

NATIONAL ORGANIZATION
SONS OF UNION VETERANS OF THE CIVIL WAR
CIVIL WAR MEMORIAL ASSESSMENT FORM

Type of Memorial (check all applicable)

Monument with Sculpture without Sculpture with Cannon standalone Cannon
 Historical Marker Plaque Other (flag pole, G.A.R. buildings, stained glass windows, etc.)

Affiliation

GAR MOLLUS SUVCW WRC ASUVCW
 LGAR DUVCW Other

If known, record name and number of post, camp, corps, auxiliary, tent, circle or appropriate information of other groups:

State of Rhode Island

Original Dedication Date July 1911 Please consult any/all newspaper archives for a local paper's article that would have information on the *first* dedication ceremony and/or other facts on the memorial. Please submit a copy of your findings with full identification of the paper & date of publication. Thank you.

Location

The Memorial is *currently* located at:

Street/Road address or site location Burnside Park, 40 Kennedy Plaza
GPS Coordinates _____

City/Village &/or Township Providence
County Providence State Rhode Island Zip Code 02908

The front of the Memorial faces: North South East West

Government Body, Agency, or Individual Owner

Name City of Providence
Dept./Div. Parks Division
Street Address 1000 Elmwood Ave
City Providence State Rhode Island Zip Code 02905
Contact Person _____ Telephone () _____ ext _____

Is Memorial on the National Register of Historic Places Yes No ID # if known _____

For Monuments with/without sculpture:

Physical Details

Material of Monument or base under a Sculpture or Cannon = Stone Concrete Metal Other
If known, name specific material (color of granite, marble, etc.) Unknown

Material of the Sculpture Stone Concrete Metal Other Is it hollow or solid? Bronze
If known, name specific material (color of granite, marble, etc.) _____

For Historic Marker or Plaque:Material of Plaque or Historical Marker / Tablet = Bronze**For Cannons with/without monument:**Material of Cannon = Bronze Iron Type of Cannon (if known) _____Rifled YES NO

Markings: Muzzle _____ Base Ring/Breech _____

Left Trunion _____ Right Trunion _____

Is inert ammunition a part of the Memorial? Yes No[For camp/department monuments officer's use: Cannon on list of known ordnance] Yes No**For Other Memorials:** (flag pole, G.A.R. buildings, stained glass windows, etc.)

What best describes the memorial _____

Materials of the Memorial _____

Complete for All Memorials**Approximate Dimensions** (indicate unit of measure) - taken from tallest / widest points9.5 Ft Height 3 Ft Width 3 Ft Depth or _____ Diameter

For Memorials with multiple Sculptures, please record this information on a separate sheet of paper for each statue (service, pose, etc) and attach to this form. Please describe the "pose" of each statue and any weapons/implements involved (in case your photos become separated from this form). Thank you!

Markings/Inscriptions (on stone-work / metal-work of monument, base, sculpture)

Maker or Fabricator mark / name? If so, give name & location found _____

Please attach legible photographs of all text &/or Record the text in the space below. Please use the addendum – narrative sheet if necessary.

Plaque One

"ERECTED BY THE
STATE OF RHODE ISLAND
AS AN INCENTIVE TO PATRIOTISM
JULY, 1911

JOSEPH P. MANTON
WILLIAM A. SPICER
STEPHEN H. BROWN
CHARLES H. WILLIAMS
WARREN RALPH
EZRA DIXON
FRANK H. HAMMILL
COMMISSIONERS
HENRI SCHONMARDT
SCULPTOR"

Plaque Two

"RHODE ISLAND'S TRIBUTE TO MAJOR HENRY HARRISON YOUNG FOR VALOR DURING THE CIVIL WAR, 1861-1865."
MAJOR SECOND R.I. VOLUNTEERS INF. BREVET LIEUT. COL. U.S. VOLS. CHIEF OS SCOUTS TO GEN. SHERIDAN
'TO MAJOR H.H. YOUNG, OF MY STAF, CHIEF OF SCOUTS, AND THE THIRTY OR FORTY MEN OF HIS COMMAND. WHO TOOK
THEIR LIVES IN THEIR HANDS, CHEERFULLY GOING WHEREVER ORDERED, TO OBTIAN THAT GREAT ESSENTIAL OF
SUCCESS, INFORMATION, I TENDER MY GRATITUTDE, THEN OF THESE MEN WERE LOST'
P.H. SHERIDAN MAJOR GENERAL COMMANDING"

Environmental Setting

(The general vicinity and immediate locale surrounding a memorial can play a major role in its overall condition.)

Type of Location

Cemetery Park Plaza/Courtyard "Town Square" Post Office
 School Municipal Building State Capitol Courthouse College Campus
 Traffic Circle Library Other: _____

General Vicinity

Rural (low population, open land) Suburban (residential, near city) Town Urban / Metropolitan

Immediate Locale (check as many as may apply)

Industrial Commercial Street/Roadside within 20 feet Tree Covered (overhanging branches)
 Protected from the elements (canopy or enclosure, indoors) Protected from the public (fence or other barrier)

Any other significant environmental factor PARK LOCATION IS OUTSIDE OF BUS STATION


[To detail the condition of a monument used the addendum form for *Monument's Condition*]

Supplemental Background Information

In addition to your on-site survey, any additional information you can provide on the described Memorial will be welcomed. Please label each account with its source (author, title, publisher, date, pages). Topics include any reference to the points listed on this questionnaire, plus any previous conservation treatments - or efforts to raise money for treatment.

Addendums attached to this electronic file are the *Monument's Condition* and the *Narrative* forms. Only the *Monument's Condition* form is required if you are requesting grant money using form CWM-62 *SUVCW Memorial Grant Application Form and Instructions*.

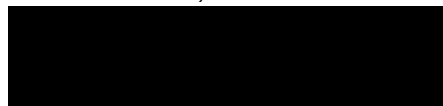
Thank you.

Inspector Identification _____ Date of On-site Survey 20 MAY 2019
Your Name Ben Frail
Address 75 Rotary Drive
City West Warwick State RI Zip Code 02893
Telephone 

Are you a member of the Allied Orders of the G.A.R.? If so, which one?
Yes, SUVCW

Please send this completed form to:

Walt Busch, PDC, Chair
1240 Konert Valley Dr.
Fenton, MO 63026



Thank you for your help, and attention to detail.

SONS OF UNION VETERANS OF THE CIVIL WAR – CIVIL WAR MEMORIALS COMMITTEE.

