



Division of Cemeteries

New York State
Department of State
DIVISION OF CEMETERIES
One Commerce Plaza
99 Washington Avenue
Albany, NY 12231-0001
Telephone: (518) 474-6226
www.dos.ny.gov

Certification of Application for an Increase of Service Charges Using the Employment Cost Index

I, _____, an Officer or Director of _____, hereby certify:

1. I am authorized to submit this application for an increase of service charges.
2. The service charges set forth in the accompanying application comply with applicable law, regulations, and guidelines, including, but not limited to, Not-for-Profit Corporation Law (N-PCL) Section 1509 and the increases in service charges requested herein comply with N-PCL Section 1509(e)(3)(D) and any applicable regulations and guidelines.
3. The most recent application to amend/increase service charges was made at least 12 months ago and, if this increase is approved/deemed approved, no further request for a service charge amendment/increase will be made within the 12 months following such approval.
4. The accompanying application requests service charge increases that are calculated using the most recently published employment cost index identified in N-PCL Section 1509(e)(3)(D) (the ECI).¹ If the application is for multiple, consecutive years, the increases are calculated using the published ECI for each such year.
5. The application:
 - a. identifies all services for which a charge is imposed and identifies all the current, approved charges for such services;
 - b. identifies the services charges proposed to be increased; and
 - c. identifies the proposed charges after applying the ECI to said charges.
6. There have been no invasions of the permanent maintenance fund by the cemetery that have not been reported to the Division of Cemeteries and that have not been repaid or are not currently being repaid.² Any that are currently being repaid are set forth in the attached Schedule A.
7. There have been no invasions of the perpetual care accounts.³
8. With regard to court orders and New York State Cemetery Board (Cemetery Board) orders (including orders in connection with loans against the cemetery's permanent maintenance fund):
 - a. there are none that are currently being enforced against the cemetery; or,
 - b. if any such orders exist, they are attached to this certification and the cemetery is in compliance with them or, if not in compliance, those orders are currently under judicial review.

¹ I understand that for whole dollar charges, the cemetery is permitted to round up to the next whole dollar and for charges that are in dollars and cents, the cemetery may round up to the nearest multiple of twenty-five cents.

² An invasion includes both an impermissible withdrawal or expenditure and a failure to make a required deposit.

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9. The cemetery has timely filed its annual reports with the Division of Cemeteries as required under N-PCL Section 1508.
10. The cemetery has paid all assessments as required under N-PCL Section 1508(c).
11. The cemetery has paid all vandalism fund payments as required under N-PCL Section 1507(h).
12. The information contained in this certification and the accompanying application for an increase in service charges is true and correct to the best of my knowledge and belief.
13. I understand that the Division of Cemeteries and the Cemetery Board will rely on this certification and the information contained in the accompanying application. Should it be determined that the service charge increases do not comply with the applicable law and any regulations and guidelines, or that the information in this certification and the accompanying application is materially false or incorrect:
 - a. the service charge increases will be deemed to never have been approved; and
 - b. appropriate enforcement and disciplinary action will be taken by the Division of Cemeteries and the Cemetery Board against the cemetery and the officer completing this certification.

Signature of Officer or Director: _____ *Date:* _____

Name of Officer or Director: _____

Title of Officer or Director: _____

Cemetery Number: _____

Cemetery Name: _____

Cemetery Address: _____

City: _____ *State:* New York *Zip Code:* _____

Direct Telephone Number: _____ *Fax Number:* _____

E-Mail Address: _____

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SCHEDULE A

DEFICITS IN CEMETERY'S PERMANENT MAINTENANCE FUND

If your cemetery has a deficit in its permanent maintenance fund, please provide the following:

Total Amount of Deficit (Including Portions Repaid)	Payments to Date	Payments to Be Made (Indicate Amount and Frequency, e.g., Monthly)	Estimated Date of Full Repayment