

**National Wall of Remembrance Association (NWORA)**  
**Community Memorials Programme (CMP) Application**

Effective: 15 July 2021

**Instructions**

- Application deadline: **1 April of each year**
- You must complete all required fields before submitting your application. Once completed, this form can be scanned and transmitted by e-mail or sent by mail. It must be received or postmarked no later than the stated deadline date.
- Please type information or print clearly.
- If you do not have enough space to answer a question, please attach a separate sheet and use corresponding item number from that line. Ensure any photos or reports are annotated with the corresponding item number as well.
- Ensure budget information is complete and calculated correctly.
- Keep a copy for your records.
- The name of the contact person you provide is the only person with whom NWORA will communicate unless you provide a different contact in writing later.
- Please send your completed application and all accompanying documentation to the following address:  
Mr Bruce Ewing, 53 Chartwell Crescent, Kingston, Ontario, Canada, K7K 6P2  
or email: [ewing123456789@sympatico.ca](mailto:ewing123456789@sympatico.ca)

**Note:** The NWORA will aim to respond within 30 days after the application deadline as to whether or not your organization will be provided any funding from NWORA for your project. Note that actual funding for projects supported will NOT be provided until the project is completed and proof of completion is forwarded to the NWORA from the contact person in the way of official invoices from contractors illustrating that the work has been completed.

<b>PART A - ORG DETAILS</b>		<b>COMPLETE THIS COLUMN</b>
1	Name of organization	
2	Contact person name (first and last) and title/appointment if applicable	
3	Preferred language of communications (English or French)	
4	Phone number of contact person	
5	Email address of contact person	
6	Mailing address including postal code of contact person	
7	Organization's website if one exists	
8	Brief description of your organization's mandate / objectives	

9	Project description (What memorial are you trying to restore or build and why?)	
10	Restoration or new build?	-If <b>renovation</b> , go to item 11. Complete items 11-25 then skip items 26 to 33.  -If <b>new build</b> , skip items 11-25 and go to item 26.
<b>PART B - RENOVATION</b>	Complete items 11-25 if a renovation	
11	Name of memorial	
12	National Inventory of Canadian Military Monuments registration number (if applicable)	
13	Ownership of memorial (e.g., municipality, Royal Canadian Legion, etc.)	
14	Street address or nearest cross streets including city and province	
15	Description of the location (e.g., in a park, on a street corner)	

16	Who does this memorial commemorate? (Check all that apply)	<ul style="list-style-type: none"> <li>- local citizens ( )</li> <li>- all Canadians ( )</li> <li>- those who lost their lives ( )</li> <li>- those who served ( )</li> </ul>
17	Specify conflicts / wars / peacetime efforts	
18	Year of construction (if known)	
19	Provide photos of condition of memorial before restorations	
20	Estimated project start date (yyyy-mm-dd)	
21	Estimated project completion date (yyyy-mm-dd)	
22	Describe the current condition and issues affecting the memorial. (Please include a copy of any condition assessment / report (if applicable), and contractors' quotes for all planned restoration work.)	
23	Describe in detail the scope of the planned conservation work to address the problems affecting the memorial (step-by-step solutions).	
24	Project budget. Please provide list of expenditures related to project. A copy of formal estimates from (a) contractor(s) is/are required to accompany the application.	
25	Total amount of funding requested from NWORA.	
<b>PART C - NEW BUILD</b>	Complete items 26-33 if a new build	
26	Proposed name of memorial	

27	Ownership of memorial (e.g., municipality, Royal Canadian Legion, etc.)	
28	Estimated project start date (yyyy-mm-dd)	
29	Estimated project completion date (yyyy-mm-dd)	
30	Describe the project in detail, including location. (Please attach required photographs of the proposed site)	
31	Who does this memorial commemorate? (check all that apply)	<ul style="list-style-type: none"> <li>- local citizens <input type="checkbox"/></li> <li>- all Canadians <input type="checkbox"/></li> <li>- those who lost their lives <input type="checkbox"/></li> <li>- those who served <input type="checkbox"/></li> </ul>
32	Project budget. Please provide list of expenditures related to project. A copy of formal estimates from (a) contractor(s) is/are required to accompany the application.	
33	Total amount of funding requested from NWORA.	
<b>PART D - CLOSING DETAILS</b>	Complete remaining items 34-39 for either a renovation or new build	
34	Total amount of funding requested from NWORA. (Re-enter amount from either item 25 or 33)	
35	To be considered for funding, all five boxes to the right must be checked. <b>I hereby attest that:</b>	{ } The information contained in this application is accurate and complete. If there is a change in authorized signatory and/or their contact information, the organization will notify NWORA.

		<p>{ } The NWORA and its Board of Directors shall not be held liable for any injury, including death to any person, or for any loss or damages to property incurred or suffered by the Organization or its employees, agents, or voluntary workers in carrying out the Project.</p> <p>{ } The Organization shall indemnify and save harmless the NWORA and its Board of Directors from and against all claims, losses, damages, and costs attributable to any injury or to death or a person or damage to or loss of property arising on the part of the Organization or its employees, agents, or voluntary workers in carrying out the Project.</p> <p>{ } The Organization agrees that no agency relationship will result from the NWORA contributing toward the activities funded.</p> <p>{ } The Organization agrees to submit a final report with photos and applicable contractor invoices to confirm to NWORA that the project was completed, and funds expended accordingly towards the project.</p>
36	Name of person authorized to sign for the organization (last name, first name)	
37	Title	
38	Signature	
39	Date (yyyy-mm-dd)	

Note: Should your application be accepted by NWORA as a project we agree to help fund, be advised that we are also prepared to discuss helping you with incorporating an educational and information package or program tied to local schools and the public as part of your memorial outreach program. This additional initiative will be outlined again with an appropriate point of contact in the acceptance letter should your application be selected.