

JOHNSON COUNTY PARK AND RECREATION DISTRICT PUBLIC ART DONATION APPLICATION

Donor:

Name/Organization _____

Contact Person _____ Title of Artwork _____

Address _____ Media _____

City, State, Zip _____ Size dimensions _____

Phone _____ E-mail _____ Date available _____

Artist's Name _____ Purchase Price _____

Artist's Address _____ Edition # (1 of ?) _____

City, State, Zip _____ Appraised Value _____

Phone _____ E-mail _____ Appraised by / date _____

Suggested Site Description (i.e., indoors, outdoors, landscape backdrop, by a lake, etc.)

Suggested Site Location: _____

Purpose of Art Donation:

Expected duration of viewing _____ Expected life span of art _____

Additional costs are associated with the acceptance of a donation of a work of art. Does your donation include funds for the following, and if so, how much?

Site preparation ____no ____yes \$ _____

Annual Maintenance cost ____no ____yes \$ _____

Identification plaque ____no ____yes \$ _____

(If your donation includes monies for an identification plaque, please note that JCPRD will order and install it.)

The undersigned hereby offers to make a gift to the JCPRD as described above. JCPRD shall have sole discretion whether to display, move, store or deaccession the artwork. JCPRD shall have the sole discretion whether to insure donated artwork from theft, damage or destruction. JCPRD shall have the sole discretion to determine whether artwork which has been damaged or destroyed shall be replaced, rehabilitated, or repaired. Please note that JCPRD reserves the right to the final determination of the location for donated art. The undersigned is the owner of the artwork, free of all

liens and encumbrances and has the right to make this gift.

Date Donor

Date Accepted

Submit the original of this form and all supporting materials to: Superintendent of Culture, 8788 Metcalf Ave. Overland Park, KS 66212. Questions: contact Katie Baergen, Senior Administrative Assistant at katie.baergen@jocogov.org

FOR STAFF USE ONLY

Comments/Concerns/Restrictions _____

____ JCPRD accepts donation as requested.

____ JCPRD accepts donation with the following provision(s): _____

____ JCPRD rejects donation for the following reason(s): _____

(or see additional sheet)

Other Comments: