

Department of New York

**SONS OF UNION VETERANS OF THE CIVIL WAR CIVIL WAR MEMORIAL FUND REQUEST**

**1. REQUESTOR INFORMATION (Please print or type)**

CAMP AND DEPARTMENT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_

**2. NAME OF CONTACT PERSON:**

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_

PHONE(S): \_\_\_\_\_

E-MAIL: \_\_\_\_\_

**3. MEMORIAL OR MONUMENT INFORMATION**

NAME OF MEMORIAL: \_\_\_\_\_

LOCATION: (Name and address of cemetery or other location description, such as, corner of 3rd and Lincoln Street. Provide a map when possible)

\_\_\_\_\_  
\_\_\_\_\_

WHEN WAS IT BUILT?: \_\_\_\_\_

WHO CONSTRUCTED IT? \_\_\_\_\_

WHO CURRENTLY OWNS or MAINTAINS IT?: \_\_\_\_\_

WHO IS FINANCIALLY RESPONSIBLE FOR IT?: \_\_\_\_\_

ARE OTHER FUNDS AVAILABLE/BEING SOLICITED?      YES                      NO

IF YES, FROM WHERE?: \_\_\_\_\_

AMOUNT BEING REQUESTED: \_\_\_\_\_

WAS A GRANT PREVIOUSLY RECEIVED FOR THIS PROJECT ?      YES                      NO

IF YES, FROM WHERE?: \_\_\_\_\_

DATE RECEIVED \_\_\_\_\_ AMOUNT (\$) \_\_\_\_\_

**4. TOTAL COST OF RESTORATION PROJECT:**

DESCRIBE WORK FOR WHICH THE FUNDS ARE NEEDED (Be specific, use continuation sheet, if necessary):

\_\_\_\_\_  
\_\_\_\_\_

WHO EVALUATED THE NEED FOR THE WORK, AND WHAT ARE THEIR QUALIFICATIONS ? (Attach evaluations or estimates as appropriate).

\_\_\_\_\_  
\_\_\_\_\_

WHO WILL DO THE DESCRIBED WORK, AND WHAT ARE THEIR QUALIFICATIONS (Provide names, addresses, website and an example of prior work (website link acceptable)):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WHO WILL RECEIVE THE FUNDS, IF GRANTED? (provide complete mailing address)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FORM PREPARED BY:

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ADDRESS:

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CITY, STATE, ZIP:

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SIGNATURE:

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SIGNATURE - CAMP COMMANDER

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