



CENOTAPH/MONUMENT RESTORATION PROGRAM



Application Form

Notes on completing this application form:

It is important to answer all the questions in this application form that relate to your project. The information is used by the staff and review committee to evaluate the eligibility and assess the merit of your project. It is also important that you and the people or company who will be doing the restoration work on your cenotaph/monument consult the restoration guidelines which can be found on the Veterans Affairs Canada web page at <http://www.vac-acc.gc.ca/remembers/cmnp>. The restoration guidelines will not only help you fill out the application form but it is also a tool that will help you preserve and maintain your cenotaph/monument for the future.

Organizations are encouraged to communicate with a staff member of the Cenotaph/Monument Restoration Program before sending in their completed application form. This can be done by calling (902) 566-7230.

- All applicants must completely fill out Sections 1 and 2.
- Sections 3 through 6 provide submission reviewers with an understanding of your cenotaph/monument while Section 7 demonstrates your understanding of the problems to be addressed. Please fill out these sections to the best of your ability. Disregard whatever does not apply.
- Sections 8 and 9 explain the proposed conservation solutions and how they will be financed. These two sections must be completely filled out by the applicant.
- Additional pages may be added to this submission wherever required.



Cenotaph/Monument Restoration Program (CMRP) Application Form

1. Applicant Information (please print)		
Name of contact	Organization	
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other, specify	Preferred language of communication <input type="checkbox"/> English <input type="checkbox"/> French	
Telephone No. ()	Extension	Facsimile No. ()
ADDRESS		
Street		City
Province/Territory	Postal Code	E-mail address
2. General Cenotaph/Monument Information (please print)		
Ownership of Cenotaph/Monument (<i>Municipal/Royal Canadian Legion/Other - specify</i>)		
National Inventory of Military Memorials Registration Number		Official heritage designation of Cenotaph/Monument
LOCATION OF CENOTAPH/MONUMENT		
Street address or nearest cross streets		City
Province/Territory	Description of the location (<i>e.g. in a park, on a street corner, on the side of a building, etc.</i>)	
Are you applying for funding for <input type="checkbox"/> conservation work <input type="checkbox"/> consultation fees to identify required conservation work		
Explain what this Cenotaph/Monument commemorates, and describe other reasons for which it is valued. <i>(For example, the Cenotaph/Monument may also be valued for a unique design, special materials used in its construction, or the importance of its placement within its site or placement.)</i>		
Is the community supportive of the project, and will community groups support ongoing maintenance once the cenotaph/monument has been repaired?		
Describe the importance of the cenotaph/monument to the community. (<i>e.g. Is it used for remembrance activities?</i>)		
Overall dimensions of cenotaph/monument (<i>Include height where possible, and size of base.</i>)		

3. Environment of the Cenotaph/Monument (check all that apply)

The cenotaph/monument is regularly exposed to:

- | | | | |
|---|--|--------------------------------------|---|
| <input type="checkbox"/> Road de-icing salts | <input type="checkbox"/> Ocean/marine salts | <input type="checkbox"/> Road splash | <input type="checkbox"/> Ocean or fresh water spray |
| <input type="checkbox"/> Overhanging trees | <input type="checkbox"/> Precipitate from nearby heavy industry | | |
| <input type="checkbox"/> Vandalism | <input type="checkbox"/> Inappropriate uses (e.g. skateboarding) | | |
| <input type="checkbox"/> Other, specify _____ | | | |
| <input type="checkbox"/> There are large trees or tree roots near the foundation. | | | |
| <input type="checkbox"/> Water ponding or poor drainage away from the cenotaph/monument is a recurring problem. | | | |
| <input type="checkbox"/> Soil movements (e.g. frost heaving, settlement) are a known problem. | | | |
| <input type="checkbox"/> The soil is known to contain sulphates. | | | |

Describe any unique or special restrictions around the cenotaph/monument.
(e.g. noise or work restrictions, limited access for construction equipment.)

4. Construction History of the Cenotaph/Monument

Year of construction (if known)

Description of any previous conservation or repairs.

(If known, include type of work completed and when. Also, provide photographs of cenotaph/monument before and after construction work, and copies of any repair/conservation drawings, if available.)

