State of Kansas Capitol Preservation Committee

Request for Approval of Commissioned or Donated Exhibit or Artwork for Permanent Display

NOTE: Submit the completed Request for Approval and all required attachr	ments to the Chai	rperson, Capitol
Preservation Committee, c/o Executive Director, Kansas State Historical Society 66615-1099.	, 6425 SW 6" Ave	nue, Topeka, KS
DATE: MAY 9 2019	*	
APPLICANT INFORMATION	- 1	
Name of Person Making Request: John Tops 4 the		
Address:		* 4
Organization: VeritAs BrowZE		
Street or P.O. Box: 7 wa/wvt		
City: RADING TS State: X3	Zip Code: 6	6868
Telephone: (620) 794 0385 Ext Fax: ()		•
Telephone: (<u>680) 777 0363</u> Ext Fax: ()		
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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 Capitol Preservation Committee.

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 without a prior, written agreement transferring ownership of the work to the State of Kansas.

The Committee meets at least once, and no more than four times, per year.

Proposals should be submitted to:

Topeka, KS 66615-1099

Chairperson, Capitol Preservation Committee c/o Executive Director Kansas State Historical Society 6425 SW 6th Avenue

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 additional sheets, limited to two pages.

All commissioned artwork for exhibit in the Capitol must meet requirements contained within a written contract developed by the "....."

SPONSOR INFORMATION				
Name:				
Street or P.O. Box:				
City:			-	
Telephone: ()	Ext	Fax: ()		
Email:				
ARTIST INFORMATION	,		de:	
Name: John For Sylvinor Street or P.O. Box: 7 walnut	the			
Street or P.O. Box: 7 W Almu	<u> </u>			
City: MPADING	State: 4	-3	Zip Code:	66868
Telephone: (620) 794 0385	Ext	Fax: ()		
Email: John From Empon	A @ Hotn	nall rom		
General concept of art project:				
Amelia Erhalt	8'			
Timeline for completion and installation:				
9 mos				
Budget:				
65,000				

Please identify placement of the artwork in the Capitol (up to three selections in order of choice): 1. up to complete (Nese Essenhower) Ves Yes Artist plans or maguette included (required): Yes Copy of proposed contract with artist: ☐ No Yes Ownership granted to State of Kansas: No Copyright agreement: ☐ No Additional comments: - Maguettes - cooldalso be done for SUNDRAISING of project - COMPRE Approval of clay MASTER Kepviker

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