

**COMMUNITY ORGANISATION QUESTIONNAIRE**

**PLEASE FAX COMPLETED FORM TO: 9319 1070 as soon as possible**

Name of your organisation: \_\_\_\_\_

Contact person: \_\_\_\_\_

Street Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Describe your organisation: \_\_\_\_\_

What year was your organisation established? \_\_\_\_\_

How many staff do you have? \_\_\_\_\_ F/T \_\_\_\_\_ P/T \_\_\_\_\_ Casual \_\_\_\_\_ Volunteers \_\_\_\_\_

Does your organisation have dedicated arts workers? Yes / No If yes, how many? \_\_\_\_\_

Does your organisation have members? Yes / No If yes, how many? \_\_\_\_\_

Did your organisation provide arts activities for people in Ryde in 2005? Yes / No

If yes, what were the activities and why did you choose these activities?

If no, why?

Approximately how many people attended or participated in your arts activities in 2005? \_\_\_\_\_

Does your organisation charge any fees for your arts activities? Yes / No Average fee \$ \_\_\_\_\_

Is the venue used for the arts activities: A dedicated art facility?  Non specific facility?

What is the name of the facility and where is it located? \_\_\_\_\_

Is the venue where the arts activities are held available for use by other arts organisations/groups?  
Yes / No

Does the venue where the arts activities are held have access for people with disabilities? Yes / No

In relation to your arts activities, what was the most difficult problem your organisation had in 2005?

How did you solve it? \_\_\_\_\_

In relation to arts activities, what are the key problems facing your organisation in 2006?

What was the total spending on arts activities by your organisation in 2005? \$ \_\_\_\_\_

What was your total income from sponsorship/grants for arts activities in 2005? \$ \_\_\_\_\_

Please list three major improvements that would assist arts/crafts development in the City of Ryde?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Thank you for completing this questionnaire.

If you would like to include any other information please attach an additional page and return with this questionnaire

**PLEASE FAX THIS COMPLETED FORM TO PATRICIA PARKER ON 9319 1070**

- For further information please ring 9319 1008