2019 BROOME, CHENANGO & OTSEGO COUNTY
DECENTRALIZATION PROGRAM AUDIT FORM

Name of Artist/Organization you are reviewing:

Name of Artist/Organization you are representing:

Your name:  Phone number/E-mail:

Project being reviewed:  Project Date:

Number of artists Involved:  Estimate of total attendance:

Type of Audience (provide an estimate of the number in each category):

   Adult:  Senior Citizen:  Youth/Students:

Overall quality of program/project (please circle one and explain your opinion below):

   Excellent  Good  Fair  Poor

Please Explain:

Was the project well received?
Please explain:

In your opinion, was publicity adequate?

How many people could the venue accommodate?  Was the location appropriate?
Handicap accessible?  Was parking available?
Please explain:

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

Was proper credit given to the Arts Council?

Any Additional Comments:

Auditor’s Signature:  ___________________________  Date:  ________________

Print Name:  __________________________________________