

PHASE ONE APPLICATION



PUBLIC ART - COLLABORATIVE PROGRAM APPLICATION

This form is the first step necessary in pursuing permission for a permanent public art project for installation on city owned or managed property. This completed form is to be submitted to Heather Lyons, Director of Arts & Culture, Mayor’s Office – hlyons@lexingtonky.gov. The form will be shared with relevant city departments and personnel. Applicants will be contacted for further information and, if approved, the project will then submit a PHASE TWO application.

APPLICATION DATE: _____

NAME OF ORGANIZATION (IF APPLICABLE): _____

CONTACT OR APPLICANT NAME, FIRST: _____ LAST: _____

EMAIL: _____ PHONE: _____

HAVE YOU REVIEWED THE PUBLIC ART MASTER PLAN? _____ YES _____ NO

HAVE YOU DISCUSSED THIS PROJECT WITH ANY LFUCG DEPARTMENT STAFF? _____ yes _____ no

If yes, please list departments and names: _____

Following are questions regarding your project. For this form, it is not required that you have answers to all of these questions. Please provide as much detail as possible. Please write in “Unknown” if the answer has not been determined or “NA” if it does not apply to this project.

WHAT TYPE OF SUPPORT ARE YOU SEEKING (check all that apply):

_____ FUNDING SUPPORT _____ IN-KIND SUPPORT _____ APPROVAL ONLY _____ MAINTENANCE ONLY
(Maintenance Only funds may be requested for existing public art works on LFUCG property.)

DO YOU HAVE A CITY OWNED OR MANAGED LOCATION/SITE SELECTED? _____ YES _____ NO

IF YES, PLEASE LIST THE SITE LOCATION: _____

WHY IS THIS SITE REQUESTED? _____

ARE YOU WILLING TO CONSIDER AN ALTERNATE SITE? _____ YES _____ NO

IF A SITE HAS NOT BEEN SELECTED, WHAT TYPE OF SPACE ARE YOU INTERESTED IN FOR THIS PROJECT?
(This might include parks, sidewalks, community centers, city buildings, city road right-of-ways, etc.)

HOW DOES THIS PROJECT SUPPORT THE GOALS AND STRATEGIES OF THE PUBLIC ART MASTER PLAN?

PROJECT TITLE: _____

PROJECT DESCRIPTION/PURPOSE: _____

IS THIS PROJECT SUBMITTED AS PART OF THE NEIGHBORHOOD STORIES PROGRAM? _____ YES _____ NO

WHAT IS THE APPLICANT'S CONNECTION TO THE NEIGHBORHOOD? _____

HOW WILL THE APPLICANT(S) ENGAGE THE NEIGHBORHOOD IN THIS PROJECT? _____

PROJECT ARTIST NAME(S) (IF KNOWN): _____

Is the project artist also the applicant for the project? _____yes _____no

IF ALREADY SELECTED, WHY WAS THIS ARTIST CHOSEN?: _____

MEDIUM / MATERIALS TO BE USED: _____ DIMENSIONS: _____

ANTICIPATED PROJECT BUDGET: _____

ANTICIPATED COLLABORATIVE GRANT REQUEST: _____ CASH

IN-KIND REQUEST (list types of in-kind support to be requested from the LFUCG): _____

FOR LFUCG USE ONLY

APPROVALS

LFUCG Department _____ name _____ Date _____
Approval to continue to full application _____yes _____no

Notes/Contingencies:

LFUCG Department _____ name _____ Date _____
Approval to continue to full application _____yes _____no

Notes/Contingencies:

Mayors Office Review. Heather Lyons _____ Date _____
Approval to continue to full application _____yes _____no

Notes/Contingencies:

Public Art Commission Review Date _____

Approval to continue to Phase Two application _____yes _____no