

TourWest - TourWest Standard 2019
Seyan Test Org TW2016
Application #TW20190001



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

Document Generated: Tuesday, March 26th 2019, 2:57 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 Questions

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

Presenter Information

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

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

Performance facility/venue name and location

Number of seats in venue

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

Cities/States served by the project

Will this project be part of a series?

Please upload one document with the 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

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Artist Information

Check box if the artist or ensemble identifies as Native American, Alaska Native or Native Hawaiian

If yes, please list tribe(s) or group(s) with which the artist/band is affiliated?

Artist/Company Information

Artist or Company state or country

*(**To be eligible for a TourWest grant, the artist must reside and operate outside of the state of the presenter. All applicants are welcome to apply for grants supporting international artists.)*

Artist or Company Name

Artist or Company primary contact person

Artist Contract

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.

No File Uploaded

Artist or Company address

Artist or Company address

Artist or Company state

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 additional promo materials you would like to share with the panel.

This is not your work sample. This is an upload for any brochures, e-version of printed promotional materials that you may have available.

No File Uploaded

Management Information

Management Company Name

(if different from artist/company name)

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Management primary contact person

Management city

Management state

Management country

Management telephone

Management email

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Digital Sample Upload and Select

No Work Samples are assigned to this application.



Project Budget

| Fiscal Year | Previous | Current | Upcoming |
|-------------------|----------|---------|----------|
| Operating Income | 0 | 0 | 0 |
| Operating Expense | 0 | 0 | 0 |

Project Expenses

| | | | |
|--------------------------------------|--|--|-----|
| Total artistic fees for this project | | | \$0 |
| Total expenses for this project | | | \$0 |
| Total In-kind for this project | | | \$0 |

Sources of Project Cash Income

| | | | |
|--|--|--|------------|
| A. Earned income | | | 0 |
| B. Contributed income | | | 0 |
| C. State arts agency income | | | 0 |
| D. Local government income | | | 0 |
| E. Other income (include applicant cash) | | | 0 |
| F. Total project cash income | | | \$0 |

Sources of Project Cash Expenses - Actual Cash Expenses

| | | | |
|---|--|--|------------|
| A. Artistic Fees | | | 0 |
| B. Production Costs (personnel, equip.) | | | 0 |
| C. Space rental | | | 0 |
| D. Marketing (publicity, etc.) | | | 0 |
| E. Other expense | | | 0 |
| F. Total project cash expense | | | \$0 |



Project Narrative

Narrative

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1. Introduction

A key goal of TourWest is to provide support to projects that target underserved communities and/or audience segments in the WESTAF region. Please describe your community and its demographics (economy, racial/ethnic makeup, geography/location, etc.). What specific underserved population(s) do you seek to engage with this project?

(There is a 1000-character limit for your answer.)

2. Project Description

To be eligible for the TourWest grant, at least one public performance is required. Describe the proposed performance itself and include date(s), time(s), and location(s). How does the performance support your organization's goals to engage underserved audiences? How is your organization working collaboratively with the artists, community partners, and your target audience?

(There is a 1500-character limit for your answer.)

3. Outreach activities

Outline the proposed outreach activities for this project. Where do you plan for this to take place, and whom do you hope to engage? Have you collaborated with community partners in the planning of the event? How does this outreach project, facilitated by your organization, support engagement between the target underserved population and the performing arts/artists?

(There is a 1500-character limit for your answer.)

4. Artistic Merit

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?

(There is a 2000-character limit for your answer.)

5. Marketing

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?

(There is a 1000-character limit for your answer.)

Is this artist block booked within the western region?

Additional Supplemental Materials

Additional Supplemental Materials

(Please upload any additional materials you would like to submit. For example, you may submit a copy of the educational curriculum or study guide that is related to the project.)

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Additional Supplemental Materials Description



Certification Page

Assurance of Compliance :

The applicant shall comply with all provisions of Appendix A: Assurance of Compliance and Appendix B: General Terms and Condition. These regulations derive from WESTAF's federal and state funding sources.

By submitting a TourWest application, the applicant assures and certifies that it is in compliance with the statutes outlined in Appendix A and all related WESTAF/National Endowment for the Arts regulations and will maintain records and submit reports necessary to determine compliance. The applicant further assures and certifies that all subrecipients of WESTAF/Endowment funds are in compliance with these nondiscrimination requirements and that it will obtain assurances of compliance from all subrecipients. WESTAF may conduct a review of the applicant organization to ensure that it is in compliance. If WESTAF determines that a grantee has failed to comply with these statutes, it may suspend, terminate, and/or recover funds awarded. This assurance is subject to judicial enforcement.

DEBARMENT: By submitting this application the applicant shall comply that they are in compliance with the Federal Executive Order (E.O.) 12549 "Debarment" requires that all contractors receiving individual awards, using federal funds, and all subrecipients certify that the organization and its principals are not debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency from doing business with the Federal Government. By submitting application you certify that your organization and its principals are not debarred . Failure to comply or attempts to edit this language may disqualify your application. Information on debarment is available at the following websites: www.sam.gov and <https://acquisition.gov/far/index.html> see section 52.209-6.

Have you read the TourWest Guidelines?

Have you read the Assurance of Compliance?

Do you have a completed Section 504 Self Evaluation on file/in your records for your organization?

If you answer no, you will need to have one completed if you are awarded this grant.

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, general terms and conditions and federal regulations for this grant opportunity.

Applicant Name (Presenter Organization Name)