

# Public Art Grant Program SSA 29-2014 Guidelines and Application

Application must be submitted 5 business days before SSA

Commission meetings to be considered. Visit
westtownchamber.org/special-service-area for meeting schedule.

Applications must be complete at time of submission.

The Public Art Grant Program (the "Program") is offered through the West Town Special Service Area ("SSA 29"), a special taxing district administered by the West Town Chicago Chamber of Commerce (the "Chamber"), whose overall purpose is to:

Maintain and improve the shopping, dining and nightlife within the SSA boundary by providing a cleaner, safer and more attractive commercial environment for consumers, residents and business owners.

To this end, the Public Art Grant Program is designed to help property owners and tenants within SSA 29 beautify the exterior of their buildings, as well as the public spaces surrounding them.

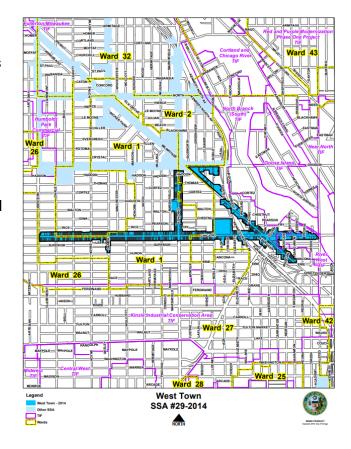
### **GRANT AMOUNT**

Applicants that meet all Program requirements may receive a grant. A 50% upfront stipend for material costs may be requested, to be counted towards the grant amount.

#### **SSA SERVICE AREA BOUNDARIES**

The Program is only open to properties located within the West Town SSA boundaries:

- Chicago Ave. (Halsted Western)
- Damen Ave. (Chicago to Huron)
- Ashland Ave. (Chicago to Division)
- Milwaukee Ave. (Erie to Augusta [both sides] and Augusta to Division [East side only])
- Division St. (Milwaukee to the Kennedy Expressway [South side only])



• Ogden Ave. (Fry to the Kennedy Expressway)

