Sons of Union Veterans of the Civil War

Department of Ohio

Form 1 OCWM

Civil War Memorials and Monuments Fund

The purpose of the Ohio Civil War Memorials and Monuments Fund is to assist Camps in their efforts to refurbish and restore Civil War related memorials and monuments. The 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 and restoration. Completed Form 1 must arrive no later than 60 days prior to the Department Encampment.

<u>The following are general guidelines for fund requests:</u>

1. Any OHIO Camp may request money from this fund.
2. The more information provided the better the chances of getting approval.
3. Each request will be handled individually on its own merit.
4. Only one request from one Camp can be accepted per monument or memorial.
5. Request must include project pictures, documentation as to appraisals, and written estimates.
6. 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 being done.
7. Fund is NOT to pay for entire project. Camps shall demonstrate 75% of cost has been committed.
8. Encampment approved disbursements up to $500 shall be sent within 30 days following the Encampment.
9. Complete project within twelve (12) months following approval. If project is not completed within twelve (12) months, Camp must request an extension, or funds SHALL be returned to the Department.
10. See the Department of Ohio By-laws Article 7, Section 3 for additional information.

Send completed form and related material to the current Dept. Senior Vice Commander via email:

SVCommander@ohiosuv.com

Apply to the National Memorial Fund as well.

SONS OF UNION VETERANS OF THE CIVIL WAR
OHIO CIVIL WAR MEMORIAL FUND REQUEST
(FORM 1 OCWM)

Requester Information

(Please print or type)

CAMP NAME: _____

ADDRESS: _____

_____

CITY: _____

STATE: _____ ZIP CODE: _____

NAME OF CONTACT PERSON: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP CODE: _____

PHONE(S): _____ E-MAIL: _____

Memorial or Monument Information

NAME OF MEMORIAL: _____

_____

LOCATION: (Name and address of cemetery or other location description, such as, corner of 1st and Main Street)
_____

_____

WHEN WAS IT BUILT: _____

WHO OWNS IT: _____

_____

WHO IS FINANCIALLY RESPONSIBLE FOR IT: _____

_____

ARE MATCHING FUNDS AVAILABLE: _____ FROM WHERE: _____

_____

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

_____

AMOUNT BEING REQUESTED: _____

DESCRIBE WORK THAT THESE FUNDS ARE NEEDED FOR: **(Be specific, use back if necessary)**

_____

_____

_____

_____

_____

WHO EVALUATED THE NEED FOR THE WORK AND WHAT ARE THEIR QUALIFICATIONS:

_____

_____

WHO WILL DO THE WORK DESCRIBED AND WHAT ARE THEIR QUALIFICATIONS:

_____

_____

WHO WILL RECEIVE THE FUNDS IF GRANTED:

_____

_____

_____

Date Received _____ Date Reviewed _____ Status _____

_____