

BENEFICIARY APPLICATION



"Benefiting
Delaware's Children
Since 1921"



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 March 31st, 2024
The original application and one copy are required (**two copies total**).

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| <i>Name of Organization</i> | |
| <i>Address</i> | |
| <i>Phone</i> | |
| <i>Email Address</i> | |
| <i>Executive Director</i> | |
| <i>Board of Directors</i> | |
| <i>Purpose and History of Organization</i> | <input type="checkbox"/> Please check if attached separately, or fill in below |
| <i>Number and Ages of Children Served</i> | |
| <i>Total Amount of Grant Requested</i> | |

| | |
|--|--|
| <i>Project to be Funded</i> | <input type="checkbox"/> Please check if attached separately, or fill in below |
| <i>Funding Sources</i> | Please attach most recent financial statement |
| <i>Copy of Agency's IRS Letter Proving Tax Exempt Status</i> | Please attach as a separate document |

| Please add contact information for individual preparing this document | |
|---|--|
| <i>Signature</i> | |
| <i>Name, Position</i> | |
| <i>Email</i> | |
| <i>Phone</i> | |