

TourWest - TourWest Standard Performance Grant 2018
Seyan Test Org TW2016
Application #TW20180003



Primary Contact: Ms. Seyan Test Lucero
Phone: (303) 629-1166
Email: test1@westaf.org

Document Generated: Thursday, January 25th 2018, 12:50 pm

Applicant Profile

Applicant Type	Organization
Legal Name	Seyan Test Org TW2016
Address1	1743 Wazee Street
Address2	Suite 300 111221, Colorado 80202 UNITED STATES
Telephone	(303) 629-1166
Primary Contact	Ms. Seyan Test Lucero Test Phone: (303) 629-1166 Email: test1@westaf.org
Applicant Status	Organization - Non-Profit
Applicant Institution	Arts Service Organization
Applicant Discipline	Multidisciplinary
Grantee Race	Asian
Congressional District	1
State House District	1
State Senate District	1
FEIN / TAX ID	21-1222222
Date Organization Formed	0000-00-00
Fiscal Year Ends Date	/
DUNS Number	000000000
Web Address	http://

Mission Statement

Organization History



Project Data Question

Type of Activity
Project Discipline

Arts Education

NEA Primary Strategic Outcome

Total Adults Engaged In Person 0

Artists Directly Involved 0

Youth (under age 18) Engaged
In Person 0

Populations Benefited by Race

Populations Benefited By Age

Populations Benefited By
Distinct Groups

Project Descriptors

Amount Requested \$0



Performance Grant Application Questions

What is the "popular" name of your organization?

When did your organization officially begin its operations?

Number of paid, full-time staff

Number of paid, part-time staff

Number of volunteers

Did you expend \$500,000 or more in federal awards during the prior fiscal year?

Please upload 1 copy of proof of nonprofit, tax exempt 501(c)(3) status, or the equivalent, from the applicant's organization.

No File Uploaded

Provide a very brief summary of your project, including the outreach activity. For example: two chamber music public performances and one K-12 lec/dem outreach.

Artist or Company Name

Performance start date

Performance end date

Number of public performances

Number of outreach activities

Performance facility name and location

Number of seats in venue

Cities/States served by the project

What is the population size (in numbers) of the area that this program will serve?

Will this project be part of a series?

If yes, how many performances are in your series?

Please upload 3 years of your organization's presenting seasons from Last Year, Current Season, and Projected. The document you upload must be a .doc or PDF formatted file and contain all three presenting seasons, formatted in a typed list, within one document.

No File Uploaded



Artist Information

Artist or Company state or country

Artist or Company Name

Artist or Company primary contact person

Artist or Company address

Artist or Company city

Artist or Company state

Artist or Company zip

Artist or Company telephone

Artist or Company email

Artist or Company website address

Total number of years that Artist or Company has been touring

Please upload any artist promotional materials.

No File Uploaded

Management name

Management primary contact person

Management address

Management city

Management state

Management country

Management telephone

Management email

Management website address

Artist Contract Please upload 1 copy of the contract or cosigned letter of agreement with the company. This document must include artistic fee(s), engagement date(s), the location(s) and description(s) of performance(s), and all outreach activities planned. If an agreement or contract is not available at the time of the application deadline, you must provide a letter of intent from the artist or artist's management.

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Project Budget

Fiscal Year	Previous	Current	Upcoming
Operating Income			
Operating Expense			

Project Expenses

Total artistic fees for this project			\$
Total expenses for this project			\$
Total In-kind for this project			\$

Sources of Project Cash Income

A. Earned income			
B. Contributed income			
C. State arts agency income			
D. Local government income			
E. Other income (include applicant cash)			
F. Total project cash income			\$

Sources of Project Cash Expenses - Actual Cash Expenses

A. Artistic Fees			
B. Production Costs (personnel, equip.)			
C. Space rental			
D. Marketing (publicity, etc.)			
E. Other expense			
F. Total project cash expense			\$



Narrative Questions

- 1. Provide a brief introduction to your community (location, demographics, economics, etc.). How is it underserved culturally, economically, and/or geographically? What specific underserved population(s) are you attempting to reach with this project?**
- 2. Describe the public performance portion of your project, including date(s) and location(s) of the performance(s). How does the public performance address the needs and interests of your targeted underserved audience? Describe the involvement of these individuals and/or community partners in the planning and implementation of the project.**
- 3. What are the outreach activities for the project as they have been planned thus far? Include the expected location for the activities and the anticipated participants. How have these individuals and/or community partners been involved in the planning and implementation of the outreach? Explain the benefit to your community that the outreach will provide.**
- 4. Describe your artistic choice for this project. How was the artist selected (i.e., by community committee, seen at a juried showcase, etc.)? Why is this artist worthy of public funding? How do the performer(s) or their work relate to your targeted underserved community? What is the relevance and potential impact that the artist(s) will have on your community?**
- 5. How do you plan to market this event? What strategies will you utilize to evaluate the success of the event and/or your audience development goals?**
- 6. Is this artist block booked within the western region? Provide information on any block booking activities that you engaged in while coordinating this project. Your explanation should include the efforts undertaken, the extent of your collaboration, and specific partnerships with other presenters and/or presenters' consortia in your region.**

Additional Supplemental Materials:

No File Uploaded

Additional Supplemental Materials Description:

I certify that the information provided in this TourWest application is true and correct to the best of my knowledge and that the applicant organization will adhere to the assurance of compliance.

Presenter name

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Digital Sample Upload and Select

No Work Samples are assigned to this application.