

DIVISION OF CEMETERIES

STATE OF NEW YORK
DEPARTMENT OF STATE
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SECRETARY OF STATE
CHAIR

LETITIA JAMES
ATTORNEY GENERAL

JAMES V. McDONALD, M.D., M.P.H.
ACTING COMMISSIONER OF HEALTH

Dear Cemeterian,

Attached is the Division of Cemeteries publication, *Application for the Repair or Removal of Dilapidated or Disrepaired Monuments That Create a Dangerous Condition*.

It is very important to remember that this is a cemetery application, and the cemetery association is fully responsible to ensure that all components are completed and submitted in the proper format. You must also remember that it is necessary, within 90 days of receiving the disbursement, to submit a complete report on the expenditure of the funds, as well as proof that the work has been completed. This proof must also include a signed affidavit stating that a representative appointed by your board has personally inspected the repairs, that they have been done properly, and that all of the repaired monuments no longer present a hazardous condition. In the event that the work has not been completed, a report on the progress is due. You are responsible to make sure that the contractors are performing the work properly by monitoring and inspecting the work, such as foundations and monument repairs. If, at a later date, our Division finds that work has not been completed properly, you may be in danger of having to repay your disbursement to the Vandalism fund. You may also be prohibited from future applications, along with the contractor who performed unsatisfactory work.

It is important that you seek the warranty information in writing from each contractor submitting an estimate. The contractors need to specify the details of covered repairs and length of the warranty for both the repaired monument and the foundation. Both estimates must be for comparable foundations and repairs.

As well as completing the enclosed spreadsheet, each contractor must attach a detailed narrative of the work that will be performed on each monument. This narrative must include details on each foundation, including the depth to which the foundation will be poured. Finally, the contractor must outline the materials which they will be using for the repairs to the monument and the foundation.

Each contractor is also required to submit estimates for the replacement of upright monuments with flush granite or bronze markers. This is a requirement for all applications; however, if the cemetery does not wish for the damaged monuments to be replaced, a statement to that effect, including an explanation of the board's reasoning, must be written by the cemetery association and submitted along with the application. The policy of our division has been that foundations of all upright monuments must be installed to the depth of the grave. However, in recognition of the fact that some older graves may be disturbed by such a policy, when replacing foundations we advise that you ensure the contractor is installing foundations that are a minimum of 42 inches in depth for all upright monuments. In all cases, you must make sure that the foundations are at least 6" below the frost line.

The foundations must be installed so that they are level. The use of wedging and sprawls are **not** acceptable for this application. Repaired monuments shall be level and solid, with no movement. All joints shall be sealed with either setting compound or epoxy, as specified in the contractor's estimate.

The photographs submitted may be digital pictures, and they may be printed on regular paper. However, they must be clear enough to show the hazard, and each photograph must include the name on the monument. If the name is not visible at an angle that best shows the hazard, it may be written in alongside the photograph.

It is sometimes easier to keep track of the monuments in the application if you mark them with surveyor's ribbon or caution ribbon until both contractors have provided estimates, our investigator has confirmed the hazard, and the work has been completed. This also serves to identify these monuments as a hazard to visitors, to allow them to keep their distance. Finally, clear markings allow those working on the application to clearly inventory the monuments previously identified.

Before the final payment is released, a representative of the cemetery association must notify their NYS Division of Cemeteries investigator to allow for inspection of the completed work.

In addition to the application itself, we have included the following:

- A list of guidelines for the application
 - A sample spreadsheet. It is recommended that you copy this to use for yourself, and it is mandatory that each contractor complete this and submit it along with their estimate.
 - Directions for the contractor to complete the spreadsheet. The entire spreadsheet must be completed, including the cost for removal and disposal, and replacement with granite or bronze markers and foundations.
 - A sample of the required legal notice to the owners of the monuments in need of repair
- If you have any additional questions regarding the completion of this application, do not hesitate to contact your investigator.

Sincerely,

Michael Swlman

Investigator II, NYS Department of State

Division of Cemeteries



Division of Cemeteries

New York State
Department of State
DIVISION OF CEMETERIES
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Application for Repair or Removal of Dilapidated or Disrepaired Monuments that Create a Dangerous Condition

This application applies only to Not-for-Profit Cemetery Corporations and must be completed in full and signed before a notary public. Funds may be allocated for the above-captioned purposes in accordance with 19 NYCRR §200.11 (statutory authority: Not-for-Profit Corporation Law, §1510-a). The full text of this Cemetery Board Directive appears on the reverse.

