

Project Proposal

| Producer: | | Plann | ed Start Date: |
|---|--|-------|-------------------------|
| Please confirm by ch | necking: | | |
| □ I am a Member of CreaTV □ I am a Resident of San Jose □ I have taken the Producing Workshop □ I have read and agree to abide by the Access Handbook | | | |
| Project Title: | | | |
| Description: | | | |
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| PROJECT INFO: | | | |
| ☐ Series?☐ Non-Series? | Total Running Time: Total Running Time: | | rograms/Month: |
| Check in Dates: | | Deadl | ine: |
| What CreaTV San Jose resources will you need? | | | |
| | ☐ Field Camera Kit☐ Editing Suite | | □ Other (specify below) |
| POLICY REMINDER: Please read and sign the following before submitting to the Operations Department. | | | |
| I understand that as an independent producer, I assume full responsibility for the content of all program material cablecast and will ensure that such program material only includes protected, non-commercial content, all of which I have permission to use. I understand that per CreaTV San Jose's policies, using CreaTV San Jose equipment for the purpose of making a profit, including charging guests or covering events for profit is strictly prohibited. I agree to grant to CreaTV San Jose non-exclusive unlimited rights to cablecast or to post on the web any program I submit. | | | |
| X Producer | | | Date |
| X Operations Rep. | | | Approval Date |