

NEW PROGRAM PROPOSAL FORM

THE EDUCATIONAL TELEVISION COOPERATIVE

(1) Institution Name _____
Contact Name: _____ Phone: _____

(2) Is your institution a member of the Cooperative? ____ Yes ____ No
If no, please list sponsoring institution: _____

(3) Project title: _____ Number of Programs: ____
Length: _____
Production date(s): _____ Proposed air date: _____

(4) Briefly describe the content included in the program(s):
(Use additional sheets if necessary.)

(5) Detail any expenses for which you are requesting ETC reimbursement:
(Use additional sheets if necessary.)

Personnel:

Equipment:

Materials and Supplies:

Other:

(6) List any other pertinent information:

(7) I agree to accept complete responsibility for all talent releases, copyright clearances, and program content.

Signed: _____ Date: _____
Title: _____

Presented: ____/____/____ Approved ____ Disapproved ____
ETC Vice-Chair Signature: _____ Date: ____/____/____
Comments: