

# Production Proposal

PLEASE ALLOW 1 WEEK FOR PROCESSING



Producer: \_\_\_\_\_ Planned Start Date: \_\_\_\_\_

Producer Email: \_\_\_\_\_ Producer Phone Number: \_\_\_\_\_

Program Title: \_\_\_\_\_

Description of Program Content

Proposed Crew Members: \_\_\_\_\_

## **REQUIRED: Attach an overall production schedule to this document.**

Type of Program:  Series Must be 25-29 min or 55-59 min TRT  Monthly  Bi-weekly  Weekly  
 Special Any length, not reoccurring  
 Filler (under 15 min TRT)

Planned Length of Program: Hours \_\_\_\_\_ Minutes \_\_\_\_\_

Planned completion date: MM \_\_\_\_\_ DD \_\_\_\_\_ YYYY \_\_\_\_\_

What CMAC resources will you need?

Field Equipment  Studio  Sound Booth  Editing Suite  
 Volunteer Crew  Hire CMAC staff  
 Other, specify: \_\_\_\_\_

You will be contacted by email or phone once your proposal is approved. You cannot reserve any equipment until you have been notified.

**POLICY REMINDER:** I understand that as an independent producer, I assume full responsibility for the content of all program material and will ensure that such program material only includes protected, non-commercial content, all of which I have permission to use. I understand that per CMAC policies, using CMAC equipment for the purpose of making a profit, including charging guests or covering events for profit is strictly prohibited.

Producer: \_\_\_\_\_ Date: \_\_\_\_\_

CMAC Staff: \_\_\_\_\_ Approved Date: \_\_\_\_\_