

**HOLLISTON CABLE ACCESS, INC
PROGRAM PROPOSAL**

NAME: _____ DATE: _____

ADDRESS: _____

ORGANIZATION (IF ANY) _____

PHONE: _____ EMAIL: _____

The information requested in this proposal will enable the Access Programming staff to determine your production needs and assist you in planning your production. Please type or print your answers on the spaces provided below and submit the completed proposal to the HCAT Program Manager.

TITLE OF PROGRAM _____

ESTIMATED LENGTH OF PROGRAM _____

FORMAT (check any that apply)

<input type="checkbox"/> Documentary	<input type="checkbox"/> Instructional	<input type="checkbox"/> Interview
<input type="checkbox"/> Talk Show	<input type="checkbox"/> Music	<input type="checkbox"/> Debate
<input type="checkbox"/> Newscast	<input type="checkbox"/> Live	<input type="checkbox"/> Teleplay
<input type="checkbox"/> Other (please specify) _____		

PROGRAM CATEGORY: (check one or more)

<input type="checkbox"/> Minority Issues	<input type="checkbox"/> Handicapped	<input type="checkbox"/> Sports
<input type="checkbox"/> Religious	<input type="checkbox"/> Educational	<input type="checkbox"/> Arts
<input type="checkbox"/> Professional advice	<input type="checkbox"/> Family	<input type="checkbox"/> Gender Issues
<input type="checkbox"/> Employment	<input type="checkbox"/> Children	<input type="checkbox"/> Music
<input type="checkbox"/> News	<input type="checkbox"/> Youth/Teens	<input type="checkbox"/> Municipal/Govt.
<input type="checkbox"/> Comedy	<input type="checkbox"/> Seniors	<input type="checkbox"/> Bilingual
<input type="checkbox"/> Holliston Issues	<input type="checkbox"/> Other (specify) _____	

DESCRIBE THE PROGRAM FORMAT IN MORE DETAIL:

DESCRIBE THE PROGRAM CONTENT:

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DESCRIBE BENEFITS TO THE COMMUNITY:

DO YOU NEED ANY SPECIAL EQUIPMENT OR FACILITIES:

LIST DATES, TIMES AND PLACES OF EVENTS TO BE TAPED:

DESCRIBE ANY SPECIAL CREW NEEDS:

HOW LONG WILL IT TAKE TO COMPLETE THIS PROGRAM:

DESCRIBE THE AUDIENCE YOU WOULD LIKE TO REACH:

PLEASE LIST ANY PATRONS OR UNDERWRITERS YOU WILL CREDIT:

DESCRIBE ANY SPECIAL PERMITS, COPYRIGHT WAIVERS OR RELEASES YOU MIGHT NEED TO OBTAIN FROM PUBLIC OR PRIVATE SOURCES IN ORDER TO TAKE AND/OR CABLECAST THIS PROGRAM:

WILL YOU BE APPLYING FOR ANY SPECIAL FUNDING FROM HCAT?

The undersigned agrees to abide by all operating guidelines of Holliston Cable Access, Inc. and the cable provider(s), including, but not limited to facility use and program content.

SUBMITTED BY: _____ DATE: _____

PROGRAM MANAGER: _____ DATE _____