



## **Tier 1: Exhibition Proposal/ Partnership Application**

**INSTRUCTIONS:** Submit by mail or in person, this Exhibition Proposal Application form in its entirety. Please include any additional support materials you would like to be considered for initial review.

Mail to: Exhibitions Committee  
City of Brea Art Gallery  
1 Civic Center Circle  
Brea, CA 92821

Direct inquiries to: (714) 990-7731  
breagallery@cityofbrea.net

### **ORGANIZATION INFORMATION**

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

### **ORGANIZATION STATUS**

*Please describe additional information about your organization by answering the following questions.*

1. Please provide a brief history of your organization:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

• Are you a 501 (C)3 non-profit arts organization?  YES please list # \_\_\_\_\_

NO

2. List of current Board of Directors and membership size: (include roster as supplemental document)

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3. Describe past exhibitions: (include organization C.V. and History as supplemental document)

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4. Has any of your work, or work from your collection been featured in previous exhibitions or museums? In private collections? Please describe.

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**DESCRIPTION OF EXHIBIT**

*Please describe the type of exhibition you are proposing by answering the following questions.*

1. Describe the type and purpose of the exhibition:

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2. Describe the caliber of artists and artwork participating in the exhibition:

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3. Describe how exhibition artifacts would be procured (i.e., juried show, members show, borrowing from other institutions, collections, co-curate, etc.):

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### RESPONSIBILITIES

*Please describe the type of involvement your organization is prepared to contribute to this exhibition.*

1. Describe any support your organization could offer to assist in the exhibition process:

- Curatorial: \_\_\_\_\_
- Research: \_\_\_\_\_
- Reception/Event planning: \_\_\_\_\_
- Tours: \_\_\_\_\_
- Promotion/Marketing: \_\_\_\_\_
- Workshops: \_\_\_\_\_

2. Please note all individuals who would be involved in the partnership and their duties:

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3. Describe any and all marketing support your organization can offer:

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**COMMUNITY IMPORTANCE**

As a community service of the City of Brea, the Brea Art Gallery has a responsibility to host exhibits that enrich the community. Why would this exhibit be of particular interest to the Brea community?

**POLICY AGREEMENT**

*Please initial to indicate that you understand and agree to each of the following regulations.*

\_\_\_\_\_ I understand that the City of Brea Art Gallery is a non-profit organization and as such, does not offer gallery space on a rental basis.

\_\_\_\_\_ I understand that the Exhibition Proposal procedure is a three-tiered process.

\_\_\_\_\_ I understand that in most cases, the earliest opportunity to partner in an exhibit with the City of Brea Art Gallery is often two years from the date of proposal approval.

\_\_\_\_\_ I understand that the City of Brea Art Gallery Exhibitions Committee reserves the right to refuse proposals that do not satisfy any and all criteria illustrated in the Exhibition Proposal/Partnership Terms and Regulations.

\_\_\_\_\_ I understand that the City of Brea Art Gallery Exhibitions Committee reserves the right to present exhibitions that offer the highest value of enrichment to the Brea community.

\_\_\_\_\_ I understand that upon entering a partnership with the City of Brea Art Gallery, I relinquish all final curatorial decisions to the Gallery Staff and an official contract will be drafted that all parties must agree to and abide by through the entirety of the process.

\_\_\_\_\_ I understand that the terms illustrated by the Exhibition Proposal/Partnership Terms and Regulations are non-negotiable.

By signing this application, I acknowledge that I have read and agree to the conditions set forth by the City of Brea Art Gallery's *Exhibition Proposal/Partnership Terms and Regulations*. I confirm that all information included within this application and in any supporting materials is correct to the best of my knowledge.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Organization Representative and Title:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Contacted by: \_\_\_\_\_

Date Approved: \_\_\_\_\_ Date Contacted: \_\_\_\_\_