



65 Day Road
 Ventura, CA 93003
 (805) 658-0500 ph
 (805) 658-0505 fax
 www.capstv.org

**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)____