

Producer / Programmer _____ I.D.# _____ Exp. Date _____

Timeslot Application / Renewal Form



Physical Address _____ Home phone: _____
 City, State Zip _____ Work phone: _____
 E-mail address: _____ Cell Phone: _____

Start Date: _____ / _____ / _____ End of Quarter
 (Planned End Date): _____ / _____ / _____

PO Box 26206 ♦ Albuquerque, NM 87125 ♦ Phone 505.243.0027 ♦ Fax 505.346.1635

Program Title: _____

PROGRAMMER ONLY?: Yes No

Are you a Program Sponsor submitting this program for an organization? Yes No

Organization: _____

Non Profit Org?: Yes No **Type of Organization?:** _____

Organization Address: _____

City: _____ **State:** _____ **Zip:** _____

Programmer's Mailing Address: _____

(if different from above) _____

City: _____ **State:** _____ **Zip:** _____

Program Description:

(To be entered into Facil by Staff)

Please write a short description of your show for publication on the web or in the newsletter (i.e. What is the goal/ message of your program?)

Do you currently have a timeslot? Yes No

Will your program contain Adult Content? Yes No

Projected Program Type: Series Single/Fill PSA Only

Projected Program Length: 28 min 58 min Other: _____

Projected Frequency of show: weekly every other week bi-monthly monthly quarterly

Timeslot Days/Dates Requested: _____

Programming Category

Subject:

Please select one category that most appropriately describes the content of your show

Public Affairs	<input type="checkbox"/>	Documentaries	<input type="checkbox"/>	News	<input type="checkbox"/>
Sports	<input type="checkbox"/>	Children / Youth	<input type="checkbox"/>	Home Improvement	<input type="checkbox"/>
Personal Development	<input type="checkbox"/>	Culinary Arts	<input type="checkbox"/>	Religious	<input type="checkbox"/>
Musical	<input type="checkbox"/>	Arts	<input type="checkbox"/>	Educational	<input type="checkbox"/>
Ethnic / Cultural	<input type="checkbox"/>	Spanish Language	<input type="checkbox"/>	Other: _____	

Would you like to submit this program to Channel 27's permanent library as filler? Yes No

Program Promotion Plan: _____

Will you submit a Program Promo / PSA? Yes No **Program Promo length :** 30 sec 1 min 2 min

Will you submit program info & photos to staff for Channel 27's website & Video Bulletin Board? Yes No

You may request the Information System Coordinator's contact info to email a web banner for program promotion

Producer Programming Proposal Contract

Producer / Programmer _____ **I.D.#** _____ **Exp. Date** _____

This contract is in addition to other contracts signed for services received at CCC27. This application states the terms which need to be adhered to before a program may be cablecast on Community Cable Channel 27. The programmer(s) accept complete responsibility for program content.

