Cemetery Worksheet

Department for Local Government
Office of State Grants

Project Information

Cemetery Name: _____

Project Contact Person: _____

Phone: _____ E-mail Address: _____

Is Cemetery a Non-Profit: Yes ☐ No ☐ Receive Perpetual Care Funds: Yes ☐ No ☐

Total Amount Requested: _____ Total Project Cost: _____

Total Match: _____

Type of Match:

☐ Cash: Cash Source: _____ Cash Amount: _____
☐ In-kind Labor: In-kind Source: _____ In-kind # hours: ____ x $10.00 = : _____
☐ In-kind Equipment: In-kind Source: _____ In-kind # hours: ____ In-kind # amount: _____

Cemetery Information

Cemetery Location: _____

Size in acres: _____ Number of Graves: _____ Age of Cemetery: _____

Owner of cemetery property: _____

Mailing Address: _____

City, State, Zip Code: _____ Phone: _____

Is the cemetery is located on private property: Yes ☐ No ☐

If yes, do you have written permission to access the cemetery and do the proposed work: Yes ☐ No ☐

Application endorsed by the _____ County Cemetery Board

Cemetery Board Chair (print) _____

Signature_____ Date_____