

ROTATING ART PROGRAM APPLICATION

Green Bay Public Arts Commission
City of Green Bay
Dept. of Community and Economic
Development
100 North Jefferson Street - Rm 608
Green Bay, WI 54301-5026
Phone: (920).448.3142
Fax: (920).448.3426
<http://greenbaywi.gov/pac>

GBPAC

GREEN BAY
PUBLIC ARTS
COMMISSION



APPLICANT / ARTIST NAME: _____

ARTIST WEBSITE: _____

STREET ADDRESS: _____

MAILING ADDRESS (IF DIFFERENT): _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE (DAYS): _____

E-MAIL ADDRESS: _____

SCULPTURE TITLE: _____

SCULPTURE DIMENSIONS (specify feet and/or inches): Height _____ Width _____ Depth _____

SCULPTURE DESCRIPTION: (Please answer the following questions in the box below)

What does the piece depict? What materials are used? How will this be installed? How is it fastened to the ground? Any other pertinent information the Commission should know about this piece, etc.)

EXPERIENCE: (Please answer in the box below. If attaching an artist resume, please note below.)
What is your experience with exhibiting public art? List any key dates, installation locations, education, or other details the Commission should know.

WILL THIS PIECE BE FOR SALE? (Please circle one.) **YES** **NO**

IF FOR SALE, WHAT IS THE SALE PRICE? IF NOT FOR SALE LIST - NFS: _____

DO YOU ANTICIPATE USING HEAVY EQUIPMENT TO INSTALL? (Please circle one.) **YES** **NO**

IF YES, DO YOU HAVE INSURANCE TO OPERATE HEAVY EQUIPMENT? **YES** **NO**

If you do not have insurance to operate or have access to heavy equipment, the City may provide equipment to the Artist at an expense.

REMINDER: PLEASE ATTACH THE FOLLOWING WITH THIS APPLICATION WHEN SUBMITTING

- **A. 1-4 EXAMPLES OF PREVIOUS WORK** Please label images with the following naming concept. LastNameSampleA1; LastNameSampleA2; LastNameSampleA3, etc. Ex.) **SmithSampleA1**
- **B. 3 - 6 REPRESENTATIVE PHOTOS, SKETCHES, OR SCALE MAQUETTE OF PROPOSED WORK** Please label images with the following naming concept: LastNameProposedWorkTitleB1; LastNameProposedWorkTitleB2; LastNameProposedWorkTitleB3, etc. Ex. **SmithTheThinkerB1**
- **C. ARTIST RESUME Optional** If you wish to attach a resume listing your artistic accomplishments rather than write in your experience above, you may do so. Please note you must either attach a resume or write in your experience above to be considered for the program.

WHEN YOU HAVE COMPLETED THIS FORM, EMAIL FORM AND REQUIRED ATTACHMENTS TO LAURA.SCHLEY@GREENBAYWI.GOV

FOR ANY QUESTIONS EMAIL LAURA.SCHLEY@GREENBAYWI.GOV OR CALL: 920-448-3142