HISTORIC PRESERVATION APPLICATION

APPLICANT INFORMATION (Department, Tent, or Detached Tent):

Name: ________________________________________________________________

City, State, Zip: _______________________________________________________

NAME OF THE INDIVIDUAL MOST FAMILIAR WITH THE PROPOSED PROJECT:

Name: ________________________________________________________________

Address: __________________________________________________________________

City, State, Zip: __________________________________________________________________

Telephone Number: __________________________________________________________________

Email Address: __________________________________________________________________

TITLE OF PROJECT: __________________________________________________________________

PLEASE COMPLETE THE FOLLOWING:

1. Has your Department, Tent or Detached Tent applied for a monetary award during the past three years?
   __________yes __________no

2. Have you received a DUV CW Historic Preservation monetary award during the past three years?
   __________yes __________no

3. What is the maximum amount you are requesting for your project not to exceed $300?
   __________
PLEASE COMPLETE THE FOLLOWING (Attach extra pages, as needed):

 In 300 words or less, please describe your Historic Preservation project and the need for it.

 In 300 words or less, please describe how the project will benefit the community where it is located and the mission/objects of the Daughters of Union Veterans of the Civil War, 1861-1865.

 In 300 words or less, please provide a strategic plan for completion of the project and a proposed completion date.

 Please provide any available photos regarding your proposed project.

Date Proposed Project Received: _________________ By whom: __________________________

Distributed to Committee Member: _______________________________ Date: _____________________

Distributed to Committee Member: _______________________________ Date: _____________________

Monetary Award Granted: ___________Yes ___________No

Amount Granted: _________________________

Date: _____________________________________

HISTORIC PRESERVATION COMMITTEE MEMBERS:

________________________________________________________________________ Chairman
________________________________________________________________________ Member
________________________________________________________________________ Member

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