



10209 Plainfield Road 🌻 Cincinnati, OH 45241 🌻 (888)591-9002 Fax (888)591-9003

Ohio Cemetery Foundation

Application For Services

Application Procedure and Process

1. Completed application, attached documents and a \$100 nonrefundable application fee (Fund Raising Requests Only) submitted to the Ohio Cemetery Foundation Offices located at 10209 Plainfield Road, Cincinnati, Ohio 45241, (888) 591-9002, Fax (888) 591-9003
2. Initial review and analysis of application and attached documents by Ohio Cemetery Foundation Board of Directors. (Fund Raising and Consulting Requests)
3. Cemetery property visit and interview of selected cemetery personnel conducted by Foundation Representative. (Fund Raising and Consulting Requests)
4. A Campaign readiness assessment will be conducted by a Professional Fund Raising Consultant selected by the Foundation to determine the readiness of applicant cemetery to undertake a major capital and/or endowment campaign. (Fund Raising Requests Only)
5. Preliminary estimates are obtained by applicant cemetery for the repair, renovation or creation of the requested cemetery asset and submitted to the Ohio Cemetery Foundation. (Fund Raising Requests Only)
6. Ohio Cemetery Foundation Board of Directors final review and analysis of submitted application, campaign readiness assessment, cemetery visit/interviews and submitted bids. (Fund Raising and Consulting Requests)

Please allow 60 days for the complete application process to be concluded. More time may be needed if the steps above are not completed in a timely basis. The cemetery and or applicant will be notified of the decision by the Ohio Cemetery Foundation Board of Directors to submit services upon completion of the Application Procedure and Process.

1. Contact Information	
Application Completed By	
Title	
Cemetery Name	
Street Address	
City, State, Zip Code	
Work Phone	
Home or Mobile Phone	
E-Mail Address	
Cemetery Web Site	

2. Cemetery Type	
<input type="checkbox"/> Not For Profit	<input type="checkbox"/> Religious Denomination _____
<input type="checkbox"/> For Profit	<input type="checkbox"/> Municipality
<input type="checkbox"/> Township	<input type="checkbox"/> Private

3. Type of Service Requested	
<input type="checkbox"/> Consulting (Proceed to Step 4)	<input type="checkbox"/> Fund Raising (Proceed to Step 5)

4. Type of Consulting Requested	
<input type="checkbox"/> Business Planning	<input type="checkbox"/> Administration & Operations
<input type="checkbox"/> Property Development	<input type="checkbox"/> Property Care & Maintenance
<input type="checkbox"/> Sales & Marketing	<input type="checkbox"/> Other

5. Fund Raising Requested For (Skip this step if not requesting Fund Raising)	
<input type="checkbox"/> Road Repair	<input type="checkbox"/> Building Repair
<input type="checkbox"/> Property Repair	<input type="checkbox"/> Existing Feature repair or renovation
<input type="checkbox"/> Building Development	<input type="checkbox"/> Property Development
<input type="checkbox"/> Veterans Memorial or Section	<input type="checkbox"/> First Responder Memorial or Section
<input type="checkbox"/> Funds for Community benefit collaborations with religious, historical or recreational organization	
<input type="checkbox"/> Creation or replenishment of endowment or maintenance care funds	
Has the cemetery received a formal bid(s) for the requested repair, renovation or development of this asset? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what is the amount of the formal bid? \$ _____	
Does the applicant cemetery have a 3 to 10 year capital improvement plan? <input type="checkbox"/> Yes <input type="checkbox"/> No. If so provide a copy. If not provide a list of capital improvements needed over the next 10 years.	

6. Cemetery Information	
Does this cemetery have a State Required Endowment care fund? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If the cemetery has an Endowment Care Fund, what is the current balance? \$ _____	
If Endowment Fund does not exist, are you exempt from Ohio Law to maintain such a fund? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does cemetery have an active Foundation or philanthropic fund <input type="checkbox"/> Yes <input type="checkbox"/> No If so, is this fund restricted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does this cemetery have a board of directors and if so how many? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> #	
If cemetery board does exist, are they supportive of this request for service? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Has this cemetery had a change in ownership or management within the past three years? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the local community or customers you serve supportive of this cemetery? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has this cemetery received funds in the past from a foundation, philanthropic efforts or a grant and if so for what purpose? <input type="checkbox"/> Yes <input type="checkbox"/> No Purpose _____
Have any lot owners or members of the local community offered philanthropic support in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does this cemetery have sales staff? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does this cemetery contain bronze memorials, upright monuments or both? <input type="checkbox"/> Bronze Memorials <input type="checkbox"/> Upright Memorials <input type="checkbox"/> Both
Total number of interments/entombments/inurnments within the last three years? Year _____ Year _____ Year _____
Past three years of gross annual revenue and expense for cemetery operations? Year _____ Year _____ Year _____ Revenue \$ _____ \$ _____ \$ _____ Expense \$ _____ \$ _____ \$ _____
Cemetery Age _____ Total number of cemetery acres _____
Estimated number of unsold graves _____, crypts _____, cremation niches _____
Estimated number of years remaining for the sale of graves, crypts or cremation niches _____
Is cemetery lot owner information current & automated? <input type="checkbox"/> Yes <input type="checkbox"/> No, Automated <input type="checkbox"/> Yes <input type="checkbox"/> No

7. Types of Sections or Buildings within This Cemetery	
<input type="checkbox"/> Veterans	<input type="checkbox"/> Masonic
<input type="checkbox"/> Infant or Baby	<input type="checkbox"/> Religious
<input type="checkbox"/> Mausoleum	<input type="checkbox"/> Cremation
<input type="checkbox"/> Other	

8. How Were You Made Aware of the Ohio Cemetery Foundation	
<input type="checkbox"/> Foundation's Web Site	<input type="checkbox"/> Cemetery Supplier
<input type="checkbox"/> Cemetery Association	<input type="checkbox"/> Referral
<input type="checkbox"/> Mailer	<input type="checkbox"/> Convention
<input type="checkbox"/> Other	

9. Additional Materials to be Supplied With This Application

All price lists used to sell services or products to customers

A list and brief profile of all Cemetery Board Members

A copy of the three previous year's tax returns

A summary of the Cemeteries History, Heritage and Uniqueness offered to the community

If available formal bids or preliminary estimates received for the requested fund raising project

If Fund Raising is the requested service, please provide a detailed explanation as to what the Fund Raising Campaign dollars would be utilized for and what efforts have been exhausted in the past to raise dollars for this purpose

Application Fee for Fund Raising Request - \$100 (nonrefundable)

10. Confidentiality Disclosure

All information will be held in the strictest of confidence by the Ohio Cemetery Foundation and its agents and only use the information provided for enumerated purposes.

11. Agreement and Signature

By submitting this application, I affirm that the facts and submissions set forth in it are true and complete. I understand that any false statements, omissions, or other misrepresentations made by me on this application may result in an immediate termination of provided services.

Name (printed)	
Title	
Signature	
Date	