



West Don Lands Indigenous Public Art Request for Qualifications (RFQ) Application Form

This call is open to all self-identifying Indigenous artists across Canada, 18 years of age or older. Both individual and team proposals will be accepted.

Section A: Artist Information (Individual or Lead Required)

Artist Name:

Address:

Telephone:

Email:

Website:

If this is a team submission, please ensure you enter team member information in Section E

Section B: Indigenous Artist Status

To be eligible to apply, applicants must self-identify as an Indigenous (Status or Non-Status First Nations, Métis, or Inuit) practicing artist. In the context of this self-identification question, an Indigenous (Aboriginal) person in Canada, as recognized in the Constitution Act, 1982, is a person who identifies with First Nations (Status/Non-Status), Métis, or Inuit cultural and/or ancestral background.

- a) Are you an Indigenous Artist? Yes **or** No
- b) If yes, do you self-identify as First Nations **or** Inuit **or** Métis
- c) If you self-identify as First Nations are you Status **or** Non-Status
- d) Please indicate the following as it applies to: Nation / Territory / Community / Reserve / Band Affiliation: *(for Individual/ Lead Artist Only)*

Section C: Short Artist Biography (maximum 100 words) for the Individual/Lead artist

Section D: Site Options

Please indicate/select the Indigenous Public Art Site Option(s) you are submitting your RFQ for:

- Option 1: Anishnawbe Health Toronto (AHT) / Indigenous Hub
- Option 2: King/Queen Triangle
- Option 3: Both Sites

Section E: Team Member Information

If you are applying as an **Indigenous Artist-Led Team**, please enter all of the team members' information below. If you selected Site Option 2 or Option 3 in Section D you **must** include a landscape architect

Name (Landscape Architect)

Address:

Telephone:

Email:

Website:

Team Member Name:

Address:

Telephone:

Email:

Website (if applicable):

Team Member Name:

Address:

Telephone:

Email:

Website (if applicable):

Team Member Name:

Address:

Telephone:

Email:

Website (if applicable):

Team Member Name:

Address:

Telephone:

Email:

Website (if applicable):

Team Member Name:

Address:

Telephone:

Email:

Website (if applicable):

Section F:

If the Indigenous Artist-Led Team is registered as a business, please provide the following information:

Legal Business Name:	<input type="text"/>
Type of Firm:	<input type="text"/>
Firm Telephone:	<input type="text"/>
Contact Person Name:	<input type="text"/>
Contact Person Email:	<input type="text"/>
Website:	<input type="text"/>

Artists must complete all sections of this form. The completed form along with the RFQ Proposal should be submitted to: publicart@waterfrontoronto.ca by the submission date provided in the RFQ.

Please note incomplete forms will be returned for completion and will require you to resubmit the entire package. If you have issues or questions completing this form, please send an email to: publicart@waterfrontoronto.ca for assistance.