



Please complete, print, sign and return this form to:

Chenango Arts Council
27 West Main Street
Norwich, NY 13815



**2017 BROOME, CHENANGO & OTSEGO COUNTY
DECENTRALIZATION 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/student:

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 it an appropriate location for the project?

Handicap accessible?

Was parking available?

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: