

Arkansas Civil War Sesquicentennial Historical Marker Application

Please read the application guidelines before filling out the application. Limited grant funds may be available to help pay for historical markers. If you have any questions about the guidelines, the marker application or the grant program, please contact the Historical Marker Program Coordinator at (501) 324-9886 or acwsc@arkansasheritage.org.

Mail the completed application to:
Arkansas Civil War Sesquicentennial Historical Marker Program
Arkansas Historic Preservation Program
1500 Tower Building
323 Center Street
Little Rock, AR 72201-2606

Sponsor Information

| | | |
|--|-------------------|---------------|
| Name of organization submitting the application | | |
| Mailing address (street address or P.O. Box) | | |
| City | State Arkansas | Zip + 4 |
| Contact name | | |
| Mailing address (street address or P.O. Box) | | |
| City | State Arkansas | Zip + 4 |
| Daytime phone | Email address | Fax |
| <p>Statement of Responsibility: The sponsor agrees to donate money to the State of Arkansas for the manufacture of a historical marker as described in this application and agrees to maintain the marker as required by the State of Arkansas. The sponsor recognizes that the marker is owned by the State of Arkansas and makes no claims to ownership of the marker.</p> | | |
| _____ Signature of authorized representative | | _____ Date |
| Name of authorized representative | | Title |
| <p>I do _____ do not _____ (check one) want matching funds of _____ (enter amount up to \$1,000) from the Arkansas Civil War Sesquicentennial Commission for this historical marker. (Matching funds may not be available; please check with the Historical Marker Coordinator.)</p> | | |

Information about the marker

| | |
|---|---|
| Subject of the proposed marker | |
| Briefly state why this subject is significant to Arkansas Civil War history | |
| Will the marker be placed on a site listed in the National Register of Historic Places? | Will the marker be placed on a site listed in the Arkansas Register of Historic Places? |
| Will your marker have the same text on both sides or different text on each side? | |

Proposed location

The marker must be accessible to the public and have safe parking nearby.

| |
|--|
| Address |
| Describe the location, including cross streets |
| Is this site accessible to those with physical limitations? |
| Is there safe automobile parking within 100 feet of the proposed location? |
| Please attach a map showing the proposed location. The map may be a city or county map, a USGS topographic map, or a sketch map. Be sure to indicate major cross streets and include a north arrow. |
| Please attach a photograph of the proposed location. |

Permission to install

| | | |
|---|---------------|---------|
| Is the proposed marker location on public property or private property? | | |
| Owner name | | |
| Owner mailing address (street address or P.O. Box) | | |
| City | State | Zip + 4 |
| Daytime phone | | |
| If the site is on public property please provide the name and title of the person authorized to grant permission to install the marker. | | |
| Daytime phone | Email address | |
| Is a permit necessary to install the marker? | | |
| Has the necessary permit been obtained? | | |
| Statement: I recognize that the historical marker is the property of the State of Arkansas and that the historical marker must remain where it was originally installed. I agree to the placement of the historical marker on my property and make no claim to ownership of the marker. | | |
| _____ | | _____ |
| Owner or authorized representative signature | | Date |

Note: If the marker is to be placed on a state highway, US highway, or other state maintained right-of-way you must contact the Arkansas State Highway and Transportation Department district engineer to obtain a permit before submitting the marker application.

Permits may also be necessary to install markers on city or county property or road rights-of-way. Please check with your city or county government to see if you need a permit to install the marker.

Delivery Information

Provide a business address where the marker may be delivered between 8:00 a.m. and 5:00 p.m. weekdays. *Residential addresses are unacceptable.* Please note that someone must be on hand to accept delivery and to assist in unloading the marker and post.

| | | |
|----------------------|-------------------|---------|
| Business name | | |
| Street address | | |
| City | State Arkansas | Zip + 4 |
| Contact at address | | |
| Contact phone number | | |

Payment Information

When your marker is approved you will receive official notification by mail from the Arkansas Civil War Sesquicentennial Commission. You will also receive a statement for the current cost of the marker. Payment instructions will accompany the statement.

Payment is due within thirty days of the date you receive notification that your marker has been approved by the Arkansas Civil War Sesquicentennial Commission. If payment is not received within thirty days your application will be considered void.

Information to be included on the marker

List the items that you feel are important to include on the marker. The Arkansas Civil War Sesquicentennial Historical Marker Program staff writes the text and it is approved by the Arkansas Civil War Sesquicentennial Commission, which makes the final determination of the text. A copy of the text will be sent to you for review and comment.

Remember — Space is limited. Include only the most important facts.

| | |
|----|--|
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 6 | |
| 7 | |
| 8 | |
| 9 | |
| 10 | |
| 11 | |
| 12 | |

Documentation

You must include photocopies of sources that verify the facts above. Please see the application guidelines for a description of the documentation necessary. Applications with information that is not properly documented will be returned.