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**Community Access Partners of  
 San Buenaventura  
 CAPS Channel 6  
 VTV Channel 15**

# Project Proposal

**This form must be filled out prior to your production start date. An allocation of the number of check-outs for production, post-production and other equipment resources shall be determined from the information provided below. We will contact you regarding the status of your project proposal if needed. You have 90 days to submit your show for programming or you will be subject to a suspension of privileges until submission. Note: This application is a public record.**

Date Submitted: \_\_\_\_/\_\_\_\_/\_\_\_\_

Producer: \_\_\_\_\_

Organization: \_\_\_\_\_  
 (If Applicable)

Project Name (Program/Series Title): \_\_\_\_\_

Brief Description: \_\_\_\_\_

Est. Length: \_\_\_\_:\_\_\_\_:\_\_\_\_ Est. Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Est. End Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Production Type? Field Production: \_\_\_\_\_ Studio Production: \_\_\_\_\_ CAPS Production: \_\_\_\_\_

Will this be a:  Regular Series program? (At least 7 submissions in 13 week period)  Single Air program

Please indicate genre(s) that best describe your program:

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Adult Content   | <input type="checkbox"/> Education     | <input type="checkbox"/> Music         | <input type="checkbox"/> Faith-based/Religious |
| <input type="checkbox"/> Arts/Culture    | <input type="checkbox"/> Entertainment | <input type="checkbox"/> News          | <input type="checkbox"/> Sports                |
| <input type="checkbox"/> Community Event | <input type="checkbox"/> Environment   | <input type="checkbox"/> Political     | <input type="checkbox"/> Talk                  |
| <input type="checkbox"/> Cooking/Food    | <input type="checkbox"/> Fitness       | <input type="checkbox"/> Informational | <input type="checkbox"/> Instructional         |
| <input type="checkbox"/> Documentary     | <input type="checkbox"/> Reality       | <input type="checkbox"/> Other _____   |  |

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Name: \_\_\_\_\_

Parental Signature: (for minor applicants) \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Name: \_\_\_\_\_

**STAFF ONLY:** Entered in Facil by \_\_\_\_ on \_\_\_\_/\_\_\_\_/\_\_\_\_ Public (Ch.6)\_\_\_\_ Gov.(Ch.15)\_\_\_\_ Edu.(Ch.15)\_\_\_\_