

GUIDELINES FOR ILLUSTRATIVE ART AND CRAFTS

ELIGIBILITY

The competition is open to any individual receiving Department of Mental Health services through the divisions of Alcohol and Drug Abuse (ADA), Comprehensive Psychiatric Services (CPS), and Developmental Disabilities (DD).

ARTWORK

Entries are limited to **ONE (1)** per person, although a person may help with a group project and still enter an individual project. **This year, all artwork: paintings, sketchings, crafts, sculptures, needlework, clay designs, creative art projects, etc., will be accepted and judged together in one of the above listed Division categories.**

All pieces must be **clean and presentable**. All art must be original. **Computer copies and photographs are not accepted.**

The artist will be asked if he/she considers him/herself a Professional artist. All professional artwork will be judged together in a separate category.

Please send pieces that are framed, matted and/or covered with acetate. **DO NOT SEND ARTWORK WITH GLASS IN THE FRAME.** Please use Plexiglas, a plastic cover or no covering at all in the frame.

Storage and display space is limited, so please be reasonable with the size of the item. **Do not send items that are fragile if the artist is concerned about breakage.** We will display the crafts in Central Office as space allows. Participation certificates will be sent to each participant.

LABELING (see Attachment B)

Each entry **must** be identified with the label provided. Please fill out all the blanks on the label. Labels should be typed or printed neatly. The artist may title their work if they choose to do so. There is a place on the label for this information.

SELLING ARTWORK

Please understand, if the artist decides to sell their artwork, but does not ask for a specific price, the piece will be for sale at the 2010 Mental Health Champions' Banquet in a silent auction format with a minimum bid of \$20.00.

BIO/DISCLOSURE

If the artist would like to include some biographical information about themselves or disclose their disability, they may do so on the back of the release form. Some of the venues where the artwork has been displayed have asked if we could provide this information on the artists. It is completely optional and will not have any bearing on whether the piece is chosen for statewide display.

RELEASE FORMS (see Attachment A)

A release form signed by the artist or his/her guardian **must** accompany all artwork and craft items submitted to central office. Artists should be aware that their work may be placed on public display and that confidentiality is not possible if their name is visible when displaying the artwork. A signed release form also allows the department to use images of the art in its promotional materials. **Please do not attach the release forms to the artwork.**

EXHIBITING

Selected pieces of art will be taken on statewide display between the months of May and December. Artwork that has not been purchased or selected for display will be returned to the artist.

SUBMITTING ENTRIES

Deliver or mail entries to Department of Mental Health, Office of Public Affairs, 1706 E. Elm Street, Jefferson City, MO 65101. The deadline for receiving entries is **January 29, 2010.**

The 2010 Director's Creativity Showcase is sponsored by the Missouri Mental Health Foundation and the Department of Mental Health.



ATTACHMENT A

PLEASE DO NOT ATTACH RELEASE FORM TO ARTWORK

No. _____
Art _____
Craft _____

Missouri Mental Health Foundation and Department of Mental Health
**2010 DIRECTOR'S CREATIVITY SHOWCASE
RELEASE FORM**

I do ____ do not ____ give my permission for my artwork submission to the Director's Creativity Showcase to be displayed if chosen for the traveling show in any venue or area designated for general public viewing.

I understand that by signing below:

- I am giving up any right to hold the person(s), partnership, or corporation in charge of the display area liable for any damages and/or loss of my artwork.
- I am giving permission to the Missouri Mental Health Foundation and the Department of Mental Health to use images of my artwork for educational and promotional materials.

Artist Name: _____

Artist Signature/or Guardian: _____

Witness: _____

Facility Name: _____

Facility Street Address City State Zip Code:

Date Signed: _____

NOTE: Please have release form signed and submit to:

Office of Public Affairs
Department of Mental Health
1706 E. Elm Street
Jefferson City, MO 65101

This event is sponsored by the Missouri Mental Health Foundation, the Department of Mental Health.

ATTACHMENT B

<p align="center">2010 Director's Creativity Showcase ART/CRAFT ENTRY</p> <p align="center">(Please print or type)</p> <hr/> <p>Artist's Name</p> <hr/> <p>Street Address (Do not use a PO Box)</p> <hr/> <p>City, State, Zip Code</p> <hr/> <p>Facility Name</p> <hr/> <p>Contact Person: Name & Phone No. w/ Area Code</p> <hr/> <p>Division pertaining to Artist – check one only.</p> <p align="center"><u>(Artwork will not be divided into age groups)</u></p> <p><input type="checkbox"/> ADA <input type="checkbox"/> CPS <input type="checkbox"/> DD</p> <hr/> <p>Do you consider yourself a Professional Artist? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <hr/> <p>Title of Art _____</p> <p>Do you wish to sell your entry? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, at what price <u>\$</u> _____</p> <p>Please affix label to the back of the entry piece.</p>

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