AMOUNT REQUESTED	COUNTY IN WHICH CEMETERY IS LOCATED
CEMETERY NAME	CEMETERY ID NUMBER
NAME OF CEMETERY OFFICIAL	TITLE
STREET ADDRESS	
CITY/TOWN/VILLAGE	ZIP CODE
TELEPHONE NUMBERS:	
Home ()	Work ()
E-MAIL ADDRESS	FAX

Has this cemetery previously applied for and received a grant from the Vandalism, Abandonment & Monument Repair Fund? YES* NO

*If YES, when? _____ Amount Received: \$ _____

Was proof of completed work forwarded to the Division of Cemeteries? YES NO

1. Provide a description of each damaged monument and/or marker and enclose referenced photos:

2. Attach copies of bids submitted by at least two contractors for the cost of repairs or removal and replacement.
3. Attach proof that the cemetery corporation has given not less than 60-day notice to the last known owner to repair or remove the monument or marker and that said owner has failed to do so within the time prescribed in that notice.

I, the undersigned, duly authorized, swear or affirm under the penalties of perjury that the above-named cemetery has not been able to obtain sufficient funds from the family of the deceased, that the proposed costs of the repairs or removals and replacements are fair and reasonable and that the above-described monuments and/or markers are so badly out of repair or dilapidated as to create a dangerous condition. I further swear or affirm that the information contained in this application is true and correct. I agree that, upon receipt of monies for the repair or removal of dilapidated or disrepaired monuments that create a dangerous condition, such repairs will be made as quickly as possible and documentation (receipts and statements) of the repairs and removals will be submitted to the Division of Cemeteries within 90 days following completion of work.

Signature of Cemetery Official: _____ Date: _____

On this _____ day of _____ 20 ____
appeared _____
known to me to be said person.

Notary Public

Application for Repair or Removal of Dilapidated or Disrepaired Monuments that Create a Dangerous Condition

The following language has been added to the vandalism regulations to establish procedures under which cemetery corporations may apply for funds to repair or replace monuments not owned by the cemetery but which create a dangerous condition because of disrepair.

19 NYCRR, Part 200

§200.11, Subds. (i)-(k) State Cemetery vandalism restoration, monument repair or removal and administration fund.

(i) *Application for repair or removal of dilapidated or disrepaired monuments that create a dangerous condition.* (1) An application for payment by the Fund for the repair or removal of monuments or other markers not owned by the cemetery corporation that have become dilapidated or are in disrepair so as to create a dangerous condition shall include the following:

(i) a description of the damaged monuments or markers, including photographs, and a statement that the monuments or markers are so badly out of repair or dilapidated as to create a dangerous condition;

(ii) a copy of bids submitted by at least two contractors for the cost of repairs, or removal and replacement;

(iii) proof that the cemetery corporation has given not less than sixty day notice to the last known owner to repair or remove the monument or other marker and that said owner has failed to do so within the time prescribed in said notice. Such notice shall be addressed to the last known owner or owners and to all persons having or claiming an interest in or to the burial lot on which the monument or marker is located. In the event that the last known owner or owners cannot be found, proof that notice was given by publishing the same once each week for three consecutive weeks in a newspaper published or circulated in the county in which the cemetery is located. The notice shall be effective on the date of mailing such notice by registered or certified mail, or the date of the third publication in the newspaper; and

(iv) a notarized statement signed by a cemetery corporation officer that the cemetery corporation has not been able to obtain sufficient funds from the family of the deceased (include copies of letters or newspaper advertisements); and that the proposed costs of the repairs or removals and replacements are fair and reasonable.

(2) Within 90 days of receipt of a complete application, the Cemetery Board shall make a determination, based upon the following factors:

(i) whether the monuments or markers are so badly out of repair or dilapidated as to create a dangerous condition;

(ii) whether due notice has been given to the last known owner to repair or remove the monument or other marker and the said owner has failed to do so within the time prescribed in said notice;

(iii) danger to visiting families;

(iv) appropriateness of prior use of payments from the fund;

(v) compliance with Not-for-Profit Corporation Law Article 15 and Cemetery Board rules and regulations;

(vi) priority of application based upon previous allocations; and

(vii) availability of monies within the Fund.

(j) *Use of disbursements for repair or removal of dilapidated or disrepaired monuments that create a dangerous condition.* (1) The cemetery corporation must apply all disbursements made by the Cemetery Board to the repair or removal and replacement of monuments or other markers as described in the application.

(2) Any funds remaining after the repairs or removals and replacements have been performed must be returned to the Cemetery Board for redeposit into the Fund.

(k) *Final report.* Within 90 days of its receipt of disbursements, the cemetery corporation shall make a report to the Cemetery Board setting forth the repairs or removals and replacements made and by whom, the amount of funds expended, and the amount of funds to be returned to the Cemetery Board, if any. If any monuments or other markers have been removed, the report shall include a statement that they have been replaced with a flush bronze or granite marker suitably inscribed if replacement is appropriate for identification purposes. If the repairs and removals have not been completed, the reason therefor shall be set forth, and the anticipated date for a subsequent, final report shall be disclosed. Such report and any additional report shall be sworn by a cemetery officer.

