



PROGRAM PROPOSAL

Date: _____ Project Title: _____

Program format: Studio show On Location combination studio/ location

Type: Ongoing series Limited series One-time special

Project Description

Crew Needed:

Note: crew members must be MCAM members.

Project Production Estimates

Equipment loan required: Yes No How many times/hours? _____

Studio time required: Yes No How many times/hours? _____

Edit station time required: Yes No How many times/hours? _____

Other resource needs: _____

Completion date: _____

Possible Project Content/Use Concerns

Will you be using copyright controlled material? Yes No

Will you need talent release forms? Yes No

Do you intend to use video produced on the web? Yes No

Will a business website or email be used in the video? Yes No

Other _____

Producer's Contact Info.

Name and Address: _____

Phone Numbers: _____

Email Address: _____