Please Initial below		Program Submission Procedures	
	If I am unable to turn in my show at least one week in advance of the air date, I must communicate to the programming coordinator my reasons for turning in the show late, and inform him of when Master Control should expect the submission of my show.		
	I understand that submitting my program late, or one day prior to the air date does not guarantee that my show will run during the timeslot assigned to me, and that another show may run for that day during my timeslot.		
	All programs must be preceded by an accurate 10 second count down		
	All tapes must be cued to the beginning of the program to be aired.		
	All programs produced with Quote...Unquote/3c27 equipment or facilities must have the following appear somewhere on the tape: “This program was produced by volunteers at 3C27TV in Albuquerque, NM. Sale or rental is prohibited.”		
	Underwriting credits shall not contain phone numbers or specific addresses, and will not exceed 30 seconds.		
	All programming must be picked up no more than thirty days after air date.		
	I understand that my program may be copied for automatic playback.		
	Unless otherwise specified in writing by the producer or sponsoring agent, the Community Cable Channel reserves the right to schedule this program for additional cablecasts up to four times for one quarter.		
	2 series programming no-shows will result in forfeiture of timeslot for remainder of quarter.		
	As a 3C27TV Producer, I agree that no advertising, commercial material, solicitation, fundraising, lottery information, obscene or pornographic material will be programmed using 3C27TV equipment or facilities. I understand that if I do not comply with these rules, I will be subject to suspension or permanent expulsion from the station.		
	I give Community Cable Channel 27 permission to webcast my program		
Viewer Discretionary Programming			
	Applicant agrees that the program(s) being submitted for cablecast does not contain obscene material as determined by community standards. (The Cable Act provides a federal criminal penalty for the transmission of obscene material up to two years imprisonment or \$10,000 in fines.)		
	Program being submitted contains adult material	Yes No	(Please Circle)
	All programs which contain “Adult” material, as defined in the Community Cable Channel operating rules, must be identified as “Viewer Discretionary” on this application, and will be scheduled for cablecast after midnight.		
	I agree to abide by the conditions stated within this public access programming proposal and with the operating rules and procedures of Community Cable Channel 27.		
Operating Rules and Basic Reminders			
	I have been given a copy of “The Operating Rules” for equipment and facilities use at Quote... Unquote, Inc. and I agree to abide by these rules.		
	I understand that programs produced with Quote... Unquote, Inc. equipment and facilities will not be rented, sold, offered for donations, or commercially distributed in any way.		
	As a 3C27TV Producer, I understand that I and anyone in my production crew will not be paid for any production involving Quote... Unquote, Inc. equipment or facilities.		
	Scheduling with one department does not constitute scheduling throughout the organization		
	Applicant agrees to indemnify and hold harmless QUOTE UNQUOTE , INC., the Community Cable Access Channel 27, Comcast Cable and the City of Albuquerque from any and all liability or other injury including all reasonable cost of defending claims and litigation arising from or in connection, claims for failure to comply with any applicable laws, rules, regulations or other requirements of local state or federal authorities : for claims of		

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libel, slander, invasion of privacy, or infringement of common law or statutory copyright: of unauthorized use of trademark, trade name, or service mark; and for any other injury or damage in law or equity which claims a result from the producer/sponsor agents use of the Community Cable Channel.
As a 3C27TV Producer, I agree to pay all attorneys fees and reasonable costs incurred by Quote... Unquote, Inc. in protecting rights or property covered in this agreement or in a lawsuit arising from a breach of this agreement by you.
Applicant understands that the Community Cable Channel 27 maintains a file of the names and addresses of all person or groups requesting time slots for two years. Such records are available for public inspection by certified law enforcement official, after notification to the producer. Time slots will not be made available to individuals who refuse to have their identity presented at the beginning and end of the aired programming, or to individuals or groups who refuse to have their identity maintained in CCC27 records.
Applicant understands that they must be an Albuquerque resident in order to obtain a timeslot for the cablecast of any programming (legal ID required).

I, the Undersigned, Fully understand that I am responsible for adhering to all regulations and policies of Quote... Unquote, Inc. and the Community Cable Channel 27. I fully understand and agree to adhere to all conditions contained within this program outline. I agree to inform the access tech of any changes relevant to the program.

Signature: _____ **Date:** _____

Driver's License Number: _____

If the Accessor is under 18 years of age, this form must be signed by the parent or legal guardian accepting responsibility for the minor's use of Public Access equipment and/or facilities.

Parent's Signature: _____ **Date:** _____

Driver's License Number: _____

For Official Use Only:

Area Below to be filled in by QUQ Channel 27 Programming Coordinator:

Production Type	Monthly Local	Monthly Non-Local	Single Local	Single Non-Local
Weekly LvStA	LvStA (1 st and 3 rd)		LvStA (2 nd and 4 th)	LvStA -E/O Week
Weekly LvStB	LvStB (1 st and 3 rd)		LvStB (2 nd and 4 th)	LvStB - E/O Week
WLS	WNLS	Other:		Other:

Scheduled Air Date (s) : _____

Date Timeslot Application Approved _____ / _____ / _____

Programming Coordinator's Signature: _____

#of proposed programs: _____ # completed: _____

Production Cancelled? Yes No

If yes, why? _____
