

Oswego Arts Collaborative Survey

Directions: Please answer each question by filling in the blanks or circling the appropriate response. Specify additional information as indicated. If you have any questions, please contact Jeff Grimshaw at 315-312-3080 or jgrimsha@oswego.edu.

Your Organization

Organization Name: _____

Contact Person: _____

Contact Information: Address: _____

Phone Number: _____

Email: _____

Web site: _____

Organization Type: Art Music Theatre Membership

Other: _____

Organization Size: Individual Group

How many members are in your group: _____

What is your annual operating budget: \$_____

What percentage of your budget is spent on space: _____%

When is your event season: Spring Summer Fall Winter

How many events do you host each year: _____

What is your average event attendance: _____

Your Space

Space Type: Gallery Studio Theater Office

Other: _____

Space Address: _____

Is your space: Owned by you Rented by you Donated to you

Other: _____

Are you satisfied with your space: Yes No

Why: _____

Your Goals

Are you interested in utilizing new space: Yes No

Describe your ideal space: _____

Your Input

Are you willing to participate in an arts planning group: Yes No

In what capacity: Member Committee Member Board Member Officer

Other: _____

May we contact you for further input in arts planning: Yes No

Can you recommend an individual or group that we can include in this survey:

Contact Person: _____

Contact Information: Address: _____

Phone Number: _____

Email: _____

Web site: _____

Are there other issues or needs that you would like to address: Yes No

Additional Comments: _____

PLEASE RETURN SURVEY WITHIN TWO WEEKS OF YOUR RECEIPT

Please remit survey to: Oswego Arts Collaborative
c/o Jeff Grimshaw
SUNY Oswego
Office of Business and Community Relations
103 Rich Hall
Oswego, N.Y. 13126