



DEC Event Audit Form

Grant Recipient Name:		Event Date:
Auditor's Name:		Auditor's Relation to SLC Arts: <input type="checkbox"/> Staff <input type="checkbox"/> Board <input type="checkbox"/> Member <input type="checkbox"/> Other
Project Title or Name of Event:		Name of Venue:
Project Category: <input type="checkbox"/> Visual Arts <input type="checkbox"/> Music <input type="checkbox"/> Theatre <input type="checkbox"/> Dance <input type="checkbox"/> Literature <input type="checkbox"/> Folk Arts <input type="checkbox"/> Design Arts <input type="checkbox"/> Other		
City/Town:	County: <input type="checkbox"/> St. Lawrence <input type="checkbox"/> Jefferson <input type="checkbox"/> Lewis	
Were NYSCA and SLC Arts credited, verbally or in writing, for providing funding for this project? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain	Was the event accessible to persons with disabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No	What was the approximate attendance of the event?
Please describe the event:		
Please describe the audience demographics:		
Please describe the artistic merit of this event:		
Please describe the community benefit of this event:		
Please share any additional information that consider relevant (Comments, compliments, complaints, suggestions):		

Please attach any programs or promotional materials to this document, and return to SLC Arts.
 Thank you for your support!