

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:

Original Dedication Date 1894 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 Rose Hill Cemetery east on Illinois Hwy. 123.

GPS Coordinates _____

City/Village &/or Township Petersburg

County Menard State Illinois Zip Code 62675

The front of the Memorial faces: ☒ North ☐ South ☐ East ☐ West

Government Body, Agency, or Individual Owner

Name Rose Hill Cemetery Board

Dept./Div. _____

Street Address _____

City Petersburg, IL.

State Illinois

Zip Code _____

Contact Person Mr. James Potts

Telephone (217) 632-3241

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.) Grey

Material of the Sculpture ☐ Stone ☐ Concrete ☐ Metal ☐ Other Is it hollow or solid? _____

If known, name specific material (color of granite, marble, etc.) _____

>This form may be photocopied.<

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For Historic Marker or Plaque:

Material of Plaque or Historical Marker / Tablet = _____

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 points

25 - 30ft. approx. Height 4ft approx. Width _____ 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.









2016-17-07

**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: John A. Logan Camp #26 Department of IllinoisNAME/ TITLE OF CONTACT PERSON: PDC Terry DyerADDRESS: 11578 Edgemere TerraceCITY: RoscoeSTATE: IllinoisZIP CODE: 61073PHONE(S): [REDACTED]SIGNATURE: Terry R. DyerNAME OF MEMORIAL/MONUMENT Dr. Benjamin F. Stephenson Monument**NAME, NUMBER & STREET ADDRESS OF CEMETERY OR OTHER LOCATION**Rose Hill Cemetery Petersburg, IllinoisLOCATION DESCRIPTION (i.e. corner of 3rd and Lincoln St) _____The Cemetery is located on Ill. Hwy 123 1 mile East of Petersburg, Ill. on south side of road.GPS N _____ W _____ City Roscoe Petersburg State Illinois ZIP 62675WAS FORM CWM-61: GAR MONUMENTS/CIVIL WAR MEMORIALS ASSESSMENT SUBMITTED? Y X N _____

yes _____ EXISTING MONUMENT _____ NEW MONUMENT _____ LAST SOLDIER PROJECT _____

RESTORATION COST \$ 75,000 AMOUNT RAISED \$ 25,000 REQUESTED \$ 50,000CHECK PAYABLE TO: The City of Petersburg Benjamin Stephenson AccountADDRESS: ~~11578 Edgemere Terrace~~ P.O. Box 139CITY: ~~Roscoe~~ PetersburgState: IllinoisZIP CODE: 62675**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: 1894 WHO OWNS IT: Grand Army of the Republic

WHO IS FINANCIALLY RESPONSIBLE? Rose Hill Cemetery Board

ARE MATCHING CONTRIBUTIONS AVAILABLE? No FROM WHERE: _____

ARE OTHER SOURCES OF FUNDS AVAILABLE? Yes FROM WHERE: Only through the sale of signature bricks and black granite engraved benches.

WAS A GRANT FROM THE SUVCW PREVIOUSLY RECEIVED FOR THIS PROJECT? No

DATE: _____ AMOUNT: _____

DESCRIBE THE WORK THE GRANT IS NEEDED FOR (Be specific, use continuation sheet if needed)
The grant is needed to complete the two finale phases of the Sons of Union Veterans of the Civil War Doctor Benjamin F. Stephenson Memorial Plaza. The finale two phases will include the extention of signature bricks and black granite signature benches, two new flag poles and an informational wall. Solar panals will be installed to illuminate the monument, flags and informational wall. The entire plaza will be bordered with a dark boarder stone and black Bollards with heavy chain draped between to serve as a barrier which is consistant with the memorial designes of the Grand Army of the Republic of the 1880's through the 1910's. The concept of this Plaza is to provide a stately place designed for people to honor to the creater of the Grand Army of the Republic and where we meet to honor his memory April of each year.

