



2017 REQUEST FOR ART SUBMISSIONS

5 artists to be featured on a series of greeting cards!

The Lorain County Board of Mental Health (LCBMH) is soliciting digital images of artwork to celebrate creativity and expression in the local mental health network.

Up to **five images of artwork** will be chosen to be featured in a series of greeting cards that will be printed for use by LCBMH and its partner agencies. Any and all images submitted may be featured in various ways to promote positive mental health and local services.

WHAT ART CAN BE ENTERED?

Take a photo of your artwork

Take a nice, high-quality digital photo of your visual art. DO NOT send us your original piece of artwork—we just want a photo of it.

The best format for your photo is 300dpi, a horizontal or vertical rectangle of at least 5" x 7". If you are not sure your photo meets these requirements, don't worry. Just send the best image you have.

Acceptable types of artwork

Types of artwork can include: paintings, drawings, sculptures, ceramics, graphic or digital design, mixed media pieces, drawings, or photographs.

The art must be a unique creative work of the entrant, and not violate any copyright, intellectual property, or other laws or norms.

WHO CAN ENTER?

Entrants must:

- Currently live in Lorain County, Ohio.
- Be or have been affiliated with the Lorain County mental health network, meaning staff who work at our provider agencies, clients or consumers who receive services from our provider agencies, or people who participate in our special programs, like school activities, advocacy, or juvenile justice. The entry form provides a list of eligible agencies and programs. (Please note: It is NOT required that your art was created as part of an art therapy program, school program, or as part of mental health treatment, though we certainly welcome art created through those types of programs.)
- Be aged 11 or older. Youth must have the permission of their parent or guardian to enter.

HOW DO I ENTER MY ART?

For each piece of artwork you want to be considered, submit ONE digital photo. There is no limit to how many pieces of artwork you can submit for consideration, but we only want to receive one image of each piece of art.

Step 1:

Complete and sign the 3-page entry packet (below). Mail the entry packet to:

Clare Rosser
Lorain County Board of Mental Health
1173 North Ridge Road East, Suite 101
Lorain, Ohio 44055

Or send by fax: 440-233-2030

Step 2:

Select the artwork you want us to consider. Take the best digital photo of it that you can. Email the image or images to: crosser@lcbmh.org.

Please note: because our office has a secure email system, sometimes emails from unfamiliar addresses are rejected or blocked. That is why we are asking that you send your entry form by hardcopy or fax. If we receive an entry form without a corresponding digital photo or photos, we can contact the entrant or "unblock" their submission.

HOW IS THE ART SELECTED?

Though any or all art submitted might be used for promotions for the mental health network, five images will be selected for the greeting card project.

This is not a "contest;" we will not necessarily be choosing artwork based *only* on a demonstrated high degree of artistic accomplishment. We will be choosing a selection of artwork that complements each other, and represents the creativity and diversity of the mental health network.

Five images for the greeting card series will be chosen by an internal team at LCBMH, with the Executive Director having final say on which images are featured.

WHAT IF I AM ONE OF THE FIVE ARTISTS WHOSE WORK IS SELECTED?

Artists will be recognized by name or pseudonym through the LCBMH website (www.lcbmh.org), and will receive copies of the printed greeting cards on which their artwork is featured.

WHEN IS THE DEADLINE?

Submit all information no later than March 15, 2017.

LCBMH reserves the right to alter or end this art solicitation or agreement at any time.

LCBMH ART ENTRY PACKET (Complete all 3 pages)

ARTIST NAME: _____

(If artist is aged 11-18, include parent/guardian name:_____)

EMAIL: _____

PHONE(S): _____

MAILING ADDRESS: _____

Eligibility:

Do you currently live in Lorain County, Ohio? Yes No

Please select each LCBMH agency or program with which you are connected, as a staff member, client or consumer, or volunteer:

<i>Provider Agencies:</i>	
Applewood in Lorain County	Lucy Idol Center for the Handicapped
Bellefaire JCB in Lorain County	N.A.M.I. of Lorain County
Big Brothers & Big Sisters of Lorain County	New Sunrise Properties
Catholic Charities Services of Lorain County	OhioGuidestone in Lorain County
El Centro de Servicios Sociales	The Nord Center
Far West Center	Pathways Counseling & Growth Center
Firelands Counseling Center	Safe Harbor/Genesis House
Gathering Hope House	Volunteer Guardianship of Lutheran Metropolitan Ministry
<i>Special Programs or Partnerships:</i>	
Integrated Services Partnership	Lorain County Mental Health Court
"You Belong" Program at local schools (check which school you attend): <input type="checkbox"/> Amherst Junior High <input type="checkbox"/> Brookside Middle School in Sheffield-Sheffield Lake <input type="checkbox"/> Eastern Heights Middle School in Elyria <input type="checkbox"/> General Johnnie Wilson Middle School in Lorain <input type="checkbox"/> Langston Hughes Middle School in Oberlin <input type="checkbox"/> Longfellow Middle School in Lorain <input type="checkbox"/> Midview Middle School in Grafton <input type="checkbox"/> Southview Middle School in Lorain	

Please tell us a little about yourself:

What type of art do you create?

Why did you become an artist?

Do you use art as a type of therapy or a way to maintain or promote positive mental health? Why and how?

What else would you like to tell us about yourself?

Permission:

Please allow us to use your submitted artwork and any related biography or information by agreeing to the terms below:

I hereby grant permission to the Lorain County Board of Mental Health (LCBMH), Lorain County and/or media agencies to use my (or my child’s) name, likeness, image, photograph, interview or story in official Lorain County Board of Mental Health/Lorain County or affiliated printed publications, multi-media presentations, advertisements, website, social media, or other media/products without further consideration. I acknowledge LCBMH/Lorain County’s right to crop or treat photographs at its discretion. This authorization includes, but is not limited to, the right to edit or duplicate and to use or reuse my (or my child’s) name, likeness, image and/or story in whole or in part.

I acknowledge that I have no interest or ownership in the publications in whole or part. I also authorize the right to broadcast, exhibit, market, sell and otherwise distribute the publications, products or programs, either in whole or in part, and either alone or with other products. I hereby waive, release, transfer, and/or assign all rights, title, or property interest to artwork created and submitted by me (or my child) to LCBMH and/or affiliates. I understand that I (or my child) shall not receive compensation for the artwork being used for any purpose, including but not limited to use in any promotional materials.

I also pledge that the submitted artwork was created by me (or my child) and does not violate any copyright, intellectual property, or other laws or norms.

In consideration of all of the above, I hereby acknowledge receipt of reasonable and fair consideration.

I also agree to indemnify and hold harmless from any claims the following:

- All Board Members of the Lorain County Board of Mental Health
- All Employees of the Lorain County Board of Mental Health
- All Lorain County Board of Mental Health affiliates, partners, and provider agencies
- Lorain County

I have read the above Release and understand its content and agree to be bound by its terms.

ARTIST NAME (please print): _____

(If artist is aged 11-18, include parent/guardian name:_____)

SIGNATURE: _____

TODAY’S DATE: _____

EMAIL: _____

PHONE: _____

Thank you for your interest in sharing your artwork!

Please send this completed and signed entry packet to: Clare Rosser | Lorain County Board of Mental Health | 1173 North Ridge Road East, Suite 101 | Lorain, Ohio 44055 | Fax: 440-233-2030