

Chenango County Council of the Arts
27 West Main St.
Norwich, NY 13815
(607) - 336- ARTS

2010 BROOME & CHENANGO COUNTY DECENTRALIZATION REGRANT PROGRAM AUDIT

Name of reviewer: _____ Phone# or e-mail: _____

Name of organization you are representing: _____

Organization being reviewed: _____

Program reviewed: _____ Date _____

Attendance: (*Approximate number of people at performance*): _____

Type of Audience: Adult _____ Sr. Citizen _____ Teens _____ Children under 12 _____

Quality: Overall quality of program/project:

Excellent _____ Good _____ Fair _____ Poor _____ Please Explain:

Was program/project well received? Please explain:

In your opinion, was publicity adequate?

Answer if appropriate:

How many people could the facility accommodate? _____

Was it an appropriate location for the program/project? _____

Accessible to handicap? _____ Was parking available? _____

Were programs or descriptive materials provided? _____ (If so, please submit with this audit.)

Was proper credit given to the Arts Council? _____ Yes _____ No

Any Additional Comments:

Auditor's Signature: _____ Date: _____