DONATION OF ARTWORK

Thank you for supporting Holtz Children’s Hospital and the Family Advisory Council in our efforts to improve the patient environment. Proposals for donations are carefully reviewed by the Family Advisory Council and administrative staff at Holtz Children’s Hospital. Donations will be evaluated based on the following criteria:

1. Is it soothing, engaging, educational, uplifting and visually appealing?
2. Could it be seen as confusing, scary or inappropriate?
3. Will it be appreciated by all age levels?
4. Is there funding to frame and/or display the piece properly?
5. Does it fit into an existing art theme and goals for the art program?

ARTWORK AND DISPLAY REQUIREMENTS

1. Artwork cannot exceed 45” in height. Any potential exception must be reviewed by the Family Advisory Council prior to selection.
2. All artwork must be framed properly.
3. Our standard frame should be used whenever possible. The artwork is typically hung and exhibited behind a clear plexiglass box frame for the purpose of improving infection control and artwork maintenance.
4. Displays and artwork must be child safe and appropriate for a pediatric hospital environment (i.e. rounded edges, secure hardware, durable and cleanable).
5. Displays and artwork must meet all state and federal building, fire, life safety and Americans with Disabilities Act (ADA) codes. The Family Advisory Council will advise the artist of any concerns as needed.
6. There should be little or no maintenance requirements.

If you would like your artwork to be considered for use at Holtz Children’s Hospital, please send a completed Gifts of Art Submission Form to:

HoltzGallery@jhsmiami.org
Holtz Children’s Hospital - Attn: Steven Burghart, Chief Executive Officer

For more information about supporting the art programs at Holtz Children’s Hospital, please call 305-585-1096.
GIFTS OF ART SUBMISSION FORM

CONTACT INFORMATION

Name ____________________________

Address ____________________________________________

City __________________________ State _______ Zip Code ________

Phone Number ___________ Email Address __________________________

Website ____________________________

DESCRIPTION OF ARTWORK

Materials __________________________________________

Dimensions ________________________________________

Estimated Value of Artwork _________________________

Scope of Proposed Artwork

Framing/Display Requirements:

Please provide a visual of the proposed artwork by attaching photographs, jpg files, copies of sketches and/or online galleries. Please note that submission materials will not be returned.

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For more information about supporting the art programs at Holtz Children’s Hospital, please call 305-585-1096.