

# PROGRAM PROPOSAL APPLICATION

The information requested here will enable our Staff to help determine your production needs. Please type or print your answers in the spaces provided and submit this completed Program Proposal to the Studio Director for approval.

Name:	_____	Date:	_____
Phone:	Day: __ (____) _____	Eve.:	__ (____) _____
Email:	_____		
Organization:	_____	Principal Officer:	_____
Address:	Street: _____		
	City: _____	State: _____	Zip: _____

- Working title of program: \_\_\_\_\_
- Are you a Certified Public Access Producer:  Yes  No
- Type of Access:  Public  Educational  Governmental
- Program Type:  Single  Series
- Program Length:  30min.  60min.  Other: \_\_\_\_\_
- Tape Format:  Digital  SVHS  VHS
- Program Format:  Talk Show  Performance  Documentary  
 Sports  News  Political  
 Other (specify) \_\_\_\_\_
- Program Description: (Include target audience, content, goals i.e. who, what, when, where and why)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Names and titles of all persons appearing on the program from whom, a signed Performance and Visual Arts Release will be required: (Performance and Visual Arts Releases must be received prior to production of program.)  
\_\_\_\_\_  
\_\_\_\_\_
- Describe any copyright materials (music, video, art, literature, etc. ) that you will be using in your program. You will be required to submit copies of all permissions for use of this material prior to production of program.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- If you are receiving compensation in any form for this program describe the source, purpose and amount of any moneys received. (i.e. underwriters, grants, sponsors, barter, payment, employment, etc...)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Describe how you plan to promote your program. Please note that before you distribute any promotional materials you must first have them approved by FPAC.  
\_\_\_\_\_  
\_\_\_\_\_
- Considering your Target Audience and subject matter list your top three desired cablecast days and times.

A. Day: \_\_\_\_\_ Time: \_\_\_\_\_

B. Day: \_\_\_\_\_ Time: \_\_\_\_\_

C. Day: \_\_\_\_\_ Time: \_\_\_\_\_

14. Production Needs: Upon review and approval of this program proposal you will be permitted to use FPAC's studio facilities and/or field production equipment. Check below to indicate your anticipated production needs. To actually reserve equipment or our studio or edit facilities, you will need to submit an "Equipment & Facilities Request Form".

Facilities i.e. Studio, Edit Suite

Staff Assistance

Equipment i.e. Camera, Tripod, Headphone

Other: \_\_\_\_\_

15. Technical Standards:

Program must be submitted on 1/2" or Mini DV videotape cassettes on relatively new tape stock.

Program must be either first or second generation.

Program must have consistent video and audio levels within minimum fluctuations.

Program must have 30 seconds of bars and 30 seconds of black before the program and one minute of black at end of program.

You are producing this program solely for cablecast on Framingham Public Access Television Channel. If you distribute this program for commercial purposes you will notify FPAC. Your failure to do so may constitute a violation of the rules of Public Access and may result in the suspension of your privilege to make use of the Framingham Public Access Television equipment and facilities.

You have read the FPAC Access Rules and the Access Channel User Contract and agree to comply with the Contract, the Rules and any regulations promulgated pursuant thereto. You understand that a completed Access Contract must be submitted to, or be on file with FPAC prior to the use of FPAC facilities or the cablecast of any Access Program.

You further certify that if you are a Public Access User (i) you are an individual residing within or a representative of an organization which operates in Framingham and (ii) that either you or the entity which you represent has actually produced the above referenced program.

Access User Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If Minor Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PROGRAM PROPOSAL STATUS:**  Approved  Denied

FPAC-TV Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_