

Agency's ASB Administrator Designation Form

I HEREBY DESIGNATE _____, to serve, until further notice, as ASB Administrator for art selection projects:

- 1) in the Department of _____; OR
- 2) at _____ (state university).

I understand that my designee will guide each individual project's Art Selection Committee through the required selection process and will work with state employees from my agency and other state agencies and the architect for the project. They will also work with local visual arts professionals who donate their time to contribute to the quality of the program.

I understand that the art selection process for any individual project may be spread over six to twenty-four months and may require one to three or more meetings of the project's Art Selection Committee.

I understand that my designee will follow the selection process required by the ASB program Rule {1T-1.033, *Florida Administrative Code*}.

Signature of Agency Head (or designee) _____

Name of Agency Head (or designee) _____

Agency _____

Date _____

(Email signed copy to Department of State Division of Arts and Culture, ASB Administrator and retain copy with agency.)