FY 2011 Grants for Organizations Program
ARTS SERVICE ACTIVITIES SITE EVALUATON REPORT FORM
For Track I General Operating Arts Service Organizations

Panelist – please print _____

Name of Organization _____

Location of Visit _____ Date of Visit _____

1. Describe the facility.

2. Describe the circumstances of your site visit and the arts service activities you experienced.

3. Evaluate the merit of the activities - please be specific.

4. Describe the quality of your interaction with the organization.

5. What were you able to discern about the level of respect, support or importance the organization and its activities have achieved among the artists and audiences it serves?

_____ _____
Panelist Signature Date

Revised 12/09