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**Community Access Partners of
 San Buenaventura
 CAPS-TV 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. Note: This application is a public record.

Date Submitted: ____/____/____

Producer: _____ Member ID# _____

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)

Please indicate genre that best describes 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)____