

BENEFICIARY APPLICATION

**ATTN: Beneficiary Chairman
Wilmington Flower Market, Inc.
P.O. Box 3525
Greenville, DE 19807**

Please return completed application to the Beneficiaries Chairman at the above address, postmarked no later than January 31st. **The original application and one copy are required.**

1. **NAME OF ORGANIZATION** _____

2. **ADDRESS** _____

3. **PHONE** _____

4. **EMAIL** _____

5. **EXECUTIVE DIRECTOR** _____

6. **COPY OF THE AGENCY'S LETTER FROM THE IRS WHICH PROVES ITS TAX EXEMPT STATUS**

7. **BOARD OF DIRECTORS** - *Please attach a list of names and addresses.*

8. **FUNDING SOURCES** - *Please include most recent financial statements.*

9. **PURPOSE AND HISTORY OF ORGANIZATION** - *Please attach*

10. **NUMBER AND AGES OF CHILDREN SERVED** _____

11. **TOTAL AMOUNT OF GRANT REQUESTED** _____

12. **PROJECT TO BE FUNDED** - *Please attach a detailed description of the project to be funded- prioritized, itemized, and the total amount requested.*

SIGNATURE, POSITION, AND PHONE *of individual preparing this document*

Date _____