



**Department
of Commerce**

Division of Real Estate
& Professional Licensing

Mike DeWine, Governor
Jon Husted, Lt. Governor

Sheryl Maxfield, Director

Cemetery Grant Application

I. Cemetery Information

Name of cemetery: _____

Is cemetery currently registered with the state of Ohio? Yes No

If yes, provide cemetery registration number: _____

Cemetery's physical location:

Street

City

State

Zip Code

Telephone

Cemetery email

Date cemetery established: ____/____/____ Total number of acres: _____

Number of acres fully developed and at capacity: _____

Number of acres with inventory available: _____

Approximate number of interments in cemetery in last two years: _____

Name of Owner/Operator: _____

Owner/Operator registration number: _____

Number of registered cemeteries operated: _____

Name of applicant's fiscal representative: _____

Owner Mailing Address:

Street City State

Zip Code Telephone Email

Programmatic representative of applicant, if different than fiscal representative:

Name

Mailing Address:

Street City State

Zip Code Telephone Email

Owner/Operator's federal tax identification number:

Owner/Operator's Ohio tax identification number:

Attach Internal Revenue Service tax exempt certificate, if applicable.

Ohio Secretary of state charter number, if applicable: _____

II. Brief History of Cemetery and Past Major Maintenance Completed

(Attach additional sheets if needed)

III. Project Description and Purpose – Explain scope of work needed and project goals. Be specific, e.g., number of tombstones reset, type of equipment, etc. Why is this project exceptional maintenance? Photos may be included. For trainings include a copy of the agenda, syllabus or other content material and name and contact information of the provider. Explain how the training relates to the maintenance and operations of cemeteries. Attach additional sheets if needed.

IV. Project Budget, Amount Requested, and Matching

Project Budget: _____ **Amount Requested:** _____ (up to \$1,000*)

Amount Matched: _____

*If applying for over \$1,000, you must provide proof of one-to-one matching funds and an impact statement with proof of extenuating circumstances.

Amount Matched - Real Dollars: _____

Amount Matched – Value of Volunteer Hours: _____ (Number of hours multiplied by current hourly value.)

Funding Requested/Received from Other Sources: (List source and amount; e.g., grants, donations, loans)

How will grant funds be accounted for separately from other sources of funding, if applicable:

V. Cemetery’s Annual Operating Budget

Operating budget: _____

Income from all sources: _____

Expenses for operations and maintenance: _____

Do you have an endowment or perpetual care trust? Yes If yes, balance: _____
No

Do you have a preneed merchandise & service trust? 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, may require the funds to be paid back, and possible criminal actions.

Applicant acknowledges that Ohio 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 Real Estate and Professional Licensing may refer the conduct to appropriate authorities, and may disqualify Applicant from cemetery grant funds.

I understand I must submit a written report to the Board within thirty days after the grant cycle ends 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 before/after photos of work completed.

Grantee Printed Name	Signature	Date
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Grantee Title

Fiscal Officer/Authority Printed Name	Signature	Date
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Fiscal Officer/Authority Title