DIRECTIONS TO CONTRACTORS FOR COMPLETION OF THE SPREADSHEET FOR THE HAZARDOUS MONUMENT APPLICATION

Please read before completing the spreadsheet application:

- A. The application and all work must be done under the supervision and direction of the cemetery association.
- B. A **written explanation** of your warranty must be included with your estimate. The explanation must include what is covered for the monument work, as well as what is covered for the foundation work. You must indicate the **length** of the warranty.
- C. In addition to the completion of the spreadsheet, each contractor **must attach a detailed narrative** of the work that will be done on each monument and each foundation including a) the depth to which the foundation will be poured and b) the material that will be used for repairs to the monument and for the foundation.
- D. The spreadsheet must be fully completed in order for the application to be accepted for consideration. You must submit your **certificate of liability** to the cemetery association.
- E. In order to meet our standards for acceptable work, all foundations for upright and slant monuments must be to a **minimum of 42 inches deep**. In all cases, the foundation must be **at least six inches below the frost line**.
- F. The foundations must be installed such that they are level. The use of wedging and sprawls are unacceptable. **Repaired monuments shall be level and solid, with no movement**. All joints shall be sealed with either setting compound or epoxy, as listed on the estimate.
- G. If any work is found to be unacceptable, you will not be eligible for payment with monies from the Vandalism Fund, and may be prohibited from future applications.
- H. Once the work is complete, the cemetery will notify the regional investigator from the NYS Division of Cemeteries to conduct a final inspection. Once the work is found to meet the standards of the investigator as well as the cemetery association, you will be issued a final payment.

Spreadsheet Setup

- If there are no monuments to lay flat, that column may be omitted.
- **Cemetery info:** the cemetery name, address, county, and cemetery number should be written at the top of the form
- **Contractor info:** the name, address, and contact information of the contractor or monument company should be listed next.

Spreadsheet Columns: Repair

- 1) The name on the monument corresponding to the photograph is listed in column #1.
- 2) The location of the monument (ex. section and lot number) is listed in column #2.
- 3) The cost to remove, repair (if necessary), and reset the monument is listed in column #3.
- 4) The cost of the foundation, including the three dimensions, is listed in column #4.
- 5) If there is a full and appropriate concrete foundation beneath the monument, capping will be allowed. If the existing foundation is constructed of fieldstone, minimal concrete, or otherwise in poor condition, a new foundation will be required. If the foundation is to be capped, this cost will go in the left portion of column #5. If capping is not possible, the left portion of column #5 may be omitted. The total cost for the repair and the new foundation is listed in the right portion of column #5.
- 6) If there are smaller monuments that can be laid flat, the cost of that work would be listed in column #7. If the monuments are too large to be laid flat, this column may be omitted.

Spreadsheet Columns: Replacement (this section must also be completed)

- 7) The estimate to remove and dispose of the monument must be listed in column #6.
The monument cannot be disposed of on cemetery premises.
- 8) The cost of a **bronze** marker to replace the monument is listed in column #8.
- 9) The cost of a **granite** marker to replace the monument is listed in column #9.
- 10) The cost of a foundation, including the dimensions appropriate for the flat marker, is entered in column #10.
- 11) The total to remove and destroy the monument and replace it with a flush bronze marker and foundation is listed in column #11.
- 12) The total to remove and destroy the monument and replace it with a flush granite marker and foundation is listed in column #12.

Each column must be totaled separately. The columns indicating the total for work, repair, and materials **must include its components**.

The spreadsheet is then provided to the cemetery requesting the estimates. The cemetery will be notified whether this application has been approved, at which point they will notify you if your bid was selected. **Do not begin work before the application is approved by the New York State Cemetery Board.** If you have questions, the cemetery may provide you with contact information for the regional investigator from the NYS Division of Cemeteries.

Required Legal Notice

To be published for a minimum of three weeks in a local newspaper. Be sure to request an affidavit of publication upon completion of the notice's circulation.

To: The last known owner or owners of the following burial lots located in the _____ Cemetery, town of _____, in _____ County, New York, and all persons having or claiming to have an interest in said burial lots:

(List full names and lot numbers if available)

PLEASE TAKE NOTICE: That (1) the monuments or markers are so badly out of repair or dilapidated as to create a dangerous condition, (2) the persons to whom this notice is addressed must repair or remove said monuments or markers after the third publication of this notice or by (date 60 days after the third publication) and, (3) if the persons to whom this notice is addressed fail to repair or remove said monuments or markers after (date 60 days after the third publication), the _____ Cemetery Association may remove or repair said monuments without further notice to the persons to whom this notice is addressed.

If you have questions they can be directed to (name and phone number of cemetery board member) prior to (date 60 days after last publication).

