

# BENEFICIARY APPLICATION

**Wilmington Flower Market, Inc.  
P.O. Box 3525  
Greenville, DE 19807**

Please return complete application to Maureen McCollum, Beneficiaries Chairman at the above address postmarked no later than January 31, 2009. **Two copies and the original application**, all hole-punched for a 3-ring binder 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** \_\_\_\_\_