



# Public Art Project Artist Selection Form

Northwest Regional Arts Council - NWRDC - 115 South Main - Warren, MN 56762

1. Contact Information: Please provide name, address and day phone for each. (type or print)

Applicant Name \_\_\_\_\_  
Project Director \_\_\_\_\_ Artist's Name \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_  
Day Phone \_\_\_\_\_ Day Phone \_\_\_\_\_

2. Please state briefly below why you selected this artist.

3. Send this form and the resume of the artist you have chosen to our office as soon as possible. Make sure it lists their qualifications and ability to complete the work. Pictures, slides, or video tape examples of the artists work should also be enclosed. (Please call if you need help selecting an artist.)
4. Please have your artist sign on the line below certifying that they will complete a model of the project and present the model before the Arts Council. This is contingent upon the Arts Council approval of the artist. If approved, this form will serve as a request for \$500.00 for the completion of the model.

Artist

\_\_\_\_\_  
Printed Name                      Signature                      Date

Project Director

\_\_\_\_\_  
Printed Name                      Signature                      Date

FOR OFFICE USE

Date Received \_\_\_\_\_ Application # \_\_\_\_\_ Approval Date \_\_\_\_\_