

Program 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: _____

 **Please attach your outline, script or breakdown 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: _____