## **APPLICATION CHECKLIST**

To apply for funds through the Program, applicants must complete and submit the attached application via email to <a href="mailto:ssa29@westtownchamber.org">ssa29@westtownchamber.org</a> or mail to:

```
West Town SSA 29-2014
% West Town Chamber of Commerce
1819 W Chicago Ave.
Chicago, IL 60622
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#### Applications are not considered complete unless the following is included:

- Photographs of the existing and proposed project site if/when known
- Detailed plans and specifications for the proposed project
- Owners written consent, if applicable
- Artist digital work samples via link(s)
- The attached Summary of Total Project Costs
- A schedule showing estimated start and end dates of the project
- All organizations with an operating budget of over \$50,000 must disclose the full budget for the project along with the exact grant amount requested, and which line items in the budget the grant will be applied to.

<u>Incomplete applications will not be considered. The SSA Commission may request additional</u> information and documentation.

#### **ELIGIBILITY**

#### Applicants:

- 1. The space must be located within the SSA 29 boundaries.
- 2. The building must be owner occupied, or the tenant/artist/management company must have written consent from the owner of the property.
- 3. Preference shall be given to:
  - a. Applicants who show a need for funding assistance in order to complete the project.
  - b. Project spaces that have not previously participated in the Public Art Grant Program.

c. Buildings that have a significant impact on the area's beautification

### **Examples of Eligible Projects:**

- 1. Murals (must include anti-graffiti coating within budget and plan)
- 2. Street Art
- 3. Window Art
- 4. Sculpture
- 5. Stained Glass
- 6. Mosaics
- 7. Natural/Living Works
- 8. Installations
- 9. Temporary Architectural Constructions
- 10. Performance/Time-Based Projects

### **Examples of Ineligible Projects:**

- 1. Interior Projects
- 2. Typography intended to replace signage (see Façade Rebate Application)
- 3. Projects considered to be construction improvements (see Façade Rebate Application)
- 4. Projects completed prior to Program approval
- 5. Projects containing political, racial, or other social commentary that could be deemed offensive or controversial
- 6. Projects whose focal point and/or majority of the piece are a corporate professional or personal brand

#### **PROCESS**

#### Review:

The SSA Commission will review each application as it is received and will review each proposed project to determine if it:

- Meets the required guidelines
- Will have a positive impact on the area
- Has a documented need for funding assistance
- Is not for a space that received approval earlier in the same funding cycle

Applicants will receive a response regarding the project's eligibility within approximately six weeks of submission of the completed application. At that time, the applicant may be asked to clarify design elements of the proposal.

### Implementation

After the Committee has approved a project, the applicant will be sent an Approval Letter.

The SSA Program Director will contact the applicant for status of the project to report back to the SSA Commission. Significant delays in the project will require a written explanation from the applicant, with a revised schedule.

Failure to provide updates, or failure to submit a request for an extension if or when needed, may result in the project being dropped from the Program and the applicant will no longer be eligible to receive reimbursement.

#### Reimbursement

Once the project is completed, the applicant should contact the SSA Program Director to arrange an inspection to verify that the work was done in compliance with Program guidelines and pre-approved plans. The inspection is limited to reviewing the work in connection with the Program only. It is the applicant's responsibility to verify the adequacy of the work done. A failure to do so shall not relieve the applicant of any expenses or responsibilities resulting from such failure. Neither the SSA 29 Commission, the Chamber, nor any of its representatives have any liability or obligations to the applicant arising from such failure.

In addition, the applicant will submit copies of all paid invoices for the approved project and photographs of the completed work so the before and after pictures may be compared and made public. A reimbursement check will be sent to the applicant within six weeks of the inspection and submission of documents.



# SSA 29 PUBLIC ART PROGRAM APPLICATION

Application must be submitted 5 business days before SSA

Commission meetings to be considered. Visit
westtownchamber.org/special-service-area for meeting schedule.

Applications must be complete at time of submission.

| APPLICANT NAME:                                    |                             |                  |         |     |
|--|-----------------------------|------------------|---------|-----|
| BUSINESS NAME (if applicable                       | e):                         |                  |         |     |
| PROJECT ADDRESS:                                   |                             |                  |         |     |
| PHONE:   | EMAIL:                      | CITY             |         |     |
| Applicant is (please mark all the Property Owner N |                             | Busines          | s Owner | _   |
| Not for Profit Organization                        | Individual (Artist or R     | esident)         |         |     |
| If applicant is not the property                   | owner, please supply proper | ty owner informa | ation:  |     |
| OWNER NAME:  |                             |                  |         |     |
| OWNER ADDRESS:                                     |                             |                  |         |     |
| PHONE:   | EMAIL:                      | CITY             |         | ZIP |
| PROJECT DESCRIPTION:                               |                             |                  |         |     |
| Attach photographs, plans, etc                     | ···                         |                  |         |     |

| STATEMENT OF NEED: Please describe why this proposed project and funding is necessary to your business and the community.  |  |  |  |  |  |
|--|--|--|--|--|--|
| Has this property received any rebates through this or any other program before?   |  |  |  |  |  |
| Yes No If yes, please describe:  |  |  |  |  |  |
|  |  |  |  |  |  |
| STATEMENT OF UNDERSTANDING:  |  |  |  |  |  |
| The applicant (undersigned) agrees to fully and timely comply with the guidelines and procedures of the West Town SSA29-2014 Public Art Grant Program and the outlined specifications as agreed to by the applicant and the West Town SSA Commission. It is understood by the applicant that three cost estimates, copies of building permits, contracts, insurance, and invoices are required documentation, and that he/she has read the entire Façade Rebate Program Guidelines and Application and agrees to be fully bound by the terms and conditions. APPLICANT RELEASES AND AGREES TO DEFEND AND INDEMNIFY THE WEST TOWN CHICAGO CHAMBER OF COMMERCE (TOGETHER WITH THEIR OFFICERS, DIRECTORS, AND AGENTS), THE WEST TOWN SSA29-2014 COMMISSION, AND THE CITY OF CHICAGO FROM ALL CLAIMS AND CAUSES OF ACTION OF ANY KIND (KNOWN OR UNKOWN) IN CONNECTION WITH THIS FAÇADE REBATE PROGRAM. |  |  |  |  |  |
| Applicant certifies that the information provided on this application is true and correct.   |  |  |  |  |  |
| Applicant Signature Date   |  |  |  |  |  |
| Applicant Name (Please Print)  |  |  |  |  |  |

| Statement of Ownership  |  |       |      |   |  |
|---|--|-------|------|---|--|
| l,, c   | , certify that I am the owner of the property located at |       |      |   |  |
| STREET  | CITY   | STATE | ZIP  | · |  |
| Owner Signature   |  |       | Date |   |  |
| If the applicant is not the Property Owner, the following must also be completed by the Property Owner:   |  |       |      |   |  |
| I,, authorize the applicant to apply for reimbursement under the West Town SSA29-2014 Public Art Grant Program and undertake the approved improvements. |  |       |      |   |  |
|   |  |       |      |   |  |
| Owner Signature   |  |       | Date |   |  |

## SUMMARY OF TOTAL PROJECT COSTS ATTACHMENT

| REQUESTED STIPEND COSTS:                                      |   |                       |  |  |  |
|---|---|-----------------------|--|--|--|
| Artist Stipend  | \$  |                       |  |  |  |
| Support Stipend Assistant, Curator, Documenta                 | \$ation, etc. Itemize with Description.   |                       |  |  |  |
| Estimated Time Onsite   | \$  |                       |  |  |  |
| Does your Organization have<br>If yes, attachment project bud | an operating budget of over \$50,000 lget to application.                         | 0? Yes No             |  |  |  |
| ·   | :<br>pital purchases of permanent, depre<br>tions may apply. Project must include |                       |  |  |  |
| Materials/Supplies List (prefe                                | erred bidder)   | Price (itemized cost) |  |  |  |
| 1.  |   |                       |  |  |  |
| 2.  |   |                       |  |  |  |
| 3.  |   |                       |  |  |  |
| 4.  |   |                       |  |  |  |
| 5.  |   |                       |  |  |  |
| 6.  |   |                       |  |  |  |
| 7.  |   |                       |  |  |  |
| 8.  |   |                       |  |  |  |
| TOTAL PROJECT COST  |   | \$                    |  |  |  |
| REQUESTED UPFRONT MAT   | ERIALS STIPEND COST   | \$                    |  |  |  |