

*Planning and Community Development
City of Eden
308 E. Stadium Dr.
Eden, North Carolina 27288*



***Planning and Community Development
Cemetery Maintenance Grant Application
(Revised May 22, 2023)***

The purpose of the City of Eden Cemetery Maintenance program is to aid our local non-profit cemeteries for maintenance, lawn-care, and general upkeep.

PROPERTY ADDRESS:	
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I. Applicant / Cemetery Owner Information

Cemetery Name:	
Cemetery Owner:	
City / State / Zip Code:	
Phone / Email:	

Property Owner Information (If Different from Cemetery Owner):

Property Owner Name:	
Property Owner Address:	

Phone / Email:	
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*If the cemetery is a partnership or corporation - attach a sheet listing name, address, and telephone number of each partner (or proof of who can sign for the entity).

*Please provide proof of ownership (or lease agreement) of the considered cemetery.

II. Description of Cemetery Maintenance

Please provide a brief description of the planned cemetery maintenance issues:

III. Cost of Cemetery Maintenance

Please provide cost estimates for planned cemetery maintenance:

Total Projected Maintenance Cost: \$

Grant Funds Requested: (See page 3 for grant limits) \$

Please attach an itemized listing of costs or estimates from a minimum of two (2) licensed contractors.

IV. Applicant's Acknowledgements

Please read and initial all of the following:

No funding will be awarded for "for-profit" organizations or religious institutions.

The undersigned applicant agrees to utilize any grant funds received in strict conformance with the guidelines set forth by the City of Eden.

Must have had at least (2) internments in the past year.

Not eligible for perpetual fee use.

Property must be located within Eden city limits.

V. Funding and Eligibility

Under this grant program the applicant may request up to \$1000 per calendar year. A new application must be submitted for each applicable year requested.

VII. Applicant's Signature

Applicant's Name

Applicant's Signature

Date

Owner's Signature (If different than applicant)

Date

***PLEASE RETURN COMPLETED APPLICATION TO CITY OF EDEN PLANNING AND COMMUNITY DEVELOPMENT – LOCATED IN EDEN CITY HALL. FOR ANY QUESTIONS REGARDING THIS APPLICATION – PLEASE REACH OUT TO CITY OF EDEN GRANTS ADMINISTRATOR @ 336-623-2110 EXT. 3040**

City of Eden use ONLY:

Amount Awarded: _____

Economic Development Representative: _____

Department Director: _____

Date: _____