PLEASE PROVIDE COPIES OF ORIGINAL CONSTRUCTION DRAWINGS IF AVAILABLE

5. Foundation of the Cenotaph/Monument (check all that apply)

Type

- | | | |
|--|---|---|
| <input type="checkbox"/> None or on a grade | <input type="checkbox"/> Crushed stone | <input type="checkbox"/> Concrete slab on grade |
| <input type="checkbox"/> Concrete footing and pier | <input type="checkbox"/> Stone footing and pier | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Steel, wood or concrete piles | <input type="checkbox"/> Other, specify _____ | |

Bearing Soil

- | | | |
|--|--|----------------------------------|
| <input type="checkbox"/> Rock | <input type="checkbox"/> Organic soil (peat, silts) | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Reasonable free-draining sandy soil | <input type="checkbox"/> Reasonable free-drain coarse granular | |

Does the foundation extend below the frost line? Yes No Unknown

Is permafrost present in the soil? Yes No Unknown

6. Materials of the Cenotaph/Monument (check all that apply)

METAL

Type

- Bronze Copper Steel Cast iron Zinc Unknown
 Brass Aluminum Lead Wrought iron Other, specify _____

Fabrication

- Cast Stamped Other, specify _____ Unknown

Finish

- None Wax Enamel Other, specify _____ Unknown

STONE MASONRY

Type of stone

- Granite Limestone Marble Sandstone Other, specify _____
 Unknown

- Original quarry** _____ Unknown

Bedding mortar

- Lime based mortar Cement based mortar Unknown

Pointing

- Lime based mortar Cement based mortar Synthetic caulk Putty
 Lead Other, specify _____ Unknown

Assembly

- Single stone Solid masonry Concrete core Unknown
 Hollow core Other, specify _____

Coating

- None Parging Other, specify _____ Unknown

BRICK MASONRY

Type of brick

- Clay Terra cotta Concrete Other, specify _____ Unknown

Bedding mortar

- Lime based mortar Cement based mortar Unknown

Pointing

- Lime based mortar Cement based mortar Putty Unknown
 Other, specify _____

Assembly

- Solid masonry Concrete ore Hollow core Unknown
 Other, specify _____

Coating

- None Parging Other, specify _____ Unknown

6. Materials of the Cenotaph/Monument (check all that apply - continued)**CONCRETE****Type**

Unreinforced Reinforced Unknown

Casting

Cast in place Precast Unknown

Reinforcement

Deformed steel bars Wire mesh Steel tendons Unknown

Other, specify _____

Finish

Troweled Exposed aggregate Brushed Unknown

Other, specify _____

Coating

None Parging Other, specify _____ Unknown

WOOD**Species**

Specify _____ Unknown

Construction

Solid wood Glue-laminated

Assembly

Mortise & Tenon Metal connectors

Treatment

Creosote Chrome copper arsenate Boron None Unknown

Other, specify _____

Finish

Paint Stain Whitewash Varnish None Unknown

Other, specify _____

7. Defining the Problems (check all that apply)**PROBLEMS AFFECTING CENOTAPH/MONUMENT AS A WHOLE****Alignment**

Tilting Sagging Shifting of components

Loss of historic material

Loss of stone piece Corrosion or oxidation of metal
 Decay of wood Delamination or spalling of concrete

Damage

Loose components Missing components Poorly executed previous repair
 Vandalism Damaged inscription Damage to carved element

7. Defining the Problems (check all that apply - continued)

Environment wear

Unintended exposure of foundation

Improper use

Marring of surfaces Staining of surfaces Accumulation of inappropriate coatings (e.g. skateboard wax)

Other symptoms, specify

PROBLEMS AFFECTING MASONRY (STONE AND BRICK)

Deterioration of masonry unit

Delamination

Blistering

Sedimentary bedding openings

Pitting

Cracking

Loss of stone piece

Deterioration of mortar

Cracking

Hairline cracks

Open joints

Deterioration of masonry

Bulging

Displacement of masonry unit

Rotation or twisting of masonry unit

Damage to masonry unit

Chipping

Scratching

Loss of unit

Build up of organic growth

Grasses

Lichens

Moss

Staining

Moisture

Iron

Copper

Biological

Moss

Other symptoms, specify

PROBLEMS AFFECTING CONCRETE COMPONENTS

Deterioration

Spalling

Delamination

Cracking

Micro-cracking

Chipping

Corrosion of reinforcement

Deformation of concrete

Cracking

Settlement

Build-up of organic growth

Grasses

Lichens

Moss

Staining

Moisture

Iron

Copper

Biological

Moss

Other symptoms, specify

7. Defining the Problems (check all that apply - continued)

PROBLEMS AFFECTING METAL COMPONENTS

Deterioration of metal

- Corrosion Oxidation

Damage

- Denting Cracking Splitting Tearing
 Deformation Loss of elements Failure of attachments

Build up of organic growth

- Grasses Lichens Moss

Deterioration of surfaces

- Biological staining Loss of finish

Other symptoms, specify

PROBLEMS AFFECTING WOOD COMPONENTS

Biological deterioration

- Decay Insect attack

Mechanical damage

- Cracking Splitting Deformation
 Loss of elements Abrasion Chemical damage at metal fasteners

Build-up of organic growth

- Moulds Lichens Moss

Staining

- Moisture Biological Copper Iron

Surface finish

- Loss of deterioration

Other symptoms, specify

PLEASE PROVIDE THE FOLLOWING INFORMATION

7.a Describe any events or circumstances that caused the problems.

