

# COMMUNITY TELEVISION OF SANTA CRUZ COUNTY PROGRAM PROPOSAL

**\*\*Please submit AFTER you've taken the Producers' Seminar\*\***

Please allow 72 hours for processing.

STAFF USE	
Proposal ID #	_____
Due Date	_____
Completed	_____

Producer's Name \_\_\_\_\_

Parent / Guardian if minor \_\_\_\_\_

Address \_\_\_\_\_ City / Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-mail: \_\_\_\_\_

Organizational Affiliation \_\_\_\_\_

**A show can qualify as a series after three completed episodes are turned in.** At least one episode a month must be turned in from that point on in order to maintain a series slot. Are you working towards making this show a series, or is it a special, one time production?

- This is a one time only, special production.
- This is my first show towards qualifying for a series.
- This is my second show towards qualifying for a series.
- This is my third show, and I will be maintaining a series after this episode.

**Program Title** \_\_\_\_\_ **Planned Length** \_\_\_\_\_

NOTE: "Series Productions" can be up to 28.5 minutes for 1/2 hour slots or up to 58.5 minutes for 1 hour slots.

Do you have previous production experience?  Yes  No

## **Type of Show** (check all that apply)

- Documentary  Education  Public Affairs  Music  Religion  Health  Food
- Talk Show  Sports  PSA (Public Service Announcement)  Lecture  Environmental
- Entertainment  Event  Variety  Election  Demonstration  Arts

**Description of Program Content:** \_\_\_\_\_

## **Type of Production** (Check all that apply)

- This is my first CTSCC Production
- Single Camera Field  Edited  Multi-Camera Field  Studio

## **Equipment & Facilities Needed for your Project** (Check all that apply)

Editing:  Final-Cut Pro  iMovie/OSX  Dubbing Cart

Field:  Camera  Audio  Lighting

Studio:  LIVE  TAPED

**Field Production:**

If you're doing a field production, list the crewmembers who will be assisting you.

NOTE: ALL CREWMEMBERS MUST BE CERTIFIED IN THE EQUIPMENT THEY'RE USING.

Name: \_\_\_\_\_ Equipment: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Equipment: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Equipment: \_\_\_\_\_ Phone: \_\_\_\_\_

**Studio Production:**

If you're doing a studio production, list the crewmembers who will be assisting you.

NOTE: ALL CREWMEMBERS MUST BE CERTIFIED IN THE EQUIPMENT THEY'RE USING.

Name: \_\_\_\_\_ Equipment: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Equipment: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Equipment: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Equipment: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Equipment: \_\_\_\_\_ Phone: \_\_\_\_\_

**Note:** If you're looking for volunteers, talk to an Access Facilitator. There is a list of people who want to volunteer on other people's shows in Check Out.

Will you be needing staff assistance?  Yes  No

What kind? \_\_\_\_\_

**Underwriting:** (Attach a copy of your Underwriting agreement to your Program Proposal)

Please list all Underwriters and how much you will receive in trade or payment, per show)

Underwriter: \_\_\_\_\_ Trade: \_\_\_\_\_  
Underwriter: \_\_\_\_\_ Trade: \_\_\_\_\_  
Underwriter: \_\_\_\_\_ Trade: \_\_\_\_\_

**Third Party Agreements:** (Attach a copy of your Third Party Agreement to your Program Proposal)

Payments being received (per show) from a Third-Party for this Production? \_\_\_\_\_

**Sales Distribution Agreement** (Attach a copy of your Sales Distribution Agreement to your Program Proposal)

Do you plan to distribute this program?  Yes  No

**STAFF USE ONLY**

Date of Field Production Certification: \_\_\_\_\_

Date of Studio Production Certification: \_\_\_\_\_

P  E  G  STAFF ASSISTED PRODUCTION: \_\_\_\_\_

STAFF/ED APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

DEADLINE: \_\_\_\_\_

STATUS:  DISCONTINUED  ON-HOLD  COMPLETED