WHO EVALUATED THE NEED FOR THE WORK AND WHAT ARE THEIR QUALIFICATIONS? I felt that something needed to be done to enhance the grounds around Dr. Stephenson's Monument.

WHO WILL DO THE DESCRIBED WORK, AND WHAT ARE THEIR QUALIFICATIONS? Image Design and Landscape LLC Petersburg, IL. They are known throughout the area as the finest in the business

WHO WILL RECEIVE FUNDS IF GRANTED? The City of Petersburg PO Box 139, Petersburg, IL. 62675
They have a 501 C-3.

LIST WHAT THE CAMP/DEPARTMENT HAS AND/OR WILL DO TO ACCOMPLISH THE PROJECT
The Department of Illinois and the Rose Hill Cemetery Board have worked together on this project from the beginning and will see it through to its completion.









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: John A. Logan Camp #26, Department of Illinois

NAME/TITLE OF CONTACT PERSON: Stephen Haight, Camp Commander

ADDRESS: 3691 South Bend Rd.

CITY: Rockford

STATE: IL

ZIP CODE: 61109

PHONE(S): 815-243-2454

E-MAIL: harpersferry1803@gmail.com

SIGNATURE: Stephen Haight

NAME OF MEMORIAL/MONUMENT: Dr. Benjamin Stephenson Grave Site Memorial Plaza

NAME, NUMBER & STREET ADDRESS OF CEMETERY OR OTHER LOCATION

Rose Hill Cemetery

LOCATION DESCRIPTION (i.e. corner of 3rd and Lincoln St) IL-123 (just east of Petersburg, south side of the road.

GPS N _____ W _____ City Petersburg State IL ZIP 62675

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

☒

EXISTING MONUMENT

☐ NEW MONUMENT

☐ LAST SOLDIER PROJECT

RESTORATION COST \$ 86,095 total AMOUNT RAISED \$ 30K REQUESTED \$ 2,000

CHECK PAYABLE TO: Dr. Stephenson Memorial Treasury

ADDRESS: 3691 South Bend Rd.

CITY: Rockford

State: IL

ZIP CODE: 61109

Memorial Grant Committee Use Only

Grant Request # _____ Amount Approved \$ _____

Approve	Deny	Table	Name Committee Member	Signature	Date
<input checked="" type="checkbox"/>	<input type="checkbox"/>		Peter J. HITSKO	Peter J. HITSKO	04/17/21
<input checked="" type="checkbox"/>	<input type="checkbox"/>		HARRY W. REINEKE II	HARRY W. REINEKE II	4/17/2021
<input checked="" type="checkbox"/>	<input type="checkbox"/>		Henry C. Duquette	Henry C. Duquette	04/19/2021

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: 1894 WHO OWNS IT: SUVCW

WHO IS FINANCIALLY RESPONSIBLE? The Dr. Stephenson Memorial Committee/Treasury

ARE MATCHING CONTRIBUTIONS AVAILABLE? Yes FROM WHERE: Contributions for memorial
brinks and benches incorporated into the plaza. Cash on hand - \$6,643.

ARE OTHER SOURCES OF FUNDS AVAILABLE? Yes FROM WHERE: Individual, Camp and
Department donations.

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

DATE: 9/12/17 AMOUNT: \$2,000

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

The funds requested would be applied to completion of Phase 4 (total cost \$3,000) of the
Memorial Plaza project (see attached file with plan drawing and defined project phases). Phase 4
is designated for the concrete edging around pavers, and bricks.

WHO EVALUATED THE NEED FOR THE WORK AND WHAT ARE THEIR QUALIFICATIONS? Massie, Massie
and Associates, Landscape Architects

WHO WILL DO THE DESCRIBED WORK, AND WHAT ARE THEIR QUALIFICATIONS? Image Design &
Landscape, Petersburg, IL

WHO WILL RECEIVE FUNDS IF GRANTED? Image Design Landscape

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

The Stephenson Memorial Committee will be notified that they can schedule Image Design
Landscape to install the concrete edging as soon as possible.

