



# Project Proposal

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Producer Name: \_\_\_\_\_

Org./Business (if applicable): \_\_\_\_\_

Program Title: \_\_\_\_\_

Estimated Completion Date: \_\_\_\_\_

Type of Program:    Series    Single    Live    Filler

Program Frequency:    One-Time    Daily    Weekly    Bi-Weekly    Monthly    Other:

Program Length:    28 Minutes    58 Minutes    Other:

Type of Production:    Studio    Field    Both

Program Description:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand CMC is not responsible for providing or arranging the labor necessary to produce this program.

Signature of Producer: \_\_\_\_\_

Date: \_\_\_\_\_

For Official Use Only
Approved by: _____
Date: _____