



Public Art Donation Application

Donor Name:

Phone:

E-mail address:

Mailing Address:

I, _____, affirm that I am the owner of the artwork submitted for donation, and herewith present to the City of Walla Walla, irrevocably and for the use and purpose of the Public Arts Program. If accepted by the City of Walla Walla, I provide all rights, title, and interest in the following artwork detailed below:

1. Please describe artwork proposed to be donated. Be as specific as possible. Include photographs, renderings, drawings, or other relevant information as a separate attachment to this application

2. Title:

Media:

Size:

Estimated Monetary Value:

3. Applicant/Artist Statement:

4. The City of Walla Walla values representation and equity in its public art. Does this piece:

a. Please explain:

5. How does this piece diversify the City of Walla Walla's collection?

a. Is this piece created by or does it showcase an underrepresented population? Yes No

i. please explain:

6. Proposed Location(s):

Alternate Location(s):

7. Installation Instructions:

a. Explain, installation criteria (mounted, secured, engineering specifications)

b. Estimated installation time frame

c. Continued care, details

d. Removal details, if any:

8. Safety - does this artwork: (note: answering yes, does not disqualify proposal)

a. present any sharp corners, angles, or protrusions that may cause injury to a person?

Yes No

b. have a surface that is rough, irregular or that may change over time and become a potential hazard?

Yes No

c. have a coating that may rub or flake off that is potentially harmful to skin or if inhaled, consumed, or touched?

Yes No

- 9. Final Ownership:
 - a. Artist
 - b. City
 - c. Other
 - i. Please explain:

Signature of Donor:

Date:

Return fully completed form and additional documentation to:

City of Walla Walla
Attn: Bob Francis, Deputy City Manager
15 N. 3rd Ave
Walla Walla, WA 99362

OR VIA Email to:

rfrancis@wallawallawa.gov

To be filled out by City

Reviewed by: _____

Title: _____

Date Application Received: _____

Date Submitted to Arts Commission for Review: _____