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**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**