7. Defining the Problems *(check all that apply - continued)*

7.b Indicate if the problems are recent or if it has been ongoing for several years.
(If ongoing, please specify approximately how long.)

7.c Identify if any professionals or specialists have been involved in the assessment of the problems to be addressed by this submission.
(If so, please include copy of any condition assessment or investigation reports that have been produced.)

8. Proposed Solutions

THIS SECTION EXPLAINS THE APPLICANT'S PLAN TO ADDRESS THE PROBLEMS AFFECTING THEIR CENOTAPH/MONUMENTS.

8.a Describe the scope of the planned conservation work.

8.b List drawings and specifications attached to this submission for the conservation work to be funded by this program.
(Note that drawings and specifications can range in detail and content depending on the scope of work: for simple projects this information could be contained on a single drawing with notes, whereas more complex projects may require comprehensive sets of drawings and specifications. Specifications should include all materials to be used for the work.)

8.c Identify how the planned work addresses the causes of the problem identified in Section 7.

9. Financing

Budgeted breakdown of the cost of the work, including total project costs

(Please attach copies of all contractors' estimates to this submission.)

EXPENSES	Cost (cash)	Cost (in-kind)*	Total cost
Consulting Fees	\$	\$	\$
Labour	\$	\$	\$
Material	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
TOTAL COST FOR THE PROJECT	\$	\$	\$

Source of funding *(Please provide names of all contributors. Use another sheet if necessary)*

REVENUE	✓	Cost (cash)	Cost (in-kind)*	Total cost
Organization/Applicant	<input type="checkbox"/>	\$	\$	\$
Other non-profit organizations	<input type="checkbox"/>	\$	\$	\$
Private sector	<input type="checkbox"/>	\$	\$	\$
Fund raising	<input type="checkbox"/>	\$	\$	\$
Other federal government departments	<input type="checkbox"/>	\$	\$	\$
Provincial government	<input type="checkbox"/>	\$	\$	\$
Municipal government	<input type="checkbox"/>	\$	\$	\$
Veterans Affairs Canada	<input type="checkbox"/>	\$	\$	\$
	<input type="checkbox"/>	\$	\$	\$
TOTAL REVENUES		\$	\$	\$

* - Only 25% of the overall budget can be contributions made by in-kind donations.

✓ - Revenue source has been confirmed.

Identify the phasing of the work. *(Please include the number of working days as well as the project start and end dates.)*

Signing for the applicant _____ Date _____

Printed name of signer _____

Cenotaph/Monument Restoration Program (CMRP) Application Checklist

This checklist must be completed and included with all supporting documentation.

Do not write in the shaded space - For office use only

Received by

File Number	Date
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Funding application general form completed and signed by an authorized individual (Chairperson, Mayor, Executive Director, etc.).

Written verification that applicant has authority to undertake the conservation work.

Evidence of registration with National Inventory of Military Memorials or a copy of application form to this organization.

A budget breakdown, including time frame for delivery of the final project.

Drawings and specifications for the conservation work to be funded by this program.

A copy of any condition assessment or investigation reports that have been produced, if available.

Documentation related to an official heritage designation of Cenotaph/Monument.

Copies of all contractors' estimates.

PLEASE SUPPLY THE FOLLOWING PHOTOGRAPHS OF THE CENOTAPH/MONUMENT IN ITS CURRENT CONDITION

Quality close up photographs of the problem areas.
(The number of photographs should be sufficient to make the nature of the problem you wish to address clear to the reviewers.)

One overall shot showing the site and setting, and their relation to the cenotaph/monument.

Photos of each side of the cenotaph/monument.

I AFFIRM THAT the information in this application is accurate and complete and the project proposal, including plans and budgets, are fairly presented. I agree that once funding is provided, any change to the project proposal will require prior approval of the Department. I agree to publicly acknowledge funding and assistance by the Department, in accordance with the terms of the funding agreement. I also agree to submit a final report, and where required, financial accounting for evaluation of the activity funded by the Department. I understand that the information provided in this application may be accessible under the *Access to Information Act*.

Applicant Authority

Authorized signature	Printed name/title	Date
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