos of work completed. |
| (If Volunteer Applicant, need owner's approval; if church-owned cemetery, provide Pastor and Trustee Chair's signature) |
| Applicant's Printed Name: _____ |
| Applicant's Signature: _____ Date: <u>Select date</u> |
| Owner's Printed Name: _____ |
| Owner's Signature: _____ Date: <u>Select date</u> |
| Additional Printed Name: _____ |
| Signature: _____ Date: <u>Select date</u> |