



**State of Oklahoma
Office of Management and Enterprise Services
Division of Capital Assets Management
State Capitol Preservation Commission**

**Request for Approval
of Commissioned, Donated or
Temporarily Exhibited Art**

NOTE: Submit the completed Request for Approval and all required attachments to the Chair, State Capitol Preservation Commission, Attn: Collections Manager, c/o Oklahoma Arts Council, P.O. Box 52001-2001, Oklahoma City, OK 73152-2001. Questions may be directed to the Collections Manager at (405) 521-2931 or via email to clint.stone@arts.ok.gov. Commission rules are available at www.dcs.ok.gov.

DATE: _____

APPLICANT INFORMATION

Name of Person Making Request: _____

Address:

Organization: _____

Street & P.O. Box: _____

City: _____ State: _____ Zip Code: _____

Telephone: () Ext. _____ Fax: () Ext. _____

Email: _____

SPONSOR INFORMATION

Name: _____

Street & P.O. Box: _____

City: _____ State: _____ Zip Code: _____

Telephone: () Ext. _____ Fax: () Ext. _____

Email: _____

TYPE OF REQUEST:

- ☐ Commissioned Artwork (Please reference Art Standards Guidelines)
- ☐ Donated Artwork (Please reference Art Standards Guidelines)
- ☐ Temporary Exhibition of Artwork (Please reference Art Standards Guidelines)
- ☐ Other (Please specify)

Submission of a proposal does not guarantee approval or acceptance of the project. If a proposal is approved, all parties must comply with the complete guidelines of the Architecture and Grounds Committee, Art Standards Committee and the administrative rules of the State Capitol Preservation Commission, as outlined in the Administrative Rules OAC 115, effective July 2006

Please allow ample time for your request to make its way through the review process, as the period from initial proposal to dedication of the artwork, if accepted, may be several months. Also, no Commissioned or Donated artwork will be accepted into the Permanent Capitol Art Collection without a prior, written agreement transferring ownership of the work to the State of Oklahoma.

The State Capitol Preservation Commission meets every even-numbered month for review of submitted proposals.

Proposals should be submitted to:

Chair, State Capitol Preservation Commission
Attn: Collections Manager
c/o Oklahoma Arts Council
P.O. Box 52001-2001
Oklahoma City, OK 73152-2001
Tel. (405) 521-2931
clint.stone@arts.ok.gov

COMMISSIONED ARTWORK PROPOSAL

All proposals must include the proposed artist's résumé and contact information, copy of the proposed contract with the artist, a proposed project budget and artist plans before it will be considered. If additional space is needed, the general concept of the project, including the plans, project timeline and budget, can be presented on a separate form, limited to two pages.

All commissioned artwork for exhibit in the Capitol must meet requirements contained within a written contract developed by the Art Standards Committee of the Commission with the Capitol Architect/Curator.

SPONSOR INFORMATION

Name: _____
Street & P.O. Box: _____
City: _____ State: _____ Zip Code: _____
Telephone: () _____ Ext. _____ Fax: () _____ Ext. _____
Email: _____

ARTIST INFORMATION

Name: _____
Street & P.O. Box: _____
City: _____ State: _____ Zip Code: _____
Telephone: () _____ Ext. _____ Fax: () _____ Ext. _____
Email: _____

General concept of art project:

Budget:

Please reference of placement (up to three selections in order of choice):

1.

2.

3.

Artist plans or maquette included (required):	Yes	No
Copy of proposed contract with artist:	Yes	No
Ownership granted to State of Oklahoma:	Yes	No
Copyright agreement:	Yes	No

Additional Information:

DONATED ARTWORK PROPOSAL

All works considered for acquisition by donation to the State of Oklahoma for exhibit in the Capitol must meet requirements contained within a written contract developed by the Art Standards Committee of the Commission with the Capitol Architect/Curator.

All proposals must include the proposed artist's résumé and contact information, digital images of the artwork, a letter of intent by donor as a gift to the State of Oklahoma and copies of all documentation relating to the acquisition of the artwork, its condition, value and exhibition history, are required before it can be considered.

DONOR INFORMATION

Name: _____
Street & P.O. Box: _____
City: _____ State: _____ Zip Code: _____
Telephone: () _____ Ext. _____ Fax: () _____ Ext. _____
Email: _____

SPONSOR INFORMATION (IF APPLICABLE)

Name: _____
Street & P.O. Box: _____
City: _____ State: _____ Zip Code: _____
Telephone: () _____ Ext. _____ Fax: () _____ Ext. _____
Email: _____

ARTIST INFORMATION

Name: _____
Street & P.O. Box: _____
City: _____ State: _____ Zip Code: _____
Telephone: () _____ Ext. _____ Fax: () _____ Ext. _____
Email: _____

History of acquisition or purchase of the artwork (please include copies of invoices and/or proof of acquisition):

Please reference of placement (up to three selections in order of choice):

1.

2.

3.

Digital images of artwork submitted (300dpi):

☐ Yes

☐ No

Ownership granted to State of Oklahoma:

☐ Yes

☐ No

Copyright agreement:

☐ Yes

☐ No

Insurance Value:

Date Set:

Additional Information:

TEMPORARY EXHIBITION OF ARTWORK PROPOSAL

Any foundation, group or individual may submit a proposal to the Commission for review and approval for the temporary exhibition of artwork in the public areas of the Capitol. The period of request may not exceed more than one (1) calendar year. The Commission reserves the right to extend the temporary exhibition of artwork one (1) calendar year when the permitted period expires. Copyright and transfer of ownership to the State of Oklahoma are not required for the temporary exhibition of artwork in the Capitol.

All proposals for temporary exhibition of artwork in the public spaces must include a portfolio of the artist with 10-15 digital images of a recent body of work, artist's biography, résumé and current contact information.

OWNER INFORMATION

Name: _____
Street & P.O. Box: _____
City: _____ State: _____ Zip Code: _____
Telephone: () _____ Ext. _____ Fax: () _____ Ext. _____
Email: _____

ARTIST INFORMATION

Name: _____
Street & P.O. Box: _____
City: _____ State: _____ Zip Code: _____
Telephone: () _____ Ext. _____ Fax: () _____ Ext. _____
Email: _____

Please reference of placement (up to three selections in order of choice):

1. _____
2. _____
3. _____

Digital images of artwork submitted (300dpi): ☐ Yes ☐ No

Insurance Value: _____ Date Set: _____

DO NOT WRITE BELOW THIS LINE – FOR COMMISSION USE ONLY

Date: _____

The proposal is referred to:

☐ Capitol Curator / Architect for Plan Review

☐ Art Standards Committee

Artwork plans reviewed with Capital Assets Management Personnel

☐ Yes

☐ No

Item for action at next Commission meeting:

☐ Yes

☐ No

Date of Commission meeting on agenda as action item:

Notify requesting party of the following:

Other Instructions: