

State of Illinois
CAPITAL DEVELOPMENT BOARD
ARTWORK CONTRACT

CDB PROJECT NO.:
CDB CONTRACT NO.:
PROJECT:
ARTIST ID NO.:

This **CONTRACT** is by and between

Name: _____

Address: _____

City, State, Zip: _____

herein after called 'Artist' and the State of Illinois by and through the Capital Development Board herein after called 'CDB.'

ARTIST AND CDB, for the consideration stated herein, agrees as follows:

ARTICLE 1. CONTRACT DOCUMENTS. The Contract Documents consist of General Conditions of Contract, Standard Business Terms and Conditions, Insurance Requirements (if any), Approved Modifications (if any), Approved Change Orders (if any), Project Design Concept and Specifications (if any), Special Conditions (if any), the Authorization to Proceed, and this Contract.

ARTICLE 2. SCOPE. The Artist shall perform this Contract in strict accordance with the Contract Documents for this project. The Artist shall design, fabricate, transport, install, and complete the following artwork (hereinafter the Artwork) in collaboration with CDB:

Title: _____

Dimensions: _____

Media: _____

The Artist warrants that the Artwork shall be a unique and original product of the Artist's creative efforts, is an edition of one, has not been accepted for sale elsewhere, and that CDB shall own, on its completion, the Artwork free and clear of any and all liens or claims.

ARTICLE 3. CONTRACT TIME. This Contract shall take effect on the date accepted by the Executive Director. The Artist shall commence work immediately upon receipt of Authorization to Proceed. All work shall be completed, in accordance with the Contract, no later than <date> and the Contract end date will be <date>.

ARTICLE 4. CONTRACT SUM. CDB shall pay the Artist for the performance of this Contract the amount of \$DOLLARS. In consideration of payment of the sum, the Artist agrees to perform the Artwork and to transfer all rights, title and interest in the Artwork to CDB.

ARTICLE 5. INSTALLATION INSURANCE. This Contract may require installation insurance.
Installation insurance (IS) (IS NOT) required.

ARTICLE 6. FUNDING. This contract will be deemed null and void if the General Assembly of the State of Illinois or other legally applicable funding source fails to make an appropriation or reappropriation sufficient to pay such obligation.

ARTICLE 7. USE OF SUBCONTRACTORS. Complete the following for all known subcontractors with subcontracts with an annual value of more than \$50,000.00. Submit a copy of the subcontract and all required disclosures.

Subcontractor's Name	Subcontractor's Address	Annual Value

ARTICLE 8. TAXPAYER IDENTIFICATION NUMBER.

Under penalties of perjury, I certify that

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

- If you are an individual, enter your name and SSN as it appears on your Social Security Card.
- If you are a sole proprietor, enter the owner's name on the name line followed by the name of the business and the owner's SSN or EIN.
- If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's name on the name line and the d/b/a on the business name line and enter the owner's SSN or EIN.
- If the LLC is a corporation or partnership, enter the entity's business name and EIN and for corporations, attach IRS acceptance letter (CP261 or CP277).
- For all other entities, enter the name of the entity as used to apply for the entity's EIN and the EIN.

Name: _____

Business Name (if any): _____

Taxpayer Identification Number:

Social Security Number _____
or
Employer Identification Number _____

Legal Status (check one):

- | | | |
|---|---|---|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Corporation providing or billing medical and/or health care services | <input type="checkbox"/> Estate or trust |
| <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Corporation NOT providing or billing medical and/or health care services | <input type="checkbox"/> Pharmacy (Non-Corp.) |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Governmental | <input type="checkbox"/> Pharmacy/Funeral Home/Cemetery (Corp.) |
| <input type="checkbox"/> Legal Services Corporation | <input type="checkbox"/> Nonresident alien | <input type="checkbox"/> Limited Liability Company (select applicable tax classification) |
| <input type="checkbox"/> Tax-exempt | | <input type="checkbox"/> D = disregarded entity |
| | | <input type="checkbox"/> C = corporation |
| | | <input type="checkbox"/> P = partnership |

Signature: _____

Date: _____

