

Wilmington Flower Market Beneficiary Accounting Form

Name of Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_ phone# \_\_\_\_\_

Contact person email: \_\_\_\_\_

Amount of funding received: \_\_\_\_\_

Please attach the following information according to the category of your grant request:

**For Goods received:** Include copies of actual purchase receipts of each item funded.

**For Non-confidential services:** Provide a list of names addresses, and phone numbers of children who received funding from grant.

**For Confidential services:** Provide a list of names (first name, last initial) and/or case numbers of the children benefiting from the WFM grant. All identities will be kept confidential by Beneficiary Chairman.

**All accounting must be postmarked by May 31<sup>st</sup>**, sent by **certified mail**, and have this cover sheet attached. If we receive accounting after this date, incomplete accounting, or not sent by certified mail, you will not receive funding. All accounting must be resolved by **October 31<sup>st</sup>** of application year or the money must be returned.

You will be notified of grant funding amounts by July 15. Grant money can only be used for items listed in your letter. If you use it for other than what is stated or do not use entire grant, the money must be returned to address listed below.

**Please mail all information requested to:**

**P.O. Box 3525**

**Greenville, DE 19807**

If you have questions, please email Beneficiary Chairman at **[beneficiary@wilmingtonflowermarket.org](mailto:beneficiary@wilmingtonflowermarket.org)**