

Visual Arts Commission
Public Art Presentation Form
City of Sioux Falls



To the Visual Arts Commission
City of Sioux Falls
Sioux Falls, SD 57117

Presenter's Name(s) _____ Date _____

If applicable, Donor Name(s) _____ Date _____

Contact Person Name _____ Date _____

Address _____
City _____ State _____ Zip _____

Telephone (h) _____ (w) _____ (Cell) _____

Email _____

Artist Name _____ Date _____

Address _____
City _____ State _____ Zip _____

Telephone (h) _____ (w) _____ (Cell) _____

Email _____

Artwork

Title _____

Height _____ Width _____ Length _____ Weight _____

Media _____ Approximate Value \$ _____

Proposed Location _____ Permanent or Temporary

If temporary, please define exact time frame _____

Project Completion Time Frame _____

Please address the following:

Why is this art piece being donated to the City of Sioux Falls?

Concept/history/context:

Installation, e.g., responsible party, method, and equipment requirements:

City support services needed, e.g., utilities maintenance requirements, lighting, etc.

Artist(s) resume, qualifications, references:

I/we declare this art proposal is my/our original intellectual property.

Name(s) _____ Date _____

Please attach one 8" x 10" illustration or photograph of the proposed artwork to be kept on file.

Return the completed form to:
Visual Arts Commission
c/o City Planning
224 West Ninth Street
P.O. Box 7402
Sioux Falls, SD 57117-7402