

IOWA CITY PUBLIC ART MATCHING FUND

APPLICATION FORM

PROJECT NAME		
PROJECT LOCATION/ADDRESS		
APPLICANT NAME		
APPLICANT ADDRESS		
CITY/STATE	ZIP	
	E-MAIL ADDRESS	
TOTAL PROJECT COST	MATCHING FUND REQUEST	
PROPOSED PROJECT DATE(S)		
FUNDING COURSES OUTSIDE OF		
FUNDING SOURCES OUTSIDE OF		
Source	Matching fund amount	Committed or Anticipated?
BRIEF DESCRIPTION OF THE PROP	OSED PROJECT TO BE FUNDE	D WITH MATCHING GRANT:
	FINED AC (IDLIDITO ADT), AND	DENACAISTRATE THAT THE
EXPLAIN HOW THIS PROJECT IS DE ARTWORK/EVENT WILL BE LOCAT		
GENERAL PUBLIC:	ED IN AN ARLA OF LIVARD FI	ALLEI AVAILABLE TO THE

IF THE PROJECT IS A PHYSICAL INSTALLATION, PROVIDE INFORMATION REGARDING SIZE, WEIGHT, MEDIUM, MATERIALS AND INSTALLATION IN ANY OF THE FOLLOWING FORMATS:

- SITE PLAN SHOWING PLACEMENT OF ART ON SITE
- JPEGS, MODELS, OR RENDERING OF PROPOSED ART
- NARRATIVE IF NECESSARY

EXPLAIN SPECIFIC	ALLY WHAT THE MATCHING FUNDS WILL PAY FOR:
	TENDED AUDIENCE FOR THIS PROJECT AND WHAT EFFORTS YOU WILL MAKE BROADER IOWA CITY COMMUNITY:
	PARTNERS IN THIS PROJECT AND WHAT ROLE THEY WILL PLAY IN THIS EIAL ASSISTANCE, PROVIDING SPACE, TECHNICAL ASSISTANCE OR OTHER): CONTRIBUTION
	(Attach letters of support if available)
EXPLAIN HOW YO	U WILL GAUGE A SUCCESSFUL OUTCOME OF THE PROJECT:

SUBMISSIONS MUST BE RECEIVED BY 5:00 P.M.

Friday, October 20, 2017 or Friday – March 23, 2018

MARCIA BOLLINGER
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319-356-5237

HARD COPY OR ELECTRONIC SUBMISSIONS ACCEPTED