**SEE INSTRUCTIONS BEFORE COMPLETING
STANDARD VOUCHER**

Voucher Number

① Originating Agency (limit to 30 spaces)			Orig. Agency Code		Interest Eligible (Y/N)		② P-Contract	
Payment Date (MM/DD/YY)			OSC Use Only			Liability Date (MM/DD/YY)		
③ Payee ID		Additional	Zip Code		Route	Payee Amount		MIR Date (MM/DD/YY)
③ Payee Name (limit to 30 spaces)					IRS Code		IRS Amount	
Payee Name (limit to 30 spaces)					Stat. Type	Statistic	Indicator-Dept.	Indicator-Statewide
Address (limit to 30 spaces)					③ Ref/Inv. No. (Limit to 20 spaces)			
Address (limit to 30 spaces)					Ref/Inv. Date (MM/DD/YY)			
City (Limit to 20 spaces)		(Limit to 2 spaces)→		State	Zip Code			

③ Purchase Order No. and Date	Description of Material/Service If items are too numerous to be incorporated into the block below, use Form AC 93 and carry total forward.	Quantity	Unit	Price	Amount

③ Payee Certification I certify that the above bill is just, true and correct; that no part thereof has been paid except as stated and that the balance is actually due and owing, and that taxes from which the State is exempt are excluded.		Total	
		Discount %	
		Net	
→ _____ Payee's Signature in Ink		_____	Title
_____ Date		_____	Name of Company

FOR AGENCY USE ONLY					STATE COMPTROLLER'S PRE-AUDIT		
Merchandise Received _____ Date	_____ Page No.	_____ By	I certify that this voucher is correct and just, and payment is approved, and the goods or services rendered or furnished are for use in the performance of the official functions and duties of this agency. _____ Authorized Signature in Ink _____ Date	_____ Verified	_____ Audited	_____ Special Approval (as Required)	CERTIFIED FOR PAYMENT OF NET AMOUNT By _____

Expenditure							Liquidation				
Cost Center Code				Object	Accum		Amount	Orig. Agency	PO/Contract	Line	F/P
Dept	Cost Center Unit	Var	Yr		Dept	Statewide					

Distribution: Original to OSC with Copy to Agency/Department and Payee

Check if Continuation form is attached.



NOTICE TO VENDORS OF SALES TAX EXEMPTION

This sheet may be retained by vendor and can be presented as proof of exemption from New York State and local sales taxes.

INSTRUCTIONS TO VENDORS PREPARING VOUCHERS

The numbered paragraphs below refer to the numbered blocks on the face of this form, which are to be completed.

Notice to vendors: Do not complete any blocks other than the following.

1. Originating Agency:

Insert name of State Department, Agency or institution being billed, as shown at the top of the Purchase Order.

2. P-Contract:

Enter here the P-Contract Number, if any, under which the purchase is made, e.g. P010966. Do not use hyphens or spaces.

NOTE: TO AVOID PROBLEMS WITH IRS, FOLLOW INSTRUCTIONS FOR BLOCKS 3 AND 4 CAREFULLY.

3. Payee I.D./Additional/Zip Code:

Enter your Federal Employer Identification Number (EIN). If you do not have an EIN, enter your Social Security Number. Do not use hyphens or spaces.

If you were assigned a Payee Additional Code by New York State, enter this in the box marked 'Additional'. Enter your nine position 'Zip+4' in the adjacent block only if you have been assigned an Additional Code.

4. Payee Name and Address:

For individuals or sole proprietors, enter your name (exactly as it appears on your Social Security card) in the first Payee Name block. If there is a business name or DBA, Enter that information in the second Payee Name block.

Corporations, partnerships and tax exempt organizations should enter the name of the entity (exactly as registered with the Federal government) that corresponds to the EIN entered in Block 3.

Enter your proper mailing address conforming to U.S. Postal Standards. Include either your five-position zip code or your Zip+4 in your address.

5. Ref./Inv. No.:

Enter a reference number, invoice number, or other information. This information WILL APPEAR ON THE CHECK STUB and will identify the payment. Do not exceed 20 characters including letters, numbers, spaces, commas, etc. The check stub issued to you will contain the information you furnished in this block, and may be compared to this copy of the voucher, which you will detach and keep. Enter the corresponding reference/invoice date in the block below the Ref./Inv. No. block.

6. Description of Material/Service:

Enter all pertinent information required by the specific column headings. Extend calculations into "Amount" column.

VENDOR'S OPTION:

Any company that has its own invoice or bill form may refer to it by number or other identification in the Ref./Inv. No. block. In addition, write "See Invoice Attached" in the description block, and show the total in the "Amount" column. Attach invoices in duplicate to this voucher.

7. Payee Certification:

Clearly indicate the title of the person signing for the payee, e.g., sole owner, partner, treasurer, bookkeeper, billing clerk, etc.