

Son of Union Veterans of the Civil War Civil War Memorial/Monument Fund

The purpose of the Memorial/Monument Grant Fund is to assist Camps and Departments in their efforts to refurbish and restore Civil War related memorials and monuments. The grant fund is open to the preservation and restoration of Civil War monuments and memorials as well as supporting the production of new monuments. Priority of funds will be for preservation. Requests for new monuments will be accepted between 1 May and 15 June. The committee is authorized to revisit and issue remaining money, of that year, to camps and/or departments who have submitted requests for that year on a need basis.

Note: All requests submitted after 15 June shall be considered for Grant Awards, but shall not be paid until after the National Encampment. The National Treasurer is not allowed to make Grant Award payments after a fiscal year ends on 30 June each year; however, Grant Applications may still be received by the Committee during this period, but shall be placed on hold for a period until after the Encampment.

The following provides some general guidelines as to how to apply for a grant and how grant submittals will be evaluated.

1. Any SUVCW Camp or Department may request money from this fund.
2. The more information provided the better the chances of getting approval.
3. All requests will be handled individually on its own merit.
4. Only one request from one entity (Camp or Department) can be accepted per monument or memorial.
5. Standard procedure is to send funds to the vendor.
6. The maximum grant shall be \$2,000 per project. However, funds remaining at the end of the year may be disbursed to grant recipients or to National Park Service, Department of Defense, and/or Department of Veterans Affairs for the preservation of Civil War monuments.
7. Provide pictures and copies of all documentation as to appraisals, estimates, etc.

NOTE: The fund will only pay for work to be done, not for appraisals, estimates, surveys, etc., since they are considered to be a requirement of the application and help to describe the work to be done.

8. The review committee will consist of three of the elected Council of Administration members.
9. Requests for funds and submission of this form does not guarantee award of funds.
10. If a grant is ultimately awarded, photographs and/or images taken before and after refurbishment will be required for documentation purposes and possible placement on the SUVCW website.

Send requests and associated material to:

Brian C. Pierson, PDC
PO Box 3394
Shawnee, OK
703-989-9296
equitem.bp@hotmail.com

**SONS OF UNION VETERANS OF THE CIVIL WAR
CIVIL WAR MEMORIAL FUND REQUEST**
(FORM CWM #62)

REQUESTOR INFORMATION (Please print or type)

CAMP AND DEPARTMENT NAME: _____

NAME/ TITLE OF CONTACT PERSON: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE(S): _____ E-MAIL: _____

SIGNATURE: _____

NAME OF MEMORIAL/MONUMENT _____

NAME, NUMBER & STREET ADDRESS OF CEMETERY OR OTHER LOCATION

LOCATION DESCRIPTION (i.e. corner of 3rd and Lincoln St) _____

GPS N _____ W _____ City _____ State _____ ZIP _____

WAS FORM CWM-61: GAR MONUMENTS/CIVIL WAR MEMORIALS ASSESSMENT SUBMITTED? Y ___ N ___

_____ EXISTING MONUMENT _____ NEW MONUMENT _____ LAST SOLDIER PROJECT

RESTORATION COST \$ _____ AMOUNT RAISED \$ _____ REQUESTED \$ _____

CHECK PAYABLE TO: _____

ADDRESS: _____

CITY: _____ State: _____ ZIP CODE: _____

Memorial Grant Committee Use Only					
Grant Request # _____			Amount Approved \$ _____		
Approve	Deny	Table	Name Committee Member	Signature	Date

Check box, sign, date & return completed email to Committee Chair, who will send to National Treasurer for payment.

MONUMENT/ MEMORIAL INFORMATION

WHEN WAS IT BUILT: _____ WHO OWNS IT: _____

WHO IS FINANCIALLY RESPONSIBLE? _____

ARE MATCHING CONTRIBUTIONS AVAILABLE? _____ FROM WHERE: _____

ARE OTHER SOURCES OF FUNDS AVAILABLE? _____ FROM WHERE: _____

WAS A GRANT FROM THE SUVCW PREVIOUSLY RECEIVED FOR THIS PROJECT? _____

DATE: _____ AMOUNT: _____

DESCRIBE THE WORK THE GRANT IS NEEDED FOR (Be specific, use continuation sheet if needed)

WHO EVALUATED THE NEED FOR THE WORK AND WHAT ARE THEIR QUALIFICATIONS? _____

WHO WILL DO THE DESCRIBED WORK, AND WHAT ARE THEIR QUALIFICATIONS? _____

WHO WILL RECEIVE FUNDS IF GRANTED? _____

LIST WHAT THE CAMP/DEPARTMENT HAS AND/OR WILL DO TO ACCOMPLISH THE PROJECT
