Artwork, Antiquities and Artifacts Proposal and Acquisition/Acceptance Form

Donor's Name:			
Organization:			
Address:			
Telephone:	(Day)	(Evening)	(Cell)
Contact Person (if diffe	erent from above):		
E-Mail Address:			
Dimensions and Mediu	ım of Work:		
Title of Work:			
Name of Artist:			
(Please include the fol	lowing contact informat	ion for the artist if applicab	le):
Address:			
Telephone:	(Day)	(Evening)	(Cell)
Contact Person (if diffe	erent from above):		
E-Mail Address:			
Fair Market Value:			
(attach appraisal from	qualified appraiser if v	alued over \$5,000)	
Why do you feel this w	ork would be a signific	ant addition to the collection	of CSUCI?

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What text would you like on the accompanying plaque? (Please see the Campus Master Plan for guidelines.)
Is the item currently insured? If so, please provide proof of insurance.
Do you possess a title or documentation of ownership? If so, please attach a copy.
Are there any copyrights, patents, or trademarks associated with the item?
What special care, maintenance, storage, and/or installation will be required?

Please attach the following items:

- Short biography of the artist
- Photos and renderings of the artwork
- List of awards and recognition received by the artist
- List of collections associated with the artist's work
- Statement from the artist regarding the "intent of creation" of the work (*if applicable*)

For further information, please refer to CSUCI's Policy on Acquisition/Acceptance of Artwork, Antiquities, and Artifacts (http://policy.csuci.edu/).

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I (we) wish to transfer said property as a gift to California State University Channel Islands Foundation for the benefit of the development of the University and students, faculty, and other individuals served by the campus:

I (we) donate these materials unconditionally, and irrevocably assign, transfer, and give any and all rights, title, and interest which I (we) now have or may possess in the future in and to the above described property, to California State University Channel Islands Foundation.

I (we) understand that this gift may be used only for purposes consistent with the policies of the Trustees of the California State University.

Signature of Donor:	Date:	
Print Name and Title:		
FOR UNIVERSITY US	SE ONLY	
Signature of CAC Chair	Date	
Print name and title:		
Accepted on behalf of the CSUCI Foundation by:		
Signature of Director of Foundation Operations	Date	
This transaction has been approved by:		
Signature of President	Date	