



# BURNSVILLE COMMUNITY TELEVISION PRODUCTION PROPOSAL

PRODUCER NAME \_\_\_\_\_

PRODUCER ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_

IS THIS PROJECT  PUBLIC ACCESS  DIST. 191/SCHOOL RELATED

NAME OF PROGRAM \_\_\_\_\_

DESCRIPTION OF PROGRAM \_\_\_\_\_

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FACILITIES/EQUIPMENT NEEDED \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NUMBER OF VOLUNTEERS ANTICIPATED TO BE INVOLVED \_\_\_\_\_

LIST OF VOLUNTEERS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

INTENDED START DATE \_\_\_\_\_

INTENDED COMPLETION DATE \_\_\_\_\_

SPECIAL CONSIDERATIONS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*PLEASE ATTACH STORYBOARD AND ANY OTHER PRE-PRODUCTION INFORMATION*

