



Please return this form to: Chenango Arts Council, 27 West Main Street, Norwich, NY 13815

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: _____